

ECMC Board of Director's Regular Meeting

Aug 25, 2015 at 04:30 PM - 06:30 PM

Erie County Medical Center

462 Grider Street

Buffalo

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, AUGUST 25, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF JULY 28, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON AUGUST 25, 2015.
- IV. TEAMMATE RECOGNITION: EMPLOYEE OF THE YEAR – PAUL KELEHER
- V. REPORTS: CEO REPORT – RICHARD CLELAND
PRESIDENT’S REPORT – THOMAS QUATROCHE
- VI. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.
BUILDINGS & GROUNDS COMMITTEE: RONALD BENNETT
FINANCE COMMITTEE: MICHAEL A. SEAMAN
QI PATIENT SAFETY COMMITTEE: DOUGLAS BAKER
- VII. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
 - A. CHIEF EXECUTIVE OFFICER
 - B. PRESIDENT
 - C. CHIEF OPERATING OFFICER
 - D. CHIEF FINANCIAL OFFICER
 - E. SR. VICE PRESIDENT OF OPERATIONS
 - F. VICE PRESIDENT POST-ACUTE CARE
 - G. CHIEF MEDICAL OFFICER
 - H. SENIOR VICE PRESIDENT OF NURSING
 - I. CHIEF PEOPLE OFFICER
 - J. EXECUTIVE DIRECTOR MILLENNIUM COLLABORATIVE CARE - DSRIP
- VIII. REPORT OF THE MEDICAL/DENTAL STAFF: JULY 27 , 2015
- IX. EXECUTIVE SESSION
- X. RETURN TO OPEN SESSION
- XI. ADJOURN
- XII. MEET & GREET – DR. LIISE KAYER, PROGRAM DIRECTOR OF THE REGIONAL CENTER OF EXCELLENCE FOR TRANSPLANTATION - OVERFLOW CAFETERIA

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JULY 28, 2015

STAFF DINING ROOM

Voting Board Members
Present:

Bishop Michael Badger
Douglas H. Baker
Ronald Bennett
K. Kent Chevli, M.D.
Kevin E. Cichocki, D.C.
Jonathan Dandes

Kathleen Grimm, M.D.
Sharon L. Hanson
Michael Hoffert
Anthony Iacono
Thomas P. Malecki, CPA
Michael A. Seaman

Voting Board Member
Excused:

Kevin M. Hogan, Esq
Ronald Chapin

Joseph Zizzi, Sr., M.D.

Non-Voting Board
Representatives Present:

Richard C. Cleland
James Lawicki

Kevin Pranicoff, M.D.

Also Present:

Samuel Cloud, D.O.
A.J. Colucci, III, Esq.
Jim Dolina
Leslie Feidt
Kelley Finucane
Stephen Gary
Susan Gonzalez
Al Hammonds
Mary Hoffman

Jarrold Johnson
Chris Koenig
Susan Ksiazek
Charlene Ludlow
Frank B. Mesiah
Brian Murray
Lorne Steinhart
Thomas Quatroche
Dawn Walters

I. CALL TO ORDER

Corporation Secretary, Sharon L. Hanson, as Acting Chair, called the meeting to order at 4:30 P.M.

II. APPROVAL OF MINUTES OF JUNE 30, 2015 REGULAR BOARD MEETING.

Moved by Douglas Baker and seconded by Bishop Michael Badger.

Motion approved unanimously.

III. ACTION ITEMS

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

Moved by Douglas Baker and seconded by Michael Hoffert.

Motion Approved Unanimously.

B. Approval of July 7, 2015 Medical-Dental Staff Appointments and Re-Appointments.

Moved by Anthony Iacono and seconded by Michael Hoffert

Motion Approved Unanimously.

IV. BOARD PRESENTATION: JULIA CULKIN-JACOBIA, CHIEF PEOPLE OFFICER

Julia provided an overview of her role. As Chief People Officer, she will focus on employee engagement, conveying that employees are our most valuable resource.

BOARD PRESENTATION: AL HAMMONDS, EXECUTIVE DIRECTOR, DSRIP

Al Hammonds provided updates of DSRIP/Millennium Collaborative Care.

- Board of Managers is fully active and operating.
- Subcommittees started and in the process of finalizing committee charters.
- Planning grant funds being reconciled and closed out.
- MCC financial system structures being implemented.
- NYSDOH follow-up meeting scheduled August 20th with the goal of obtaining additional information regarding funding concerns.
- Six projects up and running with project charters.
- Remaining five projects will be up and running by August 1st.
- There are currently 16 FTE's, 1 contract, and 1 intern.
- MCC positions to be filled: 12 FTE's
- Critical Dates: **July 31** - First quarter report filed with NYSDOH on approximately 1,000 items (resubmit organizational implementation plan, based on IA feedback) Submit project implementation plans; **September 30** – Patient engagement targets for 9 projects due; **October 31** – Identify network providers that will be participating in each project as part of the quarterly reporting process and develop workforce budget and impact projections.

V. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee are received and filed in the June 30, 2015 Board book.

VI. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. President
- C. Chief Operating Officer
- B. Chief Financial Officer:
- C. Sr. Vice President of Operations:
- E. Vice President Post-Acute Care:
- F. Chief Medical Officer:
- G. Sr. Vice President of Nursing:
- H. Vice President of Human Resources:
- I. Chief Information Officer:
- J. Executive Director, ECMC Foundation:
- L. Executive Director, Millennium Collaborative Care:

Chief Executive Officer: Richard C. Cleland

- Zynx Health awarded ECMC one of six inaugural national awards of excellence for nurses who advance care through clinical decision support tools.
- Amy Eustace was awarded \$1,000 for perfect TIME & ATTENDANCE for the month of June. This is an initiative for bedside staff from the Summer Surge committee. There were 422 candidates for this drawing.
- Cheryl Nicosia, Renee Delmont, Melinda Lawley, Linda Schwab, and Karen Ziemianski will be recognized for their quality improvement initiative in Healthcare Associate of New York State publication, *Profiles in Quality and Patient Safety*, which will appear on the HANYS website later this year.
- Paul Keleher, physical therapist, named “*Employee of the Year*” at the annual ECMC picnic.
- The “*Walk in My Shoes*” and “*The Breakfast Club*” has been very positively received by the organization.
- The “*Giving Garden*” is located behind Terrace View. The produce will be given to food pantries within the community. Kudos to John Valvo, hospital aide, who began this initiative.
- A new *Patient & Family Information Guide* is now available to patients and their families.
- Hospital Operations:
 - \$347K operating loss;
 - On a year to date basis, ECMC has incurred an operating loss of \$4.7 million which is favorable to a \$7.2 million operating loss during same period in 2014;
 - Volumes continue to reflect favorable trends.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Steve Gary, CFO is leading a \$6 million expense reduction initiative.
- ED and ECMC leadership will be making a final recommendation for the emergency department modernization by the end of July.
- A total of 1,530 teammates completed the employee survey. Surveys are currently being reviewed and a plan will be developed.
- Dr. Kayler has done seven transplants including two live donor transplants. Year-to-date we have had 28 transplants.
- Gerry D'Amato appointed as Administrative Director of Laboratory Services effective July 13, 2015.
- The lab is in the middle of a Joint Commission survey.
- The 35th Running SUBARU 4-Mile Chase was held Friday, July 17, 2015. Proceeds to benefit ECMC Foundation and PAL.
- Nine and Dine Employee Golf Tournament was held July 24 at Diamond Hawk Golf Course; over 80 ECMC participants.
- ECMC Buffalo Bisons night to be held July 31st.
- Mammo Mile event (1.1 mile walk) scheduled August 1st
- Tournament of Life Golf Tournament scheduled August 10th with a reception following.

President: Thomas Quatroche, Ph.D.

- ECMC and Kaleida are talking with a number of community/rural hospitals to assist them with their VAPAP funding. This application contains a plan that must include a strategy for long-term sustainability through collaboration.
- Strategic plan is being updated following a strategic planning session for physician leadership and managers to align the organization. A session will be scheduled for the Board of Directors in the near future to finalize goals and initiatives.
- Discussions continue with the Governor's office to advocate for the signing of this bill.
- The CON is for a new MRI and Orthopedic clinic were submitted in June.
- The Foundation raised over \$200,000 for the annual golf tournament. Thank you Mike Seaman for all your hard work in making this tournament a huge success.
- The Foundation is in the process of looking for a capital campaign director for the ER project.

Chief Financial Officer: Stephen Gary

A summary of the financial results through June 30, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Key Notes:

- Not hitting budget;
- Substantially ahead of last year's performance;
- Substantially ahead of last month's performance alone;
- Management action plan in place.
- Projections to end year ahead of last year's favorable financial performance.
- Internal audit meeting scheduled next month.

Buildings & Grounds:

- The committee is looking at contracts and need an understanding on how things have come about.
- Board committee members feel they should be more involved in the process; they feel they are only being briefed.
- Mike Hoffert feels that the B&G committee should be part of the ED Modernization project.

Quality Improvement: Brian Murray, M.D.

- There were six presentations at the Quality Improvement committee meeting on July 14 which can be viewed in Quality Improvement minutes.
- Medical Dental Executive committee received Dr. Timothy DeZastro's resignation. Dr. William Flynn will be his replacement.
- Doug Baker suggested that a member of the Medical Dental staff present a short explanation of the appointments/re-appointments and what the board is approving.

VII. ADJOURNMENT

Moved by Anthony Iacono and seconded by Bishop Michael Badger to adjourn the Board of Directors meeting at 5:50P.M.

Sharon L. Hanson _____

Sharon L. Hanson
Corporation Secretary

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

Approved July 28, 2015

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is authorized by New York Public Authorities Law to operate and fund certain activities through subsidiaries; and

WHEREAS, the Corporation has created and is the sole member of Grider Community Gardens, LLC (the "Company"), created for the purposes of acquiring and maintaining certain properties adjacent to the Grider Street Health Campus of the Corporation; and

WHEREAS, the Company has no regular source of revenue, though it does incur expenses in maintaining the properties it has acquired; and

WHEREAS, the Corporation has determined the Company requires thirty eight thousand one hundred four dollars (\$38,104) in funds in order to maintain certain of its properties; and

WHEREAS, the Corporation has further determined the Company requires one hundred thirty six thousand eight hundred ninety six dollars (\$136,896) for the abatement and demolition of certain of its properties; and

WHEREAS, the Corporation wishes to transfer funds to the Company in an amount sufficient to cover the above costs related to Company properties.

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

1. The Corporation is authorized to transfer thirty eight thousand one hundred four dollars (\$38,104) to the Company for purposes of maintaining its properties.
2. The Corporation is authorized to transfer one hundred thirty six thousand eight hundred ninety six dollars (\$136,896) to the Company for the purposes of abatement and demolition to its properties.
3. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
4. This resolution shall take effect immediately.

Sharon L. Hanson

ERIE COUNTY MEDICAL CENTER CORPORATION

Sharon L. Hanson
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
July 7, 2015

Committee Members Present:

Robert J. Schuder, MD, Chairman
 Yogesh D. Bakhai, MD
 Mark LiVecchi, DMD MD MBA
 Susan Ksiazek, RPh, Director of Medical Staff Quality and Education
 Nirmitt D. Kothari, MD
 Brian M. Murray, MD (ex-officio)

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator
 Judith Fenski, Credentialing Specialist
 Kerry Lock, Credentialing Specialist

Members Not Present (Excused *):

Richard E. Hall, DDS PhD MD FACS *
 Mandip Panesar, MS MD *
 Christopher P. John, PA-C *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of June 2, 2015 were reviewed and accepted.

ADMINISTRATIVE

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.

- A. Deceased – Gerald L. Logue, MD Internal Medicine
- B. Applications Withdrawn
 - Arnouk, Madhat, MD Internal Medicine
 - Burdick, Abbey, PA-C Internal Medicine
 - Khot, David, MD Internal Medicine
 - Ofole, Obiora, MD Internal Medicine
 - Redmond, Kelsea, PA-C Internal Medicine
 - Sullivan, Erin, PA -C Internal Medicine
- C. Application Processing Cessation - none
- D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)
- E. Resignations

Bialy, Michele, CRNA	Anesthesiology	05/12/15
Demmy, Todd, MD	Cardiothoracic Surgery	07/24/15
Donaldson, Jessie, PA-C	Surgery	07/24/15
Emerson, Ronald, MD	Internal Medicine	06/14/15
Ghosh, Subrato, MD	Internal Medicine	07/10/15
Kantrowitz, Stefan, MD	Internal Medicine	06/30/15
Tung, Cynthia, MD	Ophthalmology	06/30/15
Tworowski, Michael, MD	Orthopaedic Surgery	06/12/15
Ali, Muneer, MD	Psychiatry	06/30/15
Brull, James, MD	Radiology/Imaging Svcs-Teleradiology	06/03/15
Ying, Kan, MD	Radiology/Imaging Svcs-Teleradiology	06/03/15
Barone, Kathleen, FNP	Surgery	06/16/15

FOR INFORMATION

DEPARTMENT CHANGE

Emergency Medicine to Orthopaedic Surgery
 Hurd, James, PA Allied Health Professional
Supervising Physician: Zair Fishkin, MD
FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Internal Medicine (Palliative Care)
 Denall, Kelly, NP Allied Health Professional
Collaborating Physician: Debra Luczkiewicz, MD
Surgery
 Paolini, Karen, NP Allied Health Professional
Collaborating Physician: Sunil Patel, MD
FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION, RECOMMENDED – COMMENTS AS INDICATED

Internal Medicine
 Gbadamosi, Fatai, MD Active Staff
 -Anoscopy
**FPPE satisfied with submission of competency based training and required case volume*
Obstetrics and Gynecology
 Justicia-Linde, Faye, MD Active Staff
 -Colpectomy
 -Internal Version & Extraction (Twin B)
**Per COS, no FPPE. Possesses these privileges at primary affiliation and OBGyn Service at ECMC is Consult and Emergent Procedures only*
Psychiatry
 Lynch, Lisa, NP Allied Health Professional
Collaborating Physician: Michael R. Cummings, MD
 -Diagnosis and treatment of adolescent neuropsychiatric disorders
 -CPEP Privileges
Surgery
 Flynn, William, MD Active Staff
 -Laparoscopic Hemicolectomy
 -Laparoscopic Colectomy
 -Dialysis catheter insertion, removal and exchange
FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Cardiothoracic Surgery
 Jajkowski, Mark, MD Active Staff
 -Peritoneal Lavage -Setup & Management of Ventricular Assist Device
Internal Medicine
 Dhillon, Rajwinder, MD Active Staff
 -General Admitting & Care Privilege
Ophthalmology
 Patel, Sangita, MD Active Staff
 -Removal of Foreign Body -Orbital floor fracture

ERIE COUNTY MEDICAL CENTER CORPORATION

Urology
 Gilbert, Richard, MD Associate Staff
 -Moderate Sedation

FOR OVERALL ACTION

APPOINTMENT APPLICATIONS, RECOMMENDED— COMMENTS AS INDICATED

A. Initial Appointment Review (11)

Emergency Medicine
 Cianfrini, Dominic, PA-C Allied Health Professional
Supervising Physician: Joseph A. Bart, DO
 Lema, Penelope, MD Active Staff

Family Medicine
 Kieliszek, Karen, NP Allied Health Professional
Collaborating Physician: Antonia Redhead, MD

Internal Medicine
 Anand, Edwin, MD Active Staff
 Narby, Lorraine, NP Allied Health Professional
Collaborating Physician: Christopher Jacobus, MD
 Yacoub, Rabi, MD Active Staff

Orthopaedic Surgery
 Paolini, Michael, PA-C Allied Health Professional
Supervising Physician: Nicholas Violante, MD

Pathology
 Zhu, Hui, MD Active Staff

Psychiatry
 Chou, James, MD Active Staff
 Mashinic, Elisabeth, MD Active Staff

Surgery
 Kayler, Liise, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED – COMMENTS AS INDICATED

B. Reappointment Review – (19)

Anesthesiology
 Justis, Gina, MD Active Staff

Cardiothoracic Surgery
 Jajkowski, Mark, MD Active Staff

Emergency Medicine
 Jurek, Jeffery, PA-C Allied Health Professional
Supervising Physician: Samuel D. Cloud, DO
 McCaul, Jennifer, PA-C Allied Health Professional
Supervising Physician: Samuel D. Cloud, DO

Internal Medicine
 Dhillon, Rajwinder, MD Active Staff
 Katz, Leonard, MD Courtesy Staff, R&F
 Khan, Nasir, MD Active Staff
 Leonard, Glenn, MD Courtesy Staff, R&F

Neurology
 Sawyer, Robert, MD Active Staff

Neurosurgery
 Levy, Elad, MD Active Staff

Obstetrics & Gynecology

ERIE COUNTY MEDICAL CENTER CORPORATION

Justicia-Linde, Faye, MD	Active Staff
Ophthalmology	
Patel, Sangita, MD, PhD	Active Staff
Pathology	
Gonzalez-Fernandez, Federico, MD, PhD	Associate Staff
Plastic & Reconstructive Surgery	
Agro, Chanda, FNP	Allied Health Professional
<i>Collaborating Physician: Thom R. Loree, MD</i>	
Psychiatry	
Antonius, Daniel, PhD	Allied Health Professional
Cervantes, Ana, MD	Active Staff
Guppenberger, Michael, MD	Active Staff
Lynch, Lisa, PNP	Allied Health Professional
<i>Collaborating Physician: Michael R. Cummings, MD</i>	
Surgery	
Flynn Jr., William J., MD	Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the previous year period are presented for movement to the Permanent Staff in 2015 on the date indicated.

July 2015 Provisional to Permanent Staff		Provisional Period Expires
Anesthesiology		
DePlato, Anthony, John, MD	Active Staff	07/29/2014
Dentistry		
Colebeck, Amanda, DDS MS	Active Staff	07/29/2014
Obstetrics and Gynecology		
Brebnor, Angelle, MD	Active Staff	07/29/2014
Internal Medicine		
Okel, Hannah, Elizabeth, PA-C	Allied Health	07/29/2014
<i>Supervising MD: Srikrishna V. Malayala, MD</i>		
Parikh, Neil, Umeshbhai, MD	Active Staff	07/29/2014
Orthopaedic Surgery		
Coates, Amanda, Lee, PA-C	Allied Health	07/29/2014
<i>Supervising MD: Jennifer Gurske-DePerio, MD</i>		
Pathology		
Hannahoe, Brigid, M., MD	Active Staff	07/29/2014
Singh, Joshna, MBBS	Active Staff	07/29/2014

The September 2015 Provisional to Permanent list has been compiled for Chief of Service review and endorsement.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION, FINAL NOTICE

Otolaryngology		
Prince, Beverly, MD	Courtesy R & F	07/31/2015
Reappointment Expiration Date: as indicated above		
Planned Credentials Committee Meeting: July 7, 2015		

Planned MEC Action date: July 27, 2015
FOR OVERALL ACTION

OLD BUSINESS

Laser Survey

The committee reviewed the feedback received to date regarding possible laser utilization by those departments not currently using laser therapy. While some departments anticipated future use, no new laser therapeutic procedures were planned. The Credentials Chair advocated no action at this time. The Credentials Committee will advise further upon the receipt of additional information.

Obstetrics and Gynecology

The final draft of the Ob/Gyn privilege form has been reviewed with the Chief of Service and submitted to the Credentials Committee for deliberation. The format is core and cluster, preferred over the laundry list design. It was endorsed by the committee for approval and implementation.

DEPARTMENT OF OBSTETRICS & GYNECOLOGY OB/GYN Privilege Delineation Form				
REQUEST FOR PRIVILEGES – ACTIVE OR ASSOCIATE STAFF (INCLUDING TEMPORARY CATEGORIES)				
PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES: Enter "✓" in Physician Request Column		Chief of Service action:		
LEVEL I GENERAL ENTRY PRIVILEGES		Physician Request	Recommend	If Yes, indicate additional requirements if No, provide details. See p. 1
CORE PRIVILEGES - OBSTETRICS		YES	NO	
Privileges include, but are not limited to, admission, work up, consultation, diagnosis, and treatment of females of all ages presenting with illness, injuries, disorders and medical complications (heart, lungs, kidney, anemia, diabetes, etc.) of pregnancy. Privileges also include performance and documentation of the history and physical examination, and ordering of diagnostic studies and procedures. Privileges include, but are not limited to, resuscitation of the newborn, amniocentesis, amniotomy, incidental appendectomy, management of labor, vaginal deliveries and related procedures, cesarean delivery and related procedures, all other procedures related to normal and complicated delivery, and management of high-risk pregnancies except for those special procedure privileges listed below.				Successful completion of an accredited residency.
CORE PRIVILEGES - GYNECOLOGY				
Privileges include, but are not limited to, admission, work up, consultation, diagnosis, and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with illness, injuries, and disorders of the reproductive system and lower urinary tract, and non-surgical treatment of illnesses and injuries of the breasts. Privileges also include performance and documentation of history and physical information, and ordering of diagnostic studies and procedures. Privileges include, but are not limited to, dilation and curettage, hysterectomy by any method, diagnostic and operative laparoscopy, diagnostic and operative hysteroscopy, adnexectomy, repair of rectovaginal fistula, simple vulvectomy, incidental appendectomy, and repair of cystostomy except for those special procedure privileges listed below.				Successful completion of an accredited residency.
MATERNAL - FETAL MEDICINE Core Privileges				
To be eligible for privileges in Maternal-Fetal Medicine, the practitioner must meet the minimum threshold criteria for core privileges in Obstetrics and Gynecology and have successfully completed a Fellowship in Maternal-Fetal Medicine OR possess equivalent training and skills that have been substantiated by a board certified perinatologist.				
Privileges include, but are not limited to, admission, evaluation, diagnosis, consultation and treatment of females with medical complications of pregnancy, such as maternal cardiac, pulmonary and connective tissue disorders, and fetal malformations, conditions, or diseases, except for those special privileges listed below. Privileges include, but are not limited to, targeted obstetric ultrasound, nuchal translucency assessment, percutaneous umbilical blood sampling (PUBS), genetic amniocentesis, chorionic villus sampling (CVS), intrauterine fetal transfusion, fetal surgical procedures, management of higher order multiples, and selective reduction of higher order multiples.				
PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES: Enter "✓" in Physician Request Column		Chief of Service action:		
LEVEL II PRIVILEGES		Physician Request	Recommend	If Yes, indicate additional requirements if No, provide details. See p. 1
LEVEL II PROCEDURAL PRIVILEGES				
GYNECOLOGIC ONCOLOGY Core Privileges				
To be eligible for privileges in Gynecologic Oncology, the practitioner must meet the minimum threshold criteria for core privileges in Obstetrics and Gynecology and have successfully completed a Fellowship in Gynecologic Oncology OR possess equivalent training and skills that have been substantiated by a board certified gynecologic oncologist.				
Privileges include, but are not limited to, admission, evaluation, diagnosis, consultation, and surgical and therapeutic treatment of females with malignant diseases of the reproductive tract including carcinomas of the cervix, ovary, fallopian tubes, uterus, vulva and vagina. Privileges include, but are not limited to, radical vulvectomy and reconstruction, inguinal lymph node dissection, radical hysterectomy (open and laparoscopic), pelvic lymph node dissection (open and laparoscopic), para-aortic lymph node dissection (open and laparoscopic), omentectomy, ovarian cancer debulking and associated procedures, bowel resection, ileostomy and colostomy, pelvic exenteration with reconstruction, splenectomy, bladder and ureteral repair, reimplantation or reconstruction, gastrostomy or cystostomy tube placement, placement of central venous catheter, and panniculectomy.				
LEVEL II PRIVILEGES				
LEVEL II PROCEDURAL PRIVILEGES				
REPRODUCTIVE ENDOCRINOLOGY Core Privileges				
To be eligible for privileges in Reproductive Endocrinology, the practitioner must meet the minimum threshold criteria for core privileges in Obstetrics and Gynecology and have successfully completed a Fellowship in Reproductive Endocrinology OR possess equivalent training and skills that have been substantiated by a board certified reproductive endocrinologist.				
Privileges include, but are not limited to, admission, evaluation, diagnosis, consultation, and treatment of females presenting with problems of infertility, except for those special privileges listed below. Privileges include, but are not limited to, tubal reanastomosis, treatment of congenital anomalies of the genitourinary tract, McIndoe vaginoplasty, resection of bowel, bladder and ureteral endometriosis, tubal cannulation-fluoroscopic or hysteroscopic, transvaginal aspiration of adnexal masses or ovaries, gonadotropin stimulation, and in vitro fertilization and related assisted reproductive technologies.				

ERIE COUNTY MEDICAL CENTER CORPORATION

PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES:

Enter "✓" in Physician Request Column

LEVEL II PRIVILEGES

LEVEL II PROCEDURAL PRIVILEGES	Physician Request	Chief of Service action: Recommend		If Yes, indicate additional requirements if No, provide details. See
		YES	NO	
UROGYNECOLOGY Core Privileges To be eligible for privileges in Urogyneecology, the practitioner must meet the minimum threshold criteria for core privileges in Obstetrics and Gynecology and have successfully completed a Fellowship in Urogyneecology OR poss equivalent training and skills that have been substantiated by a board certified urogyneecologist. Privileges include, but are not limited to, admission, diagnosis, evaluation, consultation and treatment of females with disorders of the pelvic floor and urogenital tract. Privileges include, but are not limited to, urodynamics, sling procedure, any type, retropublic bladder suspension, repair of ureterovaginal fistula, repair of vesicovaginal fistula, diagnostic and operative cystoscopy, abdominal colposcopy, interstim placement, and suburethral collagen injections.				

PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES:

Enter "✓" in Physician Request Column

LEVEL III PRIVILEGES

LEVEL III PROCEDURAL PRIVILEGES	Physician Request	Chief of Service action: Recommend		If Yes, indicate additional requirements if No, provide details. See
		YES	NO	
None offered at this time.				

PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES:

Enter "✓" in Physician Request Column

OBSTETRICS & GYNECOLOGY SPECIAL PROCEDURES	Init/Reop Volume	Physician Request	Chief of Service action: Recommend		If Yes, indicate any requirement if No, provide details. See
			YES	NO	
Diagnostic cystoscopy	>5 cases/				
Laser surgery of the lower genital tract					

PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES:

Enter "✓" in Physician Request Column

SEDATION PROCEDURES

SEDATION PROCEDURES	Physician Request	Chief of Service action: Recommend		If Yes, indicate additional requirements if No, provide details. See p. 8
		YES	NO	
Moderate Sedation Please attach current training certificate	See criteria below			

Medical Staff Office use: Current Training Certificate date: Resubmit certificate every four years

SEDATION DEFINITIONS

- Minimal Sedation (anxiolysis)**
- (i) patients respond normally to verbal commands;
 - (ii) cognitive function and coordination may be impaired and
 - (iii) ventilatory and cardiovascular functions are unaffected. Agents: Oral or IM sedatives-hypnotics / narcotics, or Inhalation nitrous oxide
- Moderate sedation (Conscious Sedation)**
- (i) a patient responds purposefully to verbal commands, with or without light tactile stimulation.
 - (ii) No interventions are required to maintain a patent airway and spontaneous ventilation is adequate.
 - (iii) Cardiovascular function is maintained. Agents: Any intravenous administration of sedatives-hypnotics, narcotics, benzodiazepines
- Deep Sedation**
- (i) a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation.
 - (ii) The ability to independently maintain ventilatory function may be impaired.
 - (iii) A patient may require assistance with maintaining airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- Agents: etomidate, ketamine, methohexal, propofol or penthal by any route should receive care consistent with that required for deep sedation. Accordingly, practitioners administering these drugs should be qual to rescue patients from any level of sedation, including general anesthesia.

MODERATE SEDATION CREDENTIALING CRITERIA

-Moderate Sedation privileges are offered to physician members in the Departments of Cardiothoracic Surgery, Dentistry, Emergency Medicine, Family Medicine, Obstetrics / Gynecology, Internal Medicine (General-Cardiology-Critical Care-Gastroenterology-Nephrology-Pulmonary), Oral and Maxillofacial Surgery, Orthopaedic Surgery, Otolaryngology, Plastic and Reconstructive Surgery, Radiology / Imaging Services, Surgery and Urology

- DENTISTRY: Applicants shall attach the appropriate level NYS Department of Education Dental Anesthesia/Sedation certificate.
 - EMERGENCY MEDICINE: Board Certified Emergency Medicine applicants are exempt from the requirement for Moderate Sedation training.
 - ORAL and MAXILLOFACIAL SURGERY: Applicants shall attach the appropriate level NYS Dept. of Education Dental Anesthesia/Sedation or
 - OTOLARYNGOLOGY: Board Certified/Eligible Otolaryngology applicants are exempt from the requirement for Moderate Sedation and Rescue training.
- 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 applicant must read the ECMCC policy on Moderate Sedation included in the hospital Rules and Regulations.
 - The applicant must obtain training in the safe use of sedative medications and appropriate rescue training.
 - The applicant must present verification of the satisfactory completion of Moderate Sedation and Rescue training in the form of a Certificate for line course, approved training session, State Education entity or local hospital course.
 - The applicant must appropriately request and be recommended for these privileges from the department head with endorsement by the Credentials Committee.
 - This training shall be completed every four years prior to reappointment review and recertification.

Adopted Medical Executive Committee 8/26/2006, 8/27/2007, 2/22/2010, 4/26/2010, 6/27/2011, 9/23/2013

Application Form

At the last meeting a revision was requested to the References section “to speak to “CURRENT” competence as defined by having worked with the practitioner within the past “5” years.”

This was drafted in 10/07/2014, but not put into production:

PROFESSIONAL REFERENCE AND PEER EVALUATION OF PRIVILEGES
PLEASE PROVIDE THE NAME AND ADDRESSES OF THREE (3) PROFESSIONAL REFEREES WHO ARE ABLE TO COMMENT UPON YOUR PROFESSIONAL BACKGROUND, PRACTICE AND CURRENT CLINICAL COMPETENCE HAVING WORKED TOGETHER WITHIN THE PAST FIVE YEARS. THEY SHOULD PREFERABLY BE LETTERS EXTERNAL TO ECMC AND SEPARATE FROM THE CHIEF’S OF SERVICE RECOMMENDATION.

This has been remediated.

Health Assessment Forms

At the last Credentials meeting, the committee discussed amending the Annual Medical Assessment Form, the Initial H&P Medical Evaluation Form and a Medical Evaluation Statement. These have been revised and stipulate that it is not to be completed by a provider who is “related by blood or marriage”.

Temporary Privilege Tracker

Refer to the attached tracker of Urgent and Temporary Privilege issuance and expiration.

FOR OVERALL ACTION

NEW BUSINESS

Transition of Radiology Services

With anticipated changes to the Department of Radiology and Imaging Services, the Offices of both the Medical-Dental Staff and Chief Medical Officers of KH and ECMC are collaborating to practicably process 26 applications for the August meeting. The credentialing of these practitioners will be done in full accordance with regulatory and accreditation standards, yet recognizing that this represents somewhat a consolidation of service under Great Lakes Health.

ERIE COUNTY MEDICAL CENTER CORPORATION

As Radiology will continue to be an exclusively contracted service, letters will be issued to all practitioners of the currently contracted group. A template of the letter was circulated for the committee’s information and is consistent with the content of letters from past similar circumstances.

The incoming Radiology group employs Physician Assistants. It will be necessary to develop a privilege form for these practitioners. Due to the timing of the transition, this must be completed for the August Credentials Committee meeting.

The incoming Radiology group utilizes the same teleradiology service (vRad) for off-hour coverage as does ECMC. The ECMC Medical-Dental Staff Office has inquired with both the incoming practice plan and the ECMC Radiology manager if any new teleradiologists will need to be credentialed at ECMC as part of the transition. At the time of the meeting, no definitive response has been received.

Appointment Packet Cover Letter

Changes to the cover letter for initial staff application were endorsed by the committee:

- Addition of a form for Explanation of Work Gaps of 30 Days or more on CV
- Because of delays in obtaining photos via HR, a request will be made for a jpg photo image be sent with the completed application to allow for posting on the Provider Directory

Additions to the Privilege Form Library

A. Multiple recent Privilege Form changes have been completed and appear on the G: drive for current implementation. These include:

- Revisions to 17 Nurse Practitioner (CRNA form not included) department cover pages with an attestation statement regarding competence evaluation and a caveat for 16 Nurse Practitioner forms which use suggested procedure volumes for competency demonstration for Entry-Basic-Advanced-Special Procedure requests (CRNA and PSYCH-NP forms not included):

Suggested procedure volumes are presented as guidelines toward the demonstration of competence for the Chief of Service and/or Collaborating Physician to consider when recommending privileges.

- Revisions to 14 Physician Assistant forms with an attestation statement regarding supervision and competence evaluation and a caveat for 13 Physician Assistant forms which use suggested procedure volumes for competency demonstration for Entry-Basic-Advanced-Special Procedure requests (PSYCH-PA form not included):

Suggested procedure volumes are presented as guidelines toward the demonstration of competence for the Chief of Service and/or Supervising Physician to consider when recommending privileges.

It was recommended that the changes to the suggested procedure volumes be added to the Family Medicine mid-level privilege forms as well.

B. Neurology Form Revision

The physician Neurology form was revised to eliminate levels of supervision for physicians:

Requested
by applicant
Y / N

Recommended
by Chief of Service
Y / N

General Neurological Disorders:

and an offering for:

Responsibility for Residents, Medical Students

C. Internal Medicine Cardiology and Critical Care Revision; Nephrology Revision

ERIE COUNTY MEDICAL CENTER CORPORATION

An endorsement from the committee to drop the CCU (CIC) privilege offering and the addition of Renal and Pancreatic Transplant Management to the Nephrology form.

D. Surgery PA and NP forms

Because ATLS certification supersedes ACLS, privileges that require ACLS on Department of Surgery NP and PA forms were endorsed by the committee to indicate "ACLS or ATLS".

E. Surgery MD Form Clarification

Laparoscopy Criteria

A recent applicant request for Laparoscopic Hemicolectomy privileges revealed the obsolescence of the current Laparoscopy Credentialing Criteria. Revised criteria are needed which apply to all Laparoscopy procedures. A basic documentation of current competence for initial privileges should be indicated in the form including current experience and/or references. The committee recommended new criteria development and follow up with the Chief of Service. The Chair of the Credential Committee will reach out to the Chief of service. It was suggested that this might be an opportune time to discuss with the Chief of Service an updating of the departmental form from a laundry list to a core/cluster format.

Dialysis Catheter Insertion-Removal Criteria

The committee reviewed the Interdepartmental Privilege Criteria which apply to shared privileges with Surgery, Interventional Radiology, Internal Medicine/Nephrology and found the differences between them appropriate to the training in each specialty. No changes recommended.

Surgery Interdepartmental privileges shared with Internal Med-Nephrology division and Interventional Radiology		
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous angiography for vascular access management
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous balloon angioplasty of AV circuit stenosis
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous thrombectomy and embolectomy of AV vascular hemodialysis access grafts, and native fistulas, feeding arteries, and draining veins
<input type="checkbox"/>	<input type="checkbox"/>	Stenting of AV access
<input type="checkbox"/>	<input type="checkbox"/>	Tunneled dialysis catheter placement, exchange and removal

Surgery Interdepartmental privileges shared with Interventional Radiology		
<input type="checkbox"/>	<input type="checkbox"/>	Venous angioplasty
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous endovascular stent deployment
<input type="checkbox"/>	<input type="checkbox"/>	Graft declotting with endovascular thrombolytic catheter
<input type="checkbox"/>	<input type="checkbox"/>	Dialysis catheter insertion, removal and exchange
<input type="checkbox"/>	<input type="checkbox"/>	Coordination of fistula or graft insertion
<input type="checkbox"/>	<input type="checkbox"/>	Fistula flow Monitoring

Surgery Interdepartmental Credentialing Criteria:

Shared with Nephrology and Interventional Radiology Vascular Access Privileges:

1. Documentation of initial specific relevant training and evidence of current competence for the requested privileges.
2. Peer and/or faculty recommendation with review of current experience.

Adopted Medical Executive Committee 11/25/2013, Reviewed at MEC 9/22/2014

Shared Interventional Radiology Privileges:

1. Current privileges in Extremity vascular surgery for open arteriotomy, thrombectomy, AV access and fistula creation procedures with revision, removal and tunnel catheter placement.
2. Documentation of initial specific relevant training and evidence of current competence for the requested privileges.

ERIE COUNTY MEDICAL CENTER CORPORATION

- 3. Peer and/or faculty recommendation with review of current experience and documentation of procedure volumes.
Adopted Medical Executive Committee 7/28/2008, 11/25/2013, Reviewed at MEC 9/22/2014

Hepatitis C Practitioners

Information regarding the position of the SED and DOH and credentialing for Hepatitis C practitioners was presented to the committee for information only. No recommendation made to incorporate into the ECMC privileging process at this time.

Aging Practitioners

Information from the June 2015 AMA Annual meeting regarding their development of a screening tool for aging practitioners was presented. The ECMC Credentials Committee periodically evaluates this issue as part of its safety due diligence. At this time, the committee continues to await a validated tool before incorporating into our processes.

Professional References

The highlighted portion of the Credentials Manual below was discussed:

the names of three peers (same type credential: physician, dentist or other professional), as appropriate, at least two of whom are **not associated or about to be associated with the applicant in professional practice** or related to the applicant by blood or marriage, and who have had extensive experience in observing and working with the applicant, and who can provide adequate references pertaining to the applicant's professional competence and character; at least two such references shall be from a Practitioner in the same professional discipline and specialty as the applicant

It was determined that the highlighted verbiage may be impracticable with the requirement that all references have knowledge of current competency (i.e. within the past 5 years) of the applicant. The Credentials Committee endorsed that removal of the highlighted verbiage be presented to the Bylaws Committee and incorporated into the update to be issued by the end of the year.

FOR OVERALL ACTION

OPEN ISSUES

Physician Board Certification

The committee was asked to deliberate on the need for an extension for board certification requested by a member of our medical-dental staff, Balwant Nagra, Department of Psychiatry. The minutes (June 2012) of the meeting at which the extension process was endorsed was circulated for information:

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

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

Full consensus of the committee could not be achieved as to whether failure to obtain initial board certification should be handled differently than not maintaining board certification after it is achieved. The committee agreed to initiate the dialogue with the

*Medical Executive Committee with a recommendation to amend the appropriate section of the Credentials Procedure Manual to afford a staff member failing to achieve initial or maintain current his board certification a **one time 4 year grace period** to remediate. A written notification signed by the credentials chair and medical-dental staff president, would be issued detailing the expectation for remediation within the 4 year time frame. If board (re)certification is not achieved within that four year interval, the member could seek a waiver from the Medical Executive Committee and Board of Directors as outlined in the bylaws. Each waiver request would be assessed on a case by case basis.*

SECTION C: CREDENTIALS COMMITTEE RECOMMENDATION

The Credentials Committee reviews the appointee's file, all relevant information available to it, and forwards to the Medical Executive Committee a written report with recommendations for reappointment, or non-reappointment and for staff category and Clinical Privileges. The decision process outlined in Part Two, Section K of this manual shall be followed.

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

The Credentials Committee recommended the following course of action:

- 1) The Credentials Chair will present the circumstances to the Medical-Executive Committee at the July meeting on behalf of Dr. Nagra. The Credentials Committee recommends that his request for an extension be granted, a single 4 year maximum as stipulated in policy.
- 2) The verbiage currently housed in the Credentials Manual will be proposed for incorporation into the Medical-Dental Staff Bylaws, to ensure that all policies are aligned.

FOR OVERALL ACTION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

8 FPPEs completed since the last meeting.

=Emergency Medicine (2 MD's, 2 PA's)

=Family Medicine (2 MD's waived)

=Obstetrics and Gynecology (1 MD waived)

=Orthopaedic Surgery (1 MD waived)

OPPE (Ongoing Professional Practice Evaluation)

The Patient Safety Office has begun generating OPPEs for MDs only and for those with inpatient data in Crimson. The plan for low/no volume practitioners and allied health professionals remains in process.

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:10 PM.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert J. Schuder MD". The signature is written in a cursive style with a large, stylized "R" and "S".

Robert J. Schuder, MD,
Chairman, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
JULY 28, 2015
ECMCC EXECUTIVE CONFERENCE ROOM

BOARD MEMBERS PRESENT: RONALD BENNETT, ESQ.
MICHAEL HOFFERT

ALSO PRESENT: DOUGLAS FLYNN JARROD JOHNSON
FRANK MESIAH

I. CALL TO ORDER

Ronald Bennett called the meeting to order at 3:35p.m.

II. APPROVAL OF JUNE 30, 2015 MINUTES:

Moved by Ronald Bennett and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of June 30, 2015 as presented.

III. UPDATE – Recently Completed Initiatives/Projects

2015 ECMCC Group A Capital Projects

Bids were taken last Wednesday, July 22nd. In an effort to assist in the expediting this outsourced work and reduce outsourced costs the Plant Operations Department has completed a number prerequisite tasks that will enable a quick start to these aggressively scheduled projects, these completed tasks include:

Orthopaedic Clinic Expansion

- After completion of a series of minor renovations, Ambulatory Administration was relocated from Suite 19 to their new home within Suite G242.
- After creation of a new office space, the Graduate Medical Education group was relocated from Suite 19 to the first floor of the DK Miller Building.

Bariatric CT & Fluoroscopy Units

- Plant Operations has completed the first two phases of asbestos abatement required by this contracted renovation. The phased nature of this renovation, coupled with its very aggressive schedule required that any opportunity to advance the scope be expedited.

Equipment Replacement @ Cath Lab 2

- Once Plant Operations had completed the Radiology project abatement it began and has since completed all originally identified asbestos abatement work required by this renovation. Again the aggressive schedule required that any opportunity to advance the scope be taken.

ERIE COUNTY MEDICAL CENTER CORPORATION

- An eleventh hour design change had the adjacent Lactation Room relocated to the 7th floor, requiring two prior renovations before these corresponding relocations could be completed, in turn permitting the abatement of the former Lactation Room, which shall now be annexed project space.

Escalator Repair

- Replacement of the right side escalator drive chain was completed since our last meeting, by our typical service contractor, DCB Elevator, a local MWBE. A new operational policy is now in effect that shuts down service between daily operational hours, reducing unnecessary wear & tear.

Emergency Ramp Fencing

- Since our last meeting the decorative fencing atop the existing Emergency Ramp parapet wall has been completed by Armor Fence, a local MWBE. This installation provides enhanced aesthetics & safety around the inner & outer ramp walls.

Demolition of 409, 411, & 525 Grider Street

- Since our last meeting Plant Operations has emptied the 525 Grider property of stored items in preparation of the pending contracted abatement and demolition.

IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

2015 ECMCC Group A Capital Projects

A few In-House preparations continue this week in anticipation of subcontract awards & the official project kick-off next Monday, August 3rd. These continuing efforts include:

Orthopaedic Clinic Expansion

- Emptying of the former Bariatric Clinic & relocation Bariatric grade equipment to the Synergy Clinic.
- Emptying of the former UB Family Medicine Suite of abandoned furnishings & equipment.
- Relocation of WillCare, LLC (tenant) and Charge Entry Staff members.

9 Zone 1 Renovations

- Project nearing completion with new Staff station, new Nurse Call, & new Wander-Guard system now in use. A new corridor sink has also been installed with remedial repairs to the corridor ceiling in progress.

Immuno Clinic Improvements / Phase 2 of 2

- Phase 2 work has begun which focuses on the construction of a dividing wall between patient & staff areas.

Pathology Renovation

- Initial phases of renovation are underway. This project is taking a “fast-track” approach, with abatement & demolition progressing in advance of a completed design. These pre-renovation tasks progress while the development of temporary accommodations for those displaced by this

ERIE COUNTY MEDICAL CENTER CORPORATION

renovation continues.

Remedial Repairs @ MICU

- Progress on intended remedial repairs has been limited to date based on the high patient census. Project scope includes repairs to millwork, doors, flooring, and general painting. Work is being completed on a room-by-room basis within this occupied unit.

Demolition of 409, 411, & 525 Grider Street

- Since our last meeting the contract has been awarded to C&R Housing, a local MWBE Demolition contractor. Work is scheduled to begin this Thursday July 30th.

Signage & Wayfinding Initiative - Interior Wayfinding

- Since our last meeting funding approval for this initiative has been received and signage orders released. Our signage vendor ASI, a local MWBE shall begin the process with the development and submission of shop fabrication drawings. The sequencing of these fabrications shall be coordinated with the prerequisite Plant Ops aesthetic & security improvement work which is expected to begin later this summer.

V. UPDATE – PENDING INITIATIVES/PROJECTS

Emergency Department Modernization Project

- A revised set of conceptual options was shared with Administration late last week for their further consideration. These options include versions that are purely new build as well as a combination option of new build and renovation. An applicable review session shall follow in the near future which shall lead to option selection in turn permitting for effective progression moving forward.

Energy Management & Project Services

- A “Project Development Agreement” is currently under legal & financial review. This PDA shall result in a refined set of projections based on an assumed set of infrastructure improvements. Once fully implemented these improvements would lead to future energy savings, in turn decreasing the typical financing payment.

Tenant Upgrades @ UB Orthopaedics – Phase 2 of 2

- Phase 2 of this project has been postponed until August, following the influx of the newest resident class. Scope shall include carpeting replacement and painting within the main corridor and the general staff area.

Ground Floor Space Consolidations

- HIM’s progress in converting over to EMR has provided a significant opportunity to consolidate a multiple support department functions w/in the current HIM footprint. These departments include Patient Financial Services, HIM & potential others. This consolidation will alleviate a series of space shortages permitting future projects the opportunity to move forward including Civil Service Suite, Risk Mgmt & several others.

Urology Table Replacement Renovations

- Current intent is to replace an antiquated Urology table with a modern unit allowing for additional procedures to be completed within the Urology Suite, freeing up Operating Room time.

HPD Control Room & Security System Head-End

- This project will construct a new Police Control Room off of the main lobby, which shall house a new innovative security system that will integrate both new & legacy systems into a single monitoring & alarm network. Project funding approval was recently confirmed, release of order expected shortly.

Education & Training Center

- This project is now planned as a 2016 capital effort w/design work expected to resume later this year when the plan for the prerequisite relocations is solidified. These relocations include the Med Library, Patient Advocates, Volunteers & misc others. This project is the predecessor to the planned MICU renovation.

Medical ICU Renovation

Approval of the schematic design has been reached & an applicable cost estimate has been completed at \$4.8 million. Once progress is seen on the Education & Training Center, design work for this project can effectively move forward, renovations are currently envisioned as a 2017 capital effort.

VI. ADJOURNMENT

Ronald Bennett adjourned the Board of Directors Building and Grounds Committee meeting at 4:30 p.m.

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
JULY 21, 2015
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL SEAMAN
BISHOP MICHAEL A. BADGER
DOUGLAS H. BAKER
RONALD BENNETT

VOTING BOARD MEMBERS
EXCUSED:

ANTHONY M. IACONO
THOMAS R. MALECKI, CPA

ALSO PRESENT:

RICHARD CLELAND
ANTHONY J. COLUCCI, III
KELLY FINUCANE
STEPHEN GARY
VANESSA HINDERLITER
MARY HOFFMAN
JARROD JOHNSON
CHRISTOPHER KOENIG
LESLIE LYMBURNER
THOMAS QUATROCHE

I. CALL TO ORDER

The meeting was called to order at 8:52 AM by Chairman Michael Seaman.

II. APPROVAL OF MINUTES

Motion was made by Douglas Baker, seconded by Ronald Bennett, and unanimously passed to approve the minutes of the Finance Committee meeting of June 16th, 2015.

III. JUNE FINANCIAL REPORT (AMOUNTS IN THOUSANDS)

ECMC incurred an operating loss of \$374 for the month of June compared to budgeted income of \$1,880 and June, 2014 operating income of \$1,464. Patient volume continues to be slightly higher than budget and higher, overall, compared to last year. Case mix was substantially better than over budget for the month, contributing to the favorable financial performance.

IV. PERFORMANCE IMPROVEMENT PLAN

Mr. Gary reviewed updated baseline projections, accounting estimate changes and a management action plan were reviewed in a discussion about a performance improvement plan in response to current operating performance and projections for the end 2015 incorporating the results of these initiatives.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:24 AM by the Chair.

DRAFT

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF EXECUTIVE OFFICER
AUGUST 25, 2015

Over the last few months, my top priority has been organizational engagement. This is key to our long-term success as we face and overcome the challenging healthcare landscape. I will continue my commitment to directly engage our teammates and patients. This engagement includes my previous reports on my initiatives such as executive rounding, patient interviews, “Walk In My Shoes” and “The Breakfast Club”, CEO E-mail Express, etc. Each of these meetings and personal contacts has been very important. It is very inspiring what I am hearing from our ECMC family and our patients! We are certainly a hospital that patients and providers choose for our great reputation, quality of care and patient experience.

In addition to these our executive leadership team will be rolling out two additional initiatives which will begin January 1, 2016.

Julia Culkin-Jacobia (CPO) will take the lead on the ECMC Leadership Academy (ECMC-LA). ECMC-LA will focus on building loyalty and strategic alignment. This program will build upon all the great success we have had in recent years in developing our own internal group of leaders. The program will focus on middle leadership (department directors, unit managers and assistant vice presidents). A stringent curriculum will be developed and attendees per session will be identified by objective criteria. ECMC-LA will meet one full day a month for a twelve (12) month period. A formal curriculum will be developed and presented by ECMC executives and other outside health care experts on current healthcare topics and strategies.

Those who attend will benefit from the following:

- Personal coaching and mentorship;
- Career advancement at ECMC;
- Uniform approaches, understanding and alignment of organizational goals;
- Appeal directly, influence managers in our organization;
- Build further trust and engagement;
- Spread accountability throughout leadership;
- Continue our cultural transformation;

The second initiative is the development of a Project Management Office (PMO). This initiative will be led by Mary Hoffman (COO) and Steve Gary (CFO).

Here is a description of the PMO:

- In-house group whose job it is to help re-design and turnaround struggling service lines, departments, etc.
- Strategic use of resources(i.e. versus hiring expensive outside consultants);

- Support leadership like an Employee Assistance Program(EAP);
- An internal SWAT team;
- PMO will be a team of experienced healthcare administrators who have significant clinical, financial and operational expertise;
- Assists in the promotion of leadership and its operational ties to our strategic vision;

So it is my honor to continue leading this great organization. I will make sure we remain focused on what is important, ensure our strategic course is strong, visionary and committed to our long term success.

PATIENT AND TEAMMATE ENGAGEMENT (VALUE BASED PURCHASING) & QUALITY

On Thursday, August 27, we will be kicking off our once a month “Thank You Thursday” from 6:30-8:30am. A few members of the Executive Leadership team will be greeting teammates at the Employee Entrance, and Main Entrance to start and then begin rotating to the other entrances every month. The team will hand out water bottles and buttons that say “ECMC I’m A Caregiver” and most importantly, thank our teammates for the hard work and positive spirit you bring to work every day!

I am very happy to report that my “Walk in My Shoes” this month led me to two excellent work assignments. On July 31, 2015, I was honored to work alongside the hard working men and women of the grounds maintenance department. Then, on August 4, 2015, my first clinical assignment, working along with Sonya Melvin RN Unit Manager of 12 zone 3 and her gifted nurses. I left each session learning a great amount of valuable information about our workforce, its challenges and how I could be a better leader in supporting their departments. My next two assignments will be with Jim Turner, Vice President of Surgical Services, and a shift in the environmental service department. I will continue reporting details of these encounters on my E-mail Express.

On Wednesday, August 12, the 8th Annual Summer Youth Program Awards Ceremony and Lunch Reception was held at the Math, Science, and Technology Preparatory School. The Summer Youth Program is a four-week comprehensive self-development program for high school students administered by the ECMC Foundation and co-sponsored by the City of Buffalo Mayor Summer Youth Program. This year we had 125 interns from all the local high schools, shadowing and working in various departments across campus. Thank you to Karen Ziemianski, Sr. VP of Nursing, who was this year’s keynote speaker – she delivered a dynamic and fantastic message to the audience! A big thank you goes out to the ECMC Foundation, and to Satoria Donovan, who was this year’s Program Director, for a great job administering the program.

Please review the executive leadership quality dashboard that I have attached to the end of my report. The report shows all publicly reported quality and customer service data.

The recent survey by the Joint Commission of the Department of Laboratory Medicine and Pathology represents the biennial review program of three regulatory agencies that evaluate the performance of the Department. This comprehensive review uncovered minor opportunities for improvement, which the Department has readily implemented. Overall, it was a successful survey and we thank the great efforts of our lab team during the process.

HOSPITAL OPERATIONS

Trauma season is in full season. Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In July, we had a \$4.1 million operating profit. Income on core operations was \$1.3 million. On a year to date basis, ECMCC has incurred an operating loss through July of \$610K which is favorable to an \$834K operating loss during same period in 2014 (improvement of \$224K). Executive Leadership will continue to work hard on overcoming the variance and get us into a positive end of year position. Steve Gary, CFO, is leading a \$6 million expense reduction initiative. This will continue to focus on the following areas:

- Vacancy control;
- Overtime management;
- Discretionary spending;
- Travel and conference; and
- Consultant use.

In addition to the expense reduction, leadership has identified \$2-3 million in revenue opportunity for 2015. We feel very confident that the expense reduction and revenue enhancement initiative will improve financial performance without impacting bedside care, quality, staffing, or customer service.

Several key statistics include:

- Acute discharges – 8.5% higher than budget for July; 6.9% higher than budget YTD and 7% higher in comparison to 2014.
- All discharges – 4% higher than budget for July; 1.9% higher than budget YTD and 5% higher in comparison to 2014.
- Operating room volumes 4.2% higher than budget YTD and 5.5% higher than same period in 2014.
- July-Case Mix improved to 1.83 versus budget 1.7, a 7.4% improvement over budget.
- Emergency Department volumes are 10 % higher than budget and 2.2% higher than 2014 YTD.

- Acute Length of Stay (LOS) for July 2015 was 6.2 days and 6.3 days for July 2014. 2015 YTD 6.6 and 2014 YTD 6.3.
- Terrace View average daily census at 374.

August continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 11.7% and also seeing LOS at 6.3. The surgical volume remains very strong as well at 5.4% higher than budget. Our ER volumes are 9.7% higher than budget.

Effective Tuesday August 4, 2015, Great Lakes Medical Imaging (GLMI) began providing radiologist services for ECMC. We are proud and excited to welcome all the members of GLMI to ECMC. We are also pleased to announce Dr.'s Jon Marshall and Kier Shah have joined GLMI and will continue as lead members of the GLMI team at ECMC. I would like to thank all those who jumped through hoops to make this accelerated transition go smoothly.

We received some great news last week about an approved grant request from the Tower Foundation. The Foundation Board has approved ECMC's request of \$97,995 to develop and launch the First-Episode Psychosis Program for our Behavioral Health Department! Thank you to everyone who was involved in the grant process, especially Roseanne Wisniewski, for all your hard work!

The Emergency Department Modernization Project Planning design team has been working on the new ED renovation. A final list of plan options has been developed. ED and ECMC leadership will be making a final recommendation by the end of September.

New Transplant Program Director, Dr. Liise Kayler, has made an immediate impact on our program. Since her arrival on July 6, 2015, ECMCC has completed twenty-nine (29) transplants. This includes three (3) live donor transplants and three (3) pancreas transplants. Year to date we have had forty-six (46) transplants.

Executive Leadership 2015 second quarter goal report updated and attached. I separated goals that have been accomplished from those underway. Overall we have over forty (40) goals identified for the first quarter (many are yearlong goals). We determined the priorities and have identified customer and patient engagement, reviewing and modifying our strategic plan, physician contracting, LOS reduction, and service line profile reporting (profitability, quality outcomes and measures, productivity and patient satisfaction) as top priorities.

ECMCC FOUNDATION

Over the past few months, several successful events have taken place. I would like to thank Jon Dandes, Chair, and individual members of the ECMCC Foundation Board of Directors for all that they do for ECMCC. Sue Gonzalez and her team continue to raise the bar, finding new ways to build on previous successes!

- ECMC Day at Buffalo Bison's – was held on July 31, 2015; Pre-Game Tent Party and Friday Night Bash over 1,200 ECMC Teammates attended;
- On August 1, 2015, ECMC Foundation along with WNY Imaging and Dr. Vivian Linfield from WNY Breast Health hosted the "Mammo Mile". The ECMC Mobile Mammography Coach led 300 participants in a 1.1-mile walk from WNY Imaging on Genesee St. to Coca-Cola field as part of "Turn the Park Pink" night at the Bison's game.
- Park County Club Golf Tournament-August 10, 2015-224 golfers and the event raised over \$225,000.

On behalf of ECMCC, I would like to thank the ECMCC Foundation for their vision, commitment and leadership in assuring that ECMCC's mission continues well into the future.

As summer starts to wind down, I want to express my gratitude to my executive leadership team and each of you for the time, guidance and the support you provide to ECMCC as well as the individuals I am privileged to work with throughout ECMCC. On behalf of those we all serve, thank you.

Sincerely yours,

Richard C. Cleland

**Executive Leadership
2015 Goal Report**

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
<p>1) Develop a comprehensive 2015 customer service and patient engagement plan:</p> <p>a. Maximizes Press Ganey capabilities (training, education, forms and strategies)</p>	<p align="center">Brown/ Executive Leadership</p>	<p>(a) [DB] Press Ganey will be on site beginning 1/30 from 10am-2pm bi-weekly to meet with various team members to enhance their knowledge on the Press Ganey suite of Patient Experience resource tools. Ongoing. Franklin Allen, the patient experience advisor for Press Ganey, is on site and meeting with departments every other week.</p> <p>[DB] Franklin is planning an inpatient stay sometime in August to evaluate our areas of opportunity.</p> <p>(a)[KZ] Nursing has submitted master plan for 2015 to Donna Brown – Nursing has patient experience meetings once a month where data/speakers/presentation occur. Nursing has mandatory rounding from 10 – noon, 5 days a week – with audits submitted for QI purpose. Nurse executive has rounding sheets that are submitted for QI purpose also. Nursing started engagement strategy cards for verbal and written compliments by patients, families, etc. Over 85 cards have been remitted for 2015.</p> <p>[KZ] 8/15/15 Nursing held first ever manager orientation (HR, Finance, and Pharmacy Presentations).</p>	<p>(a) [CL] IT interface in progress.</p> <p>(a) [KZ] In Process - Nursing started engagement strategy cards for verbal and written compliments by patients, families, etc. Over 300 cards have been remitted for 2015. Nursing has observational experience with Franklin; feedback obtained. Receiving Feedback on HOT team in process in ER – 8/15/15.</p> <p>(a) [JJ] In Process - Operations is meeting with Donna Brown to develop quarterly action plans to contribute to positively affecting HCAHPS scores. Each dept. will develop individual plans for execution of strategies.</p> <p>(a) [KZ] Live discharge phone calls 12z2, 12z3, 7z2, 7z1, 8z1, 10N. Started on 8/15/15.</p> <p>Press Ganey word find completed. Advocate hired for ER. Kindness coins and book club for managers underway 8/15/15.</p> <p>[RC] Video for patient room utilization underway, where teammates provide level of expectation for the patients-family etc.</p> <p>Continued focus on higher customer service Press Ganey scores.</p>
<p>b. All reports-all organizations - all daily practice to mimic Press Ganey top hospitals</p>		<p>(b) [DB] Working with Juan to develop 2 RFPs for Patient Experience training. RFPs will be completed the week of 1/26/15 and will go out to bid. Should be able to begin year long training 3/15/15. RFP's are complete and will go advertised 2/23/15. RFP has been revised and will be sent to purchasing on 3/27/15.</p> <p>(b) [KZ] Nursing has completed meetings for Immunization x3/ VTE x3/ and stroke education to</p>	<p>(b) [KZ] Underway - Nursing will start CAUTI initiative in June.</p> <p>(c) KZ no CLABSI for med-surg in June.</p> <p>(b) Personalized education for VTE #5 for all nursing. Completed 137</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		maximize VBP points.	8/15/15. (b) [DB] RFP will be finalized the week of 7/27/15 and will be submitted to Purchasing for Bidding.
c. Includes monthly department and employee training and development		(c) [DB] Next steps to work with EL and department managers on the development of PE plans for their areas. Developed template for department managers to use in the drafting of their PE plans. Met with IT, Environmental Services, and the ED. We will be meeting every two weeks until 4/30 to draft plans which will be presented to their EL for support and by-in. (c) [KZ] Nursing has completed action plans for all managers and units within hospital. Current volume in census has affected all PT experience scores. (Dec 91.7/40 ranks) in communication with nursing dimension. (c) [KZ] Leadership Education once a month for hospital sponsored by nursing.	(c) [KZ] IN PROCESS - Patient feedback HOT Team – 6North, 6z1, 12z2. UNDERWAY - Resolving ER issue/dental/billing – next meeting ORTHO. (c) [DB] Working with Jarrod’s areas to complete Patient Experience Plans.
d. Roll Out of “ Point of Care” rounding tool		(d) [DB] I have sent Leslie the requirements for the Point of Care rounding tool. We will meet w/o 1/19/15 to discuss next steps towards implementation. The meeting is pushed back to the w/o 3/30/15.	(d) [DB] Working with Franklin to set up pilot.
e. Implementation of “Consider it Done”		(f) [DB] I am working with IT and the existing Intranet service request portal – modify in order to track and monitor requests.	(f) [DB] Developing a pilot with IT to determine who users are and who will be responsible for monitoring. July 2015- currently with IT Governance Committee for Evaluation.
f. 2 nd annual Patient Experience Fair		(g) [DB] We will have our kick-off meeting for the annual Patient Experience Summit the w/o 1/19/15. We had our meeting and the date for the PES is in April but may push back to 10/15. There is a lot going on and we are working short staffed and this may not be a good time to have it.	(f) [DB] In progress – working with Press Ganey to develop. Tentative date is October 27, 2015.
g. Add additional resources-advocates to CPEP, Outpatient and Behavioral Health(inpatient)		(h) [DB] I need to meet with BH to discuss the vision and what the need is.	
h. Patient Experience data for providers		(h) [DB] Working with IT and Press Ganey to develop the necessary fields in our data upload so that our physicians can review their Patient Experience data. Meeting with IT and Press Ganey 2/23/15 to determine what the data set needs to be for the upload of this information. Working with IT and Press Ganey to make sure we have	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		all providers in the Press Ganey database. W/O 3/30/15 to be completed. (h) [CL] Need IT interface for provider specific data.	(h) [CL] Upgrade completed. Developing data transfer feed. [DB] Physicians can review scores now.
2) Reorganize Renal Service Line	Murray Hoffman Ludlow		
a. Develop a CKD Transition Clinic		(c) [MH] Analysis underway. [BM] Ongoing negotiations with HealthNow.	
b. Improve STAR Rating of the Chronic Hemodialysis Program		(d) [CL] Dashboard for dialysis program expanded. Monthly meetings are held. Minutes of meetings provide tasks and responsibilities assigned for addressing indicators that require improvement initiatives. Successful OP dialysis CMS survey in February 2015. Plan of Correction accepted; monitoring. COMPLETED.	(d) [MH] April 2015: 2 stars – committee focused on improving fistula rate. [Theresa Sitgreaves] Fistula rate for July was 65%. This is up from 59.8% in May of this year. The NY State benchmark is 65.8%.
3) Physician Contract Management-Streamline involvement, prioritize involvement, prioritize by impact, manage regularly and hold accountable (currently Medical Director/Legal/Compliance/Finance/Executive Leadership/Service Line Management/Contract Mgr)	Hoffman Murray Colucci Cleland	[BM] Developed list of service lines and departments and established relevant executive managers, CMO and Associate Medical Directors. Final version to be approved at Executive management. [MH] Met on February 10; follow up meeting scheduled April 20. Process drafted by Katie L. Meeting on May 4 th .	[MH] On-site review 5/21 by McGlady. Findings and work proposal pending. [BM] Meeting on a weekly basis to review status of expired and expiring contracts and to reassign them as needed so they can be completed. [MH] Met with Kaleida contract manager regarding internal process. Pursuing using their automated contract request process. Meeting regularly with internal group to improve communication and follow up on expired agreements before administration transition is complete.
4) Update ECMC's Strategic Plan: a. 3 rd Party facilitator/assistance	Cleland Quatroche	[TQ] First meeting retreat held with Executive Management. Management/Physician retreat and	(a) [RC] Completed on 6/29/15 – follow up session to be

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
b. Board of Directors/EL Retreat		Board of Managers retreat scheduled for 6/29/15.	scheduled. (b) [RC] Second session scheduled in September.
5) 5.7 LOS	Hoffman	Daily focus; current LOS = 5.8, excluding outliers [KZ] Results of fishbone have resulted in over 30 projects that will assist the organization in loss reduction. Participated in transport pilot - COMPLETED [MH] Major focus on ALC patients and developing community strategies for difficult to place patients.	[MH] Average LOS 6.5. YTD 6.6. Daily focus Acute ALC = 9. [KZ] IN PROCESS 8/15/15 – Redesign rapid rounds utilizing concrete coded data; Standardization of patient questions.
6) Roll out 2015 ECMC marketing campaign	Quatroche	First meeting held with Foundation and Jon Dandes, Chair of Capital Campaign. Russell J. Salvatore Orthopedic Unit campaign underway. Continuing ECMC ad in April and planning new commercial/campaign.	
7) Update ECMC website	Quatroche	Key stakeholders identified and to be interviewed; plan developed. Stakeholders interviewed. Designs to be presented in April.	
8) PI – Patient caused injury and assaults	Clarke/Culkin-Jacobia	Formation of a transparent multidisciplinary team to look at all incidents where patients have caused injury in order to form both an internal and external plan for reduction.	
9) Develop comprehensive service line profile report which includes the following information: a. Finalize service line and physician dashboards in Crimson and achieve “monthly” distribution to service line physician leadership. This is so we achieve <u>BRIDGE</u> initiative goals and take ownership of this function.	Murray Ludlow Gary Feidt	(a) [CL] Orthopedic dashboard developed; attended QI meeting on 1/15. Surgery dashboard developed. Medicine dashboard developed; will further develop each service line under medicine and provide data to each service line champion. Psych developed. ED & Family Med developed. Rehab in progress. Adding Rehab service for indicators. Providing monthly data. [CL] Action teams developed for stroke, sepsis, VTE, AB, stewardship, COPD, and Pneumonia.	[BM] We have transitioned to presenting this data at departmental monthly meetings.
b. Complete the evaluation of service line <u>profitability</u> and establish action plan for services with a negative operating margin, including maintaining service sure to core	Gary	(b)[SG] Cost accounting system for 2013 is reconciled with 2014 reconciliation in process. Currently evaluating system/platform for cost accounting and decision support, which may result in the sunset of the 5	6/1/15 - (b) [SG] Inpatient and outpatient service line data was prepared for 2014 reconciling to audited financial statements. 51 of 137

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
mission		software tools currently in place and result in one single source of truth. [SG] Work with 2015 data pending filling vacant position.	data was presented at both the BOD Finance Committee and ELT meetings. Further analysis across the care continuum is in process and expected to be complete for the Finance Committee meeting. [SG] Analysis across the continuum of care completed and presented to finance committee and ELT. Met with service line to review their performance and begin data drill down.
c. Identify key service line <u>quality reporting</u> , develop master schedule to insure timely submission of materials and organizational awareness		(c) [CL] Master list of quality indicators developed and will be distributed to exec leaders. Timeline document will be shared also. Grid of measures being updated to reflect third party incentives and dollars. (c) [BM] Document circulated by C. Ludlow. (c) [CL] Additional data being added as requested – Target 5/4.	[CL] COMPLETED . Revised document will be distributed to EL at July 28 meeting.
d. Complete assessment of <u>productivity</u> and establish benchmark productivity levels		(d) [SG] Productivity consultant selected, data assembled and assessment process is underway with expected 4/1/15 due date for results. Consultant has completed their data analysis and is in process of scheduling a 4-hour meeting with ELT to review draft results and process for engagement of department leadership. (d) [KZ] Nursing participated with all productivity consultations, data collection and meetings. Met with consultants for review March 2015.	6/1/15 - (d) [SG] Productivity consultant completed work and reviewed report with ELT. Implementation of the productivity standards into a reporting tool is in process as well as departments with significant variances from current operations to benchmark levels of performance. [SG] Productivity reporting tool and statistic gathering process completed and ready for testing. Consultant has worked with departments with significant variances.
10) Restructure PI to focus on all publicly reported and Pay for Performance data. Incorporate monthly updates of performance in all areas should be consolidated and reported regularly with action plans and accountability: a. Payer Incentives	Ludlow	(b) 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. Final indicators for Univera submitted 1/22/15. All contracts signed.	[CL] 2015 IHA in progress. 2nd quarter data submitted to Excelles/BCBS.

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
<p>11) Develop a comprehensive Business Intelligence/Enterprise Decision Making structure and begin implementation of that structure</p>	<p>Gary</p>	<p>Organization structure developed pending best practice data from productivity consultant. Identified lead candidate and in process of recruiting for this leadership role. Productivity consultant confirmed structure. Lead candidate completing interview process.</p>	<p>6/1/15 - The lead candidate rejected the role electing to stay at his current employer for an internal promotion that was offered. In process of vetting a second candidate. [SG] 8/20/15 – Candidate fully vetted – pending position approval.</p>
<p>12) Create Employee Concierge Program:</p> <ul style="list-style-type: none"> a. Same day scheduling for clinics and dental b. Increase primary care population c. Capture higher levels of surgical and acute care d. Co-Pay waiver-reimbursement e. Work with LMHF to begin the drafting of a customized insurance plan for ECMC employees 	<p>Maggie Nichols/ Clarke/Gary</p>	<p>[CC] Met with Steve Gary on project status, follow up scheduled. Meeting scheduled with vendor on 2/27/2015. [SG] Contracted with a firm to develop RFP for consulting support to establish the employee discount/co-pay waiver program. [CC] Received a draft RFP from vendor to review on 3/24/2015.</p> <p>[MN] Employee health/concierge program has been named E-CARE4U. [MN] RFP has been sent out to MWBE for vendor selection - 7/2015. [MN] 8/21/15 – RFP has been withdrawn.</p> <p>[MN] Meeting will be set up by Julia Culkin-Jacobia with LMHF to begin a discussion on a customized insurance plan for ECMC employees - would seek to incorporate a discounted co-pay and or discount for services rendered at ECMC. [MN] 8/21/2015: Initial meeting was 7/1/2015, f/u meeting with ECMC team only is scheduled for 8/24/2015 to review finance report and to outline which service lines will be in the initial roll out ex: dental, Rehab, primary care etc... Meeting will include Julia Culkin-Jacobia, Steve Gary, Jarome Twichell, Vanessa Hinderlier and Magdalena Nichols.</p> <p>[MN] Dental clinic in the ambulatory building will be able to accommodate ECMC employees within a week of calling after they fill a vacancy for a dental hygienist. Tom Quatroche indicated they are in the process of filling the position. [MN] 8/21/15 – No update at this time.</p>	<p>[MN] Employees were surveyed on interest in rendering services at ECMC starting 7/6/2015. Survey will conclude 7/24/2015. There are currently 800 surveys completed.</p> <p>[MN] Over 900 Surveys completed on 7/24/15.</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>[MN] Mobile Car Wash: Information regarding a vendor for mobile car wash service on site has been sent to Ann Victor for review and contract set up. [MN] 8-21-15 - No update at this time.</p> <p>[MN] A report has been provided by Lawley that shows 2015 YTD employee drug utilization and a business plan is being constructed for a proposed Retail pharmacy which would include veterinary medications. [MN] I met with Randy on 8/11/2015 and he has submitted a proposed budget for retail pharmacy in the 2016 budget.</p> <p>[MN]LIST OF CONCIERGE SERVICES:</p> <ol style="list-style-type: none"> 1. Mobile Car wash 2. Lunch order & Delivery: Morrison is currently creating a menu 3. Take Out Dinner Menu: Morrison is currently creating menu, ordering method. [MN] I met with Morrison on 8/19/2015 and we will be launching a test trial order system for placing lunchtime pick up orders. To incentivize the employees for helping to test the process, Morrison Catering will be offering a discount of 50%to the 1st 20 employees to respond to the email blast. Email blast to go out in early September. 4. Dry Cleaning Drop off and pick up: Currently in the process of speaking to potential vendors. 5. Day Care: An employee with interest in setting up a day care has requested a meeting to discuss the potential of opening up her own day care that would accept children of ECMC employees only. A meeting has been set up with Julia Culkin-Jacobia to discuss this option further. [MN] 8/21/2015: Julia Culkin-Jacobia, Michelle Wienke and I met with Amanda Salisbury's and her husband to discuss the day care. E-CARE4U survey results showed that there is 143 employees who are "Definitely" interested in the service. I am currently in the process of 	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>creating a new survey to get additional information from employees such as, affordable cost, number of days child care is needed etc.. The Salisbury's are doing their own research on locations, start up cost etc...</p> <p>Concierge Services in the works:</p> <ol style="list-style-type: none"> 1. Appointment Coordination 2. Taxi or Shuttle Services 3. Coordination of mail/shipping services 4. Prescription pick up/delivery 5. Book Travel Arrangements <p>[MN] 8/21/2015: Currently working with risk management (Ann Victor) and purchasing to develop an RFQ process for vendor selection for various Concierge services to be offered under E-CARE4U. RFQ document to be finalized 2 weeks from 8/18/2015. Donald Roof from purchasing is creating the template.</p>	
13) Kronos Improvements-enforcing the overtime timekeeping requirement	Clarke/Culkin-Jacobia	Investigating; setting up meetings to explore the issue, in the meantime enforcing the pre-approval of OT rules.	
14) Update Human Resources Intranet Page	Clarke/Culkin-Jacobia	Assigned and planning begun for employee portal function to be added to general website re-design. Met with Martin group on website re-design from HR perspective.	
15) Civil Service-fully implement transition from EC to ECMCC: a. Integrate ECMCC's Position Manager System with NYS Civil Service Testing Division	Clarke/Culkin-Jacobia	Assigned, awaiting go live date.	
16) Update Employee Handbook	Clarke/Culkin-Jacobia	Assigned and awaiting the transition of civil service as many of the edits would change based upon the civil service implementation.	
17) Employee Health Updates including: a. Revise annual employee assessment form;	Clarke/Culkin-Jacobia	Added to goals for Sue Sponholz for first quarter, first meeting scheduled. New technology exploration begun	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
<ul style="list-style-type: none"> b. Revise new employee questionnaire; c. Increase compliance for annual physicals; d. Increase compliance for flu shots; e. RFP Employee Health physician services 		with IT for increased compliance in annual physicals and flu shots. RFP under review and also exploring possibility of servicing function in-house.	
18) Develop and agree to a comprehensive managed care strategy setting the stage for Health Now, Univera and IHA contracts expiring on 12/31/15	Gary	Draft of a strategy is prepared and ready for presentation at an upcoming ELT meeting. Univera and IHA contracts that were scheduled to expire on 12/31/14 have been successfully negotiated extensions to 12/31/15. [SG] Plan was presented and adopted at ELT. New VP of Managed Care has been recruited and scheduled to start on June 8.	[SG] New VP of Managed Care successfully on boarded. Negotiations strategy developed - in process of implementing.
19) Regulatory-stay within compliance for the following agencies: <ul style="list-style-type: none"> a. UNOS-CMS-transplant b. JC, DOH, OMH 	Ludlow	CMS survey by NYSDOH 1/20-1/21/2015 on patient rights and nursing service. Grid of surveys can be attached. Monthly grid of regulatory events developed. [CL] 8/25-8/27 – VHA Mock Survey to determine JC survey readiness.	[CL] Developed document— continuously updated as surveys occur.
20) Meet NYS EPCS	Murray Feidt	[BM] Working with Leslie and UB to achieve this goal. [LF] Pilot for e-prescription in TCU completed, results in review. Implemented electronic discharge process for BH and CD, began pharmacy collection by registration in ER and PACU, collection of key provider demographics at 65%, began roll-out of e-prescription in outpatient clinics. Risks: Allscripts upgrade and clinic roll-out, unknown LTC solution and identification of waiver program. Working with PM to mitigate risks. 6/1/15 – regulation due date has been recast for March 2016. Outpatient: postpone upgrade to 7/2015. Once in place will roll out to clinics. Inpatient: resolving minor issues with vendor. Planned roll out once resolved. LTC: solution has yet to be identified. Working with LTC leadership to develop options and recommendations to IT Governance.	
21) Implement network vulnerability and scanning	Feidt	6/1/15 - Developing remediation plan and PI plan.	In process.
22) Provider dictionary optimization update	Feidt	Completed the de-centralization of data entry process with oversight of the MDS office. Interface development in progress with targeted date of 3/31/15. Continual effort to define appropriate use and access of supporting dictionary elements is in progress. Clean up of current	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>dictionaries and reporting requirements are at risk due to resource. Working with PM to mitigate.</p> <p>6/1/15 – Successfully completed interface re-design and placed in production, obtained access to the data within the Intellicred solution allowing us to begin the cleanup of the provider dictionary including specialty and services, finalize job description for Medical Dental Dept, ready to begin the recruitment of this position. The team is now positioned well to re-define the definition of various fields within the provider dictionary and hence re-align the assignment of the provider’s specialty and services. Focusing knowledgeable business owners will be key in this. A meeting has been scheduled to discuss further.</p>	
23) Re-organize Quantros occurrence system	Murray Colucci	[BM] Have reached out to Quantros to see if they can develop a Lessons Learned field and improve the ease of closing the loop with those originating complaints. Awaiting response from Quantros.	
24) Implement NSQIP to focus on quality improvement for surgical patients (replace SCIP)	Murray	[CL] Completed application; staff hired. Begin education and chart review on May 4.	[CL] Underway
<p>25) Develop comprehensive Medical/Physician Affairs plan to address:</p> <ul style="list-style-type: none"> a. Updating and keeping current Provider Dictionary b. Liaison/Concierge Service(on boarding) c. Insure all physician and allied provider credentialing is in compliance to ECMC By Laws d. Staffing and structure in place and department optimal in effectiveness 	Murray	<p>Ongoing. Looking to hire a Systems Manager for MDSO. Hiring in MDSO so that Sue Ksiazek can fulfill this position.</p> <p>Need a plan for OPPE. Need a low volume plan, need OP plan.</p> <p>See above. One position still needs to be filled.</p> <p>[CL] Plan for inpatient physicians with patient volumes.</p>	
26) Consolidate and streamline research efforts across organization (dialysis, transplant, H&N, oral oncology, etc)	Murray Lisandrelli Cleland Gary	<p>[SG] Reviewed and provided ECMCC research team feedback to the UB research report from Huron Consulting. Directed ECMCC team regarding business plan parameters for the ongoing development of research.</p> <p>[BM] Attempting to develop agreements with UB to cover data extraction by all UB personnel.</p> <p>[BM] Most will be covered by our agreement with Research Foundation. For those hired via practice plans</p>	<p>[SG] 6/1/15 - Framework for self-sustaining grant infrastructure business plan developed with complete business plan in process.</p> <p>[SG] 8-20-15 - Business plan created for grant development and infrastructure.</p> <p>Pending approval of positions to gain result.</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>there is an agreement between UB/Kaleida/ ECMC. The practice plan must provide a Letter of Indemnification for the individual’s research activities.</p> <p>[BM] Agreement signed with UEMS to cover their employees. Further developments will depend on the outcome of Affiliation Agreement negotiations.</p>	
<p>27) Support organization for ACS Cancer Center Designation (or decide and communicate to physicians that we are not supporting this initiative)</p>	<p>Quatroche</p>	<p>Center supported and timeline for accreditation developed.</p>	
<p>28) Dietary Redesign/Improvement</p>	<p>Johnson</p>	<p>Expands “Catering By Demand” to all inpatient survey units:</p> <p>[DB] Dietary brought in a team to do a “Fresh Eyes” assessment. Ron was provided with the report and from what I can tell “Catering on Demand” will be discontinued and a total revamp and retooling of the program will take place.</p> <p>[KZ] Dietary continues to struggle (year 3) - June 2015</p>	<p>[JJ] TouchPoint completed “Fresh Eyes” assessment and follow up visit. Very favorable verbal follow up assessment. Awaiting final written report. Dietary management rounds daily on patients in collaboration with RN managers.</p> <p>[JJ]</p>
<p>29) Transition of Radiology Services</p>	<p>Hoffman Murray Cleland</p>	<p>[BM] Occurred 8/4/15 – early than planned for unanticipated reasons.</p>	<p>COMPLETED. 8/4/2015</p>
<p>30) Transition to New Hospitalist Service</p>	<p>Murray Hoffman Muenzner</p>	<p>[BM] Working closely with Apogee Implementation Team. Meeting weekly either in person or by conference call. Biggest challenge is recruitment of the necessary personnel because of competition from other local hospitalist programs; we have only retained one MD from previous group. Target date for transition is September 1, 2015.</p>	<p>[MH] Target date for transition group is September 1, 2015.</p>
<p>31) Affiliation Agreement</p>	<p>Cleland Quatroche Colucci</p>	<p>[BM] Discussions ongoing with Kaleida regarding a combined strategy and to decide the composition of the negotiating team. Meetings with UB expected to start in September.</p>	
<p>32) <u>Foundation Goals:</u></p> <ul style="list-style-type: none"> a. Finalize the capital campaign cabinet and solicitation team b. Finalize the ER renovation’s capital campaign marking concepts c. Kick off capital campaign silent phase through identification of major/naming rights donors 	<p>Gonzalez</p>	<ul style="list-style-type: none"> (a) 2/17 Capital Campaign Case brief approved by TQ & SG; case statement draft 1 now to be written by Martin Group. (b) 5/29/15 – Refocus of campaign tone and direction; case statement to be rewritten to reflect new direction. (c) Initial campaign cabinet discussion held 1/8 and top 3 naming rights prospects identified – no update as of 	

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
<p>and begin solicitation of those identified</p> <p>d. Capital Campaign kickoff to Executive Leadership and ECMC Physicians</p> <p>e. Expand Professional/Development Opportunities, ECMC Employees</p>		<p>5/29/15.</p> <p>(d) 5/28/15 – Leadership Strategy session regarding ELT silent kickoff to begin July 1.</p> <p>(e) 5/29/15 – May focus on purchase of BH education materials/texts for staff development and extension of offered professional development funding for BH credentialing needs.</p>	

Executive Leadership
Goal COMPLETION Report
2015

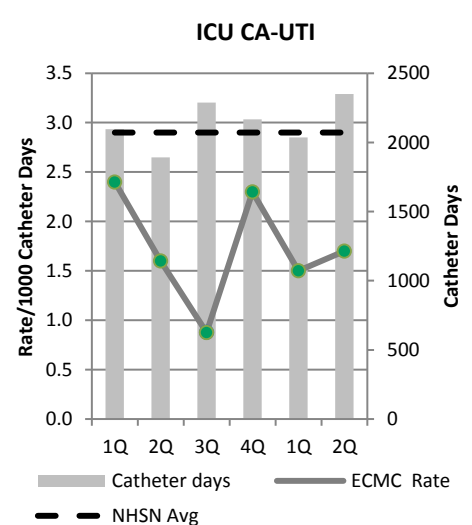
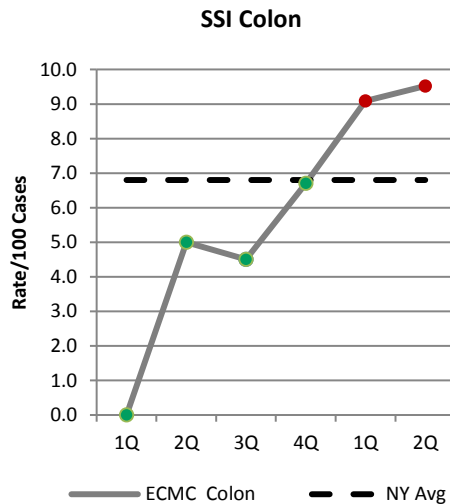
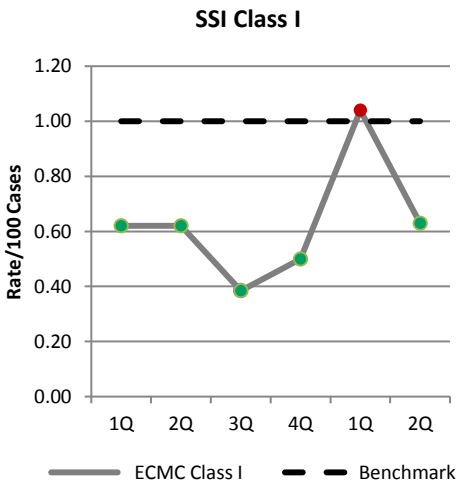
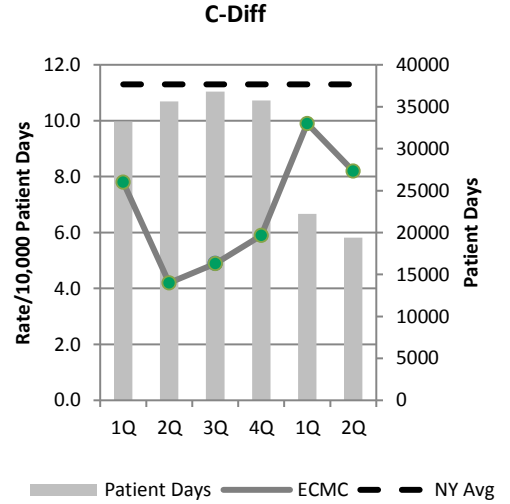
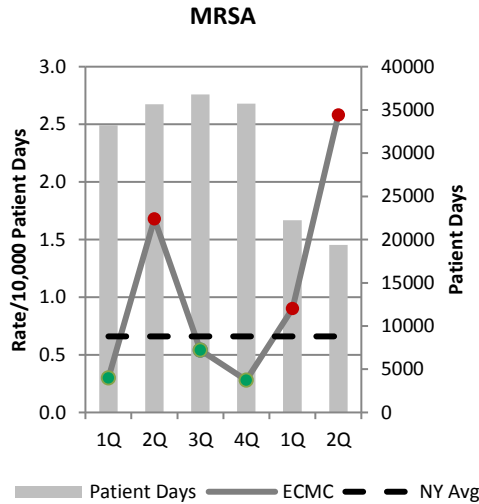
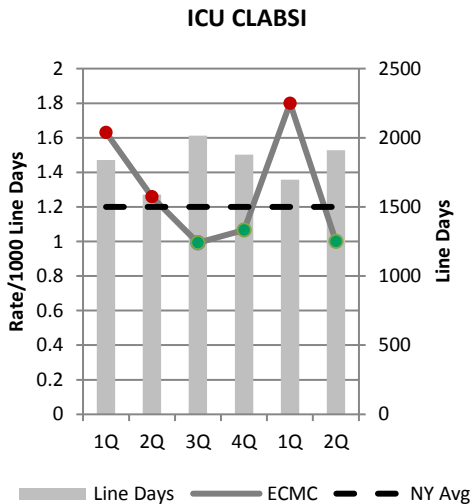
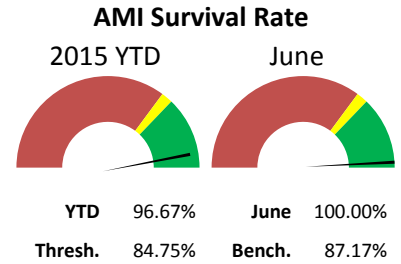
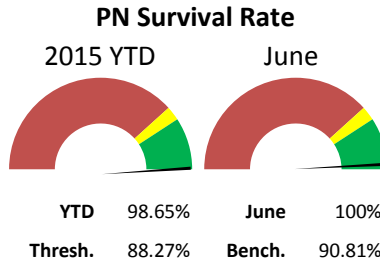
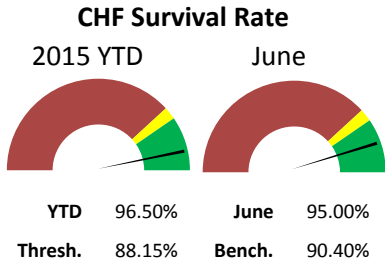
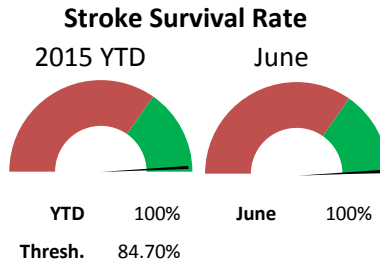
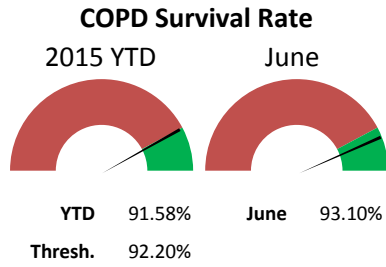
GOALS	RESPONSIBLE PARTY	COMPLETED
<u>2015 Goals</u>		
Develop a comprehensive 2015 customer service and patient engagement plan: a. Mandatory leadership support	Brown/ Executive Leadership	COMPLETED 3/31/15 [DB & MH] All EL has signed the ECMC Executive Leadership contract on 1/13/15 for Patient Experience. [DB] Contract has been signed by all EL. [DB] Holding EL accountable for submission of weekly rounding logs. Some are out of compliance. Will continue to reinforce and address with Rich. [KZ] Nursing has submitted all required rounding forms.
b. Roll out MWBE plan to meet the 30% goal for 2015		COMPLETED 3/31/15 [DB] Will bring a workgroup together 1/26/15; finance, purchasing, IT, plant operations, etc. to develop MWBE 2015 goal plan. Team has been brought together to begin the discussion but we needed to meet some DSRIP deadlines so we will regroup the w/o 2/23/15. Working with SG on business model to expand the department to carry work load and once in place we will roll out the department through a hospital wide education.
c. Expand Patient Experience department to include CXO and to function globally for the hospital		COMPLETED 3/31/15 [DB] Developed the CXO job description and reporting structure. Waiting to hear back from Civil Service. Position has been approved and Michelle Wienke has been placed in the position as of 2/16/15. However she will not be released from Nursing until 3/19/15. She will continue to support Nursing and where she can she will begin to work on various patient experience projects as needed. ECMC announcement made naming Michelle Wienke as Chief Experience Officer. Nursing is interviewing to back fill Michelle's old position. Michelle will train new advocate and then step into her role as CXO 4/1/15. [CC] Position approved by Erie County and incumbent hired and started effective 2/16/2015.
d. Update Patient Information Booklet		COMPLETED 7/17/15 (e) [DB] Meeting with committee w/o 1/19/15 to review draft of Patient Information booklet. Met with committee; making final tweaks will forward to committee for review 2/20/15 then to EL for final input 2/24/15. Received some input from EL team. Waiting for the OMH Patient Bill of Rights. Final draft to be forwarded to Rich w/o 3/30/15. [CL] Reviewed for regulatory compliance. [DB] Final copy sent to Joe Cirillo 6/26 and sent to print shop 7/10. Distributed week of 7/20.
DSRIP/Millennium Collaborative Care: a. Key staff appointments	Cleveland Quatroche	COMPLETED 3/31/15 (a) [TQ] Medical Director hired. Chief Integration Officer hired. Executive Director hired.
b. Appoint Board of Managers		(b) [TQ] Four (4) Board of Managers meetings held.
c. Develop infrastructure to insure readiness plan for 4/1/2015		(c) [TQ] Structure developed. (c) [CL] Working with MCC on clinical integration process reporting & data requirement.

GOALS	RESPONSIBLE PARTY	COMPLETED
d. Hire Executive Director		(d) [RC] Executive Director hired. Complete.
e. Hire Clinical Integration Officer		(e) [RC] Clinical Integration Officer hired. Complete.
Reorganize Renal Service Line c. Develop and hire leadership/manager for dialysis service line e. Recruit and hire full-time Renal Transplant Program Director	Hoffman Murray Ludlow	COMPLETED 2/23/15 (c) [MH] Theresa Sitgreaves hired on 2/23/15. COMPLETED 6/2015 (d) Dr. Liise Kayler began 7/6.
f. Prepare for UNOS Review – April 2015		COMPLETED 7/2015 (b) [BM] Performed review of UNOS and CMS plans of correction. (b) [CL] QAPI program developed and monthly meetings organized. Dashboard developed for each program as was as task groups to address indicators that need improvement. Submission on status of POC. Monthly QI meetings being held. (b) [MH] Actively preparing. Desk Review to be completed by May 6. Living Donor review to be completed on April 26. Documents submitted to UNOS on April 23. [CL] Data submitted – monitoring compliance. [MH] UNOS follow up –data submitted 6/22. Requested to visit program – currently scheduling.
Identify key current hospital quality reporting, develop master schedule to insure timely submission of materials and organizational awareness	Ludlow	COMPLETED 3/31/15 [CL] Completed/Ongoing; will add POC requirements. Developed process to oversee POC/surveys 2015.
Center for Occupational & Environmental Medicine Clinic – opened and operational	Krawiec	COMPLETED 3/31/15 Opened and seeing patients. Lab contract prices and letterhead set. Dr. Hailoo in the community promoting the clinic services with various labor and other organizations.
Secure new contracts for South town primary care practices a. Establish permanent space to replace current temporary sites.	Krawiec	COMPLETED 3/31/15 Sharma Medical signed new three year extension for Hamburg site. Lease for new bldg site in Legal for review. Orchard Park practice agreed to go the Krog/Kaleida site on Rte 20A on 7-1-15. Design drawings complete, permit process in progress. Expedited timeline with current lease ending 6-30-15.
Security improvements to insure access control	Krawiec	COMPLETED 3/31/15 In Process: access controls in place on doors. Will activate employee entrance during off hours first. Dock area will be activated with expansion of VeriRep. Buzz-in intercom system being installed in DK Miller. Completed.
Establish active capital budget process and associated review committee	Gary	COMPLETED 3/31/15 First draft of process is complete. Process to be reviewed at an upcoming ELT meeting. Process reviewed at ELT meeting. Scheduled for final review at ELT meeting by end of February. Completed.
EBOLA certification designation	Ludlow	COMPLETED 3/31/15 [CL] Attending NYC meeting on 1/23/15. Education requirements being met monthly and employee monitoring process in development. CDC visit on 3/4/15 successful. NYSDOH CDESS training completed; lab equipment ordered; policy updates completed. 3/11/15 -

GOALS	RESPONSIBLE PARTY	COMPLETED
		Lab validation completed with CDC & NYS – no deficiencies. 3/27/15 – Submitted for NYS Grant for Ebola designated Center money. [KZ] Nursing participated, educated and reviewed all aspects of Ebola designation – Positive survey results.
Receive approval of CONs for two new ORs	Quatroche	COMPLETED 3/31/15 CONs approved. Scheduled to open April 13.
Open the new Russell J. Salvatore Orthopedic Unit	Krawiec	COMPLETED 3/31/15 [RK] DOH inspection scheduled for 3-2-15. Ribbon cutting 3-12-15. First patients arrive on 3-18-15. [KZ] Nursing was the champion for all aspects of the Russell Salvatore Orthopedic Unit. Unit opening successful and patients moved to new zone on 3/17/15.
Surgery electronic physician documentation	Feidt	COMPLETED 3/31/15 Targeted roll-out date for 2/10/15. This will include PDOC and Dragon. Final sign off for templates in progress with Dr. Cooper and HIM Committee. Training in progress. No identified risks at this time.
Bariatrics certification – Center of Excellence	Ludlow Ziemianski	COMPLETED 3/31/15 Achieved Center of Excellence certification.
Foundation Goals <ul style="list-style-type: none"> a. Rebranding of ECMC Foundation to be more clearly and closely align the Foundation to the hospital g. Expand Professional/Development Opportunities, ECMC Employees f. 4 Mile Subaru Chase partnership-fundraiser event 	Gonzalez	COMPLETED 3/31/15 (a) 2/12 Foundation Board approves organizational name change; approval now needed from NYS. COMPLETED 6/23. Name officially ECMCC Foundation. 2/12 Foundation Board approves organization logo change; logo by Martin Group adopted (g) Study materials purchased by Foundation for Respiratory Therapy to begin prep for exams and Reference materials purchased for Head & Neck staff as requested. COMPLETED 7/17/15 (f) 4 Mile Chase event meetings change to weekly to start process and permits; sponsor solicitation to begin. Event on Friday, 7/17.
Implement network vulnerability and scanning	Feidt	COMPLETED 6/1/15 Scope defined including the identification of key financial and clinical data systems. Targeted first scan will be 2/2/15 with targeted date of final report 3/30/15. Report completed 6/1/15. Developing remediation plan and PI plan.
Complete Virtual desktop infrastructure assessment	Feidt	COMPLETED 3/31/15 Initial assessment in progress with targeted date completed 1/30/15. IT leadership will review, approve and develop project plan for initial roll-out. Recommendations will be presented to IT Governance Board.
Restructure PI to focus on all publicly reported and Pay for Performance data. Incorporate monthly updates of performance in all areas should be consolidated and reported regularly with action plans and accountability: <ul style="list-style-type: none"> a. CMS/Core Measures 	Ludlow	COMPLETED (a) [CL] Master list of all indicators tracked has been developed; will work with Finance to define financials attached. Third party contract incentives developed. Complete by May 4.

GOALS	RESPONSIBLE PARTY	COMPLETED
Head & Neck/Oral Oncology –hospital and physicians aligned, support operational model.	Quatroche	<p>COMPLETED 5/20/15</p> <p>[TQ] Model developed. Managers in place for each department.</p> <p>[KZ] Nursing met with key physicians in oncology to set up a designated unit, service and education to set up an inpatient service line. Nursing coordinated with finance review of potential inpatient service line. Nursing awaiting physician designated unit response 3/15. 5/20/15 –response received.</p> <p>[KZ] July 2015 - Underway – 9/1 will be in patient oncology unit – nurses working on completing competency.</p>
Identify key service line <u>quality reporting</u> , develop master schedule to insure timely submission of materials and organizational awareness	Ludlow	<p>COMPLETED 7/28/15</p> <p>[CL] Master list of quality indicators developed and will be distributed to exec leaders. Timeline document will be shared also. Grid of measures being updated to reflect third party incentives and dollars.</p> <p>[BM] Document circulated by C. Ludlow.</p> <p>[CL] Additional data being added as requested – Target 5/4.</p> <p>[CL] Revised document will be distributed to EL at July 28 meeting.</p>

Executive Dashboard - August 2015



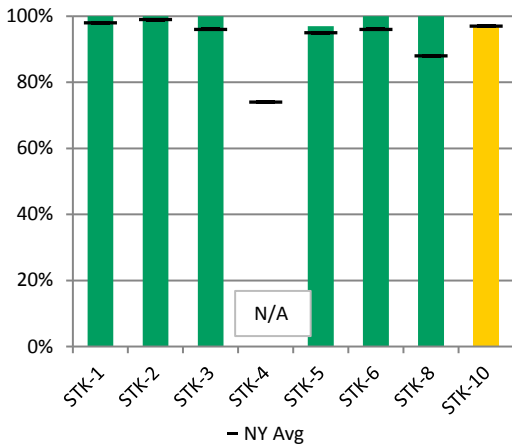
To enable quick interpretation, please note the following:

- - - Black lines represent benchmarks
- Red represents worse than the benchmark

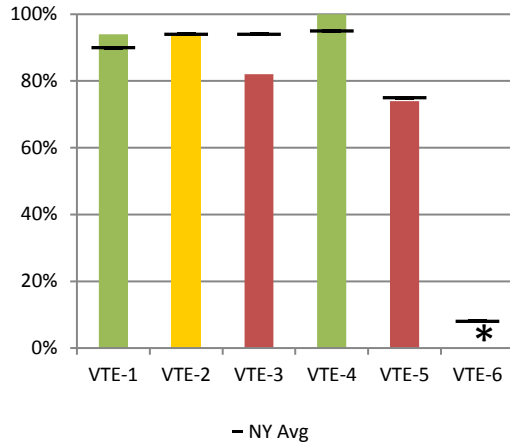
- Yellow represents equal to the benchmark
- Green represents better than the benchmark

Executive Dashboard - August 2015

STK Jan 2015 - June 2015

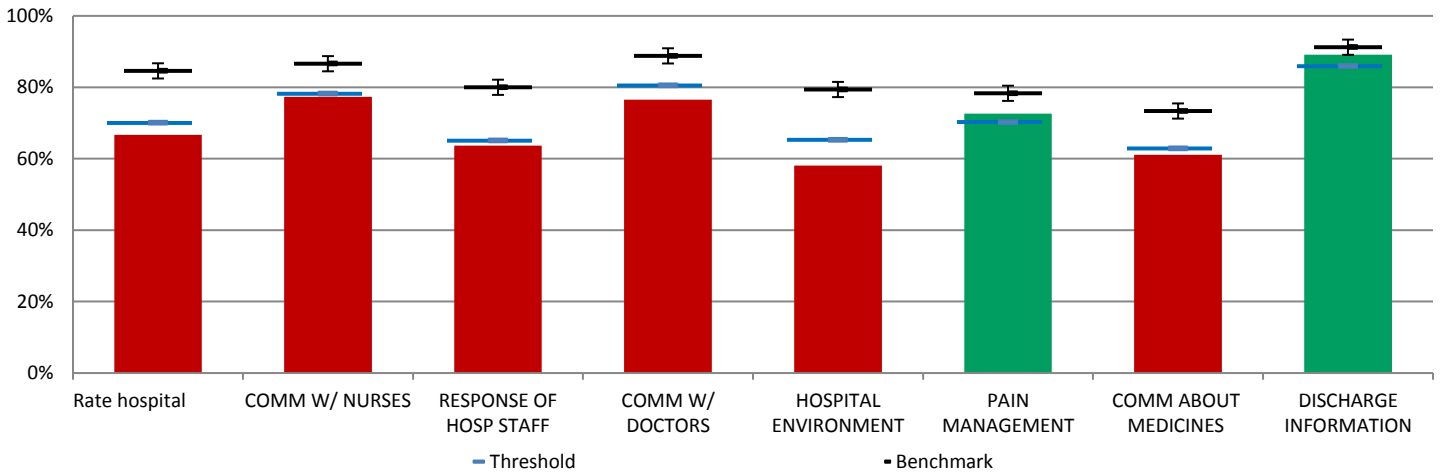


VTE Jan 2015 - June 2015

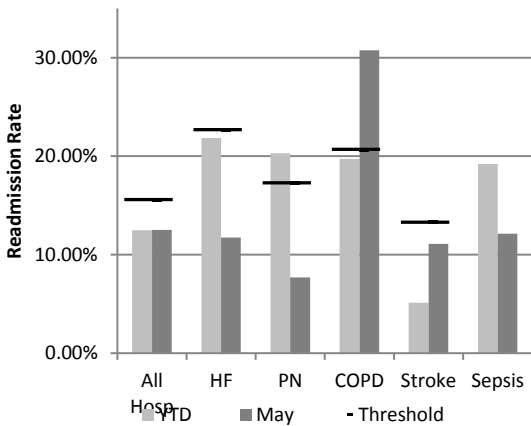


*VTE 6 - Lower is better.

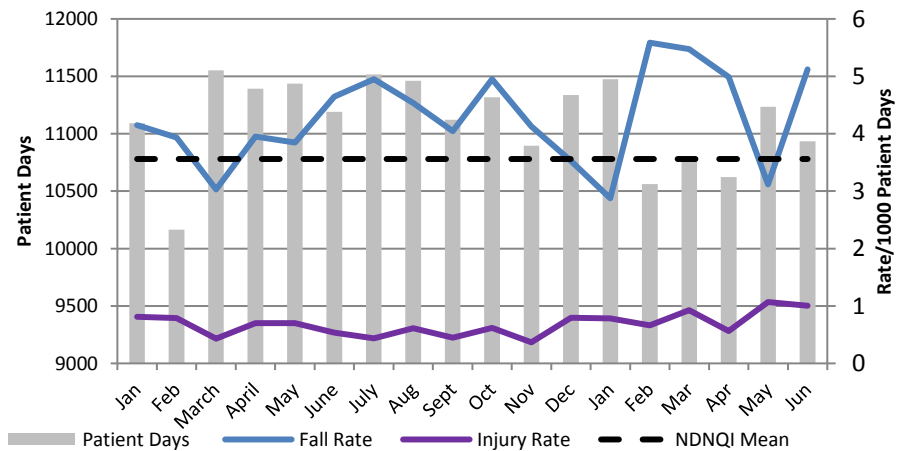
HCAHPS - Discharges January - June 2015



30 Day Readmissions



Hospital Wide Fall Rate



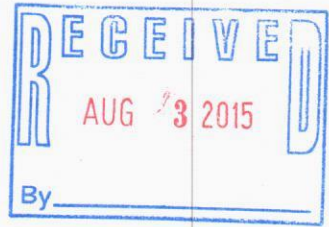
To enable quick interpretation, please note the following:

- - - Black lines represent benchmarks
- Red represents worse than the benchmark

- Yellow represents equal to the benchmark
- Green represents better than the benchmark



**Department
of Health**



ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 30, 2015

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

Dear Mr. Cleland:

It is with great pleasure that I congratulate you and the members of your hospital's trauma team on being successfully verified by the American College of Surgeon's Committee on Trauma (ACS-COT). This is a significant achievement, not only for your institution and for the New York Trauma System as a whole, but for the community you serve. This achievement indicates that your institution meets nationally-recognized standards in providing care to the most critically injured patients and, equally important, that you monitor the care you provide and have a continuous process in place for improving that care.

Your facility's successful ACS-COT verification exceeds New York State's current requirements for trauma center designation. As a result, and in accordance with Public Health Law Section 3066, I am pleased to designate Erie County Medical Center as a Level I adult trauma center.

Again, congratulations on this impressive achievement.

Sincerely,

Howard Zucker M.D.

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
President
August 26, 2015

Corporate Initiatives

Strategic Planning

There is a follow-up strategic planning session scheduled for September with administrative and physician leadership. A session will be scheduled for the Board of Directors in late Fall to finalize goals and initiatives of the corporation in the Strategic Plan.

Rural Hospital Discussions and Vital Access Provider Assurance Program (VAPAP)

ECMC and Kaleida are talking with a number of community/rural hospitals to assist them in their application for VAPAP funding. Meetings were conducted last week with CEO's and Millennium's Executive Director to finalize plans. This application contains a plan that must include a strategy for long-term sustainability through collaboration. It also needs a "sign-off" from its local PPS, Millennium Collaborative Care.

Payer strategies

ECMC is looking to implement various initiatives (bundling, gain sharing, etc.) to create efficiencies and align the organization to achieve these goals. The plan is to rollout these initiatives in the Fall of 2015 starting with Orthopedics.

MASH

ECMC continues to work with MASH through its joint venture to develop the following initiatives:

- transportation network servicing the various hospital discharges and work to assist care coordination for population health initiatives
- A preferred diagnostic network to be the preferred provider for payer networks and self-insured organizations
- Continuing work with primary care for ED avoidance and specialist linkage

State Government and Department of Health

We are continuing our dialogue with the Governor's office to advocate for the signing of the PBC Amendment. As soon as the bill is signed we will be refocusing our efforts to developing a planning process in the coming months for collaboration.

The CON's for a new MRI and Orthopedic Clinic area were approved and construction plans are underway.

Marketing and Business Development

A full marketing plan is under development for the ECMC Transplant program with the arrival of Dr. Liise Kayler. Presentations and advertising, as well as various PR initiatives, are scheduled.

The activation of the Buffalo Bills relationship is underway. In addition to the “Billie” game sponsorship to fight breast cancer, ECMC and Children’s Hospital will be sponsoring a game to thank Police, Fire, and EMS for their role in saving lives as a team member in the adult and child trauma programs. A new commercial featuring Jim Kelly was produced this week.

ECMC plans to launch its new website in September. Patient stories, medical content, and better search engine strategy are just some of the enhancements to the page. ECMC recent Medical Minutes featured Heat Stroke, Women’s Digestive Health, Knee Cartilage, Thyroid Nodules and answering questions like “Why am I so tired?”

ECMC is in the process of recruiting primary care physicians and is having several conversations. We are also activating our relationship with OPA providers by educating them on ECMC services.

ECMC Foundation

The Foundation exceeded expectations by grossing \$250,000 for the ECMC Golf Tournament. The Foundation is also in the process of interviewing someone to run major gifts and a capital campaign.

Media Report

- **The Buffalo News: Growth in transplants tied to social media.** Transplants are on the increase with individuals using social media to get the word out linking strangers in a life saving decision. Dr. Liise Kayler, division chief of kidney and pancreas transplantation at ECMC, is quoted.
- **Buffalo Business First: Physician survey: NY health insurance coverage inadequate, confusing.** Physicians in New York are increasingly concerned that their patients don’t have adequate access to health insurance coverage. Dr. Charles Wiles, III, trauma surgeon at ECMC, is quoted.
- **The Buffalo News: Study finds using electronic medical records in emergency room reduces unneeded lab tests, scans.** The study, published in the Journal of the American Medical Informatics Association, focused on patient cases last year at Buffalo General Medical Center, Kenmore Mercy Hospital and Erie County Medical Center.
- **UB School of Medicine and Biomedical Sciences: Ralph H. Benedict, PhD and Peter F. Bradford, PhD, receive Chancellor’s Award for Excellence.** A faculty member since 1992m Benedict directs an outpatient neuropsychology practice at Buffalo General Medical Center and an inpatient consultation service at Erie County Medical Center.
- **The Buffalo News: Double Up Food Bucks program expands.** ECMC Farmer’s Market at Grider Street is among others who choose to support the Double Up Food Bucks WNY incentive, which is designed to promote healthier food choices for low-income families while boosting the bottom line for local farmers.

REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
CHIEF OPERATING OFFICER
AUGUST 2015

AMBULATORY SERVICES:

Provider Productivity

The Ambulatory administrative team continues to meet monthly to review visit volumes in all Ambulatory Clinics and work with the Centralized Scheduling department to schedule appointments with continuity of care providers for all visit types. Centralized Scheduling has noted in past month a significant influx of new patients being referred from hospital discharge and ER follow ups.

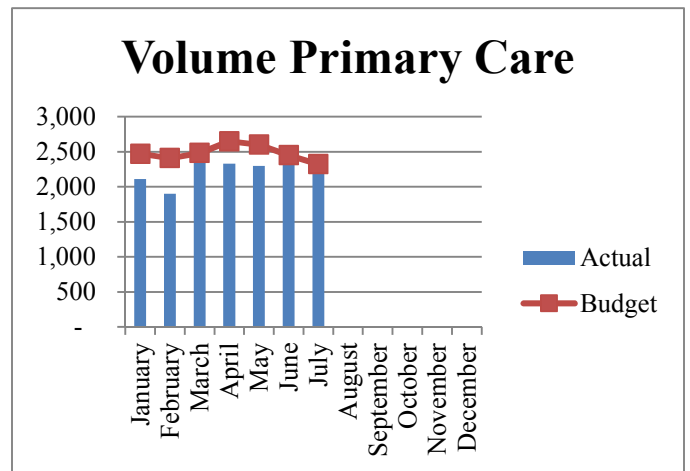
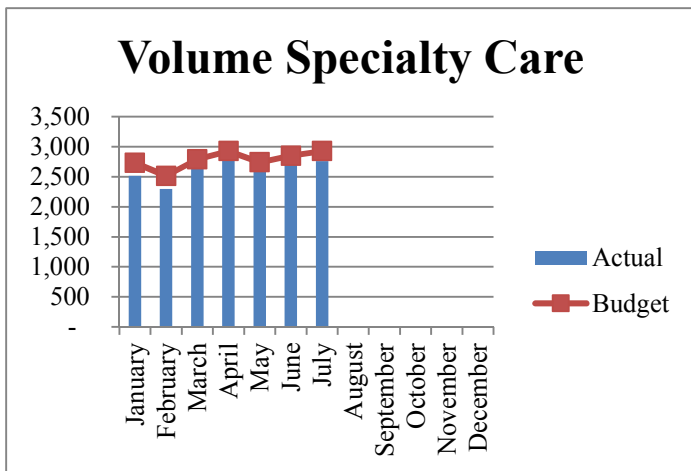
COEM

- The Center for Occupational and Environmental Medicine (COEM) has begun to engage a number of community organizations in clinic collaborations naming the ECMCC COEM as their provider of choice for Occupational and Environmental Medicine – Nurse Practitioner brought on board to increase open schedule days to 5 days/week.

Immunodeficiency Services

Immunodeficiency Services was awarded HRSA federal Ryan White Part D grant for over \$400,000 for the next 2 yrs. to service women and youth with HIV.

Volumes for Ambulatory Care



BEHAVIORAL HEALTH

OMH

- Regular OMH monitoring call held August 28 with very positive review:
“We agreed that ECMC has a well-developed scorecard of measures underway, and is using it to manage and monitor performance in key areas. Next step is to dig down into specific areas to see how we can support positive change.” Topic areas are as follows:
 1. Reducing R/S rates eliminating culture of control
 2. CPEP volume
 3. Suicide prevention
 4. Incident management

Patient Satisfaction

- Reports for BH inpatient units from Press Ganey available. Top box score increased to 87.5 in August.

Staff

- Recruitment continues for all levels of staff.

Training

- Training initiated for Zero Suicide Grant in cooperation with OMH. Data collection began July 2015.
- Nursing Inservice training on de-escalation in progress for ED and acute inpatients units, specifically in how to respond to BH patients in those locations.
- Early intervention/Prevention training done by Daniel Antonius PhD in CPEP.
- Developed a policy for amending the level of observation. Education development completed and preparing for roll out.

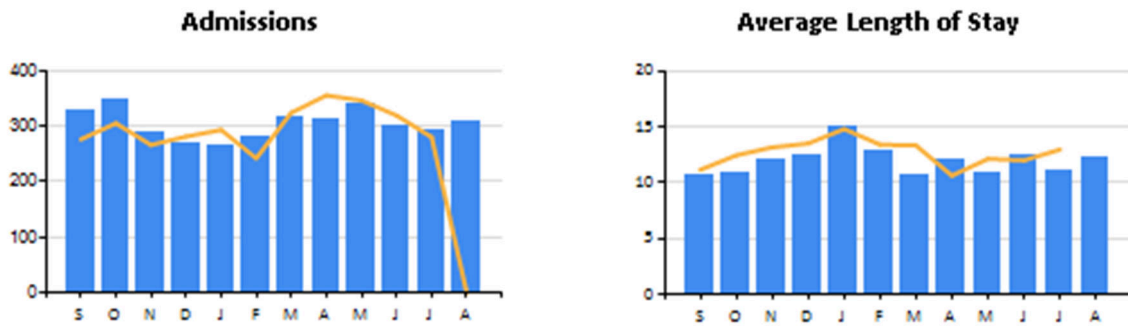
CPEP

- CPEP/APOGEE coordination of services in process to ensure seamless transition September 1.
- Task Force to review physical plant in CPEP to ensure safety and meet patient needs. Currently identifying resources for renovations.
- CPEP task force goals:
 - To develop streamlined workflows for staff and quality management for patients
 - To review and recommend changes that positively impact Behavioral Health and other parts of the hospital
 - To ensure compliance

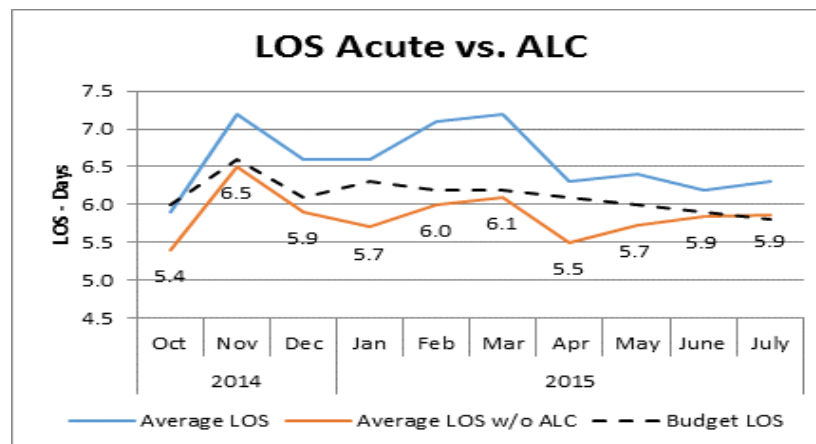
Other

- Unit 4South officially opened on August 3, 2015. Unit name for 4South will be “Progressions” as per suggestion and vote by unit staff to define unit for schizophrenic population. Grant for \$20,000 awarded by ECMC Foundation to do minor renovations on 4South.
- Currently piloting new treatment plans on 4zone3. Staff and MD satisfied with methodology. Roll out to continue, 1 unit at a time. Kudos to Bill Arnold, Nursing Informatics, and Ed Bass, charge nurse, for development of Meditech product that meets our needs.
- DEAT team working with Butler Hospital in Rhode Island to develop research to support usage.
- Early intervention on de-escalation rolled out on 4z3, linked with the Brochet scale. If successful, will be continued throughout inpatient service.

Volumes for Behavioral Health



BRIDGE UPDATE:



CARE MANAGEMENT:

Case Management

- Case Management: The 'Gap Analysis' was completed by the McKesson representatives. Areas of opportunity were identified verbally in the closing summary. We are awaiting the finalized written report for follow-up recommendations. The discharge LOS remained consistent at 6.2, while we continue to manage growth in volume. We are working with nursing and the multidisciplinary team to drive down the LOS as a team approach. We are also looking to improve the multidisciplinary daily rounds process with the new hospitalist group on 9/1/2015.

Appeal and Denials

- Appeal and Denials: We continue to meet with the physician advisor on a weekly basis to review current denials and determine the appeal status. YTD this team has appealed and received back \$432,086.04. The first meeting of the system wide Appeals and Denial committee was held on 8/12/2015. This team will continue to meet on a monthly basis as we formalize a hospital wide approach to this area.

ALC Process

- ALC Process: Our ALC days continue to decrease. The numbers of ALC days have decreased by 37.7% for July of 2015 compared to July of 2014. We are continuing to reach out to several community organizations to strengthen our relationships in the community. We also have these organizations present to our entire team at our monthly staff meetings.

DIALYSIS:

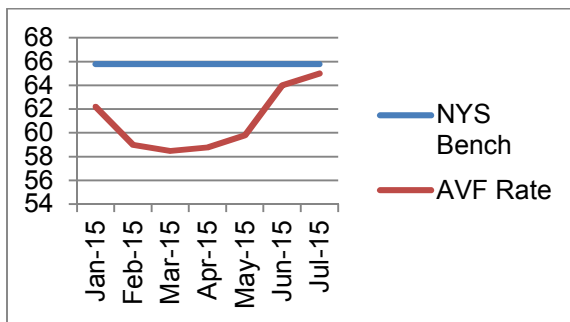
Outpatient

- Home Hemodialysis – Currently have 4 patients set to train.
- Current Patient Census – Incenter Hemo - 169, PD – 14 with four (4) patients having PD cath in place and being flushed, Home Hemo – 4 patients ready to start training. Three (3) patients have received kidney transplants here at the hospital in the last month.
 - **Total number of patients – 183**
- AVF rate improved to 65% (benchmark 65.8%)

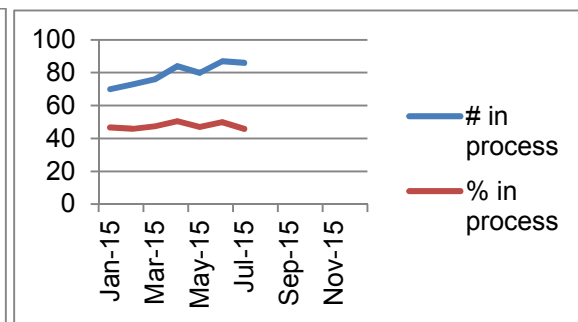
Inpatient

- Treatments done in unit – 195 on 10N, 43 off-station (in ICUs, etc).
- 8 Acute Outpatients (in acute renal failure for > 30 days – unable to do in chronic unit due to acute status).
 - **Total number of treatments - 246**

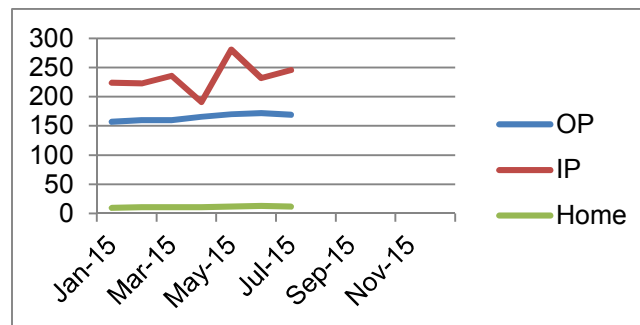
ECMC Outpatient Dialysis AVF Rates 2015



Outpatient Dialysis Patients currently in Transplant Process



Dialysis Program Census



RADIOLOGY:

Great Lakes Medical Imaging has assumed Radiology services at ECMC

Effective 10pm on Tuesday, August 4th, Great Lakes Medical Imaging (GMLI) assumed responsibility for radiologist services for ECMC. We enthusiastically welcome all the members of GLMI to ECMC. We would like to thank all those who jumped through hoops to make this accelerated transition go smoothly.

New Projects

- Liver Cancer Network - Collaborative group from ECMC creating this initiative
 - Drs. Martinez, Patil, Marshall and Dan Ford are creating a Liver Cancer Network
 - Education to ECMC physicians to STOP the transfer to RPIC
 - Direct patients to ECMC once outside primary physicians are educated
 - Joe Cirillo to set up Medical Minute time for the group to education the community
 - Requires Nurse Navigator to work between, oncology, radiology and hepatology

Construction Timeline

- CON has been approved - Construction is ongoing
- (2) Reading rooms/Ultrasound rooms - operational date 10/22/15
- CT 1 and Bariatric Fluoro unit - operational date 10/26/15
- CT 2 operational date 12/21/15

Volumes

2015

CT	Jan	Feb	March	April	May	June	July	YTD 2015	YTD 2014	Variance	
Inpatient	1487	1265	1368	1534	1818	1671	1921	11064	10338	726	6.2
Outpatient	1683	1433	1872	1742	2046	1959	2201	12936	13730	794	6.1
TOTAL	3170	2698	3240	3276	3864	3630	4122	24000	24068	68	<1%
MRI											
Inpatient	130	102	122	118	134	119	159	884	903	19	2.1
Outpatient	212	191	198	233	225	217	234	1511	1459	52	3.4
TOTAL	342	293	320	351	359	337	393	2395	2362	33	1.3
RAD											
Inpatient	3251	3007	3159	3353	3832	3569	3881	24052	22196	1856	7.7
Outpatient	5153	4274	5316	5059	5386	5583	5565	36334	37645	1311	3.6
TOTAL	8404	7281	8475	8412	9218	9150	9446	60386	59841	545	<1
Ultrasound											
Inpatient	228	231	450	431	383	425	263	1630	1478	152	9
Outpatient	367	365	683	639	606	625	428	2928	3030	102	3.4
TOTAL	595	596	1133	1070	989	1050	691	4558	4508	50	1
Vas.Ultra											
Inpatient	226	164	202	194	188	197	161	1332	1352	22	1.6
Outpatient	170	157	231	194	187	177	198	1308	1903	595	45
Total	396	321	433	388	375	368	359	2640	3255	617	23
Nuc Med											
Inpatient	71	116	138	102	109	94	111	741	711	30	4

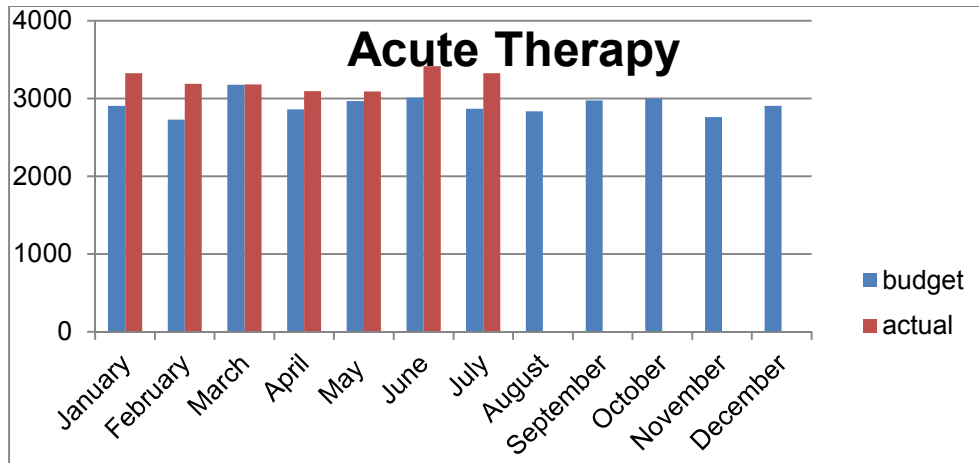
Outpatient	221	190	270	235	197	235	253	1601	1725	124	7.7
TOTAL	292	306	408	337	306	329	364	2342	2436	94	4
Dept TOTAL								97521	97521	0	0%

REHABILITATION SERVICES

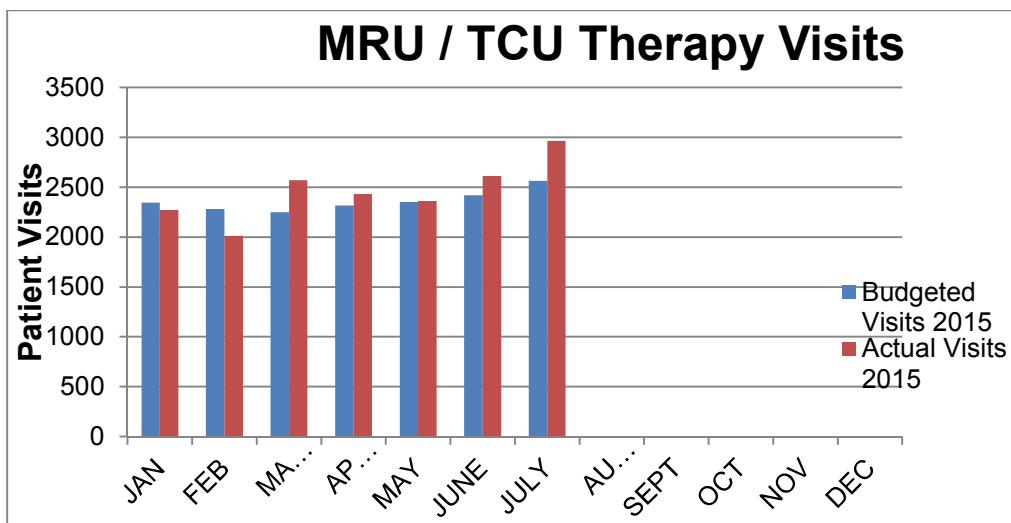
Rehabilitation Services

Rehab policy annual review continued this month in line with CARF requirements.

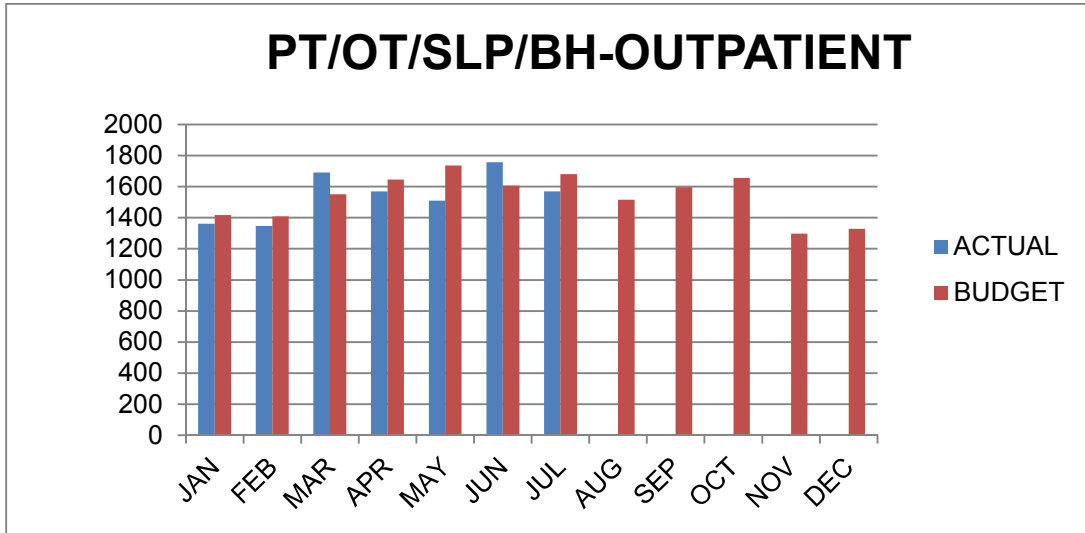
Acute Care volumes up 2,097 visits YTD versus budget with acute therapy seeing a growing demand to assist in throughput initiatives.



The MRU and TCU volumes are 402 visits MTD over budget and 697 YTD over budget. Staff is appropriately shared between the MRU and TCU to maximize FTE's based on the unit census.



Outpatient July volumes (versus budget) down 110 visits. Specifically: OT up 37, PT down 176, ST down 26, Rehab up 16, MD no budget data to compare to. YTD actual vs. YTD budget down 457 visits. YTD volumes vs. 2014 YTD volume up 89 visits (without MD visit numbers from 2014).

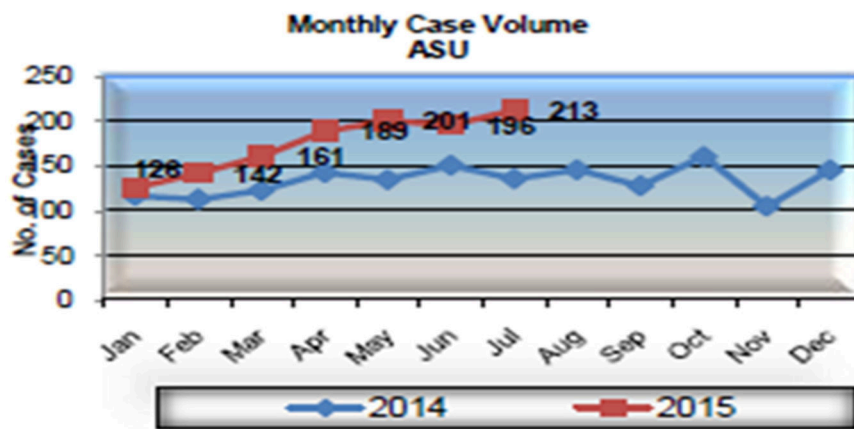


Acute Care

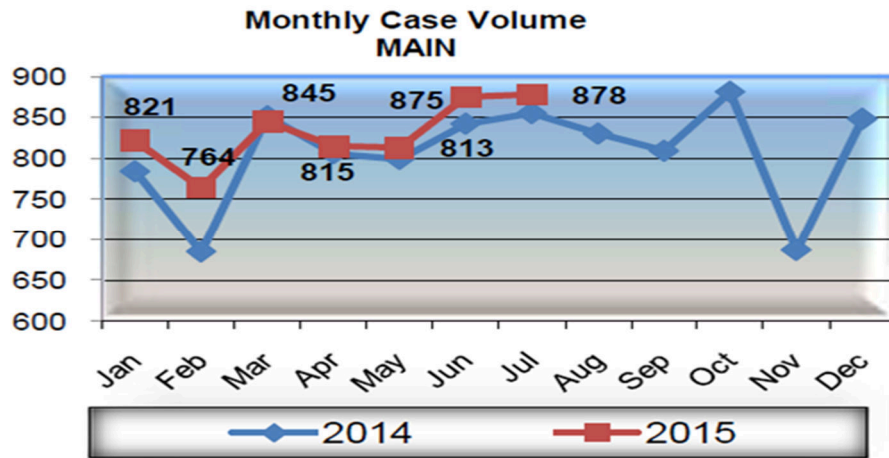
- The highlight of July was the nomination and recognition of Physical Therapist, Paul Keleher as the 2015 Employee of the Year. He was recognized during the Employee Summer Picnic on July 22 by Richard Cleland and Julia Jacobia.

SURGICAL SERVICES:

The Surgical center continues to grow in volume each month, January to July 1224 cases have been preformed compared to 921 the year prior, gain of 303 case .volume driver from UB orthopedic sports medicine.



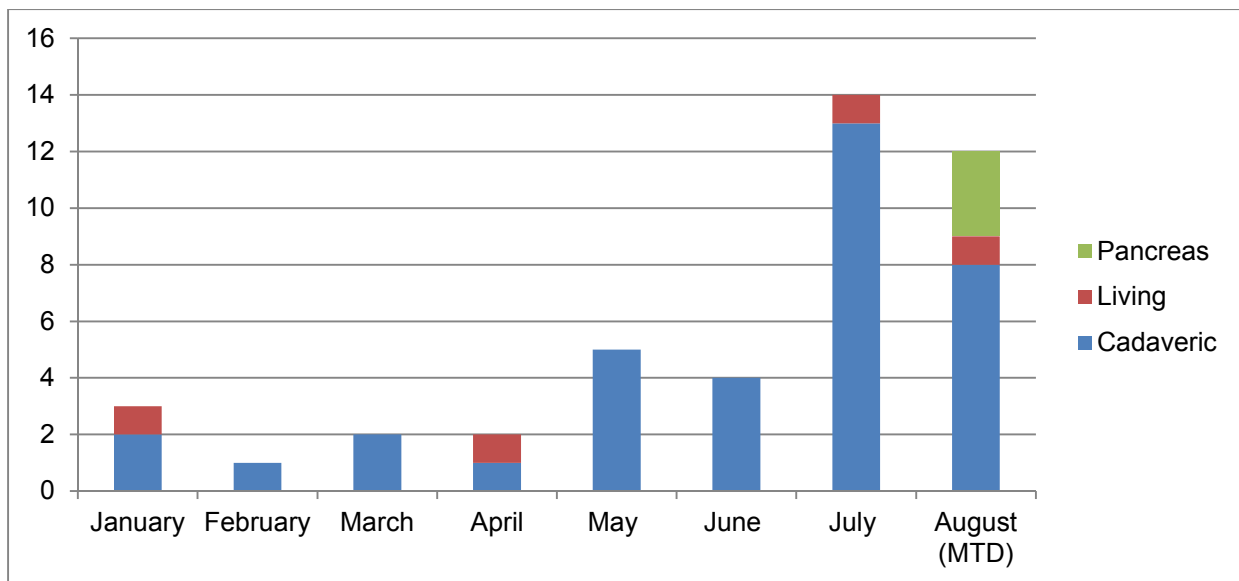
The Main 12 OR's have seen a steady increase of volume from last year, Jan-July 5,852 cases compared to 5,631, gain of 221 cases.



TRANSPLANT SERVICES:

- Update report due to MPSC end of August for September meeting.
- Three (3) pancreases have been done since Dr. Kayler arrived.
- Marketing campaign for transplant underway.
- Letters explaining program changes was sent to all patients.

2015 Transplant Activity



Total Transplants YTD = 43

The difference between
healthcare and true care™



Internal Financial Reports
For the month ended July 31, 2015

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended July 31, 2015

(Amounts in Thousands)

An operating income of \$4,134 was earned for the month of July which is favorable to budget by \$3,129 and unfavorable to the prior year by \$2,267. On a year to date basis, ECMCC incurred an operating loss of \$610 which is unfavorable to budget by \$8,453 but favorable to the prior year by \$224. Favorable impacts of greater than budgeted volumes and case mix in July were offset by not achieving budgeted salary costs savings.

Discharges of 1,623 for July were 49 (3.1%) greater than the prior year and 63 (4.0%) greater than budget at 1,574 and 1,560 respectively. The favorable July discharge variance to budget is primarily due to 85 more acute services, 9 more chemical dependency services, and 6 more medical rehab which were offset by 36 less behavioral health services and 1 less transitional care services.

Average length of stay in July was 8.0 which is unfavorable to budget of 7.5 days. The average daily census of 418 is greater than both budget of 380 and prior year of 400.

The blended acute case mix for July was 1.83 which is 7.4% higher than both the budgeted and prior year case mix of 1.70. The year to date blended acute case mix of 1.72 is 2.4% lower than budgeted case mix of 1.77 and 3.4% lower than the prior year case mix of 1.78.

Outpatient visits at 25,643 were 8.1% less than budget due to decreased clinic volumes across multiple services. Emergency volumes at 6,079 were 10.0% greater than budget and 1.9% greater than the prior year.

Other revenue for the month of July was greater than budget by \$344 and on a year to date basis greater than budget by \$3,335. Year to date favorable performance is substantially due to higher than expected rebate and incentive revenues coupled with recognition of DSRIP related grant revenue. This is offset by expenses incurred related to the DSRIP grant.

Salaries and wages were unfavorable to budget for July by \$1,108 and year to date by \$8,477. The variance in FTE's totaled 171 of which 67 are attributable to productivity gains assumed in the budget that are not realizable and 55 due to an assumed vacancy factor not being realized due to high volumes. Year to date, this variance was driven by an unfavorable PTO liability growth of \$1,189 mainly attributable to timing of when employees take their vacation, increased inpatient volumes, and not meeting the budgeted productivity and vacancy factors noted above. In addition, an increase in contract labor related to DSRIP offset by DSRIP grant revenue as referred to above.

Benefits were favorable to budget in July by \$1,331 and unfavorable by \$339 year to date primarily due to a decrease in annual pension expense and workers compensation, offset by increases in salaries and an increase in the post retirement health obligation as a result of a change in actuarial assumptions. Benefits year to date are 52.9% of salaries compared to a budgeted rate of 56.8%.

Physician fees were unfavorable to budget for July by \$436 and on a year to date basis by \$2,204 due to increases in physician on-call pay and an unbudgeted initiative to create an advanced medical home.

Purchased services were unfavorable to budget for July by \$304 and on a year to date basis by \$3,507 primarily attributable to costs for reimbursable grant expenses including consulting related to DSRIP. This was offset by the recognition of DSRIP Grant revenue as noted above.

Depreciation expense was unfavorable to budget in July by \$338 and on a year to date basis by \$1,787 primarily due to the use of component depreciation method for Terrace View and the CPEP program after the budget was completed. This has been partially offset by the recording of the corresponding third party revenue for Terrace View and is expected to be offset by expected future reimbursement for CPEP that is currently in development.

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Balance Sheet July 31, 2015 and December 31, 2014

(Dollars in Thousands)

	July 31, 2015	Audited December 31, 2014	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 24,221	\$ 6,251	\$ 17,970
Investments	18,912	3,270	15,642
Patient receivables, net	61,099	51,491	9,608
Prepaid expenses, inventories and other receivables	47,354	76,930	(29,576)
Total Current Assets	151,586	137,942	13,644
Assets Whose Use is Limited:			
Designated under self-Insurance programs	49,331	68,243	(18,912)
Restricted under third party agreements	60,979	28,617	32,362
Designated for long-term investments	21,147	21,837	(690)
Total Assets Whose Use is Limited	131,457	118,697	12,760
Property and equipment, net	279,282	288,997	(9,715)
Other assets	32,001	31,286	715
Total Assets	\$ 594,326	\$ 576,922	\$ 17,404
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 9,547	\$ 8,137	\$ 1,410
Accounts payable	31,158	34,076	(2,918)
Accrued salaries and benefits	35,490	22,274	13,216
Other accrued expenses	33,985	40,930	(6,945)
Estimated third party payer settlements	11,092	20,511	(9,419)
Total Current Liabilities	121,272	125,928	(4,656)
Long-term debt	172,425	166,579	5,846
Estimated self-insurance reserves	54,691	45,525	9,166
Other liabilities	125,976	119,859	6,117
Total Liabilities	474,364	457,891	16,473
Total Net Position	119,962	119,031	931
Total Liabilities and Net Position	\$ 594,326	\$ 576,922	\$ 17,404

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Operations

For the month ended July 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	43,140	39,184	3,956	38,879
Less: Provision for uncollectable accounts	(600)	(1,399)	799	(2,235)
Adjusted Net Patient Revenue	42,540	37,785	4,755	36,644
Disproportionate share / IGT revenue	4,866	5,104	(238)	13,552
Other revenue	1,639	1,295	344	1,311
Total Operating Revenue	49,045	44,184	4,861	51,507
Operating Expenses:				
Salaries & wages / Contract labor	16,683	15,575	(1,108)	15,361
Employee benefits	7,232	8,563	1,331	8,075
Physician fees	5,706	5,270	(436)	5,334
Purchased services	3,444	3,140	(304)	5,812
Supplies	6,567	5,852	(715)	6,069
Other expenses	1,639	1,276	(363)	1,219
Utilities	525	745	220	480
Depreciation & amortization	2,438	2,100	(338)	2,053
Interest	677	658	(19)	703
Total Operating Expenses	44,911	43,179	(1,732)	45,106
Income/(Loss) from Operations	4,134	1,005	3,129	6,401
Non-operating Gain/(Loss):				
Interest and dividends	124	-	124	149
Unrealized gain/(loss) on investments	153	333	(180)	(897)
Non-operating Gain/(Loss)	277	333	(56)	(748)
Excess of Revenue/(Deficiency) Over Expenses	\$ 4,411	\$ 1,338	\$ 3,073	\$ 5,653
Retirement health insurance	1,520	1,421	(99)	1,375
New York State pension	324	1,800	1,476	1,807
Impact on Operations	\$ 1,844	\$ 3,221	\$ 1,377	\$ 3,182

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statement of Operations

For the seven months ended July 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	267,197	267,856	(659)	258,406
Less: Provision for uncollectable accounts	(5,123)	(9,379)	4,256	(15,066)
Adjusted Net Patient Revenue	262,074	258,477	3,597	243,340
Disproportionate share / IGT revenue	36,238	35,730	508	45,907
Other revenue	15,803	12,468	3,335	8,309
Total Operating Revenue	314,115	306,675	7,440	297,556
Operating Expenses:				
Salaries & wages / Contract labor	114,509	106,032	(8,477)	106,301
Employee benefits	60,537	60,198	(339)	60,527
Physician fees	39,086	36,882	(2,204)	35,915
Purchased services	25,377	21,870	(3,507)	24,978
Supplies	40,026	40,498	472	40,549
Other expenses	10,320	8,940	(1,380)	6,565
Utilities	3,654	5,108	1,454	4,811
Depreciation & amortization	16,484	14,697	(1,787)	13,882
Interest	4,732	4,607	(125)	4,862
Total Operating Expenses	314,725	298,832	(15,893)	298,390
Income/(Loss) from Operations	(610)	7,843	(8,453)	(834)
Non-operating Gain/(Loss):				
Interest and dividends	983	-	983	1,637
Investment Income/(Loss)	1,191	2,333	(1,142)	1,091
Non-operating Gain/(Loss)	2,174	2,333	(159)	2,728
Excess of Revenue/(Deficiency) Over Expenses	\$ 1,564	\$ 10,176	\$ (8,612)	\$ 1,894
Retirement health insurance	10,638	9,946	(692)	9,625
New York State pension	11,467	12,709	1,242	14,415
Impact on Operations	\$ 22,105	\$ 22,655	\$ 550	\$ 24,040

The difference between
healthcare and true care™



Erie County Medical Center Corporation

**Statement of Changes in Net Position
For the month and seven months ended July 31, 2015**

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ 4,411	\$ 1,564
Other transfers, net	(90)	(633)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	4,321	931
	<hr/>	<hr/>
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	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	-	-
	<hr/>	<hr/>
Change in Net Position	4,321	931
	<hr/>	<hr/>
Net Position, beginning of period	115,641	119,031
	<hr/>	<hr/>
Net Position, end of period	\$ 119,962	\$ 119,962
	<hr/> <hr/>	<hr/> <hr/>

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Statistical and Ratio Summary

	July 31, 2015	December 31, 2014	ECMCC 3 Year Avg. 2012 - 2014
<u>Liquidity Ratios:</u>			
Current Ratio	1.2	1.2	1.1
Days Operating Cash, includes current Investments	29.7	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	78.3	92.3	110.6
Days in Patient Receivables	49.4	45.3	45.2
Days Expenses in Accounts Payable	21.5	25.2	27.3
Days Expenses in Current Liabilities	83.5	93.3	90.3
Cash to Debt	50.8%	58.6%	63.0%
Working Capital	\$ 30,314	\$ 19,574	\$ 15,298
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	61.7%	57.6%	63.5%
Assets Financed by Liabilities	79.8%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.4	2.3	1.8
Capital Expense	4.6%	3.2%	3.0%
Debt to Capitalization	62.6%	61.8%	63.5%
Average Age of Plant	12.2	11.3	13.8
Debt Service as % of NPSR	3.9%	4.0%	3.8%
Capital as a % of Depreciation	41.1%	99.2%	280.1%
<u>Profitability Ratios:</u>			
Operating Margin	-0.2%	0.2%	0.2%
Net Profit Margin	0.6%	0.9%	2.1%
Return on Total Assets	0.5%	0.7%	1.5%
Return on Equity	2.2%	3.5%	7.5%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 158,444	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	54.8%	52.5%	54.6%

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Key Statistics

Period Ended July 31, 2015

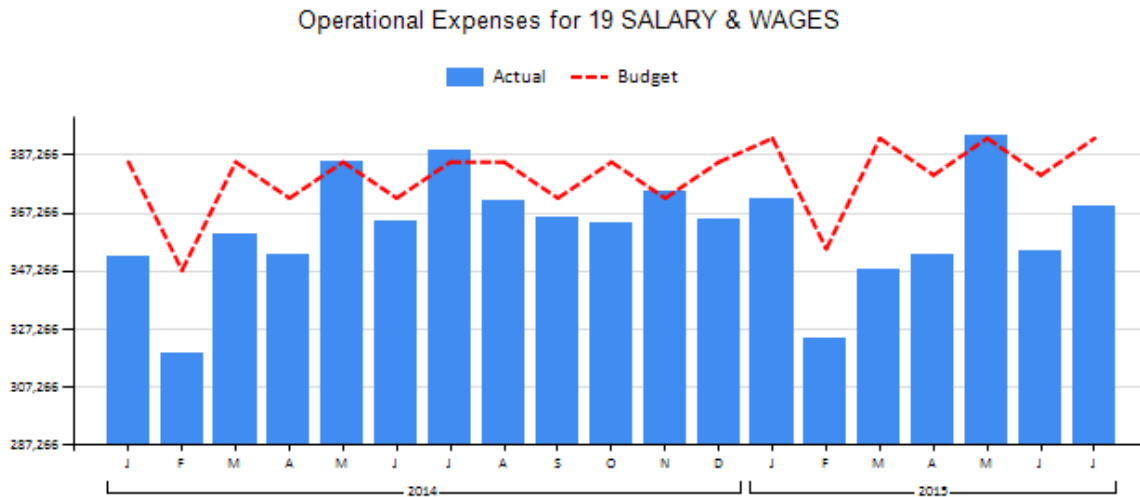
Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
1,090	1,005	8.5%	1,053	Discharges:				
290	326	-11.0%	294	Med/Surg (M/S) - Acute	6,987	6,535	6.9%	6,554
149	137	8.8%	135	Behavioral Health	2,098	2,458	-14.6%	2,169
24	27	-11.1%	28	Chemical Dependency (CD) - Detox	980	906	8.2%	911
37	31	19.4%	31	CD - Rehab	201	184	9.2%	179
33	34	-2.9%	33	Medical Rehab	236	205	15.1%	209
				Transitional Care Unit (TCU)	208	226	-8.0%	219
1,623	1,560	4.0%	1,574	Total Discharges	10,710	10,514	1.9%	10,241
				Patient Days:				
6,801	5,829	16.7%	6,605	M/S - Acute	45,857	39,646	15.7%	41,126
3,768	3,750	0.5%	3,762	Behavioral Health	25,155	28,275	-11.0%	27,755
497	468	6.2%	516	CD - Detox	3,399	3,098	9.7%	3,175
475	497	-4.4%	485	CD - Rehab	3,493	3,383	3.3%	3,319
1,006	797	26.2%	677	Medical Rehab	5,418	5,280	2.6%	5,251
421	432	-2.5%	370	TCU	2,739	2,873	-4.7%	2,748
12,968	11,773	10.2%	12,415	Total Patient Days	86,061	82,555	4.2%	83,374
				Average Daily Census (ADC):				
219	188	16.7%	213	M/S - Acute	216	187	15.7%	194
122	121	0.5%	121	Behavioral Health	119	133	-11.0%	131
16	15	6.2%	17	CD - Detox	16	15	9.7%	15
15	16	-4.4%	16	CD - Rehab	16	16	3.3%	16
32	26	26.2%	22	Medical Rehab	26	25	2.6%	25
14	14	-2.5%	12	TCU	13	14	-4.7%	13
418	380	10.2%	400	Total ADC	406	389	4.2%	393
				Average Length of Stay:				
6.2	5.8	7.6%	6.3	M/S - Acute	6.6	6.1	8.2%	6.3
13.0	11.5	13.0%	12.8	Behavioral Health	12.0	11.5	4.2%	12.8
3.3	3.4	-2.4%	3.8	CD - Detox	3.5	3.4	1.4%	3.5
19.8	18.4	7.5%	17.3	CD - Rehab	17.4	18.4	-5.5%	18.5
27.2	25.7	5.8%	21.8	Medical Rehab	23.0	25.8	-10.9%	25.1
12.8	12.7	0.4%	11.2	TCU	13.2	12.7	3.6%	12.5
8.0	7.5	5.9%	7.9	Average Length of Stay	8.0	7.9	2.3%	8.1
				Occupancy:				
90.9%	79.5%	14.5%	87.1%	% of M/S Acute staffed beds	81.1%	79.5%	2.1%	87.1%
				Case Mix Index:				
1.83	1.70	7.4%	1.70	Blended (Acute)	1.72	1.77	-2.4%	1.78
187	185	1.1%	167	Observation Status	1,289	1,655	-22.1%	1,493
557	520	7.1%	561	Inpatient Surgeries	3,476	3,389	2.6%	3,341
709	698	1.6%	643	Outpatient Surgeries	4,804	4,544	5.7%	4,489
25,643	27,892	-8.1%	28,197	Outpatient Visits	183,700	202,187	-9.1%	198,298
6,079	5,528	10.0%	5,966	Emergency Visits Including Admits	38,755	37,926	2.2%	38,299
49.4	44.2	5.4%	48.3	Days in A/R	49.4	44.2	5.4%	48.3
1.3%	3.9%	-66.9%	5.9%	Bad Debt as a % of Net Revenue	0.2%	3.8%	-94.8%	6.6%
2,612	2,437	7.2%	2,432	FTE's	2,559	2,435	5.1%	2,446
3.61	3.57	0.9%	3.19	FTE's per Adjusted Occupied Bed	3.59	3.48	3.0%	3.46
\$ 12,978	\$ 11,613	11.8%	\$ 11,832	Net Revenue per Adjusted Discharge	\$ 11,740	\$ 11,770	-0.3%	\$ 11,593
\$ 14,331	\$ 13,775	4.0%	\$ 13,480	Cost per Adjusted Discharge	\$ 15,043	\$ 14,142	6.4%	\$ 14,426
				Terrace View Long Term Care:				
11,602	11,891	-2.4%	11,875	Patient Days	80,747	81,326	-0.7%	81,179
374	396	-5.6%	383	Average Daily Census	381	384	-0.7%	383
442	446	-0.9%	448	FTE's	431	446	-3.5%	446
7.0	6.9	1.6%	6.9	Hours Paid per Patient Day	6.8	7.0	-2.8%	7.0

Erie County Medical Center Corporation
 Report to the Board of Directors
 Jarrod G. Johnson, Senior Vice President of Operations
 August 25, 2015

PHARMACEUTICAL SERVICES – RANDY GERWITZ

DPS Financial Report

July was a financially challenging month for Pharmacy. Three high cost blood products accounted for \$175,000 in unexpected costs. These products and very high patient volumes combined to drive a negative variance of \$333,363. Year to date the DPS continues to run under budget, posting a positive variance of \$509,555. A significant contributor to that positive variance has been salary and benefit expenses as displayed in the graph below and despite a summer uptick in overtime.



Clinical Specialist in Infectious Diseases

After nearly a decade of recruiting efforts the DPS is very excited to announce that a residency prepared infectious disease pharmacist has joined our team. Her primary focus will be antibiotic stewardship, working to ensure appropriate antibiotic therapies are employed for the patients of ECMC. This will include not only use of the most appropriate drug but also the appropriate route of administration, dose and duration of therapy. An additional emphasis will be placed on evaluating if an antimicrobial therapy is needed at all and that one is used that the most cost effective agent is used. In the area of antimicrobial therapies the most cost effective agent may not be the least expensive agent on the basis of cost per dose or cost per day. A higher cost agent with a more rapid resolution of infection and a shorter duration of therapy can impact length of stay and potentially readmissions resulting in an overall lower total cost.

LABORATORY – GERRY D’AMARO

Joint Commission Survey

The Joint Commission survey was held on July 28-30. This survey occurs every three years and focuses on all areas of the department. Primary focus was cytology, report format, proficiency testing remediation and Point of Care processes. The Lab received 13 indirect Recommendations for Improvement (RFIs). A Plan B Correction is being constructed with a due date of October 2.

Pathology Renovation

The renovation of the Pathology department continued during the month. The projected completion timeframe is the latter part of the fourth quarter of 2015. A new pathologist, Dr. Zhu, will be joining UB Pathologists during August and will be based at ECMC.

Staffing Review

- Applied Management Systems: Applied Management Systems has requested and received additional volumes from January 2015 thru June 2015. They will be updating their analysis of departmental staffing. The consultant will be on site August 14 to review the data with the Laboratory and Administration.
- Departmental Staffing: Each area will be reviewed for staffing patterns. The first two being reviewed are Phlebotomy and Hematology/Blood Bank. For example with respect to Hematology/Blood Bank, we are reviewing intervals of test volume throughout the day. Department supervisors will be reviewing current processes and possible suggestions for efficiency.

FTE Summary: (YTD July 2015): 6.8 FTEs under budget

Overtime Summary: PP 15/16

Significant overtime in Hematology/Blood Bank due to a departure leaving the area with three vacancies. One pending resignation is reconsidering and we may be able to retain her services. New hire started August 10, 2015. Extensive training is necessary for Hematology/Blood Bank. Scheduling patterns will be reviewed and adjusted as necessary to reduce overtime once training is completed.

Kaleida /ECMCC Lab Integration - Anatomic and Clinical Pathology

The Kaleida Health and ECMCC Lab Integration meetings are ongoing. We are still working on some interface issues that should be resolved soon that is prohibiting us from transitioning additional tests to Kaleida from Lab Corp. Still pending discussions are necessary regarding tests unavailable at Kaleida specifically testing in Diagnostic Immunology and Microbiology still being maintained at ECMC because of specific medical specialty requirements.

Other Items

- Operational Budgets:

The initial operational budgets were completed and forwarded to finance on August 3, 2015. Budget included the projected addition of 4000 dialysis tests per month. Further review pending.

- Updates: The following items are being processed to meet regulatory and Information Management standards:
 - Data Innovations middleware update
 - Glucometer software and meter update
 - Blood Bank Barcode label printer

PLANT OPERATIONS – DOUG FLYNN

The Plant Operations department has major projects that continue to impact ongoing operations. Major project updates are as follows:

1. Emergency Department Renovation

Three ED model options were designed for consideration. These options were discussed with the Executive Leadership team with a subsequent presentation to the Building & Grounds Committee. A fourth option is being created with the intention of presenting back to the ED steering team, which includes key physician stakeholders.

2. Group A Capital Projects

All Group A capital projects are underway with the initial construction phasing commencing. The projects will continue and are projected to conclude during the second quarter of fiscal year 2016.

3. Anatomical Pathology Department

Design meetings are continuing on bi-weekly basis and attended by Dr. Brandwein-Gensler. The first phase of prerequisite office re-locations has commenced. Work is now being planned for the expansion of the area for new grossing stations.

4. Campus Parking Project

A steering team has been meeting to discuss and construct a new parking plan for the campus. Some topics being addressed are patient parking access, parking credentials, parking enforcement, parking validation, and employee shuttle services. The team intends to conclude its discussions and present a plan to be implemented by Fall 2015.

HOSPITAL POLICE & SECURITY – CHRIS CUMMINGS

Security

- Bollards/security banners installed in front of Main Lobby entrance.

- Bollard locations identified at former Rehab entrance.
- Established parking plan with MASH and Buffalo Transport – signage installed.
- Reviewed pedestrian crossing at Drive 4 regarding the timing allotted for crosswalk. Sue Gonzalez advanced the signal.
- Developed a David K. Miller lobby directory for controlled access.
- Continue to work on access readers and video cameras for tighter security of ECMC properties.

Hospital Police Department

- Developed a 2016 re-structure of Hospital Police Department by eliminating 1 Senior HPSO position and adding 4 Senior HPSA positions, 1 Investigator position and 1 consultant.
- As a cost saving measure – swapping .45 cal duty weapons with 9mm duty weapons to save on ammunition expense (\$5,000) with same weapon capacity. In addition, this initiative will increase the accuracy of weapons and skill of officers.
- Demonstrated ECMC BadgePass Visitor Management System to VA Chief of Security, Jeremy Novak.
- Attended the WNY Healthcare Northern Area meeting (grant deliverable).

FOOD & NUTRITIONAL SERVICES – MORRISON (STEVE HOTZ)

- Food and Nutritional Services continues to transition its management services contracts. While Morrison will still be the contracted manager, the Healthcare division will take over for the Senior Living division within the hospital.
- A new hospital catering policy was implemented. This policy will help control expenses across the organization.
- Additional caterers are being hired to improve service delivery on the nursing units. In addition, 12-hour shifts are being implemented to improve accuracy and consistency of food delivery.
- A new Corporate Executive Chef is evaluating our current patient services menu.

ENVIRONMENTAL SERVICES – JOSPEH D'AMORE

- Environmental Services continues to recruit for open positions. Once at full strength, the department will be in a better position to provide the best possible services.
- Rounding initiatives are being evaluated and implemented to improve services.
- A bed discharge team is being planned. This initiative relies on recruiting more FTEs for the department.

Report to the Board of Directors
Christopher Koenig, PT, DPT, MBA, NHA
Vice President of Post Acute Care
8/18/15

Terrace View:

- The July 2015 CMI window has closed by this report at 1.013. This is an increase of 0.07 from our previous submission six months ago, and 0.2 higher than the previous year. The number of patients receiving higher level of services that coincide with the complexity of their diagnosis went from 12 one year ago to 102 this period. This correlates with a higher CMI, more reminiscent of care delivered at Terrace View which will positively impact reimbursement.
- There will be a schedule OMIG audit the week of August 24th for CMI periods in 2012-2013. Auditors will review 144 charts.
- Expansion of Triple Check for Medicare UB)4 claims has been successful in reconciling MDS records submitted to the State. This was done in collaboration with the recent MDS Director and Rehab Director positions to make our records as efficient and accurate as possible.
- INTERACT training will be conducted the week of 8/17/15 in conjunction with the two DSRIP projects Terrace View and the TCU actively participate in. Four team mates will be INTERACT certified champions which will decrease the number of potentially preventable hospital readmissions from SNFs.
- A “Wall of Recognition” was added to the employee entrance. All employees of the month will have their pictures posted, and be eligible for Employee of the Year. The Terrace View Employee of the Year will receive new incentives this year that correspond with the level of those at ECMC.
- Staffing retention report:
 - o In June of this year, Leading Age released statistics in regards to nursing turnover ratios. Terrace View’s statistics compare superbly. Our C N A turnover rate is 7.3% as compared to 52% in the Leading Age study. Our RN turnover rate is 9.2% also compared to a 53% rate for Buffalo. LPNs are 10.5% compared to 30% according to Leading Age.
- Rehabilitation: Positive trends continue in sub acute rehabilitation statistics:
 - o 69% of all billed Part A days in rehab category, up from 58% in early 2014.
 - o Rehab Ultra at 2.6%, improved from 1.3% first half 2014
 - o Rehab Very High at 12.7%, up from 3.7% first half 2014
- Quality Measures: Improvements continue and noted in the following areas:
 - Long term pain complaints(0.7 point improvement)
 - High risk pressure ulcers (0.4 improvement)
 - Falls with Major injury (0.3 point improvement)
 - Physical Restraints (0.3 point improvement)
 - Antipsychotic meds (0.6 improvement)
 - Catheter insert/left in bladder (0.4 improvement)

Transitional Care Unit (TCU)

- Compliance with the plan of correction from the NYS DOH is at 100%. The unit has become the model for advanced directives and related patient care
- Monthly phone meetings with HANYS and all NYS TCUs continue as we progress to define the role of TCUs within hospital operations, as well as with local DOH. We are collaborating in an effort to increase advocacy to the DOH in regards to issues such as admissions from other acute centers, DOH survey and regulations among many others.
- A mock survey was held from 8/3 – 8/7 with only a few minor issues noted that were addressed immediately with a plan of correction. The team will be reviewing 10 patients with high risk diagnoses in the coming weeks to observe treatment/care to include in the report generated from the mock survey.
- Training to be conducted on 9/2/15 with Kelly Clem, RN of Hospice to begin preparing the unit for the collaborative GIP beds.
- Rehab: July saw an increase of 9% in regards to Rehab Ultra utilization, from 72% in June to 81% in July
- Ave LOS in TCU is 12.9 days, compared to 15 days with NYS peers. TCU units need to have an average LOS below 20 days, this is a good measure of the success of the team mates on the unit.

Palliative Care:

- IHA Palliative Metrics
 - Metrics r/t completion rate of Advance Directives documentation being addressed by collaborative efforts of Social work, Nurse Case Managers, and Nursing.
 - Dr. Grimm working on Trigger Tool and Palliative Education curriculum. Met with IT to create report to assist with creation of tool. Met with Dr. Manka to discuss incorporation of tool into ED for early identification of Palliative needs.
 - Nursing is sending a number of nurses to upcoming ELNEC (end-of-life nursing education curriculum) offered by the VA.
- Conversation project presented to Board PI this month to present data. Working with ECMC HR and LMHF to incorporate into Wellness program. Upcoming events include presentations at the VA “Leading the Way to Integrated Healthcare”, OPA, IHA Case Managers, MCC Expo, WNY Health Expo, Caregivers Day.
- Comfort Care Home

- Met with People Inc. to explore potential partnership; Execs from People Inc have toured Cross Roads in Batavia
 - Proposed budget revised, decrease by more than \$100k
 - East Hill grant submitted for \$30,000 for HVAC for house.
 - Volunteer recruitment and education has begun. 7 medical students completed Mercy Doula .
- Dr. Troen, Susan Glose, and Dr. Grimm met to discuss opportunities for collaboration and implementation of a more integrated service line. Further discussion relating to the University incorporating Palliative Medicine into clinical rotation.
 - E-Molst-Meeting set with Director of Hospitalist group to discuss piloting E-Molst.
 - Met with Kaleida to discuss opportunities for collaborative efforts toward E-Molst implementation.
 - We are currently working on a partnership with the Department of Senior Services in regards to the Conversation Project. They would like to add their legal expertise to our current structures.
 - Outpatient Chronic Disease (Palliative Care) Clinic
 - Palliative needs assessment meeting held with Drs. Smita-Bakhai and Manka. Agreement that an integrated model would best accommodate the population of people we serve. Consideration of transportation issues, etc. that would result in missed appointments. Next meeting to be scheduled.
 - Lorne Steinhart assisting with cost analysis based on variety of service models. Discussion of opportunities with Great Lakes.

Respectfully submitted,

Christopher Koenig

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
AUGUST 2015

UNIVERSITY AFFAIRS

UB Awarded Clinical and Translational Science Award

The UB-led Buffalo Translational Consortium (BTC) has received a four-year, \$16 million Clinical and Translational Science Award from National Institutes of Health . The grant will establish the UB Clinical and Translational Research Center as the hub of the Buffalo Translational Consortium. UB is the lead institution of the consortium in partnership with Roswell Park Cancer Institute, the Great Lakes Health System, UBMD and community health organizations.

This prestigious CTSA award will play a vital role in advancing medical breakthroughs from bench to bedside and in speeding the delivery of new therapeutic drugs, diagnostic tools, and medical devices to patients.

With this grant, the UB-led Buffalo Translational Consortium, which will be housed at UB's Clinical and Translational Research Center downtown, joins an elite tier of national research institutions. Currently, just 62 U.S. medical research institutions receive CTSA program funding from the NIH. As a member of this national consortium, UB will be able to compete for the highly selective clinical research grants for which only CTSA institutions may apply.

UB Medical School Appoints new Chair of Emergency Medicine

Robert F. McCormack, MD, MBA, FACEP has been appointed Chair of the Department of Emergency Medicine in the School of Medicine and Biomedical Sciences at the University at Buffalo effective August 1, 2015. Dr. McCormack has served as Interim Chair since January 2, 2015 and is a Clinical Professor of Emergency Medicine. Dr. McCormack also serves as the Chief of Service, Emergency Medicine for the Kaleida Health System..

- ❖ A native of Long Island, Dr. McCormack received his BS in chemistry from McGill University in Montreal and his MD from the State University of New York Health Sciences Center at Brooklyn. He completed his residency in emergency medicine at Albert Einstein College of Medicine, Jacobi Medical Center and was chief resident. He completed his Master of Business Administration with honors in 2014 at UB's Executive MBA Program. Robert has also attended the Association of Academic Chairs of Emergency Medicine's Chair Development Program and Harvard Medical School's Leadership for Physician Executives. He is board certified by the American Board of Emergency Medicine.

PROFESSIONAL STEERING COMMITTEE

Next meeting will be in October.

MEDICAL STAFF AFFAIRS

The Bylaws Committee met July 23rd to perform the required triennial review of the Bylaws. Committee hopes to have a proposed revision available for review no later than the September Meeting of the Medical Executive Committee.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Hospitalist Service

ECMC has finalized contractual arrangements for the Acute Hospitalist Service to transition from TeamHealth to Apogee effective September 1st. Apogee is actively recruiting the necessary physician and extenders and will be sending in an implementation team during August. Anybody interested in meeting with them should let me know as soon as possible.

Radiology

Radiology services at ECMC have been provided by Great Lakes Medical Imaging since Wednesday August 4th. The transition from Saturn Radiology, originally planned for mid-September had to be brought forward due to unanticipated circumstances.

CMS Extends Two Midnight Rule Enforcement Moratorium – Again

CMS announced that it will be extending an enforcement moratorium for part of the "two midnights" rule that it is currently in the process of updating. Current law grants recovery audit contractors (RACs) the power to enforce the "two midnights" rule, but Congress has periodically delayed the implementation, the latest delay is set to expire September 30, 2015. This enforcement moratorium will extend through December 31, 2015 to allow for the new rule to be finalized and begin in 2016.

Most Hospitals To Be Penalized for Hospital Readmissions

Nearly 2,600 hospitals will be penalized for missing readmission targets under Medicare. They will face an average Medicare payment reduction of 0.61% per patient stay. The reductions are based on readmissions of patients initially hospitalized for heart attack,

heart failure, pneumonia, chronic lung problems, or hip or knee replacements, and penalties total \$420 million. Most hospitals that escaped penalties this year were exempt because they are specialty or critical-access hospitals or otherwise not subject to the penalties. ECMC's penalty will be 0.13% (compared to 0.07% in 2013, 0.04% in 2014 and 0.10% in 2015).

CMO Memorandum

To: BOARD OF DIRECTORS
CC: MEDICAL EXECUTIVE COMMITTEE
From: BRIAN M. MURRAY, MD, CMO
Date: August 24, 2015
Re: APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

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

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

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Anesthesiology	Erik Jensen, MD	1 YR	JUN 2014	DEC 2015
Cardiothoracic Surgery	Mark Jajkowski, MD	3 YRS	JAN 2014	DEC 2015
Dentistry	Maureen Sullivan-Nasca, DDS	1 YR	JAN 2014	DEC 2015
Dermatology	Animesh Sinha, MD	1 YR	JUL 2014	DEC 2015
Emergency Medicine	Michael Manka, MD	3 YRS	JAN 2013	DEC 2015
Family Medicine	Andrea Manyon, MD	1 YR	NOV 2014	DEC 2015
Internal Medicine	Joseph Izzo, Jr., MD	3 YRS	JAN 2013	DEC 2015
Laboratory Medicine	Daniel Amsterdam, PhD	3 YRS	JAN 2013	DEC 2015
Neurology	Richard Ferguson, MD	3 YRS	JAN 2013	DEC 2015
Neurosurgery	Gregory Bennett, MD	3 YRS	JAN 2013	DEC 2015
Obstetrics & Gynecology	Vanessa Barnabei, MD	3 YRS	JAN 2013	DEC 2015
Ophthalmology	James Reidy, MD	3 YRS	JAN 2013	DEC 2015
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3 YRS	JAN 2013	DEC 2015
Orthopaedic Surgery	Philip Stegemann, MD	3 YRS	JAN 2013	DEC 2015
Otolaryngology	William Belles, MD	3 YRS	JAN 2013	DEC 2015
Pathology	Margaret Brandwein-Gensler, MD	1 YR	MAY 2015	DEC 2015
Plastics & Reconstructive Surgery	Thom Loree, MD	3 YRS	JAN 2013	DEC 2015

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Psychiatry	Yogesh Bakhai, MD	3 YRS	JAN 2013	DEC 2015
Radiology	Jonathan Marshall, DO	1 YR	AUG 2015	DEC 2015
Rehabilitation Medicine	Mark LiVecchi, MD	3 YRS	JAN 2013	DEC 2015
Surgery	William Flynn, MD	3 YRS	JAN 2013	DEC 2015
Urology	Kevin Prantikoff, MD	3 YRS	JAN 2014	DEC 2015

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

DEPARTMENT	NAME	TERM	APPT
Chemical Dependency	Mohammadreza Azadfard, MD	1	BY CHIEF OF SERVICE
Internal Medicine	Sergio Anillo, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Specialty Med.	Rocco Venuto, MD	1	BY CHIEF OF SERVICE
Internal Medicine	Rebecca Calabrese, MD	1	BY CHIEF OF SERVICE
Neurosurgery	Greg Castiglia, MD	1	BY CHIEF OF SERVICE
Anesthesia	Scott Plotkin, MD	1	BY CHIEF OF SERVICE

(Bold depicts new appointments)

ERIE COUNTY MEDICAL CENTER CORPORATION

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

August 2015

The Department of Nursing reported the following in the month of August:

- On July 24th, ECMC had student nurses here from Guangxi University in China to tour the hospital. The professors were very impressed with our facility and were treated so warmly by Cam Schmidt, Nancy Desu and the entire team at ECMC.
- AMSN WNY Chapter #604 held their dinner meeting on Tuesday, July 28th. The following nurses attended: Michelle Mooney, Colette Habonimana, Jeremy Hepburn, Lisa Hauss, Beth Weslow and Karen Ziemianski – The subject content was factor eight-blood products.
- Lisa Oryszak received her Doctorate of Nursing Practise (DNP) from the University at Buffalo, 2015 Congratulations to her!!
- On August 6th the Let's Not Meet by Accident Program was presented to 28 of our Summer Youth participants.
- The ATCN course will take place on August 29, 2015. The following eleven (11) ECMC nurses are registered for this course. They are: Bean Blair, Melissa Crane, Shannon Grenier, Lisa Hamilton, Jesse Kowalewski, Cari Marx, Ray Masters, Elizabeth Nicholl, Michelle Rizzo, Amy Rutty, and Brian Sedar.
- Ben Hunt, RN 4 South has received \$1,000 check for the Perfect Time and Attendance for the month of July.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JULY 14, 2015

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL HOFFERT, CHAIR
BISHOP MICHAEL BADGER

RICHARD CLELAND
FRANK MESIAH

BOARD MEMBERS EXCUSED:

CARLA DICANIO-CLARKE
BEN LEONARD
NANCY TUCKER
NANCY CURRY
JULIA CULKIN-JACOBIA

MARY HOFFMAN
CHRIS KOENIG
ANTHONY DIPINTO
BELLA MENDOLA

ALSO PRESENT:

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 10:00am.

II. RECEIVE & FILE

Moved by Frank Mesiah to receive the Human Resources Committee minutes of the May 12, 2015 meeting and seconded by Bishop Michael Badger.

III. LABOR RELATIONS

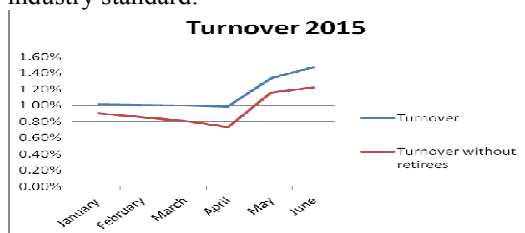
Carla DiCanio-Clarke reported that the AFSCME collective bargaining agreement expires December 31, 2015. Dates for negotiations are being selected and a list of proposals are being compiled. Management is still deciding which would be more beneficial, a separate agreement (separate from the County) or a sub agreement that sits inside of a larger County contract (similar to CSEA).

IV. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

The Workers compensation and employee occurrences reports were distributed. The data is constant. Behavioral Health leadership will be invited going forward. A breakdown of occurrences by hospital, behavioral health and Terrace View has been requested. Discussion ensued regarding incidents versus number of patients.

V. EMPLOYEE TURNOVER

The turnover report was distributed. Turnover for the hospital is increasing slightly but it still low for industry standard.



ERIE COUNTY MEDICAL CENTER CORPORATION

VI. TERRACE VIEW REPORT

A job fair was held on June 18, 2015 to recruit CNAs. Peer to peer interviews were conducted. The in-service classroom was opened for applicants who have difficulty applying online. Incentives for CNA retention were discussed.

VII. NURSING TURNOVER REPORT

May

Hires: 9 FTEs

- Med/Surg: 1.5 FTEs
- Behavioral Health: 3.5 FTEs, 1 PT (LPN: 3 FTEs)
- Critical Care: 2 FTEs

Losses: 5 FTEs & 3 PD (LPN: 2)

- Med Surg: 1 FTE & 1 PD (LPN: 1 FTE)
- Behavioral Health: 2 FTEs (LPN: 1 FTE)
- Critical Care: 2 FTEs & 1 PD

Turnover Rate: .67%

Turnover Rate YTD: 2.92%

June

Hires: 11 FTEs & 3 PT (LPN: 3 FTEs)

- Med/Surg: 5 FTEs & 2 PT
- Behavioral Health: 3 FTEs & 1 PT (LPN: 1 FTE)
- Critical Care: 3 FTEs

Losses: 5.5 FTE & 7 PD (LPN: 1)

- Med/ Surg: 3 FTEs & 5 PD (LPN: 1)
- Behavioral Health: 1.5 FTEs & 2 PD
- Critical Care: 1 FTE

Turnover Rate: 1.5%

Turnover Rate YTD: 3.7%

VIII. WELLNESS AND BENEFITS

Nancy Tucker reported that 21 teams participated in the Lose to Win Weight loss challenge. 351 lbs. were lost all together.

Pension statements will be distributed mid-July.

IX. OTHER INFORMATION

Process improvements for the application process as well as other HR functions were discussed. Mike Hoffert thanked HR for their continued efforts.

X. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:55am and seconded by Bishop Badger.



HEALTH INFORMATION SYSTEM/TECHNOLOGY August 2015

Great Lakes Health (GLH) IT Committee.

The Great Lakes Health IT Steering Committee has made great strides toward the September target date of presenting the outcome of the total cost of ownership and feasibility study. This study will provide the committee and our respective boards a framework of understanding the capital investment and long term cost structures of our current and potential future state enterprise wide IT application options. The options include replacing existing Kaleida Health, ECMC and UBMD* IT platforms with an integrated suite of Access, Revenue Cycle and Clinical applications across inpatient, ambulatory care, long-term care and VNA settings (Cerner or Epic) or maintaining the current Kaleida Health, ECMC and UBMD IT vendor strategy.

Working with Culbert Healthcare Solutions, we have completed phase one of the study including current total cost of ownership for all three entities, identification of ROI parameters and interviews with key business and clinical owners. Over the next week, we will be reviewing EPIC and Cerner's final proposals and assessing its impact to the members of the Great Lake Health System in addition to finalizing the five and ten year total cost of ownership of maintaining our current IT strategy. We will be presenting to the Great Lakes Health IT Steering Committee on September 10th.

** The UBMD Practices on Medent are out of scope (Ortho, Neurosurgery & Ophthalmology)*

ECMC Telecommunication System Outrage.

The ECMC campus telephone system experienced a disruption of service to a significant number of phones on Saturday morning, August 15, 2015 through Wednesday morning, August 19, 2015. It is speculated that this disruption in service was weather related (lightening) as indicated by symptoms experienced by our telecommunication system and hence confirmed by the manufacturer. During this time we aggressively restored phone service to all essential areas of the campus while working toward reinstating the system to its full functionality. This included receiving over 500 Verizon Wireless phones for distribution within a 6 hour window from throughout the State. I want to thank the clinical, business and IT staff for fully supporting and participating in the work effort.

We are now in the process of reviewing the events that occurred during the outage as well as preparing recommendations to minimize the risk of this type of occurrence in the future. A report will be presented to executive leadership within the next two weeks.

Clinical Automation.

We continue to monitor our compliance for Meaningful Use Stage 2 inpatient core measures. We are successful with all core measures including our patient portal enrollment requirement. We are also working with clinical and business leadership to evaluate current opportunities for Meaningful Use within our ambulatory areas.

ICD-10. We are supporting the ICD-10 stakeholders and project manager to ensure our organization meets the regulatory deadline. An example of this is the optimization of the 3M solution which provides computer aided coding and solutions to improve our coding environment, assisting with testing and validation of the ICD-10 abstracting and coding and investigating ways in which to improve communication between our providers and the business office via automating the provider documentation of those clinics that will be most impacted by the transition to ICD-10.

Report to the ECMCC Board of Directors
Al Hammonds, CSSBB
Executive Director, Millennium Collaborative Care (MCC)
Delivery System Reform Incentive Payment Program (DSRIP)
8/24/15

GOVERNANCE:

Governance Committee & Work plan: MCC has established a Governance Committee, made up of eight (8) voting participants that represent the 8 counties of various network providers, inclusive of county government representation. Three (3) of the voting participants come from the Board of Managers. Supporting participants are ECMC Legal, ECMC Compliance Director, CTG consulting support, MCC Administrative Director, and the MCC Executive Director. The goal of the committee is to establish the decision-making process and ground rules, as well as, develop policies to govern by, for the entire governance process for MCC. This group, with guidance from ECMC Legal, is developing a Governance Agreement (draft by-laws) to govern by. The first meeting took place on August 11th. The upcoming meetings are schedule for August 24th, September 14th, and September 24th. Various committees, sub-committees, & workgroups, of which charters are being formed, include:

1. MCC Board of Managers
2. Governance Committee
3. Clinical/Quality Committee
4. Physician Steering Committee (PSC)
5. Project Advisory Committee (PAC)
6. Workforce Development Work Group
7. Community-Based Organization (CBO) Task Force
8. Voice of the Consumer Sub-Committee (VOC)
9. Finance Committee/Workgroup
10. IT Data Committee
11. Compliance Committee
12. Value-Based Payment (VBP) Sub-Committee

DSRIP Governance Milestones Due: MCC has four upcoming milestones due to the NYS DOH:

- Milestone #1: Finalize governance structure and sub-committee structure, deadline: 9/30/2015

- Milestone #2: Establish a clinical governance structure, including clinical quality committees for each of the DSRIP projects, deadline: 12/31/2015
- Milestone #3: Finalize bylaws and policies or Committee Guidelines where applicable, deadline: 9/30/2015
- Milestone #4: Establish governance structure reporting and monitoring processes, deadline: 12/31/2015

Vital Access Provider Assurance Program (VAPAP): MCC must sign off on all VAPAP applications submitted to the NYS DOH. VAPAP is a separate NYS DOH program & process separate from DSRIP. It is a two year program with \$350 million of funding set aside for 28 total facilities across the state. Five (5) of the facilities are part of the MCC PPS: Eastern Niagara Hospital, Brooks Memorial Hospital, TLC, Cuba Memorial Hospital, and Wyoming Community Hospital.

FINANCIAL SUSTAINABILITY:

MCC is in the process of defining procedures for financial operations and funds flow between MCC & ECMC. Rick Braun (Southern Tier Council) continues to serve in a short-term advisory capacity to help oversee financial sustainability for DSRIP & MCC, until our Finance Director is on board, effective September 14th. MCC's overall budget is \$243,019,728 over the next 5 years. The following summarizes the breakdown:

- Project Valuation = \$191,461,933
- Public Guaranty = \$19,769,602
- Public Equity Performance = \$14,827,201
- High Performance DSRIP = \$5,001,472
- High Performance NYS = \$11,959,520

MCC's DSRIP Year 1 budget is \$30,318,631 which covers up through March 31, 2016.

Cash flow for the April – June 2015 period is as follows:

- Funds Received = \$18,190,419
- Amount Disbursed = (\$591,376)
- Remaining Funds = \$17,599,043

On a separate note, Rich Cleland (ECMC, CEO), met with Jason Helgeson (NYS Medicaid Director for the NYS DOH) on June 25th, with the goal of obtaining additional information regarding ECMC/MCC DSRIP funding concerns. Results of the meeting were positive with more follow up needed. A joint letter was drafted (see attached) by Cleland and DSRIP/MCC Executive Director Hammonds, as a follow up to the meeting, focusing on documenting with the data, inequitable and incomprehensible funding

awarded to ECMCC/MCC in comparison to all other PPS' in the state. Graphical comparisons were illustrated and presented in the letter, as well as, total funding per attributed recipients (i.e. a pmpm proxy) analysis for each PPS. It is key that DSRIP/MCC secure the committed \$80 to \$100 million in additional funding that was later committed to MCC by the state, with no strings attached. A follow up meeting occurred with Greg Allen (NYS DOH), Rich Cleland (ECMC, CEO), Al Hammonds (MCC, Executive Director), Steve Gary (ECMC, CFO), Dr. Anthony Billittier (MCC, CMO), and Greg Turner (MCC, Administrative Director) on Thursday, August 20th. Greg Allen committed to providing funds, \$80 - \$90 million (was originally \$80 - \$100 million), to ECMC/Millennium, but the funds must be focused in three (3) categories:

- a. Home & community-based services, targeted towards the high end behavioral health patient population (1959 waiver related)
- b. Health Homes (to address patients with multiple chronic conditions)
- c. Long-Term Care (LTC) Workforce Development (Home Care Driven)
- d. The 3 categories summarized here must tie into Domains 2 and 3 measures in DSRIP plan, focused on population health...

More details and follow on the specifics to follow.

Finally, financial sustainability implementation planning activities are continue to be worked on specifically focusing on developing a financial organizational chart, financial reporting, and establishing a communication of financial issues with partner's process.

IMPLEMENTATION PLANNING & PROGRESS:

Overall, all 11 projects are kicked off and underway and making good progress. Here's some highlights on few of the projects:

1. ED Care Triage – currently two (2) hospitals engaged in the project (ECMC & NFMCC). To date, 968 patients engaged (total for both sites) towards a goal of 1,000 patients engaged by 9/31/2015 and 3,000 engaged by 12/31/2015. Olean General Hospital is the next site to ramp up.
2. Patient Activation Measures (PAM) – contract awards went to four (4) organizations that are community-based organizations (CBOs) and collaborating with other CBOs across 4 regions, covering 8 counties in Western NY. The organizations are Lake Plains Community Care Network (covering Genesee, Wyoming, & part of Orleans counties), Niagara Health Home (covering Niagara & part of Orleans counties), Healthy Community Alliance (covering the southern tier, Chautauqua, Cattaraugus, & Allegany counties), and the Community Health Center of Buffalo (covering Erie County & part of Niagara County).

3. Home-Health/INTERACT (Post-Acute) – focuses on **Interventions To Reduce Acute Care Transfers**. It is a quality improvement program focused on early symptom recognition and chronic condition management within the Skilled Nursing Setting. It involves procedures, tools, and educations to increase communication and decision making ability between staff, between resident and families, and between hospitals and SNF's. Certification training took place from 8/17-8/21, with over 130 participants, 33 SNF's, and 6 HHA's represented.

Request for Proposals in progress are as follows:

- Patient Activation and Engagement (PAM) – Complete/Awarded, contracts to be executed by September 4th.
- Health Literacy and Cultural Competency: Consultation – Released and proposals were due by August 22nd.
- Health Literacy and Cultural Competency: Trainers (CBOs) – To be released by August 28th.
- Maternal and Prenatal Health (CBOs) – Released and proposals were due by August 12th, M/WBE deficiencies occurred. RFQ process completed. RFP to be posted, after executive evaluation.
- Workforce Strategy and Management Administration – Complete/Awarded, contract awarded May 1st.
- Mental and Emotional Well-Being (MEB) – Pending MEB Committee Review
- Population Health – On Hold and pending finalization of DSRIP Capital funding request and Great Lakes Efforts.

TIMETABLE OF KEY UPCOMING DATES:

August 24th: Physicians Steering Committee (PSC) meeting
Governance Committee meeting

August 31st: NYS DOH/KPMG On-Site DSRIP Review meeting

September 7th: Board of Managers (BOM) Executive Committee Conf. Call

September 14th: Clinical/Quality Committee meeting

September 15th: Project Advisory Committee (PAC) meeting

September 21st: Board of Managers meeting (BOM) - Face to face

September 30th: Patient engagement targets for 9 projects due.

October 5th: Board of Managers Executive Committee Conf. Call

October 19th: Board of Managers meeting - Face to face

October 31st: Identify network providers that will be participating in each project as part of the Quarterly Reporting Process.

Develop Workforce budget and impact projections.

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, JULY 27, 2015 AT 11:30 A.M.**

Attendance (Voting Members):

S. Anillo, MD	M. Panesar, MD	
Y. Bakhai, MD	K. Pranikoff, MD	
G. Bennett, MD	R. Schuder, MD	
R. Calabrese, MD	J. Serghany, MD	
S. Cloud, DO	R. Venuto, MD	
M. Cummings, MD		
W. Flynn, MD		
D. Ford, RPA-C		
K. Grimm, MD		
W. Guo, MD		
E. Jensen, MD		
N. Kothari, MD		
M. LiVecchi, MD		
M. Manka, MD		
A. Manyon, MD		

Attendance (Non-Voting Members):

B. Murray, MD	R. Gerwitz	
R. Cleland	J. Johnson	
S. Ksiazek	C. Ludlow, RN	
A. Orlick, MD	A. Victor-Lazarus, RN	
S. Gary	N. Mund	
L. Feidt	A. Billittier, MD	

Excused:

D. Amsterdam, PhD	M. Brandwein-Gensler, MD	J. Reidy, MD
M. Azadfard, MD	R. Hall, MD, DDS, PhD	P. Stegemann, MD
V. Barnabei, MD	J. Izzo, Jr., MD	
W. Belles, MD	M. Jajkowski, MD	
T. DeZastro, MD	T. Loree, MD	
R. Ferguson, MD	M. Sullivan, DDS	

Absent:

None		

I. CALL TO ORDER

- A.** Dr. Samuel Cloud, President, called the meeting to order at 11:40 a.m.
- B. CHANGE IN OFFICER POSITION** – President Sam Cloud presented the following recommendation from the Nominating Committee:
MOTION: Dr. Timothy DeZastro, President-Elect, has resigned from his seat of President-Elect effective September 1, 2015. Dr. Katie Grimm will

assume the seat of President-Elect upon his departure. Dr. William Flynn is recommended for the seat of Treasurer.

MOTION UNANIMOUSLY APPROVED.

(Dr. Flynn did abstain from the vote.)

Dr. Cloud thanked Dr. DeZastro for his dedication to ECMC over the past 6 years and he extends gratitude on behalf of the Medical Dental staff for his significant contributions to the Medical Executive Committee, the Medical Dental Staff and the Foundation in addition to his service as the Chief of Service in Radiologist and as an outstanding staff radiologist.

II. ICD-10 PRESENTATION – Mark Doctor

- A. Mr. Mark Doctor, Consultant Lead on the ICD-10 Implementation Team, provided an overview of the new coding program that will take effect later this year. The primary focus of the program will be improved documentation and this will be supported by a Clinical Documentation Specialist. The new coding system will require a significantly more detailed level of specificity in detailing a patient's condition and diagnosis. Several key examples were provided illustrating the dramatic difference in reimbursement should the provider not provide accurate descriptions of diagnosis and treatment plans. It was strongly recommended that departments take part in Webinars pertaining specifically to their own specialty in preparation of full implementation of the program. Additionally, Mr. Doctor requests time at all upcoming departmental meetings to present information to attendings in order to prepare them for this major change and assist them in improving their documentation.

III. CEO/COO/CFO BRIEFING

- A. **CEO REPORT – Richard Cleland**
1. **Operations Report** – Mr. Cleland reports that the hospital is very busy with trauma season fully underway. Operating loss year to date is \$4 million. Acute discharges is about 6% higher than budget and ahead of last year. LOS is coming down a bit. Acute ALC population has been reduced significantly which is helping throughput.
 2. **Laboratory Administrative Director Appointed** – Mr. Cleland announced that Gerry D'Amato has been appointed to this position.
 3. **Foundation** – Golf tournament is coming up August 10, 2015 and the Mammo Mile event is August 1, 2015. Both are expected to be a great success.
 4. **Transplant** – Dr. Kayler joined the staff recently as Program Director of the Transplant program and has completed 9 transplants since her arrival in just her first month.
 5. **ED Renovation** – A review of options for the project are underway and the plan should be selected soon.

B. CFO REPORT – Steve Gary

1. June reports an Operating loss of \$374,000 but still better year to date than last year and \$1 million better than last year. There was also an increase in Case Mix Index. Year to date, \$4.7 million operating loss is reported. Several initiatives are underway to hope to end the year with a slight operating surplus. A line of credit will be acquired to minimize the financial impact of ICD-10 implementation.

C. DSRIP UPDATE – Dr. Anthony Billittier, Medical Director, Millennium Collaborative Initiative

1. The overall goal of the DSRIP program is to reduce ED visits and hospital admissions by 25%.
2. Dental Issues – There were over 150 ED visits over the past month with dental complaints so a focus on improving access to outpatient and preventative care is underway.
3. Palliative Care Initiative – There is a community wide initiative underway that DSRIP is participating in and focuses on quality of life and change the culture in the community in its approach to end of life care.
4. Increasing home care and subacute care – Programs are looking at increasing these services and will include clinical care in the home by physicians and nursing to again avoid hospital admission.

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

A. UNIVERSITY AFFAIRS

House passes 21st Century Cures Act

The House of Representatives has overwhelmingly passed the 21st Century Cures Act, the broad bill designed to accelerate the development and regulatory approval of medical breakthroughs. The legislation would provide an additional \$9.3 billion in mandatory funding over the next five years to the National Institutes of Health and establish a Cures Innovation Fund to support work on breakthroughs in biomedical research. It also would provide \$550 million in added funding to the FDA.

B. PROFESSIONAL STEERING COMMITTEE

Dr Murray will provide an update on the meeting held July 6th.

C. MEDICAL STAFF AFFAIRS

The Bylaws Committee met July 23rd to perform the required triennial review of the Bylaws. Committee hopes to have a proposed revision available for review no later than the September Meeting of the Medical Executive Committee.

D. UTILIZATION REVIEW

Flash report for June 2015 was distributed for review.

E. CLINICAL ISSUES

Hospitalist Service

ECMC has finalized contractual arrangements for the Acute Hospitalist Service to transition from TeamHealth to Apogee effective September 1st. Apogee is actively recruiting the necessary physician and extenders and will be sending in an implementation team during August. Anybody interested in meeting with them should let me know as soon as possible.

H & P Audit – Reports for 2014 and first quarter of 2015 were distributed and reviewed. 2014 audits were less than desired but first quarter of 2015 show 100% compliance. This is in part due to the Electronic Medical Record implementation of the H & P process.

ICD-10 Implementation

The October 1st deadline for the CMS-required use of ICD-10 coding system is fast approaching. ECMC has a specific team that is meeting weekly to manage the transition. This has implications for physicians as the change could significantly impact both hospital and physician reimbursement. Training of physicians in improving their documentation is felt to be key so we have invited Mark Doctor, our ICD 10 consultant to present today to the Medical Executive Committee.

CMS Changing the 2-Midnight Rule

Last week, CMS announced proposed revisions to the 2-midnight rule for determining when inpatient admissions are appropriate for payment under Medicare Part A.

The rule has been revised for stays expected to last less than 2 midnights, the agency said. Under the proposed new rule, stays expected to be shorter than 2 midnights would be "payable under Medicare Part A on a case-by-case basis based on the judgment of the admitting physician" with appropriate supporting documentation and excluding procedures not on the inpatient-only list or otherwise listed as a national exception. The agency reiterated, however, that "it would be rare and unusual for a beneficiary to require inpatient hospital admission for a minor surgical procedure or other treatment in the hospital that is expected to keep him or her in the hospital for a period of time that is only for a few hours and does not span at least overnight." There will be no policy changes for stays over the 2-midnight benchmark.

The other significant proposed change is that Quality Improvement Organizations (QIOs) will conduct first-line medical reviews of claims for inpatient admissions, with the Recovery Audit program focusing on only those hospitals with consistently high denial rates. QIO patient status reviews will focus on educating doctors and hospitals about the Part A payment policy for inpatient admissions, the agency said.

Comments on the proposed changes to the 2-midnight rule will be accepted until Aug. 31, 2015, and a final rule will be issued on or around Nov. 1, 2015.

Observation Status

A recent review suggests that we had almost 400 patients in the first 6 months of 2015 who were brought into the hospital on Observation Status who were discharged after the second midnight still on Observation Status. CMS indicates that patients on Observation Status who require continued services in the hospital that cannot be provided as an outpatient are to be converted to inpatient status if they cannot be discharged before the second midnight. However the prolongation of a stay cannot be justified if it is simply to await testing (e.g. a Monday Stress test) or for placement or social reasons. The difference between Observation and Admission reimbursement can be between \$5-10,000 per case. If only 50% of the 400 could have been upgraded to admission status, this would have meant potentially \$2 million of additional revenue. I need their support of the Chiefs of Service to ensure their attendings are aware and addressing this issue.

CMS Introduces Mandatory Bundling for Knee and Hip Replacements

CMS late last week released a proposed rule that would bundle payments for knee and hip replacements for 75 metro areas. The Comprehensive Care for Joint Replacement (CCJR) Model for Acute Care Hospitals would bundle all related

care for a 90-day episode. Among other provisions, under certain circumstances the 3-day stay skilled nursing facility rule can be waived in this model. It is a five year test beginning January 1, 2016. "We believe that by requiring the participation of a large number of hospitals with diverse characteristics, the proposed model would result in a robust data set for evaluation of this bundled payment approach, and would stimulate the rapid development of new evidence-based knowledge," CMS said in its proposed rule. Comments on the proposed rule are due by September 8, 2015..

ProPublica publishes complication rates for 17,000 individual surgeons

ProPublica on Tuesday released a scorecard of risk-adjusted complication rates for almost 17,000 individual surgeons at more than 3,500 hospitals nationwide based on an analysis of Medicare data. Analysis includes data on eight common elective procedures. The scorecard categorizes the adjusted complication rates by surgeon as low, medium, and high. It allows users to search by location, by surgeon, or by hospital.

For its analysis, *ProPublica* analyzed Medicare data from 2009 to 2013 for eight common elective procedures, which accounted for 2.3 million total surgeries:

- Knee replacements;
- Hip replacements;
- One type of spinal fusion on the neck;
- Two types of spinal fusions in the lower back;
- Gall bladder removals;
- Prostate removals; and
- Prostate resections.

ProPublica's Marshall Allen and Olga Pierce say they selected those eight procedures because "they are typically performed on healthy patients and are considered relatively low risk." *ProPublica* excluded trauma and other high-risk cases from its analysis, excluded surgeries on beneficiaries who were admitted through another health care facility or the ED. The analysis adjusted the complication rates based on the patient age and health, luck, and each hospital's overall performance. The publication consulted with 24 physicians to determine which hospital readmissions within 30 days that "could be reasonably attributed to complications from surgery." The analysis only counted patient deaths that occurred in the hospital within a beneficiary's initial stay. *ProPublica* did not report complication rates for surgeons that performed fewer than 20 operations of a certain type on Medicare beneficiaries.

V. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: June 22, 2015	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of July 7, 2015	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
1.	HIM Committee: Minutes of June 25, 2015	Received and Filed
	1. Patient Portal Form	Reviewed and Approved
	2. Y-90 Hepatic Arterial Embolization Pre-Procedure Orders	Reviewed and Approved
	3. Y-90 Hepatic Arterial Embolization Post-Procedure Admitting Orders	Reviewed and Approved
	4. Y-90 Sir-Spheres Embolization Patient Instructions	Reviewed and Approved
	5. Y-90 Sir-Spheres Microspheres Post Procedure Patient Instructions	Reviewed and Approved
	6. <i>COEM (Center for Occupational & Environmental Medicine)</i> – Brief youth Outcome Questionnaire	Reviewed and Approved
	7. COEM – Chemical Dependency Assessment	Reviewed and Approved
	8. COEM – Consent for Treatment & Confidentiality Limitations Acknowledgement	Reviewed and Approved
	9. COEM – Final Intake	Reviewed and Approved
	10. COEM – Mental Health Screening Form	Reviewed and Approved
	11. COEM – Review	Reviewed and Approved
	12. COEM – Trauma & Domestic Violence Assessment	Reviewed and Approved
	13. COEM – Comprehensive Psychosocial Assessment	Reviewed and Approved
2.	P & T Committee Meeting – Minutes of July 7, 2015	Received and Filed
	1. Sohaib Jamil, MD - Chief Medical Resident – approve as P&T member	Reviewed and Approved
	2. FRM-008 Use of an FDA Approved Drug for Non-FDA Approved Indication – approve FEIBA addition	Reviewed and Approved
	3. Tapentadol (Nucynta®) - Remove restriction: “Restricted to Anesthesiology and Therapy Prior to Admission” – approve	Reviewed and Approved
	4. Collagenase Ointment (Santyl®), 90 g, Restricted to Burn – approve Line Extension	Reviewed and Approved
	5. Tramadol 25 mg ½ tablet – Delete from Formulary and make Therapeutically Equivalent to 50 mg – approve deletion & Therapeutic	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
	Equivalency	
	6. Nitroprusside (Nitropress®) - delete from Formulary	Reviewed and Approved
	7. Isoproterenol (Isuprel) – delete from Formulary	Reviewed and Approved
	8. FRM-031 Chemotherapy and Biotherapy Dose Rounding – approve Policy	Reviewed and Approved
	9. FIV-006 (Chemotherapy) Cytotoxic and Biotherapeutic Agents – approve revision	Reviewed and Approved
	10. CDTM - Nausea/Vomiting Guideline Agreement – approve CDTM Agreement	Reviewed and Approved
		Reviewed and Approved
3.	Transfusion Committee Meeting Minutes – June 25, 2015 NOTE: 2.2 NYSDOH Inspection, April 30, 2015 Physician attendance below required threshold of 50% - see minutes for details. (p. 113)	Received and Filed

V. CONSENT CALENDAR, CONTINUED

A. MOTION: Approve all items presented in the consent calendar.

MOTION UNANIMOUSLY APPROVED.

B. MOTION: Approve Policy: Teaching Physician Policy.

Dr. Jensen raised his concern that the policy states anesthesia can only supervise one resident where current practice is two. Nadine Mund advised this was consistent with Medicaid rules. Dr. Prankoff raised concerns about requiring start time and stop time. It was suggested to continue to the practice of documenting the amount of time. Further discussion ensued and it was requested to table the motion until further review of the policy is complete.

MOTION TABLED.

C. MOTION: Approve Policy: Cut and Paste Policy.

MOTION UNANIMOUSLY APPROVED.

VII. Bylaws Revisions – Rules & Reg, Pt. II (3)

A. MOTION: Rules & Regulations, Pt. II-5. Medical Dental Staff Quality Improvement Committee as per the following:

II-5. MEDICAL/DENTAL STAFF QUALITY IMPROVEMENT COMMITTEE

A) PURPOSE: *The purpose of the Quality Improvement Committee is to assure appropriate organization and presentation of medical staff quality and performance information and data to the MEC.*

B) REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION

The Quality Improvement Committee assures reporting of activities required by:

- 1) **Joint Commission:** Current accreditation manual for hospitals, Medical Staff, Leadership and Improving Organizational Performance Standards
- 2) **CMS Conditions of Participation for Hospitals**
42CFR482.21 (Quality Assurance)

C) MEMBERSHIP

- 1) **APPOINTMENT:** Members and chair are appointed by the Medical/Dental Staff President with approval of the Medical Executive Committee. The Chief Medical Officer, whose responsibilities include the oversight of quality improvement serves as the chair, though this duty may be delegated to his designee.
- 2) **COMPOSITION:**
 - Chief Medical Officer (or designee) Chair
 - Medical-Dental Staff members of the Medical Executive Committee
- 3) **TERM LIMITS:** Committee members will serve for the duration of their appointment to the Medical Executive Committee. No more than fifty (50%) percent of the members will rotate off on any one year to ensure consistency in process.
- 4) **VACANCY:** Vacancies will be filled in the same manner as defined in the ECMC Medical-Dental Staff Bylaws for vacancies within the Medical Executive Committee.

D) RESPONSIBILITIES

The responsibilities of the Quality Improvement Committee include:

- 1) Review information and reports from the Medical/Dental staff Quality Peer Review Committees, the Patient Safety Office, Risk Management, Board Performance Improvement and other QA/PI committees and teams.
- 2) Identify reports and information to be included on the MEC agenda, assure appropriate and complete report format, and assign accountability for presentation to the MEC.
- 3) Identify information to be included on the ECMC Quality dashboard and affiliated documents and assign accountability for presentation to the MEC.

4) *Ensure compliance with regulatory and accreditation requirements, providing leadership to assure compliance with appropriate Medical/Dental Staff standards.*

E) MEETINGS

1) **FREQUENCY:** *The Quality Improvement Committee will meet no less than as part of the confidential portion of each MEC meeting.*

2) **ATTENDANCE:** *Committee members are expected to attend as many of the meetings as possible. The chair is responsible for ensuring that all members fulfill their committee obligations.*

3) **QUORUM:** *A quorum is not required for this committee as membership is not responsible for decisions requiring a vote.*

4) **SUPPORT:** *Administrative support will be provided by the Patient Safety Office.*

5) **AGENDA and MINUTES:** *The Patient Safety Officer and the Chair shall be responsible for the development of meeting agendas prior to scheduled meetings, maintenance of minutes.*

6) **REPORTING RELATIONSHIP:** *The Quality Improvement Committee reports to the Medical Executive Committee.*

F) CONFIDENTIALITY

Pursuant to N.Y. Educ. Law, §6527. the information and records of this committee as related to peer review activities are designated as “proceedings, reports and records of a medical peer review committee.”

All members of the Quality Improvement Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

MOTION UNANIMOUSLY APPROVED.

B. MOTION: Rules & Regulations, Pt. II – Change name of Committee: Practitioner Wellness Committee.

MOTION UNANIMOUSLY APPROVED.

C. MOTION: Rules & Regulations, Pt. II – Departmental Name Change: Cardiothoracic Surgery to Thoracic/Cardiovascular Surgery.

MOTION UNANIMOUSLY APPROVED.

VI. OTHER NEW/OLD BUSINESS

A. None

VII. 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,

A handwritten signature in blue ink, appearing to read "Michael Cummings", with a large, stylized flourish at the end.

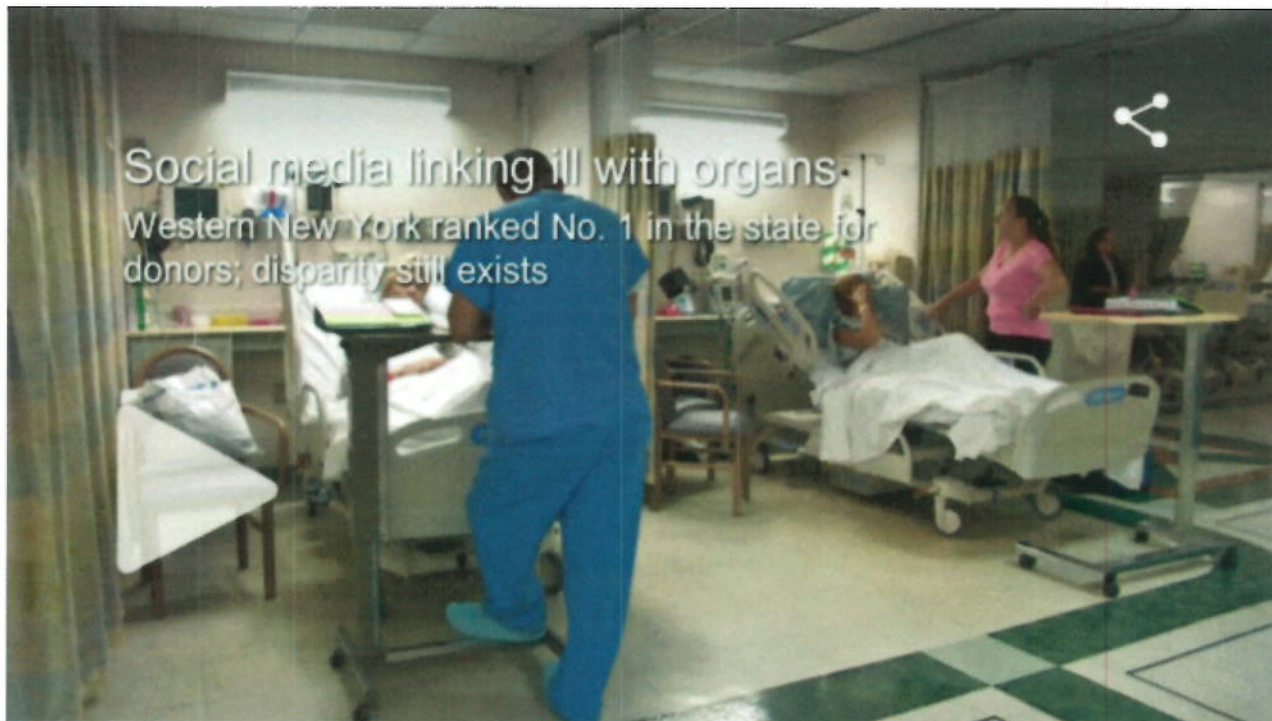
Michael Cummings, MD, Secretary
ECMCC, Medical/Dental Staff



Growth in transplants tied to social media

By Dave Greber, News 4 Reporter (<http://wivb.com/author/wivbdavegreber/>)

Published: August 17, 2015, 6:52 pm



BUFFALO, N.Y. (WIVB) — The transplant center here at ECMC performs up to 80 kidney and pancreas transplants every year. And while that may seem like a lot, consider the waiting list here alone approaches 700 people, and as many as 1,000 people are waiting on organ transplants across WNY.)

“Organ donation, from our perspective, is a public health crisis,” said Sarah Diina, marketing director at Unyts, western New York’s organ procurement organization that serves an eight-county region.

It’s a public crisis affecting more than 123,000 people across the country, and one that leaves 22 people a day to die on a waiting list.

New York state makes up an estimated 10 percent of that waiting list, Diina said.

Until late last year, Gail Kleparek, of Bowmansville, was among that 10 percent. Doctors said she would have likely died on that list, living the rest of her life on nearly daily dialysis.

In November, she posted her story on Facebook. Within days, Cheryl Yurek, who shares Gail's rare bloodtype (and zest for life), reached out.

Last week, Cheryl — who's from Lockport — donated her kidney. She's already out of the hospital. Gail is expected to be released by mid-week.

Dr. Liise Kayler is the division chief of kidney and pancreas transplantation at ECMC. She performed the surgery.

"I've been doing this for 15 years and it still blows me away," Kayler said, laughing. "Every time it happens, I am amazed. These people are better people than we are."

Dr. Kayler said she's seeing a big increase in situations like Kleparek's, where a stranger reaches out to change a life thanks to a link created by social media.

"It's huge," she said. "A lot of times, if we have a recipient that doesn't have a donor, we recommend (to) let people on Facebook know, get the word out.

"It is interesting that it is growing," she added. "After you donate, you get to live with that the rest of your life. You get to live with that feeling that you really helped someone in a really significant way."

Diina says western New York ranks No. 1 in the state for registered donors. And yet, a wide disparity still exists. She says the solution is simple.

"No. 1, not enough people are registering every year," Diina said. "That's something we work on every single day at Unyts."

Diina tells News 4 that Unyts will be launching a campaign next month that focuses more on the patient in need, the hundreds of people stuck on a waiting list, hoping for that next Cheryl Yurek, and that fate taps them for a better life.

There are many ways to become an organ donor. In addition to signing up at the local DMV, visit [Unyts](http://www.unyts.org/), (<http://www.unyts.org/>) sign up on the [state donor registry](http://www.liveonny.org/take-action/register-to-become-a-donor/) (<http://www.liveonny.org/take-action/register-to-become-a-donor/>) or visit ECMC's [kidney and pancreas transplant center](http://www.ecmc.edu/progress/transplant/) (<http://www.ecmc.edu/progress/transplant/>).

From the Buffalo Business First

[:http://www.bizjournals.com/buffalo/news/2015/08/15/physician-survey-nys-health-insurance-coverage.html](http://www.bizjournals.com/buffalo/news/2015/08/15/physician-survey-nys-health-insurance-coverage.html)

Physician survey: NYS health insurance coverage inadequate, confusing

Aug 15, 2015, 6:00am EDT



[Tracey Drury](#)

Reporter- *Buffalo Business First*

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

Physicians in New York are increasingly concerned their patients don't have adequate access to health insurance coverage.

Physician members surveyed by the **Medical Society of the State of New York** pointed to high deductibles, shrinking out-of-network benefits, limited physician networks and inaccuracies on health insurer physician listings.

"We find that more and more of our patients are under-insured due to the increasingly inadequate coverage and narrow networks offered by insurers," said Dr. [Joseph Maldonado](#), president of the Medical Society of the State of New York.

The same is true here in Western New York, where pediatricians, primary care providers and specialists say they're concerned for their patients.

"Everybody's confused, including and especially the patients," said Dr. [Charles Wiles III](#), president of the Medical Society of the County of Erie and a trauma surgeon at **Erie County Medical Center**.

High deductibles are especially vexing, the survey results found, with patients unaware about deductible requirements of thousands of dollars before health insurance coverage kicks in. According to the MSSNY survey, nearly 21 percent of responding physicians said a quarter to half of their patients have deductibles of \$2,500-\$5,000.

Employees are choosing to keep low premiums, but end up with larger deductibles than they're able to pay, Wiles said.

"These are not very large like \$500 large, it's \$5,000 large and nobody really budgets for that," he said. "People don't know what they've signed up for to a large extent."

The MSSNY survey also cited narrow networks, saying patients are confused about network variability based on individual products. Some 14 percent of respondents said their contracts with insurers were not renewed in the last three years; while 22 percent said they were not invited to participate in some

product offerings. Another issue is out-of-date network listings: 45 percent of respondents said they were inappropriately listed as a participating provider on a health insurer website.

On the issue of out-of-network coverage, 33 percent of physicians said the number of patients they treat with out-of-network coverage has gone down in the last three years, while 42 percent said medical costs covered for those who do have out-of-network coverage is less than three years ago.

The state medical society recommended is urging policymakers to review the findings and make necessary changes to federal and state laws and regulations to assure health insurers offer comprehensive coverage and comprehensive physician networks. MSSNY is also pushing legislators to enact legislation to assure patients can purchase coverage through the New York State of Health exchange that will enable them to be treated by physicians outside the plan's network.

Tracey Drury covers health/medical, nonprofits and insurance

Friday, August 21, 2015

[TheBuffaloNews.com](#)

CITY & REGION

Study finds using electronic medical records in emergency room reduces unneeded lab tests, scans

Use of e-data cuts unneeded scans

By [Henry Davis](#) | News Medical Reporter | [Google+](#)
on July 23, 2015 - 8:30 PM

It's not just doctors and nurses who can make a difference for patients in the emergency room.

Make room for medical assistants.

It's their computer work that makes them helpful, according to a study that analyzed the care of more than 2,000 emergency room patients at three local hospitals.

Doctors can drastically reduce unnecessary laboratory tests and radiology exams if they routinely check an electronics medical records system, the Brookings Institution study found.

But over the past decade, even with the federal government awarding about \$550 billion in grants to build health information exchanges like HEALTHeLINK, the Western New York version, doctors rarely take the time to query the exchanges.

"The exchanges only work if physicians use them," said Niam Yaraghi, a Brookings Institution fellow who authored the study.

The study, published in the Journal of the American Medical Informatics Association, focused on patient cases last year at Buffalo General Medical Center, Kenmore Mercy Hospital and Erie County Medical Center.

The research examined cases for 737 patients in which an assistant queried electronic records for patient medical histories and 1,275 patients in which assistants were not available.

The results were dramatic.

The number of lab tests ordered in the emergency departments was reduced by 52 percent and radiology exams, such as CT scans, by 36 percent, when assistants were used, the study found.

The study also suggested that employing medical assistants to look up patient histories on a computer can encourage doctors to use an information exchange and save enough money to justify the cost of hiring them.

“This study was completely unnecessary,” said Yaraghi, who serves as an unpaid consultant to HEALTHeLINK. “You don’t need such a detailed study to show that access to more patient information will help doctors. It is logical, like knowing that a parachute will prevent injury.”

HEALTHeLINK is a nonprofit consortium in Western New York that is building the system for sharing patient medical records from hospitals, insurers and medical groups in the region.

The thinking is that the electronic exchange of medical data will significantly reduce redundant, costly and often harmful medical tests and procedures.

Major barriers exist to the development and greater use of health information exchanges.

Taking time to go through the steps on a computer screen to access information is disruptive for doctors if they’re also talking to a patient. In addition, there is a lack of common standards among the different software hospitals, doctors and others in health care use for their electronic medical records.

Western New York is considered a pioneer in the development of a health information exchange. The progress of HEALTHeLINK, whose formation dates back to 2001, led the Office of the National Coordinator for Health Information Technology in 2010 to select the organization as one of 17 in the country to receive major federal grants in hopes of creating models for others to follow.

More than 730,000 patients in the region have given consent for their medical records to be included in HEALTHeLINK, and there were more than 1 million queries to the system last year.

“We know anecdotally that the exchange provides value. The study puts data around that,” said Daniel E. Porreca, executive director of the organization.

Indeed, the study arrives as experts call for more research into health information exchanges to figure out what works best.

“People are overinvesting in technology, thinking it will provide a solution,” said Dr. Michael Cropp, chief executive officer of Independent Health and a member of the HEALTHeLINK board of directors. “But if the technology doesn’t fit into the work processes, it doesn’t get used.”

Cropp said the use of personnel to gather patient histories from the exchange in advance of an initial visit to a primary care doctor or at the point of service in an emergency room can improve the quality and efficiency of care.

Proving that health information exchanges provide a sizable return on investment is important for other reasons. Communities must confront how to handle the major loss of

revenue at their hospitals if the exchanges do dramatically reduce unnecessary tests and procedures.

“I don’t know any hospital CEO who would sacrifice quality for an extra X-ray,” said John Bartimole, president of the Western New York Healthcare Association, which represents many hospitals in the region.

He and others said a seismic shift is under way as Medicare and private insurers move away from fee-for-service payments and toward reimbursement tied to quality and value.



Peter G. Bradford, PhD (left), and Ralph H. Benedict, PhD, have been recognized with 2015 Chancellor's Awards for Excellence.

Benedict and Bradford Receive Chancellor's Awards for Excellence

Published August 21, 2015

Ralph H. Benedict, PhD

[<https://medicine.buffalo.edu/content/medicine/faculty/profile.html?ubit=benedict>], professor of neurology

[</departments/neurology.html>], and

Peter G. Bradford, PhD

[<https://medicine.buffalo.edu/content/medicine/faculty/profile.html?ubit=pgb>], associate professor of pharmacology and toxicology

[</departments/pharmtox.html>], have

received 2015 SUNY Chancellor's Awards for Excellence.

Ralph H. Benedict, PhD

[<http://medicine.buffalo.edu/content/medicine/faculty/profile.html?ubit=benedict>]

Peter G. Bradford, PhD

[<http://medicine.buffalo.edu/content/medicine/faculty/profile.html?ubit=pgb>]

SUNY Honors 3 UB Medical School Faculty for Superior Achievement (July 1, 2014)

[/news_and_events/news.host.html/content/shared/smbs/news/2014/07/suny-chancellor-award-2014-3812.detail.html]

Bankert and Yan Receive Chancellor's Awards for Excellence (June 7, 2013)

[/news_and_events/news.host.html/content/shared/smbs/news/2013/06/bankert-yan-suny-chancellor-award-2013-2740.detail.html]

Department of Neurology [</departments/neurology.html>]

Department of Pharmacology and Toxicology

[</departments/pharmtox.html>]

Benedict was recognized for excellence in scholarship and creative activities, and Bradford was honored for excellence in teaching.

Benedict: Internationally Recognized MS Researcher

Benedict, one of the top three experts in his field worldwide, is recognized for his influential research in psychological, behavioral and cognitive attributes of multiple sclerosis (MS).

His landmark 2004 and 2005 studies, published in the Archives of Neurology and the Journal of Neurological Sciences, were the first to show that cognitive dysfunction is the most important predictor of vocational disability for MS patients, and implicate the deep gray matter in predicting the presence of cognitive dysfunction in this population.

Benedict's research has challenged traditional MS knowledge and is transforming the way clinicians and researchers think about MS disease activity.

A faculty member since 1992, Benedict directs an outpatient neuropsychology practice at Buffalo General Medical Center and an inpatient consultation service at Erie County Medical Center. He is a consultant to the NHL and NFL for neuropsychological consultations of head trauma.

Benedict has nearly 200 publications, many of which have been cited more than 100 times. Two of his memory tests, the Brief Visuospatial Memory Test Revised and the Hopkins Verbal Learning Test Revised, are widely used in the areas of MS, head injury and schizophrenia; both are used by the NHL and NFL.

Benedict's research is typically funded by pharmaceutical companies and competitive awards from the National Multiple Sclerosis Society [<http://www.nationalmssociety.org/>]. Over the past five years his funding has totaled \$2.25 million.

Bradford: Dedicated to Education

Bradford not only has been primary thesis adviser for four doctoral students and two master's students, but he has also trained more than 20 students in his laboratory. That group includes students from minority apprenticeship programs, undergraduate research and the NYS Summer Institute for Science and Mathematics. [<https://www.aspet.org/NYPS/>]

His course evaluations rate him among the top instructors during every term. Students regularly comment on how passionate, engaging, approachable and knowledgeable Bradford is as an educator.

Nationally and internationally recognized authority in endocrine pharmacology and signal transduction, Bradford's research focuses on how hormones and nutrients affect cell growth in bone osteoblasts and breast normal epithelial cells and cancers of both tissues.

Nationally, he has been invited to make 23 presentations of his research findings at national venues such as Yale University and the American Association for Dental Research.

Internationally, Bradford has presented invited talks at locations including Beijing Medical University and WCTF Television Canada.

Bradford also co-founded the American Society for Pharmacology and Experimental Therapeutics New York Pharmacology Society [<https://www.aspet.org/NYPS/>] in 2010. The annual meeting is a showcase for undergraduate, graduate and postdoctoral research presentations from upstate New York and Canada.

Monday, August 24, 2015

[TheBuffaloNews.com](#)

REFRESH

Double Up Food Bucks program expands

on July 24, 2015 - 11:37 AM

RELATED ARTICLES

- [Color your way to better nutrition](#)

The Field & Fork Network, a local nonprofit, has announced the expansion this farmers market season of the Double Up Food Bucks WNY incentive, which was designed to promote healthier food choices for low-income families while boosting the bottom line for local farmers.

Families who use food stamps through the Supplemental Nutrition Assistance Program (SNAP) can double their money through Oct. 31 at 15 participating farm markets – more than twice the number of markets involved in a pilot program for part of last growing season.

Double Up Food Bucks WNY provides a \$1 for \$1 match – up to \$20 per market visit per day – for anyone who chooses to spend their SNAP dollars at a participating farmers market on state-grown fruits and vegetables.

The network teamed up with Cornell Cooperative Extension's Harvest NY program in last season's pilot effort, and participating farm markets said SNAP purchases more than double and overall food assistance purchases more than triple. More than 1,000 new SNAP customers came out to the markets to shop during the 16-week pilot.

More than 70 percent of participating farmers surveyed said they were making more money and 62 percent of farmers reported having a new customer base as a result of the program, said Lisa Tucker, co-founder and executive director of Field & Fork Network.

The following farmers markets now accept Double Up Food Bucks:

Allegany County

- Southern Tier Farmers Market: 11 a.m. to 5 p.m. Thursdays, 32 Willets Ave., Belmont

Cattaraugus County

- Southern Tier Farmers Market: 3 to 6 p.m. Wednesdays, 13 Park Square, Franklinville
- Southern Tier Farmers Market: 2 to 6 p.m. Fridays, 1900 Constitution Ave., Olean
- Southern Tier Farmers Market: 11 a.m. to 5 p.m. Tuesdays, 12 Park Ave., Salamanca
- R.E.A.P. Olean Farmers Market: 8 a.m. to 1 p.m. Saturdays, Walmart Plaza, 3142 W. State St., Olean

Chautauqua County

- Downtown Jamestown Farmers Market: noon to 6 p.m. Thursdays, Cherry Street between Second and Third streets, Jamestown
- Fredonia Farmers Market: 9 a.m. to 1 p.m. Saturdays, Church Street, downtown Fredonia

Erie County

- Clinton Bailey Farmers Market: 6 a.m. to 6 p.m. Saturdays, 8 a.m. to 1 p.m. Sundays, 7 a.m. to 6 p.m. weekdays, 1443-1517 Clinton St.
- Downtown Buffalo Country Market: 8 a.m. to 2:30 p.m. Tuesdays and Thursdays, Main Street between Court and Church streets
- ECMC Farmers Market at Grider Street: 10 a.m. to 3 p.m. Fridays, across from Erie County Medical Center on Grider Street, just south of the Kensington Expressway.
- Elmwood Bidwell Farmers Market: 8 a.m. to 1 p.m. Saturdays, Elmwood Avenue at Bidwell Parkway
- Massachusetts Avenue Project's Mobile Market: 4 to 7 p.m. Tuesdays at the MAP Farm Stand, 389 Massachusetts Ave.; 11 a.m. to 1 p.m. Wednesdays, Gerard Place, 515 Bailey Ave.; 4 to 6 p.m. Wednesdays, FLARE, 307 Leroy Ave.; 11 a.m. to 1 p.m. Thursdays, Harmac Medical Products, 201 Bailey Ave.; 4 to 7 p.m. Thursdays, Elim Christian Fellowship, 70 Chalmers Ave.; and 11 a.m. to 1 p.m. Fridays, the Salvation Army, 960 Main St.
- North Buffalo Farmers Market: 3 to 7 p.m. Thursdays, 1113 Hertel Ave.

Niagara County

- Lockport Community Market: 9 a.m. to 2 p.m. Saturdays, Historic Canal Street
- North Tonawanda Farmers Market: 8 a.m. to 1 p.m. Tuesdays, Thursdays and Saturdays, Robinson Street near Payne Avenue

For more information, visit fieldandforknetwork.com.