

# AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS  
ERIE COUNTY MEDICAL CENTER CORPORATION  
TUESDAY, SEPTEMBER 29, 2015

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF AUGUST 25, 2015 REGULAR MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON SEPTEMBER 29, 2015.
- IV. REPORTS: CEO REPORT – RICHARD CLELAND  
PRESIDENT’S REPORT – THOMAS QUATROCHE  
2016 BUDGET – STEVE GARY
- V. REPORTS FROM STANDING COMMITTEES OF THE BOARD:  
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.  
FINANCE COMMITTEE: MICHAEL A. SEAMAN  
QI PATIENT SAFETY COMMITTEE: DOUGLAS BAKER
- VI. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
  - A. CHIEF EXECUTIVE OFFICER
  - B. PRESIDENT
  - C. CHIEF OPERATING OFFICER
  - D. CHIEF FINANCIAL OFFICER
  - E. CHIEF MEDICAL OFFICER
  - F. SENIOR VICE PRESIDENT OF NURSING
  - G. SR. VICE PRESIDENT OF OPERATIONS
  - H. VICE PRESIDENT POST-ACUTE CARE
  - I. CHIEF PEOPLE OFFICER
  - J. CHIEF INFORMATION OFFICER
  - K. EXECUTIVE DIRECTOR ECMC FOUNDATION
  - L. EXECUTIVE DIRECTOR MILLENNIUM COLLABORATIVE CARE - DSRIP
- VII. REPORT OF THE MEDICAL/DENTAL STAFF: AUGUST 24 , 2015
- VIII. EXECUTIVE SESSION
- IX. RETURN TO OPEN SESSION
- X. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS  
TUESDAY, AUGUST 25, 2015  
STAFF DINING ROOM

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Voting Board Members  
Present:

Bishop Michael Badger  
Douglas H. Baker  
Ronald Bennett  
Ronald Chapin  
K. Kent Chevli, M.D.  
Jonathan Dandes

Kathleen Grimm, M.D.  
Sharon L. Hanson  
Kevin M. Hogan, Esq  
Thomas P. Malecki, CPA  
Michael A. Seaman

Voting Board Member  
Excused:

Kevin E. Cichocki, D.C.  
Michael Hoffert

Anthony Iacono  
Joseph Zizzi, Sr., M.D.

Non-Voting Board  
Representatives Present:

Richard C. Cleland  
James Lawicki

Kevin Pranikoff, M.D.

Also Present:

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

Kevin Jenney  
Jarrod Johnson  
Paul Keleher  
Chris Koenig  
Susan Ksiazek  
Charlene Ludlow  
Frank B. Mesiah  
Nadine Mund  
Brian Murray  
Thomas Quatroche

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**I. CALL TO ORDER**

Chair, Kevin M. Hogan called the meeting to order at 4:40 P.M.

Kevin Hogan and Rich Cleland introduced and congratulated Paul Keleher as the 2015 Employee of the Year.

**II. APPROVAL OF MINUTES OF JULY 21, 2015 REGULAR BOARD MEETING.**

Moved by Bishop Michael Badger and seconded by K. Kent Chevli, M.D.

**Motion approved unanimously.**

**III. ACTION ITEMS**

A. Appointment of Chief of Service and Associate Chief of Service – Jonathan Marshall, M.D.- Radiology

Moved by Sharon L. Hanson and seconded by Michael Seaman.

**Motion Approved Unanimously.**

B. Approval of August 4, 2015 Medical-Dental Staff Appointments and Re-Appointments.

Moved by Sharon L. Hanson and seconded by K. Kent Chevli, M.D.

**Motion Approved Unanimously.**

C. Approval to grant Dr. Nagra a single four-year extension for Board Certification.

Moved by Bishop Michael Badger and seconded by Douglas Baker.

**Motion Approved Unanimously.**

**IV. BOARD COMMITTEE REPORTS**

All reports except that of the Performance Improvement Committee are received and filed in the August 25, 2015 Board book.

**V. REPORTS OF CORPORATION'S MANAGEMENT**

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

Chief Executive Officer: Richard C. Cleland

- “Thank You Thursday’s” is designed to let our teammates know they are appreciated. Executive Leadership will be at various locations handing out bottled water or hot chocolate.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Press Ganey Patient Experience scores have made great progress.
- Email Express and Breakfast Club initiatives positively received by our teammates.
- July was a great month financially. Increased volume and an operating profit anticipated at year-end.
- Radiology service changed to Great Lakes Medical Imaging on August 4, 2015. The transition was extremely smooth.
- The ER Modernization plan is coming together, but requires further work before board consideration.
- Dr. Kayler, Transplant Program Director, has performed 32 transplants since her arrival on July 6, 2015.
- Congratulations to Mike Seaman for his leadership of the ECMC Golf Tournament. The tournament grossed over \$250,000.
- New initiatives budgeted for next year, *Leadership Academy* and *Project Management Office*.

President: Thomas Quatroche, Ph.D.

- Planning is underway for a follow-up strategic planning session with administrative and physician leadership. A session will be scheduled for the Board of Directors, as well.
- ECMC and Kaleida are talking with a number of community/rural hospitals to assist them in their application for VAPAP funding. The application contains a plan that must include a strategy for long-term sustainability through collaboration.
- ECMC is looking to implement various initiatives (bundling, gain sharing, etc.) to create efficiencies and align the organization to achieve these goals.
- MASH – new site to open at the Mosher Building and a Niagara Falls location.
- Certificates of Need applications for MRI and Ortho were approved and construction plans are underway.
- A full marketing plan is under development for the ECMC Transplant Program with the arrival of Dr. Liise Kayler.
- Thank you to Mike Seaman and Sue Gonzalez for a great golf tournament.

Chief Financial Officer: Stephen Gary

A summary of the financial results through August 31, 2015 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Buildings & Grounds: Ronald Bennett

- Mr. Bennett provided a brief overview of the ED renovation project.

Quality Improvement: Brian Murray, M.D.

- Dr. Manka presented an update of the Super-Fast Track in the ED. The program is designed to process the walk-in patient quickly. Medicare is tracking ED discharge times and this eventually will be a performance measure.
- Becky DelPrince provided an overview of utilization review and case management. Ms. DelPrince has achieved significant reduction in length of stay.
- Mr. Andrew Mulvaugh, Director of Respiratory Services, presented an overview of the respiratory services provided at ECMC.
- Dr. Katie Grimm, Palliative Care Specialist, and Sandra Lauer, Patient Advocate, provided an update on The Conversation Project and the progress that has been made in advanced directives.

**VI. RECESS TO EXECUTIVE SESSION – MATTERS MADE CONFIDENTIAL BY LAW**

Moved by Douglas Baker and seconded by Michael Seaman to enter into Executive Session at 5:40pm to consider matters made confidential by law, including certain compliance-related matters, strategic investments, and business plans.

**Motion approved unanimously**

**VII. RECONVENE IN OPEN SESSION**

Moved by Michael Seaman and seconded by Douglas Baker to reconvene in Open Session at 6:20 P.M. No action was taken in Executive Session.

**VIII. ADJOURNMENT**

Moved by Bishop Badger and seconded by Kathleen Grimm, M.D. to adjourn the Board of Directors meeting at 6:20 P.M.

A handwritten signature in dark ink that reads "Sharon L. Hanson". The signature is written in a cursive style with a large initial 'S'.

Sharon L. Hanson  
Corporation Secretary



# 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



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

**CREDENTIALS COMMITTEE MEETING**

**August 4, 2015**

**Committee Members Present:**

Robert J. Schuder, MD, Chairman  
 Yogesh D. Bakhai, MD  
 Mark LiVecchi, DMD MD MBA  
 Mandip Panesar, MS MD  
 Susan Ksiazek, RPh, Director of Medical Staff Quality and Education  
 Nirmitt D. Kothari, MD  
 Brian M. Murray, MD

**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 \*                      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 July 7, 2015 were reviewed and accepted with one correction. The resignation of Stefan Kantowitz, MD was from the Department of Family Medicine, not the Department of Internal Medicine.

The committee joined the Chair in acknowledging the significant contribution Dr. Nirmitt Kothari and Christopher John have made to the credentialing process. They were applauded and wished well with their new career endeavors.

**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
- B. Applications Withdrawn
- C. Application Processing Cessation
- D. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)
- E. Resignations

Guyett, Lance, NP	Emergency Medicine	8/1/15
Kumar, Manoj, MD	Internal Medicine	6/30/15
Pankewycz, Oleh, MD	Internal Medicine	7/27/15
Yoganathan, Pradeepa, MD	Ophthalmology	7/30/15
Joseph, Brian, MD	Psychiatry	7/27/15
Mutton, Holly, DO	Psychiatry	7/29/15
Park, Won Hoon, MD	Psychiatry	7/30/15
Bloomberg, Richard, MD	Surgery	7/22/15

**FOR  
INFORMATION**

***CHANGE IN STAFF CATEGORY***

**Neurology**

Roehmholdt, Mary Elizabeth A., MD From: Active Staff To: Courtesy Staff, *Refer & Follow*

**FOR OVERALL  
ACTION**

***CHANGE OR ADDITION IN COLLABORATING/SUPERVISING  
ATTENDING***

**Internal Medicine**

Webb, Kristen, PA-C Allied Health Professional  
*Supervising Physician: Paula Burkard, MD*

**FOR  
INFORMATION**

***PRIVILEGE ADDITION/REVISION, recommended – comments as indicated***

**Internal Medicine**

Jacobus, Christopher, MD  
- Consultation – Palliative Care (Including pain management)  
**\*FPPE N/A; remediated duplication on privilege form**

**Psychiatry**

Misir, Devinalini, MD  
-Management of complex substance dependence and withdrawal, intoxication

**Surgery**

Laftavi, Mark, MD  
-Replacement of tracheostomy Tube  
-Excision of infected vein  
-Negative Pressure Therapy  
**\*FPPE N/A; core privileges for surgeon already possessing like and higher level surgical privileges**

Patel, Sunil, MD

-Kidney – partial or complete resection  
-Ureter-elective surgery other than transplantation  
-Urinary, bladder-cystotomy  
-Ligate artery or vein  
-Sigmoidoscopy-rigid  
-Tunneled dialysis catheter placement, exchange and removal  
-Debridement of Skin, partial  
-Debridement of Skin, full  
-Debridement of Skin, subcutaneous  
-Decubitus Ulcer  
-Acellular Dermal Replacement  
-Dermal Skin Substitute  
-Allograft, Acellular Dermal

**FOR OVERALL ACTION**

**PRIVILEGE WITHDRAWAL**

**Otolaryngology**

Young, Paul, MD

- Rhytidectomy
- Blepharoplasty
- LeFort I -LeFort II -LeFort III
- Mandibular (open)
- Facial Sling
- Temporalis/masseter transfer
- Frontolateral partial laryngectomy -Supraglottic laryngectomy -Laryngopharyngectomy
- Pharyngoesophagectomy
- Maxillectomy with orbital exenteration
- Excision angiofibroma
- Excision tumor ethmoid-cribiform plate
- Craniofacial resection

**Surgery**

Laftavi, Mark, MD

- Foreign body removal
- Lipoma excision
- Graft declotting with endovascular thrombolytic catheter

Patel, Sunil, MD

- Biopsy (e.g. temporal artery biopsy)
- Diagnostic fistulagram, shuntogram

**FOR OVERALL ACTION**

**APPOINTMENT APPLICATIONS, recommended— comments as indicated**

The committee extended its grateful appreciation to the Medical-Dental Staff Office staff members for the monumental effort extended in completing the processing of 43 initial appointments and 27 re-appointments for this meeting. The office staff was committed to helping ensure a seamless transition of the Radiology/Imaging Services and is to be commended for their sacrifice to support this major initiative.

**A. Initial Appointment Review (42)**

**Dentistry**

Balon, Jennifer, DDS	Active Staff
Kapral, Elizabeth, DDS	Active Staff
Salvo, Mark, DDS	Active Staff

**Emergency Medicine**

Golz, Rachel, PA-C	Allied Health Professional
<i>Supervising Physician: Kerry Cassel, MD</i>	
Spano, Kristen, PA-C	Allied Health Professional
<i>Supervising Physician: Ronald Moscati, MD</i>	

**Family Medicine**

Ahmad, Anees, MD	Active Staff
Jones, Glenda, NP	Allied Health Professional
<i>Collaborating Physician: Stephen Evans, MD</i>	
Perese, Kerime, NP	Allied Health Professional

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*Collaborating Physician: Stephen Evans, MD*

**Internal Medicine**

Bath, Shaun, MD	Active Staff
Calkins, Bethany, MD	Active Staff
Moore, Russell, MD	Active Staff
Provenzo, Ashley, FNP	Allied Health Professional

*Collaborating Physician: Smita Bakhai, MD*

Sidhu, Simarjit, MD	Active Staff
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**Orthopaedic Surgery - Podiatry**

Butler, Michael, DPM	Active Staff
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**Orthopaedic Surgery**

Mann, Matthew, MD	Active Staff
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**Pathology**

Gao, Chen, MD	Active Staff
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Huang, Ying, MD	Active Staff
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**Radiology/Imaging Services**

Baum, Phillip, MD	Active Staff
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Chung, Charles, MD	Active Staff
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Cipolla, David, MD	Active Staff
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Dunn, Andrew, MD	Active Staff
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Hampton, William, MD	Active Staff
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Lesh, Charles, MD	Active Staff
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Makhija, Jasbeer, MD	Active Staff
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Mangano, Anthony, MD	Active Staff
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Miller, Michael, MD	Active Staff
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Notino, Anthony, MD	Active Staff
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Oliverio, Roseanne, MD	Active Staff
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Pearsen, Kenneth, MD	Active Staff
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Pericak, Jason, MD	Active Staff
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Quinn, Marie, MD	Active Staff
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Regenbogen, Victor, MD	Active Staff
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Rinaldi, James, MD	Active Staff
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S'Doia, Samuel, MD	Active Staff
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Shea, Kevin, MD	Active Staff
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Shields, Gregory, MD	Active Staff
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Silber, Michael, MD	Active Staff
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Stokoe, Gail, MD	Active Staff
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Weyer, Allison, MD	Active Staff
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Zimmer, Wendy, MD	Active Staff
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**Surgery**

Carter, Jeffrey, MD	Active Staff
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**Urology**

Hanzly, Michael, DO	Active Staff
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**Dual Initial Appointments (1)  
Surgery and Internal Medicine**

Chang, Shirley, MD

Active Staff

**FOR OVERALL  
ACTION**

**REAPPOINTMENT APPLICATIONS, recommended – comments as indicated**

**B. Reappointment Review – (27)**

**Emergency Medicine**

Bart, Joseph, DO

Active Staff

**Internal Medicine**

Ahmed, Mohamed, MD, PhD

Active Staff

Diaz DelCarpio, Roberto, MD

Courtesy Staff, *Refer &*

*Follow*

Jacobus, Christopher, MD

Active Staff

Su, Winnie, MD

Active Staff

**Neurology**

Roehmholdt, Mary Elizabeth A., MD

Courtesy Staff, *Refer*

*& Follow*

**Neurosurgery**

Snyder, Kenneth, MD

Active Staff

**Ophthalmology**

Mattern, Ruth, MD, PhD

Active Staff

**Orthopaedic Surgery**

Card, Tiffany, PA-C

Allied Health

Professional

*Supervising Physician: Dr. John Callahan*

Hooper, Jason, PA-C

Allied Health

Professional

*Supervising Physician: Dr. Andrew Stoeckl*

Jones, Joshua, MD

Active Staff

**Otolaryngology**

Young, Paul, MD

Active Staff

**Pathology**

Balos, Lucia, MD

Active Staff

**Psychiatry**

DiGiacomo, Michael, MD

Active Staff

Ghosh, Biswarup, MBBS

Active Staff

Gunn, Susan, Psy. NP

Allied Health

Professional

*Collaborating Physician: Dr. Zhanna Elberg*

Misir, Devinalini, MD

Active Staff

Oliveira, Maria, MD

Active Staff

**Radiology/Imaging Services**

Marshall, Jonathan, DO

Active Staff

Moon, David, MD

Active Staff

Newman, Barbara, MD

Active Staff

Novick, Michael, MD

Active Staff

**Surgery**

Caruana, Joseph, MD  
 Cavaretta, Mark, MD  
 Laftavi, Mark, MD  
 Patel, Sunil, MBBS

Active Staff  
 Active Staff  
 Active Staff  
 Active Staff

**Urology**

Tisdale, Britton, 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.

**August 2015 Provisional to Permanent Staff**

**Provisional Period Expires**

**Family Medicine**

Lugo, Robert, MD                      Active Staff                      08/26/2014

**Obstetrics and Gynecology**

Malik, Shaveta, MD                      Active Staff                      08/26/2014

**Internal Medicine**

Cohill, Carolyn, J., MSN NP              Allied Health Professional              08/26/2014

*Collaborating Physician: Ritesh Patil, MD*

Patil, Ritesh, MD                      Active Staff                      08/26/2014

**Orthopaedic Surgery**

Burkhard, Gregory, A., PA-C              Allied Health Professional              08/26/2014

*Supervising Physician: Marc Fineberg, MD*

**Otolaryngology**

Diaz-Ordaz, Alberto, Ernesto, MD      Active Staff                      08/26/2014

**Psychiatry**

Russo, Colleen, A., PMH NP              Allied Health Professional              08/26/2014

*Collaborating Physician: Dr. Michael Cummings*

Conboy, Sarah, L., PMHNP              Allied Health Professional              08/26/2014

*Collaborating Physician: Victoria Brooks, MD*

**Surgery**

Huff, Devon, Michael, MD              Active Staff                      08/26/2014

Jordan, Jeffery, Michael., MD              Active Staff                      08/26/2014

*The future October 2015 Provisional to Permanent Staff list has been compiled for Chief of Service review and endorsement.*

**FOR OVERALL  
 ACTION**

***AUTOMATIC CONCLUSION- Reappointment Expiration, FINAL NOTICE***

None

**Reappointment Expiration Date: as indicated above**  
*Planned Credentials Committee Meeting: August 4, 2015*

Planned MEC Action date: August 24, 2015

**FOR OVERALL  
ACTION**

**OLD BUSINESS**

**Physician Assistant Forms**

Recent Privilege Form changes have been completed. Revisions to 14 Physician Assistant forms to eliminate outdated language regarding prescriptive procedure and duplicate information regarding supervision.

Eliminated:

~~Prescriptions and medical orders may be written by a physician assistant when assigned by the supervising physician. In an inpatient setting medical orders must be co-signed by the supervising physician within 24 hours, but such countersignature is not required before the execution of the medical order. Prescriptions (including controlled substances) must be on the institutional prescription forms under the supervising physician.~~

~~———— The statute, rules and regulations specifically permit the physician assistant to function at a distance from the supervising physician and the supervising physician need not see each patient prior to the physician assistant providing services. The physician's evaluation of the medical knowledge, skills, and judgment possessed by the physician assistant and the nature of the problem presented for management are major determinants of the "degree of freedom" permitted by the supervising physician.~~

**Surgery - Laparoscopy privilege section revision**

The Credentials Committee Chair requested the Chief of Service to review a proposed revision to the Laparoscopy privilege section. These include Level I and Level II categories and credentialing criteria revisions. At the time of the meeting, the Credentials Chair was awaiting a response from the Chief of Service.

**Department of Radiology/Imaging Services Transition**

A follow-up was presented to the committee regarding current status:

- = Letters were issued as directed to members of the Saturn/WNY MRI group
- = It was confirmed that the mechanism by which are radiographs are forwarded to teleradiologists ensures those from ECMC will be read by Staff credentialed at ECMC
- = Status of Chief / Interim Chief – *to be named mid August*
- = Dr. Azher Iqbal will remain on the ECMC Radiology staff.
- = With the unanticipated acceleration of the transition date from September 15<sup>th</sup> to August 4<sup>th</sup>, it was

necessary to issue temporary privileges to all practitioners (refer to Initial Appointment Review) of GLH

Imaging to ensure no interruption of patient care.

**Physician Assistant – Radiology Form**



A draft of the new Physician Assistant for Radiology has been completed. The committee endorsed its approval by the Medical Executive Committee as noted below:

**Radiology/Imaging Services Physician Assistant Privilege Delineation Form**

**REQUEST FOR PRIVILEGES – ALLIED HEALTH PROFESSIONAL STAFF (INCLUDING TEMPORARY CATEGORIES)**

Indicate:  Initial Request --  Reappointment --  Addition/Revision

**STAFF CATEGORY:** Allied Health Professional

No meetings obligated, No office held, No voting, No admit, Dues as defined, Selected privileges

**CLINICAL (PATIENT CARE) PRIVILEGES for the Allied Health Professional Staff Category**

- Please complete individual privilege requests on the following page(s). Applicants should request only those privileges that they are competent to perform and wish to exercise at ECMC. Evidence of training, experience and current competence must be provided to the supervising physician.
- **Clinical Privileges**
  - a. **Level I Core Privileges:** Level I privileges are those deemed core to the successful completion of a recognized Physician Assistant curriculum from an accredited program.
  - b. **Level II Privileges:** Level II privileges are granted based on the supervising physician's assessment of competency, utilizing experience, formal training and first hand observation as criteria.
- Privileges are recommended by the Chief of Service, endorsed by the Credentials Committee, approved by the Executive Committee and granted by the Board of Directors
- **APPLICANT:** A copy of the signed privilege delineation form will be sent to you following appointment or reappointment approval. Please retain for your records.

**SUBJECT: Rules and Regulations of Practice established by the State Education Department**

**Physician Assistant Practice Relationships Article 131-B**

New York State Education Law, the Public Health Law, and related regulations provide that physician assistants may perform medical services only under the supervision of a physician. Supervision shall be continuous, but shall not necessarily require the physical presence of the physician at the time and place services are provided. A physician may not supervise more than two physician assistants and two specialist assistants in his private practice. Nothing in this article shall prohibit a hospital from employing physician assistants or specialist assistants provided they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital.

Physician assistants act solely on delegation from the supervising physician. The physician assistant is entitled to use his or her medical skills and knowledge in the performance of medical acts, functions, and services only on delegation from, and on behalf of the supervising physician. Medical acts, duties, and responsibilities performed by a physician assistant must be: assigned to the physician assistant by the supervising physician; within the scope of practice of the supervising physician; appropriate to the education, training, and experience of the physician assistant to whom they are assigned, and in a facility setting must be carried out in accordance with the privileges granted by the hospital.

A physician assistant is a dependent practitioner and can only practice under the supervision of a licensed physician and only such acts and duties as are in the scope of practice of such supervising physician. The required supervision by the supervising physician does not mean that the physician must be physically present. The physician assistant is subject to the limitations set by the supervising physician and, where appropriate, to the policies of the institution, in addition to state laws, rules, and regulations. The supervising physician bears the responsibility for the physician assistant's performance as well as the overall care of the patient. With that responsibility in mind the supervising physician sets limits on the PA and decides how closely the PA must be supervised.

The statute and implementing rules and regulations provide that medical acts, functions, and services delegated to the physician assistant must be within the scope of practice of the supervising physician and must be those which the physician assistant is qualified to perform. It is the responsibility of the supervising physician to assure that the physician assistant is competent to perform that which is delegated. In the private office setting it is largely the judgment of the supervising physician that determines the functions and activities of the physician assistant. In the hospital setting the governing authority is responsible for the granting of professional privileges and will in conjunction with the supervising physician, identify the functions and activities that may be delegated by the supervising physician to the particular physician assistant.

**Competence Requirements**

**Initial Request or Privilege Addition:** Evaluation of competence from physicians acquainted with the applicant’s proficiency, clinical and

Professional status and skills with subsequent FPPE.

**Reappointment:** Clinical evaluation of current competence by the Supervising physician via the Ongoing Professional Practice Evaluation (OPPE) process.

**Radiology Physician Assistant – LEVEL I CORE PRIVILEGES**

**Core functions that can be performed by a Radiology PA with the supervising radiologist immediately available. Does NOT require the radiologist physically present at the time the activity is performed.**  
For the purposes of these privileges, “**immediately available**” is defined as in the facility and readily accessible.

Provide pre-procedure patient assessment and teaching; perform post-procedure patient evaluation and teaching.	Insertion of peripheral IV lines
Apply principles of asepsis and infection control	Supervision of contrast injections
Assist with transferring the patient for testing	Management of contrast reactions

Enter "✓" in Request Column

Radiology Physician Assistant LEVEL I CORE PRIVILEGES	Physician Assistant Request	Chief of Service action: Recommend		If Yes, indicate any requirements; If No, provide details. See p. 3
		YES	NO	
LEVEL I (CORE) PRIVILEGES <i>(as delineated above)</i>				

Radiology Physician Assistant LEVEL II PRIVILEGES ***	Physician Assistant Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 3
		YES	NO	
<b>These functions can only be performed with the supervising radiologist <u>physically present</u>.</b>				
Ultrasound/CT Guided Biopsies				
Thoracentesis				
Paracentesis				
Myelogram				
Ultrasound/CT Guided Abscess Drainage				
Joint Injections				

**\*\*\* ONLY THE LEVEL II PROCEDURAL ACTIVITY THAT IS DEFINED AND GRANTED ABOVE MAY BE PERFORMED AND ONLY WITH THE PHYSICAL PRESENCE OF THE RADIOLOGIST \*\*\***

Practitioners may request the addition of privileges to their departmental form. Separate justification must be submitted in writing, endorsed by the Chief of Service, the Credentials Committee, and approved through the MEC and governing body in order to be granted and incorporated onto the privilege form.

**Applicant Attestation:**

I attest and agree to the limitation my scope of practice to the performance of the above noted procedures as defined in this Privilege Delineation Form. Privileges for any additional Level II procedures must first be endorsed by the Credentials Committee and appended to the form, then requested by the applicant and recommended by the Chief of Service, Medical Executive Committee and Board of Directors.

I understand that this statement of clinical privilege will remain in effect during my privilege period term of appointment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Radiologist Attestation:**

I attest to the limitation of the Physician Assistant's activities to only those privileges defined on this delineation form. I agree to monitor the Physician Assistant's activities and ongoing competence for each privilege delineated.

\_\_\_\_\_  
Supervising Attending Radiologist

\_\_\_\_\_  
Date

**Recommendation, Approval and Granting Signatures**

\_\_\_\_\_  
Chief of Service Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical-Dental Staff President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Directors

\_\_\_\_\_  
Date

<p><b>RECOMMENDED WITH THE FOLLOWING REQUIREMENTS</b></p>	<p><b>KEY: CHIEF OF SERVICE ACTION OPTIONS</b> For the applicable privilege requests, indicate: <b>NOT RECOMMENDED DUE TO</b> (provide details below)</p>
<p>A) With Consultation, Supervision/Assistance, Proctoring or</p>	<p>1) Missing documentation Action deferred pending info/withdrawal</p>

Other requirements (please define)	2) Missing required training/experience Action deferred pending info/withdrawal
	3) Lack of current competence (Databank Reportable)
	4) Other (please define) (e.g., Exclusive Contract)

**Reappointment deferrals**

The committee was informed of reappointment dossier deferrals for Team Health midlevel practitioners until it is determined if they will be a part of the new hospitalist group after the transition on September 1<sup>st</sup>.

**Temporary Privilege Tracker**

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

**FOR OVERALL ACTION**

**NEW BUSINESS**

**Internal Medicine - General Medicine- Geriatric Medicine – Palliative Care Form**

A revision to the General Internal Medicine form has been advised: drop strikethrough items, adjust text.

<b>CONSULTATION - Palliative Care (including pain management)</b>				
<b>Palliative Care Management and Patient Consultation</b>				See Credentialing Criteria below

The committee endorsed the proposed revision for approval by the Medical Executive Committee:

**Enter " ✓ " in Physician Request Column**



**INTERNAL MEDICINE – Palliative Care**

**Chief of Service action:**

INTERNAL MEDICINE – PALLIATIVE CARE LEVEL I PROCEDURAL PRIVILEGES	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 7
		YES	NO	
Subspecialty internists may provide consultations to other medical and surgical specialists according to their training, experience and current privileges. Such consultations include, but are not limited to: preoperative evaluation of surgical patients and differential diagnoses of medical problems.				
<b>CONSULTATION - Palliative Care</b>				
<b>Palliative Care Management and Pain Management</b>				See Credentialing Criteria below

**OB/Gyn at Grider Family Health Center**

With regard to the Medical Staff members at GFHC, it was confirmed that this is leased space. No ECMC nurses are working in the clinic. Based on this, there is no need to credential the physician(s).

**Ophthalmology Form Revisions**

The Credentials Chair offers the following interim document for temporary use based on the request of the Chief of Service. The committee endorses these changes pursuant to final review by the Chief of Service.

The MDSO asked the committee to advocate that any changes be made in Core-Cluster/Levels of Privileging format evolving as the standard. The Credentials Chair shall forward a copy of the KH Ophthalmology privilege form to the Chief of Service to open that dialogue.

The proposed changes as advised by the Chief of Service:

**Posterior Segment**

- Retinal Detachment . . . . Provide documentation with initial request.  
Require Level III Completion of Retinal-Vitreous fellowship
- Posterior Vitrectomy . . . . Provide documentation with initial request  
Require Level III Completion of Retinal-Vitreous fellowship
- Removal of Foreign Body . . Provide documentation with initial request.
- Endophthalmitis Management, injection of intraocular antibiotics and  
vitreous biopsy. (Drop ECMC documentation requirement)  
Place in Level I Core privilege group  
–Require Completion of Ophthalmology Residency

**Anesthesiology CRNA Privilege Form**

A revision to the CRNA form has been requested by the Chief of Service. The item will tabled until next month pending further discussion with Anesthesiology leadership.

**FOR OVERALL ACTION**

***OPEN ISSUES***

**Physician Board Certification – Request for extension**

Due to the limited exam offerings in his specialty, cannot sit for the boards until 9/16 (his initial appointment was 1/1/08 under a limited permit. It was not until he became fully licensed that he became board eligible. September 2015 is the 4 year deadline to achieve board certification defined in the bylaws.

The MEC voted unanimously on 7/27/2015 to allow the requested one-time 4 year

**This will be reviewed at the August Board of Directors meeting.**

**Applicant new privilege FPPE and criteria documentation request**

Awaiting a response. The committee requested the following information on 7/20/2015. A follow-up request will be made.

**On-Line Application Process**

The committee received an update on the progress of the collaboration with KH on the on-line application process.

**Reappointment Date Rescheduling**

The Medical-Dental Staff Office will be changing the reappointment date schedule for staff members to coincide with one's birth month. A possible initial implementation date for September is being considered.

**Joint Commission**

The committee received an update on the anticipated Joint Commission visit in 2016.

**FOR OVERALL  
ACTION**

***OTHER BUSINESS***

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

**FPPE (Focused Professional Practice Evaluation)**

Emergency Medicine (2 MDs with UB/ECMC residency records)

Internal Medicine (2 MDs with ECMC/UB residency records, 1 MD, 1 AHP)

OBGYN (1 MD – requested privileges possessed at primary affiliate – consult service only at ECMC)

**OPPE (Ongoing Professional Practice Evaluation)**

Radiology/Imaging Services – Teleradiology (35 MDs)

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried with adjournment at 3:50 PM.

Respectfully submitted,



Robert J. Schuder, MD,  
Chairman, Credentials Committee

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
AUGUST 24, 2015  
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

---

VOTING BOARD MEMBERS  
PRESENT OR ATTENDING BY  
CONFERENCE TELEPHONE:

MICHAEL SEAMAN	THOMAS R. MALECKI, CPA
BISHOP MICHAEL A. BADGER	JON DANDES
DOUGLAS H. BAKER	
RONALD BENNETT	

VOTING BOARD MEMBERS  
EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

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

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**I. CALL TO ORDER**

The meeting was called to order at 3:00 PM AM by Chairman Michael Seaman.

**II. APPROVAL OF MINUTES**

Motion was made by Douglas Baker, seconded by Tom Malecki, and unanimously passed to approve the minutes of the Finance Committee meeting of July 21st, 2015.

**III. JULY FINANCIAL REPORT (AMOUNTS IN THOUSANDS)**

ECMC had an operating income of \$4,134 for the month of July compared to budgeted income of \$1,005 and July, 2014 operating income of \$6,401. Patient volume continues to be slightly higher than budget and higher, overall, compared to last year. Case mix was slightly better than budget for the month as well as July 2014, contributing to the favorable financial performance.

**IV. ALTERNATIVE EVALUATION TO THE WORKER'S COMPENSATION PROGRAM**

Mr. Gary reviewed the current worker's compensation program and discussed opportunities within the program. He also presented a financial analysis showing current program costs, the proposed program costs and potential savings.

**V. ICD-10 STATUS**

A brief background was given by Mr. Gary for ICD-10. He then described the current status, differences between former ICD's and examples the present applications.

**VI. 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  
SEPTEMBER 29, 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”, “The Breakfast Club” and CEO E-mail Express, etc. Each of these meetings and personal contacts has been very important. What I am hearing is extremely inspiring 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.

We recently distributed our latest “Pulse” publication. As I read through the fifty-two (52) pages, it was a great reminder of all our accomplishments. I am very proud of what we were able to achieve over the past nine (9) months. ECMC achieved many signature milestones. Several strategic accomplishments including our Level 1 Trauma Verification, the re-emergence of the Renal Transplant Program, the new Russell J. Salvatore Orthopaedic Unit, and our Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). As quality remained front and center, NYS Department of Health’s recognition of our MICU for zero infections in Central Line-Associated Bloodstream Infections (CLABSI’s) demonstrated the highest honor. In addition, along with quality, the patient experience continues to improve and set the bar. Over this period, we appointed Michelle Wienke as Chief Experience Officer, and the entire ECMC Leadership team signed a testimonial committing to our Patient Experience. Our community commitment has never been stronger as we collaborated on several initiatives including Mayor Brown on the Buffalo Opportunity Pledge (the pledge encourages every citizen to recognize the strength of diversity and to create a city committed to inclusion, fairness, and equity). In addition, several individual accomplishments and acknowledgements were noted. Demonstrating the caliber of individuals who chose to serve our patients is part of the ECMC team. Our mission fully remains strong, strategic and fully on display and presented in this recent publication.

So it is my honor to continue leading this great organization. I will be 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**

I am very happy to report that my “Walk in My Shoes” this month led me to three excellent work assignments. On August 26, 2015, I was honored to shadow Jim Turner, Vice President of the Surgical Services department. Then, on August 28, 2015, I returned to my roots working along with Frank Hudson Jr., Maxie Eddins, and Robert LaBoy in Environmental Services department. Then finally, on September 16, 2015, I worked alongside Dan Breissinger in the Carpentry Shop. 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 were working the night shift with radiology and a shift with inpatient dialysis. I will continue reporting details of these encounters in my E-mail Express.

I continued my series of breakfast meetings, officially known as the Breakfast Club. This month’s meeting included representatives from a wide amount of departments. This meeting served as a great way of connecting with many individuals and was able to exchange some great information.

Jennifer Gee, RN, 8 North was awarded the 3<sup>rd</sup> quarter Daisy Award. She won the award based on a hand-written note from a patient’s husband describing the kind, compassionate care delivered during the patient’s stay at ECMC. Congratulations to Jennifer!

Congratulations to Kelly Petyk (EKG Department) who was our August 2015 Summer Surge winner for *Perfect Time & Attendance*. There were 429 candidates for August! Congratulations Kelly! Kudos to all who made this drawing a summer of success!

Coming soon is a new Patient Experience video that will include both teammates and patient testimonials capturing the special ECMC experience. This will be running internally on the TV’s for both patients and visitors to view. I feel as we continue to improve the patient experience, this video will project us into the “green” as it relates to our scores and additional reimbursement.

## **HOSPITAL OPERATIONS**

Trauma season is in full season. Volumes continue to reflect favorable trends with continued improvement over prior year actual results. In August, we had a \$1.678 million operating profit. Income on core operations was \$1.3 million. On a year to date basis, ECMCC has incurred an operating profit through August of \$1.1 million which is favorable to an \$794K operating loss during same period in 2014 (improvement of \$1.9 million).

Several key statistics include:

- Acute discharges – 9.1% higher than budget for August; 7.2% higher than budget YTD and 7% higher in comparison to 2014.
- All discharges – 2.8% higher than budget for August; 2% higher than budget YTD and 5% higher in comparison to 2014.
- Operating room volumes 4.5% higher than budget YTD and 6% higher than same period in 2014.
- August-Case Mix improved to 1.79 versus budget 1.7.
- Emergency Department volumes are 10 % higher than budget and 3.2% higher than 2014 YTD.
- Acute Length of Stay (LOS) for August 2015 was 6.6 days and 6.8 days for August 2014. 2015 YTD 6.6 and 2014 YTD 6.3.
- Terrace View average daily census at 379.

September continues to reflect positive trends. Month to date we are exceeding budget in acute discharges by 7% and seeing LOS at 6.3. The surgical volume remains very strong as well at 4% higher than budget. Our ER volumes are 12% higher than budget.

We have a final plan to improve the main entrance of the hospital. This face-lift will not only improve the main entrance but will conclude our exterior wayfinding initiative.

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 forty-six (46) transplants. This includes five (5) live donor transplants and five (5) pancreas transplants. Year to date we have had sixty-three (63) transplants.

I would like to congratulate Board of Director, Sharon Hanson, named as one of Western New York's most "Women of Influence" by Buffalo Business First. We are very proud of her accomplishment!

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!

Friday, October 2 - ECMC and the Buffalo Bills are teaming up to present the Billieve VIP party at (716). You can mingle with the Buffalo Bills, enjoy food and beverage. Everyone is invited outside on Scott Street for a free concert featuring country singer Craig Morgan, the American Cancer Duck Race, fireworks and more.

Join the **Buffalo Bills** and **ECMC** for **BILLIEVE**  
Friday, October 2nd  
(716) Food & Sport - 7 Scott Street, Buffalo, NY 14203

**6:00 PM**  
Tours of ECMC's Mobile Mammography Coach, Street Vendors, Breast Cancer Awareness information and more on Scott Street  
Enjoy live music concerts on Scott Street  
(716) Club House food truck and beer tent on-site

**8:00 PM**  
**Craig Morgan concert**  
Post-concert Fireworks along Canalside

Rain or shine event  
Craig Morgan

Sunday, October 4 - ECMC is proud to sponsor the Billieve game between the Buffalo Bills and the New York Giants. The first 50,000 fans through the gates will receive a limited edition of a Buffalo Bills Yowie, courtesy of ECMC and ADPRO sports. ECMC team members will be handing out pink iced cookies donated by Wegmans in the parking lots prior to the game and collecting donations to support our Mammo Coach. On the field, breast cancer survivors from the ECMC community will be saluted by the team and fans for their courage.

Throughout the month of October, high school and community sports teams will “Pink Out” their games as a way to fundraise for our Mammo Coach. Encourage your children’s school teams to get involved.

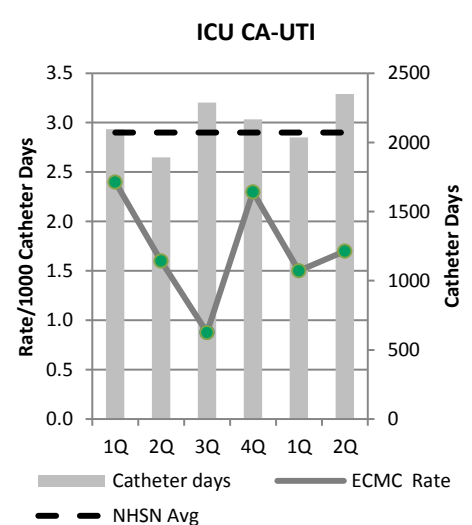
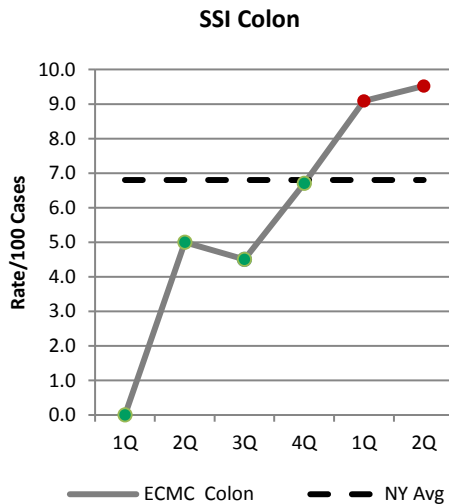
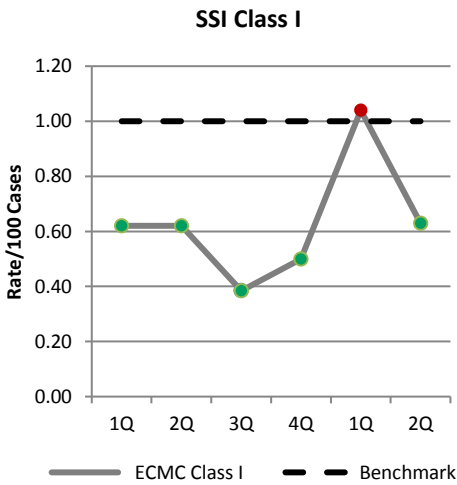
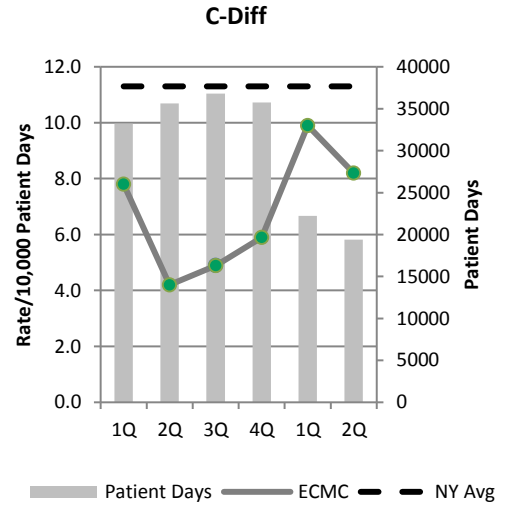
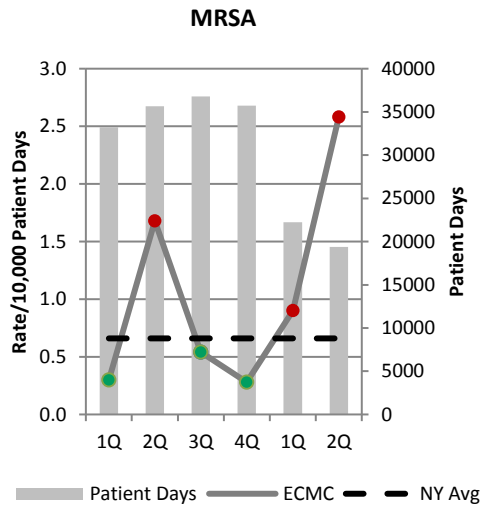
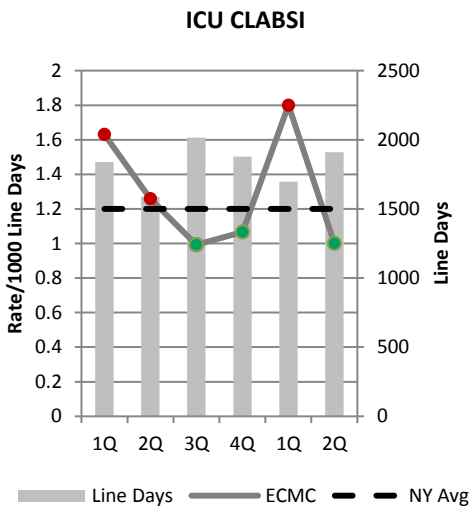
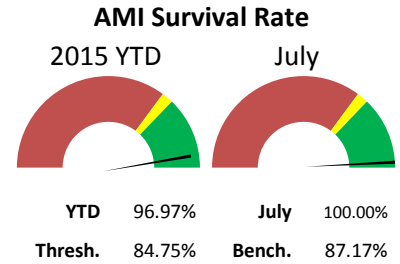
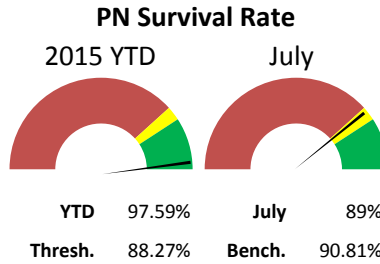
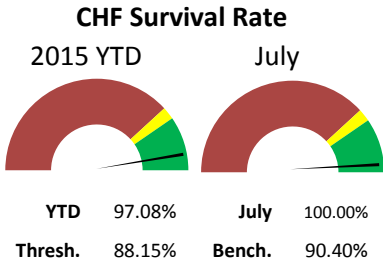
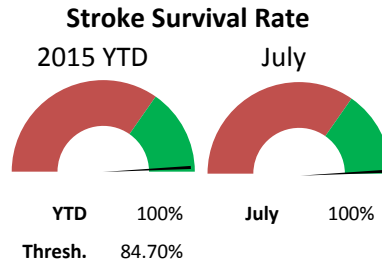
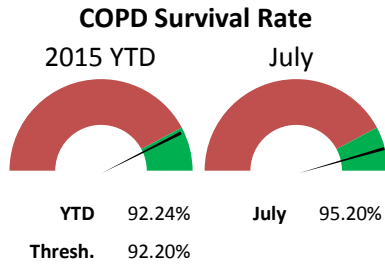
On behalf of ECMCC, I would like to thank the ECMCC Foundation for their vision, commitment, and leadership in assuring that ECMCC’s mission continues well into the future.

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 Dashboard - September 2015



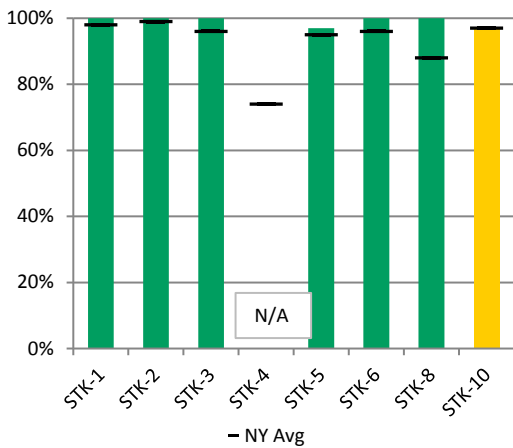
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- - - Black lines represent benchmarks
- Red represents worse than the benchmark

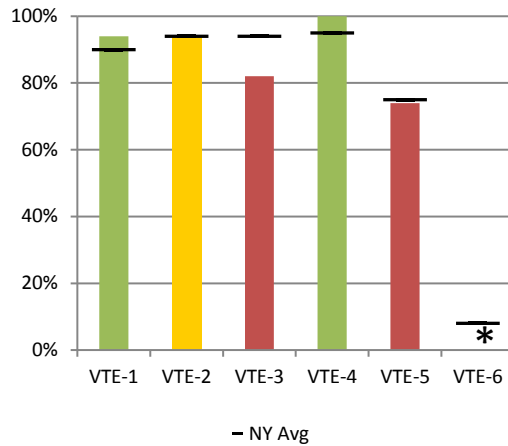
- Yellow represents equal to the benchmark
- Green represents better than the benchmark

# Executive Dashboard - September 2015

STK Jan 2015 - June 2015

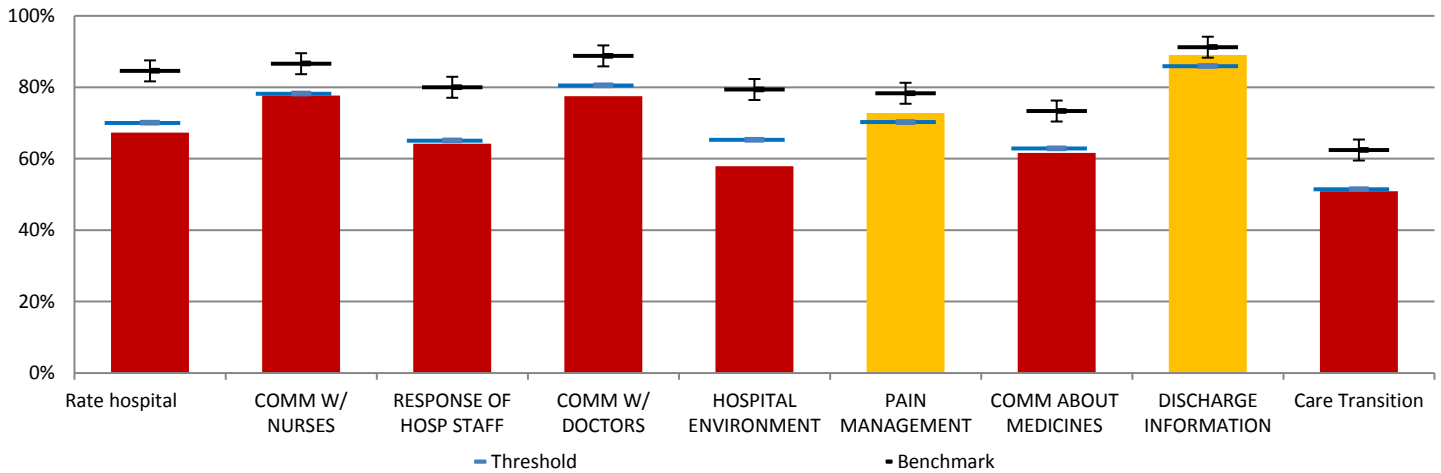


VTE Jan 2015 - June 2015

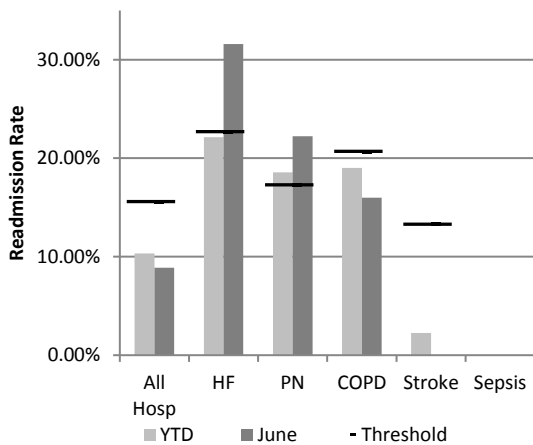


\*VTE 6 - Lower is better.

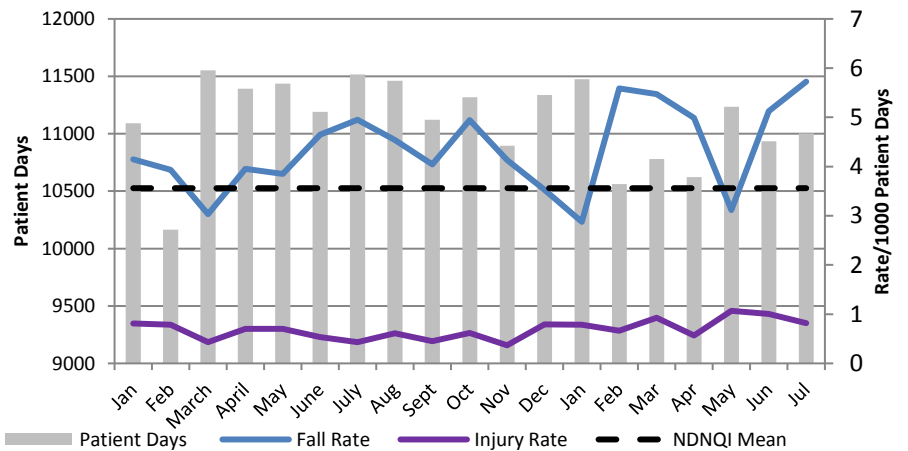
HCAHPS - Discharges January - July 2015



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

**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] 9/21/15 - Our current Press Ganey Engagement Team has changed. Franklin has moved over to Employee Engagement and Laura Dogias is our new Patient Experience Advisor based in Albany. It is my goal to have Laura on site at least once a month. Our Account Manger has changed as well - Smita Patel is replacing Anna Garcilazo.</p> <p>[DB] Met with JJ and his departments. All have submitted Patient Experience Plans. I will be working very closely with House Keeping and Dietary on driving accountability. Additionally, I am starting a monthly book club meeting with House Keeping. We will have a kick off meeting the 1<sup>st</sup> week in Oct. The book we will be reading is Service Fanatics by Dr. Merlino.</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 150 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>[KZ] 9/22/15 –Nursing above 55 rank – patient experience meeting once a month – multiple meetings</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>[DB] 9/25/15 - Patient Video is complete and will be submitted to Rich for review week of 9/28/15.</p> <p>Continued focus on higher customer service Press Ganey scores.</p> <p>[CL] Ability to produce individual</p>



GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		<p>held with managers. Interviews with former patients for managers to have take aways.            Kindness coins completed for nursing dept -9/22/15.            Nursing preceptor dinner 11/15 to recognize preceptors in building.            CITE Award received; 3 nominees for March of Dimes and Hero Award received.</p>	<p>physician reports from PG is available. Up load to Crimson – now allows reports by service line as well.</p>
<p>b. All reports-all organizations - all daily practice to mimic Press Ganey top hospitals</p>		<p>(b) [DB] With the recent hire of Julia, she and I will be working in collaboration to develop hospital wide customer service training</p> <p>(b) [KZ] Nursing has completed meetings for Immunization x3/ VTE x3/ and stroke education to maximize VBP points.</p>	<p>(b) [KZ] Underway - Nursing will start CAUTI initiative in June.            (c) KZ no CLABSI for med-surg in June.</p> <p>(b) Personalized education for VTE #5 for all nursing. <b>COMPLETED 8/15/15.</b>            (b) [DB] RFP will be finalized the week of 7/27/15 and will be submitted to Purchasing for Bidding.</p> <p>[CL] Improvement teams looking at every CAUTI or CLABSI case. Sepsis team working on documentation expectations to meet October 1 – CMS requirement for reporting Sepsis bundle compliance starting 10/1/2015.</p>
<p>c. Includes monthly department and employee training and development</p>		<p>(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.</p>	<p>(c) [KZ] IN PROCESS - Patient feedback HOT Team – 6North, 6z1, 12z2.            UNDERWAY - Resolving ER issue/dental/billing – next meeting ORTHO.</p> <p>(c) [DB] Working with Jarrod’s areas to complete Patient Experience Plans.</p>

GOALS	RESPONSIBLE PARTY	UPDATES	UPDATES IN PROCESS/UNDERWAY
		[KZ] 9/22/15 – above 55 rank in communication of nursing category.  (c) [KZ] Leadership Education once a month for hospital sponsored by nursing.	[CL] Participated with Nursing Inservice to provide Nursing staff data on VBP 9/15/2015 – will repeat sessions for additional group in November.
d. Roll Out of “ Point of Care” rounding tool		(d) [DB] I have sent Leslie the requirements for the Point of Care rounding tool. I have a meeting set for w/o 9/28/15 with Jayson and Smita to review IT requirements. (d) [DB] Working with Franklin to set up pilot.	[LF] 9/25/15 - Developed Rounding tool, including appropriate reports and setup for administration for support of executive leaders. Working with Michele to refine and enhance.
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 <sup>nd</sup> annual Patient Experience Fair		(g) [DB] We will have our kick-off meeting for the annual Patient Experience Summit 4/2016. Franklin has given me a suggested list of workshops to consider and I will pull together a small WG.	(f) [DB] In progress – working with Press Ganey to develop.
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.	
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. <b>COMPLETED.</b>	(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%. [MH] 9/25/15 - Continuing to improve fistula rate.

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<p>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)</p>	<p>Hoffman Murray Colucci Cleland</p>	<p>[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<sup>th</sup>.</p>	<p>[MH] On-site review 5/21 by McGlady. Findings and work proposal pending.</p> <p>[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.</p> <p>[MH] 9/11/15 – Staffing change: looking at re-organizing physician contract department to include VP position and paralegal support, with co-management by COO and CMO.</p>
<p>4) Update ECMC’s Strategic Plan: a. 3<sup>rd</sup> Party facilitator/assistance b. Board of Directors/EL Retreat</p>	<p>Cleland Quatroche</p>	<p>[TQ] First meeting retreat held with Executive Management. Management/Physician retreat and Board of Managers retreat scheduled for 6/29/15. [TQ] 9/25/15 - Identifying attendees for smaller second session and a healthcare strategy facilitator.</p>	<p>(a) [RC] Completed on 6/29/15 – follow up session to be scheduled. (b) [RC] Second session to be scheduled in October.</p>
<p>5) 5.7 LOS</p>	<p>Hoffman</p>	<p>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 - <b>COMPLETED</b> [MH] Major focus on ALC patients and developing community strategies for difficult to place patients.</p>	<p>[MH] 9/25/15 – LOS MTD 6.3. YTD 6.5- continuing to monitor. Daily focus Acute ALC = 9.</p> <p>[KZ ] IN PROCESS 8/15/15 – Redesign rapid rounds utilizing concrete coded data; Standardization of patient questions.</p>

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			[KZ] 9/22/15 – with change to Team Health, beginning again for Rapid Rounds. Evaluation and Admission process and decision tree pilot for Medicine A and B.
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.	[TQ] 9/25/15 - New overall commercial developed and transplantation. Hiring capital campaign manager and will coordinate next phase with that person for ER project.
7) Update ECMC website	Quatroche	Key stakeholders identified and to be interviewed; plan developed. Stakeholders interviewed. Designs to be presented in April.	[TQ] 9/25/15 - Designs presented. October launch anticipated.
8) PI – Patient caused injury and assaults	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.	[KZ] IN PROCESS 9/22/15 - Have obtained med-surge critical care data. [JCJ] 9/25/15 - Team is formed and reviews are done monthly. Next step is to determine causes and develop a training.
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] 8/21/15 - We have transitioned to presenting this data at departmental monthly meetings. [CL] 9/25/15 - Initiate reports from coded data to identify injuries and risk events. Refer for additional review. Monitor POA designation for never events as appropriate.
b. Complete the evaluation of service line	Gary	(b)[SG] Cost accounting system for 2013 is reconciled	6/1/15 - (b) [SG] Inpatient and

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<p><u>profitability</u> and establish action plan for services with a negative operating margin, including maintaining service sure to core mission</p>		<p>with 2014 reconciliation in process. Currently evaluating system/platform for cost accounting and decision support, which may result in the sunset of the 5 software tools currently in place and result in one single source of truth.</p> <p>[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.</p>	<p>outpatient service line data was prepared for 2014 reconciling to audited financial statements. This 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.</p> <p>[SG] Work with 2015 data pending filling vacant position.</p> <p>[SG] Recruited for Business Intelligence Function with a start date in October 2015.</p>
<p>c. Complete assessment of <u>productivity</u> and establish benchmark productivity levels</p>		<p>(c) [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.</p> <p>(d) [KZ] Nursing participated with all productivity consultations, data collection and meetings. Met with consultants for review March 2015 and used ER and ICU data for budgets in 9/15.</p> <p>[SG] 6/1/15 - 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.</p>	<p>[SG] Productivity reporting tool and statistic gathering process completed and ready for testing. Consultant has worked with departments with significant variances.</p> <p>[SG] 9/25/15 – Specific department variance analysis is complete. Productivity monitoring tool development is complete. Selection of specific targets within range of productivity required by ELT.</p>
<p>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:</p> <p>a. Payer Incentives</p>	<p>Ludlow</p>	<p>(b) 2014 payer incentive data submitted. 2015 contract initiatives defined with IH + HealthNow. Final indicators for Univera submitted 1/22/15. All contracts signed.</p>	<p>[CL] 2015 IHA in progress. 2nd quarter data submitted to Excellus/BCBS.</p> <p>[CL] 9/25/15 - Use Crimson data to identify never event and PU POA status. Review coded data.</p>
<p>11) Develop a comprehensive Business</p>	<p>Gary</p>	<p>Organization structure developed pending best practice</p>	<p>6/1/15 - The lead candidate rejected</p>

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Intelligence/Enterprise Decision Making structure and begin implementation of that structure		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.	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. [SG] 9/24/15 - Candidate hired for BI/Decision Support Position – will start end of 10/2015
<p>12) Create Employee Concierge Program:</p> <ul style="list-style-type: none"> <li>a. Same day scheduling for clinics and dental</li> <li>b. Increase primary care population</li> <li>c. Capture higher levels of surgical and acute care</li> <li>d. Co-Pay waiver-reimbursement</li> <li>e. Work with LMHF to begin the drafting of a customized insurance plan for ECMC employees</li> </ul>	Maggie Nichols/ Clarke/Gary	<p>[CC] Met with Steve Gary on project status, follow up scheduled. Meeting scheduled with vendor on 2/27/2015.</p> <p>[SG] Contracted with a firm to develop RFP for consulting support to establish the employee discount/co-pay waiver program.</p> <p>[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.</p> <p>[MN] RFP has been sent out to MWBE for vendor selection - 7/2015.</p> <p>[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.</p> <p>[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] 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>

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		<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] 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"> <li>1. Mobile Car wash</li> <li>2. Lunch order &amp; Delivery: Morrison is currently creating a menu</li> <li>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 1<sup>st</sup> 20 employees to respond to the email blast. Email blast to go out in early September.</li> <li>4. Dry Cleaning Drop off and pick up: Currently in the process of speaking to potential vendors.</li> <li>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</li> </ol>	

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		<p>care that would accept children of ECMC employees only. A meeting has been set up with Julia Culkin-Jacobia to discuss this option further.</p> <p>[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 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"> <li>1. Appointment Coordination</li> <li>2. Taxi or Shuttle Services</li> <li>3. Coordination of mail/shipping services</li> <li>4. Prescription pick up/delivery</li> <li>5. Book Travel Arrangements</li> </ol> <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	Culkin-Jacobia	Investigating; setting up meetings to explore the issue, in the meantime enforcing the pre-approval of OT rules.	[JCJ] 9/25/15 - Meetings have been scheduled - are going to re-train timekeepers. Audit is in process to ensure time is being kept properly. Next step is to create a timekeeping manual with all "rules" from unions on how overtime pay is paid.
14) Update Human Resources Intranet Page	Culkin-Jacobia	Assigned and planning begun for employee portal	[JCJ] 9/25/15 - I have no update on



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		function to be added to general website re-design. Met with Martin group on website re-design from HR perspective.	this as I am waiting for the Martin Group. Will be following up with Tom.
<p>15) Civil Service-fully implement transition from EC to ECMCC:</p> <ul style="list-style-type: none"> <li>a. Integrate ECMCC's Position Manager System with NYS Civil Service Testing Division</li> </ul>	Culkin-Jacobia	<p>[JCJ] 9/25/15 - Met with Civil Service department of the County - We have been out of compliance with CS Law since 2011 (with transition to Kronos).</p> <p>Once we have the reporting fixed and at least begin the classification process, we can start pursuing CS at ECMC. Transition to new HRIS system will be critical to our success.</p>	<p>[JCJ] Kronos is unable to create the reporting needed that is sent to NYS every year. Working on a project with IT to try to add this functionality to produce the report.</p> <p>Melissa Gagne is starting on 10/19 and will work with Carla and Nick to develop a classification system for all of our positions.</p>
16) Update Employee Handbook	Culkin-Jacobia	[JCJ] 9/25/15 - I am in the process of reviewing all of the HR policies and procedures. Once those are updated we will focus on updating the employee handbook.	
<p>17) Employee Health Updates including:</p> <ul style="list-style-type: none"> <li>a. Revise annual employee assessment form;</li> <li>b. Revise new employee questionnaire;</li> <li>c. Increase compliance for annual physicals;</li> <li>d. Increase compliance for flu shots;</li> <li>e. RFP Employee Health physician services</li> </ul>	Culkin-Jacobia	<p>Added to goals for Sue Sponholz for first quarter, first meeting scheduled. New technology exploration begun with IT for increased compliance in annual physicals and flu shots. RFP under review and also exploring possibility of servicing function in-house.</p> <p>[JCJ] 9/23/15 - We did not receive the grant to purchase the IT software to automate the Employee Health files.</p>	<p>[JCJ] Sue S. retired and Lindsay has joined Employee Health - Has begun a new process and extended Employee Health hours as well as goes to Terrace View to allow more availability for employees to get their annual physicals. She is contacting managers for employees that haven't completed their annual physicals or PPD.</p> <p>Flu shots have started and we have set up several times and locations across ECMC and TV for employees to get their shots.</p> <p>[CL] 9/2015-Patient Safety staff will support Employee Health to provide influenza vaccination to employees.</p>

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			Annual forms/questionnaires have been revised but need to be retyped, as we did not have an electronic copy. Will be complete by 10/2.
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. [SG] 9/25/15 – Exchanged contract proposal with the three local payers. Near complete with IHA.
19) Regulatory-stay within compliance for the following agencies: 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] September/October – VHA Mock Survey to determine JC survey readiness. [KZ] 9/18/15 - 2 extra metrics with provision of care. COP – Nursing – 9/21/15 small group provision of care.	[CL] Developed document— continuously updated as surveys occur. [CL] 9/25/15 - Data report developed on 2015 surveys with outcomes and actions taken (POC).
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. [LF] 9/25/2015 – Inpatient pilot of 8N and ED. Plan roll out post PACU CPOE roll out. Performed ambulatory	

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		software upgrade in August. Targeted pilot in October followed by full roll out to all clinics. No solution has been selected for LTC.	
21) Provider dictionary optimization update	Feidt	<p>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 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 knowledgably business owners will be key in this. A meeting has been scheduled to discuss further.</p> <p>[LF] 9/25/2015 - We have completed the elimination of the department duplicates within the Intellicred and have successfully recruited a coordinator to assist with collection and accuracy of provider data elements throughout the organization. Start date is in October. We have agreed on the steps to define services and specialties for attending. Approval is targeted the week of October 6. Once approved we can begin the cleanup of the dictionary. We will then focus on the cleanup of residents, referring and all duplicates and reconciliation of data within all systems.</p>	
22) <u>Kronos Upgrade:</u> a. Upgrade 6.2 to 8.0 to meet regulatory requirements. b. Optimization of Scheduling module	Feidt, Culkin-Jacobia Ziemanski	[LF] 9/25/15 - Kick off meeting for HR upgrade scheduled for 10/7/2015. Infrastructure and setup to be completed by 10/2/2015. At this time, we will define staffing requirements and milestone requirements.	

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23) <u>PACU CPOE Implementation.</u> a. Implement CPOE, discharge instructions, eRX, in PACU and Ambulatory Surgery Center	Feidt Panesar	[LF] 9/25/15 - Implement PACU Optimization completion by 12/2015.	
24) <u>Medent Professional Billing</u> a. Implement in-house professional billing.	Gary		
25) <u>HRIS System Evaluation.</u>	Culkin-Jacobia Feidt	[LF] 9/25/15 - Quarter 4 Objective. Develop objective and scope begin evaluation and assessment of various HRIS systems solutions.	
26) <u>GLH IT EHR Vendor Selection.</u> a. Partnering with Kaleida and UBMD to select a final recommended integrated EHR vendor for ECMC board approval.	Feidt Panesar Ziemanski Hoffman		
27) 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.	
28) 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 – 2 <sup>nd</sup> quarter 2015 occurrence data reports completed. Review with Surgery and Ortho. Participate in Excellus incentive program. Patient Safety Staff and Physician Champion will attend required meetings for performance improvement project ideas.
29) Develop comprehensive Medical/Physician Affairs plan to address: 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	Ongoing. Looking to hire a Systems Manager for MDSO. Hiring in MDSO so that Sue Ksiazek can fulfill this position. Need a plan for OPPE. Need a low volume plan, need OP plan. See above. One position still needs to be filled. [CL] Plan for inpatient physicians with patient volumes.	[CL] OPPE in progress for data through 2014. Low volume letters were sent to providers. Next round of OPPE will focus on 1/2015 to 9/2015. Additional data coordinator will assist with low volume documents.

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30) Consolidate and streamline research efforts across organization (dialysis, transplant, H&N, oral oncology, etc)	Murray K. Hineman Cleland Gary	[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. [BM] Attempting to develop agreements with UB to cover data extraction by all UB personnel. [BM] Most will be covered by our agreement with Research Foundation. For those hired via practice plans there is an agreement between UB/Kaleida/ ECMC. The practice plan must provide a Letter of Indemnification for the individual’s research activities. [BM] Agreement signed with UEMS to cover their employees. Further developments will depend on the outcome of Affiliation Agreement negotiations.	[SG] 6/1/15 - Framework for self-sustaining grant infrastructure business plan developed with complete business plan in process. [SG] 8/20/15 - Business plan created for grant development and infrastructure. Pending approval of positions to gain result.
31) Support organization for ACS Cancer Center Designation (or decide and communicate to physicians that we are not supporting this initiative)	Johnson	Center supported and timeline for accreditation developed.	
32) Food and Nutrition Services Redesign - Action Plan	Johnson	[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. 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.	[JJ] Transition and contractual agreement from Morrison Senior Services to Morrison Healthcare Sector. They will provide better expertise to hospital food service delivery. Transition to be complete week of 10/11/15. [JJ] 9/2015 – Staffing model for caterers now 12 hour shifts – will ensure consistent food service to all zones on all the meal periods. [JJ] 9/2015 – Lunch meetings with RN Zone Managers and Food and Nutrition staff (caterers) to improve service delivery and the relationship between the units and dietary.
33) Transition to New Hospitalist Service	Murray	[BM] Working closely with Apogee Implementation	[MH] Target date for transition

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	Hoffman	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.	group is September 1, 2015. [MH] 9/25/15 – Transition to Apogee has led to slight uptick on LOS. Working with team to improve efficiency.
34) Affiliation Agreement	Cleland Quatroche Colucci	[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>35) <u>Foundation Goals:</u></p> <ul style="list-style-type: none"> <li>a. Finalize the capital campaign cabinet and solicitation team</li> <li>b. Finalize the ER renovation’s capital campaign marking concepts</li> <li>c. Kick off capital campaign silent phase through identification of major/naming rights donors and begin solicitation of those identified</li> <li>d. Capital Campaign kickoff to Executive Leadership and ECMC Physicians</li> <li>e. Expand Professional/Development Opportunities, ECMC Employees</li> </ul>	Gonzalez	<p>(a) 2/17 Capital Campaign Case brief approved by TQ &amp; SG; case statement draft 1 now to be written by Martin Group.</p> <p>(b) 5/29/15 – Refocus of campaign tone and direction; case statement to be rewritten to reflect new direction.</p> <p>(c) Initial campaign cabinet discussion held 1/8 and top 3 naming rights prospects identified – no update as of 5/29/15. (c) 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>	<p>(a) [SG] 8/13/15 – Met with Martin Group to expand on Campaign Branding.</p> <p>(b)[SG] On hold until site/design choices made.</p> <p>(e) [SG] Group materials/training purchase for Respiratory complete. Reimbursement for Respiratory Techs has begun following completion of certification received.</p> <p>[SG] 8/13/15 - Foundation BOD working with Nursing Ed to promote Nursing Certification opportunities again. 9/18/15 – 44 Nurses will be taking exam in med/surgical and orthopedics within 90 days.</p>

**Executive Leadership**  
**Goal COMPLETION Report**  
**2015**

GOALS	RESPONSIBLE PARTY	COMPLETED
<b>2015 Goals</b>		
Develop a comprehensive 2015 customer service and patient engagement plan:  a. Mandatory leadership support	Brown/ Executive Leadership	<b>COMPLETED 3/31/15</b> [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		<b>COMPLETED 3/31/15</b> [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		<b>COMPLETED 3/31/15</b> [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		<b>COMPLETED 7/17/15</b> [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. Continuing to update as information changes.
e. Patient Experience data for providers		<b>COMPLETED 9/2015</b> [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

GOALS	RESPONSIBLE PARTY	COMPLETED
		<p>information. Working with IT and Press Ganey to make sure we have all providers in the Press Ganey database. W/O 3/30/15 to be completed.  [CL] Need IT interface for provider specific data.  [CL] <b>Upgrade completed.</b> Developing data transfer feed.  [DB] Physicians can review scores now.  [DB] 9/24/15 - Will connect with Mary L. and Smita to see what other needs there may be.</p>
DSRIP/Millennium Collaborative Care: a. Key staff appointments	Cleland Quatroche	<b>COMPLETED 3/31/15</b> (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.
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	<b>COMPLETED 2/23/15</b> (c) [MH] Theresa Sitgreaves hired on 2/23/15. <b>COMPLETED 6/2015</b> (d) Dr. Liise Kayler began 7/6.
f. Prepare for UNOS Review – April 2015		<b>COMPLETED 7/2015</b> (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	<b>COMPLETED 3/31/15</b> [CL] Completed/Ongoing; will add POC requirements. Developed process to oversee POC/surveys 2015.
Center for Occupational & Environmental Medicine Clinic – opened and operational	Krawiec	<b>COMPLETED 3/31/15</b> 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	<b>COMPLETED 3/31/15</b> 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



GOALS	RESPONSIBLE PARTY	COMPLETED
		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	<b>COMPLETED 3/31/15</b> 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	<b>COMPLETED 3/31/15</b> 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	<b>COMPLETED 3/31/15</b> [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 - 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	<b>COMPLETED 3/31/15</b> CONs approved. Scheduled to open April 13.
Open the new Russell J. Salvatore Orthopedic Unit	Krawiec	<b>COMPLETED 3/31/15</b> [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	<b>COMPLETED 3/31/15</b> 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	<b>COMPLETED 3/31/15</b> Achieved Center of Excellence certification.
Complete Virtual desktop infrastructure assessment	Feidt	<b>COMPLETED 3/31/15</b> 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.
Implement network vulnerability and scanning	Feidt	<b>COMPLETED 6/1/15</b> 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.

GOALS	RESPONSIBLE PARTY	COMPLETED
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. CMS/Core Measures	Ludlow	<b>COMPLETED</b> (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.
Head & Neck/Oral Oncology –hospital and physicians aligned, support operational model.	Quatroche	<b>COMPLETED 5/20/15</b> [TQ] Model developed. Managers in place for each department. [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. [KZ] July 2015 - Underway – 9/1 will be in patient oncology unit – nurses working on completing competency.
Identify key service line <u>quality reporting</u> , develop master schedule to insure timely submission of materials and organizational awareness	Ludlow	<b>COMPLETED 7/28/15</b> [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. [BM] Document circulated by C. Ludlow. [CL] Additional data being added as requested – Target 5/4. [CL] Revised document distributed to EL at July 28 meeting. 9/25/15 - Reports provided to Internal Med, Family Med, Psychiatry, Surgery, Ortho, Rehab, Thoracic, and ED. Attend QI meetings to develop action plans for improvement.
Transition of Radiology Services	Murray Hoffman	<b>COMPLETED 8/4/2015</b> [BM] Occurred 8/4/15 – early than planned for unanticipated reasons.
<b>Foundation Goals</b> 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	<b>COMPLETED 3/31/15</b> (a) 2/12 Foundation Board approves organizational name change; approval now needed from NYS. <b>COMPLETED 6/23.</b> 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. <b>COMPLETED 7/17/15</b> (f) 4 Mile Chase event meetings change to weekly to start process and permits; sponsor solicitation to begin. Event on Friday, 7/17.

**Marketing and Development Report  
Submitted by Thomas Quatroche, Jr., Ph.D.  
President  
September 29, 2015**

**Corporate Initiatives**

**Strategic Planning**

We are currently looking for a speaker/facilitator to ensure that the strategic planning session for management considers the many changes in healthcare. We are hoping to conduct the session in the next couple months and schedule a Board of Directors meeting by the end of the year to finalize goals and initiatives of the corporation in the Strategic Plan.

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

Millenium has signed off on all community hospital VAPAP applications that were filed. ECMC will continue to assist some of these facilities with their on-going efforts to redesign care to create sustainable organizations.

**Payer strategies**

ECMC is looking to implement various initiatives (bundling, gain sharing, etc.) to create efficiencies and align the organization to achieve these goals. ECMC is rolling out these initiatives in October starting with Orthopedics.

**MASH**

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

- A 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. We have had numerous meetings with community leaders and Governor's counsel office to discuss the bill. As soon as the bill is signed, we will be refocusing our efforts to developing a planning process in the coming months for collaboration.

## Marketing and Business Development

A full marketing plan has started for the ECMC Transplant program with the arrival of Dr. Liise Kayler. Advertising has been in the market and Dr. Kayler and senior staff have been visiting offices from Rochester to the Southern Tier to discuss changes to the program.

The activation of the Buffalo Bills relationship is underway. A new television and radio commercial featuring Jim Kelly is in the market. In addition to the “Billieve” 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.

ECMC plans to launch its new website in October. Various meetings have been held with stakeholders to get input before launch

ECMC recent Medical Minutes featured Preventing Falls, Cancers of the Head and Neck and Fatty Liver Disease.

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

## ECMC Foundation

The ECMC Foundation is currently involved in helping to activate the Billieve weekend to promote the mammography coach and cancer services at ECMC. Television and radio appearances as well as a Public Service Announcements on the radio are just some of the ways the Bills and ECMC are spreading the word.

We are also in the process of hiring a major gifts/capital campaign director to raise money for the new Emergency Department. We are looking to hire a candidate in October.

## Media Report

- **WGRZ-TV, Channel 2: Man donates kidney to older brother.** Two brothers discuss the experience of a kidney transplant and how their lives have dramatically changed because of it.
- **WKBW-TV, Channel 7: ECMC signs Buffalo Opportunity Pledge.** Leaders and staff members from Erie County Medical Center signed a pledge, which is part of an aggressive campaign to break down barriers for minorities and women and commit to hiring a diverse workforce.
- **The Buffalo News: WNY-led research reduces use of spinal immobilizations for injuries.** A new policy was devised by a technical advisory group suggested, assembled and led by Dr. Joseph Bart, an emergency room physician at Erie County Medical Center. Dr. Joseph Bart and Dr. Brian Clemency were quoted.
- **Niagara Frontier Publications: Office of Mental Health receives \$1.4 million grant for suicide prevention services in Western New York.** Although Erie County has suicide rates below the national average, the suicide rate among individuals currently receiving mental health services in Western New York is among the highest in the state. Rich Cleland is quoted.

- **Buffalo Business First: ECMC to develop physician scientists with state funds.** Erie County Medical Center will receive a funding boost from the state to help train and recruit physician scientist.
- **The Buffalo News; Time Warner Cable: ECMC dedicates ‘comfort room’ for young adult patients.** Erie County Medical Center dedicated the “Anthony V. Mannino Comfort Room” in memory of a local man who lost a 22-month battle with esophageal cancer in 2009 at the age of 21. Rich Cleland is quoted.

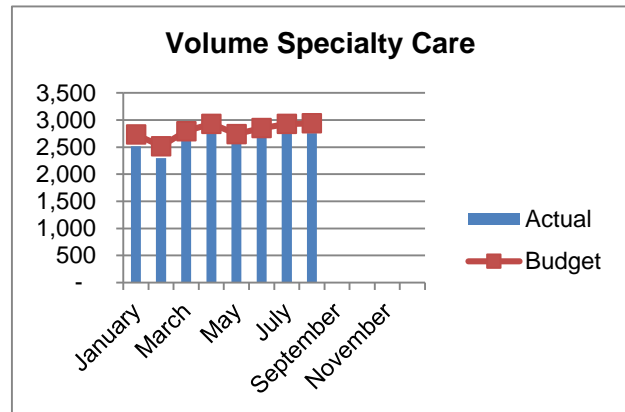
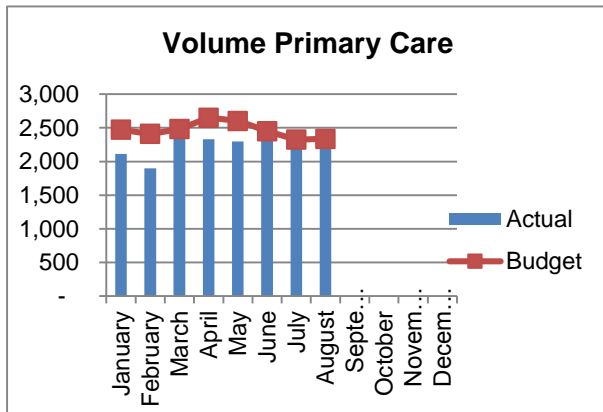
**REPORT TO THE BOARD OF DIRECTORS**  
**MARY L. HOFFMAN**  
**CHIEF OPERATING OFFICER**  
**SEPTEMBER 2015**

**AMBULATORY SERVICES:**

**Provider Productivity**

The Ambulatory administrative team continues to meet monthly to review visit volumes in all Ambulatory Clinics. Volume comparison from February 2015 to August 2015: total increase 11% overall. Clinics showing at least 10% increase in volume: Internal Medicine, Podiatry, Connective Tissue, Cleve Hill Family Health Center, Orthopedics, Coumadin, ENT, Gastroenterology and Pulmonary Function Testing. Orthopedic, Suite 16 renovations have commenced in order to increase patient exam rooms from 8 to 14 in order to enhance volume through the clinic.

**Volumes for Ambulatory Care**



**Cleve-Hill Family Health Center**

- On August 15, 2015 heavy rains and subsequent flooding of the health center caused clinic operations to be shut down. Graciously, the Grider Family Health Center offered to open the doors and allow the Cleve Hill Family Medicine team to see patients in their location. We commend the staff and medical providers from both locations for their support, dedication to care, and flexibility during this time of transition.

**Immunodeficiency Services**

- Immunodeficiency is now conducting an infectious disease clinic one session per month. This clinic is being fully booked and well received. Dr. Martinez is expanding his liver, GEC and HIV clinic to 4 sessions a week in Immunodeficiency. ECMC HIV/HCV clinic is being featured in the *HCV Now* magazine.

## BEHAVIORAL HEALTH

### OMH

- Working with OMH to clarify role as partner in improving services and providing expert care.

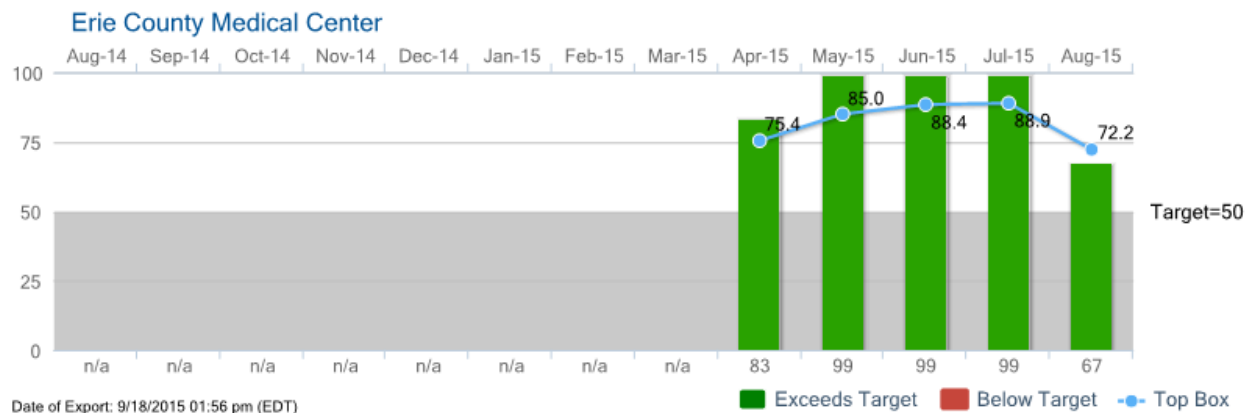
### Community Services/Agencies

- Behavioral Health has formalized the process of aftercare for patients who need close supervision after discharge by agreeing to terms referring patients to Crisis Services for aftercare and also to the crisis residence beds that are available for ECMC patients at City Mission (2 male, 2 female).
- Zero Suicide Grant initiated in conjunction with OMH. Data is collected by social work staff. Patients are also sent follow up cards.
- The Peer Advocate continues to work with patients in all areas of BH. Waiting for response/plan for the Mental Health Association to get another advocate for our patients to work with.

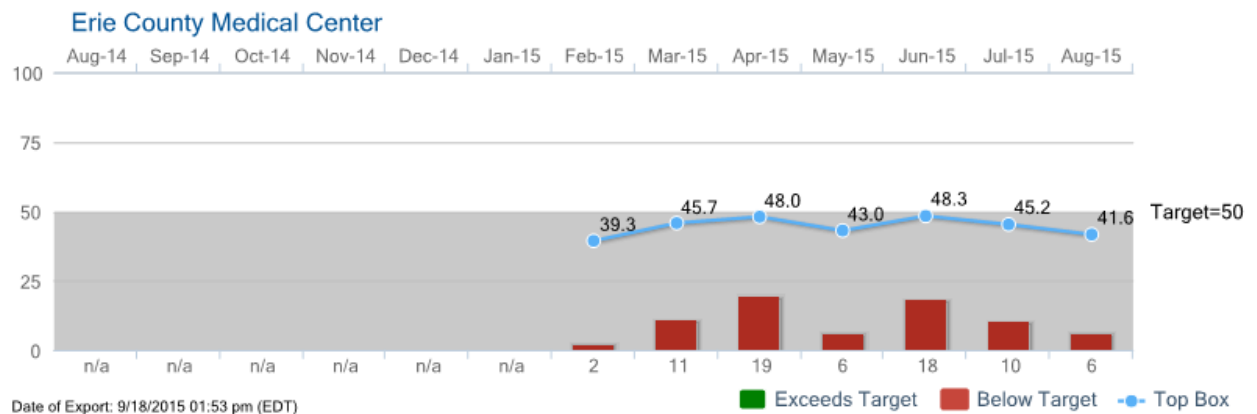
### Patient Satisfaction

- Reports for BH inpatient units from Press Ganey available. Outpatient scores exceed budget. Inpatient scores are low but represent very few respondents.

#### OUTPATIENT SATISFACTION



#### INPATIENT SATISFACTION



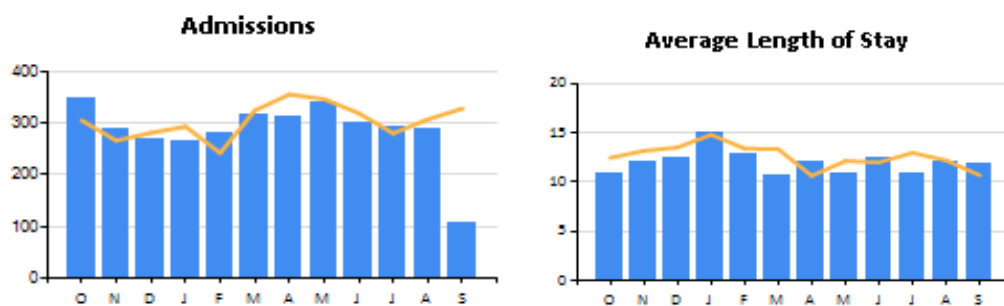
**Training**

- Continued BH concepts class expanded to include all titles, in addition to Nursing, for review of group management and de-escalation techniques.

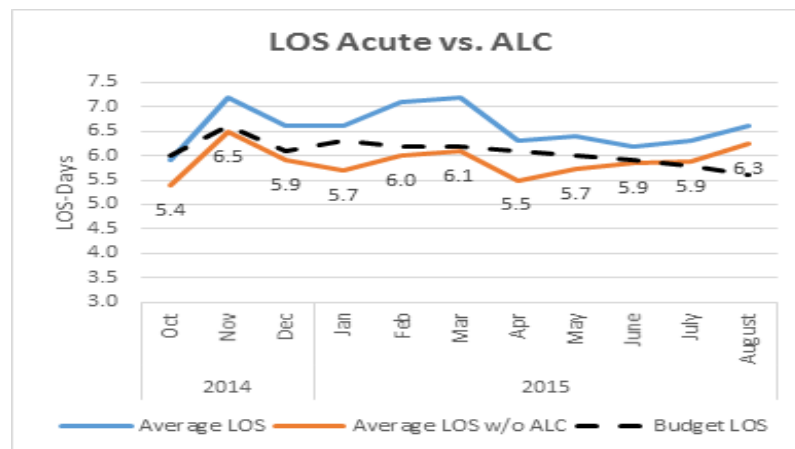
**Other**

- Programming completed, including education, for the Progressions Unit and have initiated cohort on 4South of patients with schizophrenia diagnoses. Patient and staff satisfaction improved. Awaiting plans form Plant Ops for limited renovations to unit.
- Partnered with Butler Hospital to further develop DEAT and sharing methods to improve teams at both hospitals. We plan to co-author articles on outcomes and are currently working on collection tools for validation purposes.

**Volumes for Behavioral Health**



**BRIDGE UPDATE:**



**CARE MANAGEMENT:**

**Case Management**

- Case Management: The team continuous to focus on the LOS. The month of August brought some challenges with the departure of the Med E Hospitalist group on 8/31/2015. The average LOS was 6.6 and our Discharge LOS was 5.9. Our volume remained strong at 1023 discharges, which was higher than budget (940) and higher than last year (972). Our focus has also been on



placing patients in the correct status (Observation vs. Inpatient) prior to the patients discharge, with an extended focus on those patients in Observation status and their LOS.

**Appeal and Denials**

- Appeal and Denials: This area continues to make gains in decreasing those denials received by completing concurrent reviews with the payers and receiving authorizations during the patients concurrent stay. We do need to expand this program to include additional physician advisors so the coverage can be maintained at 365 days /year. We currently have one physician covering all of our cases 7 days per week.

**ALC Process**

- ALC process: Our total ALC days for this month were 370. This is slightly higher than budget (323) but 387 days less than last year (757) which demonstrates 51.1% improvement.

**DIALYSIS:**

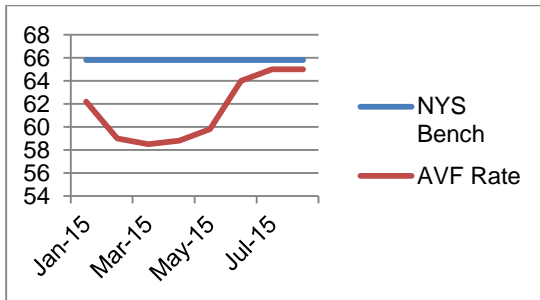
**Outpatient**

- Home Hemodialysis – Department of Health visit scheduled on October 19 to observe first home Hemodialysis training. Three (3) patients are scheduled for training.
- Current patient census – Incenter Hemo - 169, PD – 13 with 3 patients having PD cath in place and being flushed, Home Hemo – 3 patients ready to start training.
  - **Total number of patients – 182**

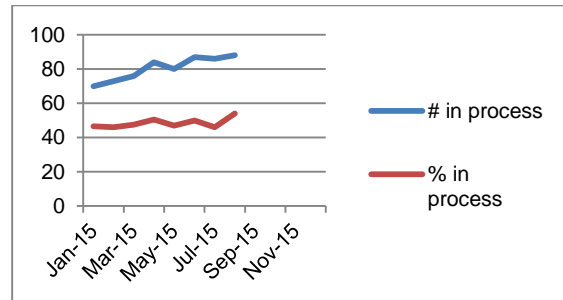
**Inpatient**

- Treatments done in unit – 192 on 10N, 53 off-station (in ICUs, etc)
- 8 plasmapheresis patients treated
- 5 Acute Outpatients (in acute renal failure for > 30 days – unable to do in chronic unit due to acute status)
  - **Total number of treatments – 258**

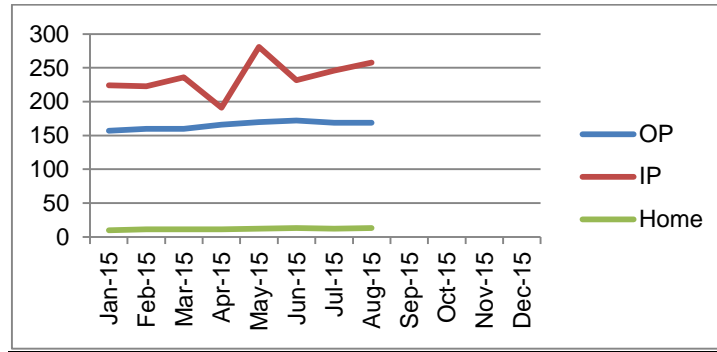
ECMC Outpatient Dialysis AVF Rates 2015



Outpatient Dialysis – Patients currently in Transplant Process



### Dialysis Program Census



## **RADIOLOGY:**

### **Radiologists**

- GLMI Radiologists at ECMC has been a positive experience for everyone. Relationships between houses staff and the (4) new Radiologists continue to grow.
- Dr Marshall has instituted double reads for all trauma c-spines. This is a QA initiative that will be reported at upcoming Radiology PI meetings.

### **Construction-Timeline**

*Construction is ongoing – everything remains on target*

- (2) Reading rooms - operational date 10/22/15
- CT 1 and Bariatric Fluoro unit - operational date 10/26/15
- CT 2 operational date 12/21/15

### **Productivity**

Remain consistent with the exception of Vascular Access Ultrasound which is down 42% for outpatients. Identified that fistula procedures have transferred to our VAC unit vs. Ultrasound. You will notice a shift from Ultrasound productivity numbers to VAC as a result.

- Overall Inpatient volumes are up **7%**
- Overall outpatient volumes are **- 4%**
- Overall volumes are up **< 1 %**

		2015									2014 Total	Variance	%
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	2015 Total	2014 Total	Variance	%
CT	Inpatient	1,487	1,265	1,368	1,534	1,818	1,671	1,921	1,842	12,906	12107	799	6%
	Outpatient	1,683	1,433	1,872	1,742		1,959	2,201	2,077	15,013	15783	-770	-5%
	<b>Total</b>	<b>3,170</b>	<b>2,698</b>	<b>3,240</b>	<b>3,276</b>	<b>3,864</b>	<b>3,630</b>	<b>4,122</b>	<b>3,919</b>	<b>27919</b>	<b>27890</b>	<b>29</b>	<b>&lt;1%</b>

MRI	Inpatient	130	102	122	118	134	119	159	150	1,034	1,011	23	2%
	Outpatient	212	191	198	233	225	218	234	192	1,703	1,662	41	2%
	<b>Total</b>	<b>342</b>	<b>293</b>	<b>320</b>	<b>351</b>	<b>359</b>	<b>337</b>	<b>393</b>	<b>342</b>	<b>2,737</b>	<b>2,673</b>	<b>64</b>	<b>2%</b>

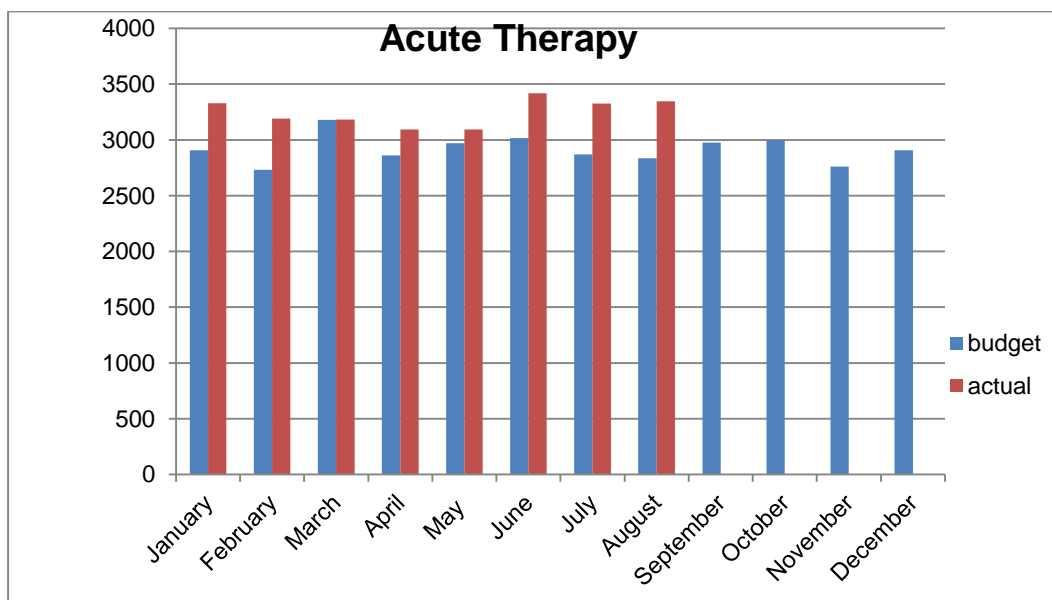
NM	Inpatient	71	116	138	102	109	94	111	102	843	764	79	9%
	Outpatient	221	190	270	235	197	235	253	205	1,806	1,890	-84	-5%

	<b>Total</b>	<b>292</b>	<b>306</b>	<b>408</b>	<b>337</b>	<b>306</b>	<b>329</b>	<b>364</b>	<b>307</b>	<b>2,649</b>	<b>2,654</b>	<b>-5</b>	<b>-1%</b>
RAD	Inpatient	3,250	4,007	3,159	3,353	3,832	3,880	3,880	3,685	27,736	25801	1935	7%
	Outpatient	5,153	4,274	5,316	5,059	5,386	5,581	5,566	6,244	41,979	43080	-1101	-3%
	<b>Total</b>	<b>8,403</b>	<b>8,281</b>	<b>8,475</b>	<b>8,412</b>	<b>9,218</b>	<b>9,461</b>	<b>9,446</b>	<b>9,929</b>	<b>69,715</b>	<b>6,8881</b>	<b>834</b>	<b>1%</b>
US	Inpatient	228	231	248	237	195	228	263	256	1,886	1,716	170	9%
	Outpatient	367	365	452	445	419	452	428	443	3,371	3,404	-33	<-1%
	<b>Total</b>	<b>595</b>	<b>596</b>	<b>700</b>	<b>682</b>	<b>614</b>	<b>680</b>	<b>691</b>	<b>699</b>	<b>5,257</b>	<b>5,120</b>	<b>137</b>	<b>3%</b>
VAS	Inpatient	226	164	202	194	188	197	164	223	1,558	1,551	7	<1%
	Outpatient	170	157	231	194	187	171	198	201	1,509	2,142	-633	-42%
	<b>Total</b>	<b>396</b>	<b>321</b>		<b>388</b>	<b>375</b>	<b>368</b>	<b>362</b>	<b>424</b>	<b>3,067</b>	<b>3,693</b>	<b>-626</b>	<b>-20%</b>
<b>Total</b>	<b>Inpatient</b>	<b>5,393</b>	<b>4,885</b>	<b>5,237</b>	<b>5,538</b>	<b>6,276</b>	<b>5,878</b>	<b>6,498</b>	<b>6,258</b>	<b>45,963</b>	<b>42,950</b>	<b>3013</b>	<b>7%</b>
	<b>Outpatient</b>	<b>7,806</b>	<b>6,610</b>	<b>8,339</b>	<b>7,908</b>	<b>8,460</b>	<b>8,616</b>	<b>8,880</b>	<b>8,762</b>	<b>65,381</b>	<b>67,961</b>	<b>-2580</b>	<b>-4%</b>
	<b>Total</b>	<b>13,199</b>	<b>11,495</b>	<b>13,576</b>	<b>13,446</b>	<b>14,736</b>	<b>14,494</b>	<b>15,378</b>	<b>15,020</b>	<b>111,344</b>	<b>110,911</b>	<b>433</b>	<b>&lt;1%</b>

## REHABILITATION SERVICES

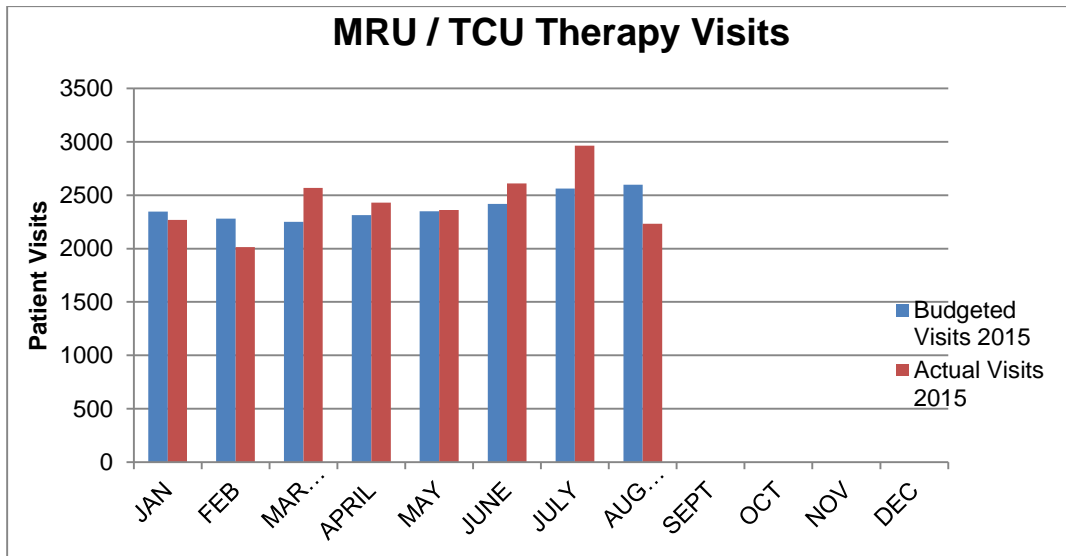
### Acute Care

Volumes are up -- visits YTD versus budget with acute therapy seeing a growing demand to assist in throughput initiatives. This area had 4.0 FTE's transferred in this month to assist with demand for therapy services.



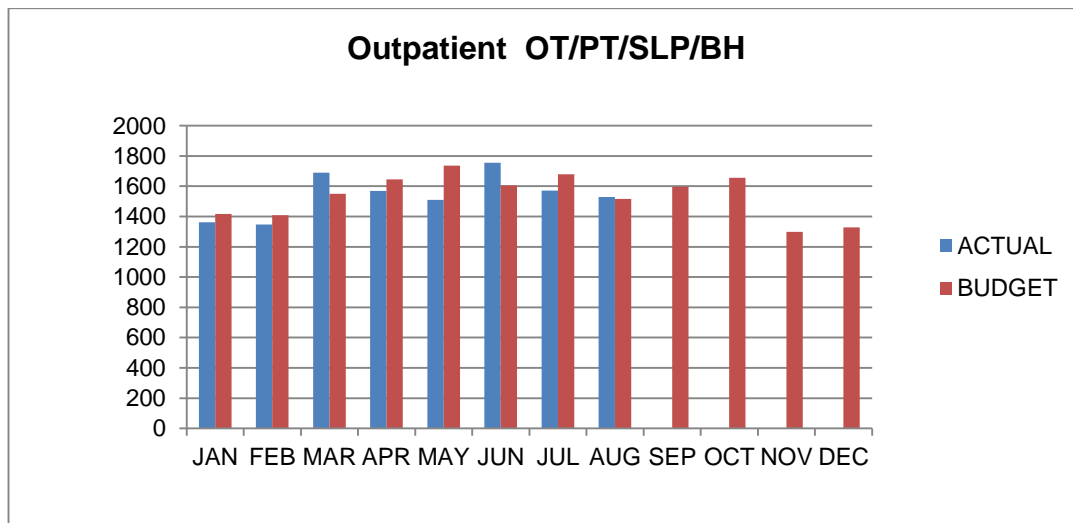
**The MRU and TCU**

YTD have achieved 90% of budgeted visits. YTD 1,903 visits under budget. Notable contributions: 8N census down in August, significant number of FTE's (4.0) were shifted to Acute Care and Outpatient to manage volumes in those service areas.



**Outpatient**

August volumes (versus budget) up 13 visits. Specifically: OT up 64, PT down 97, ST down 8, Rehab up 32, MD no budget data to compare from 2014. YTD actual versus YTD budget for 2015 down 228 visits. YTD volumes versus 2014 YTD volume up 435 visits (without MD visit numbers from 2014).



**SURGICAL SERVICES:**

Surgical services has seen continued volume growth over the past few months and YTD, the Growth is in Transplants, Total Joints and Orthopedic Sports Medicine in the surgical center.

This month we are teamed with the IT department with a roll out of the post op electronic order sets, once implemented the electronic medical record (EMR) for care and medication management will be a continued flow from surgical services to the bedside.

## Main OR

MAIN OPERATING ROOMS ONLY				
SERVICE	2015	2014	VAR	
BARIATRIC	174	240	-66	
CVS	55	63	-8	
ENT	485	425	60	
GENERAL	956	874	82	
BREAST HEALTH	291	303	-12	
GI	50	47	3	
TRANSPL. SERV	73	76	-3	
VASCULAR	385	349	36	
GYN	7	9	-2	
NEURO	161	186	-25	
OPHTHALM	158	142	16	
ORAL	305	230	75	
U.B. ORTHO	2208	2162	46	
Excelsior ORTHO	666	640	26	
PLASTIC/RECON	334	333	1	
UROLOGY	411	377	34	
ORHARV	5	5	0	
OR TOTAL	6724	6461	263	4.1%

## Surgical center volume

YTD SERVICE LINE COMPARISON AMBULATORY SURGERY ONLY				
SERVICE	2015	2014	VAR	
BARIATRIC	163	90	73	
GENERAL	80	70	10	
BREAST HEALTH	0	4	-4	
GI	0	1	-1	
VASCULAR	3	8	-5	
ORAL	12	46	-34	
U.B. ORTHO	1103	825	278	
Excelsior ORTHO	29	18	11	
PLASTIC/RECON	9	5	4	
UROLOGY	3	0	3	
OR TOTAL	1402	1067	335	31.4%

### TOTAL JOINTS

	JAN-AUG 2014	JAN-AUG 2015	Change
KNEE	264	262	-2
HIPS	192	246	54
SHOULDER	164	174	10
ANKLE	19	17	-2
ELBOWS	6	7	1
WRIST	2	4	2
<b>TOTAL</b>	<b>647</b>	<b>710</b>	



63

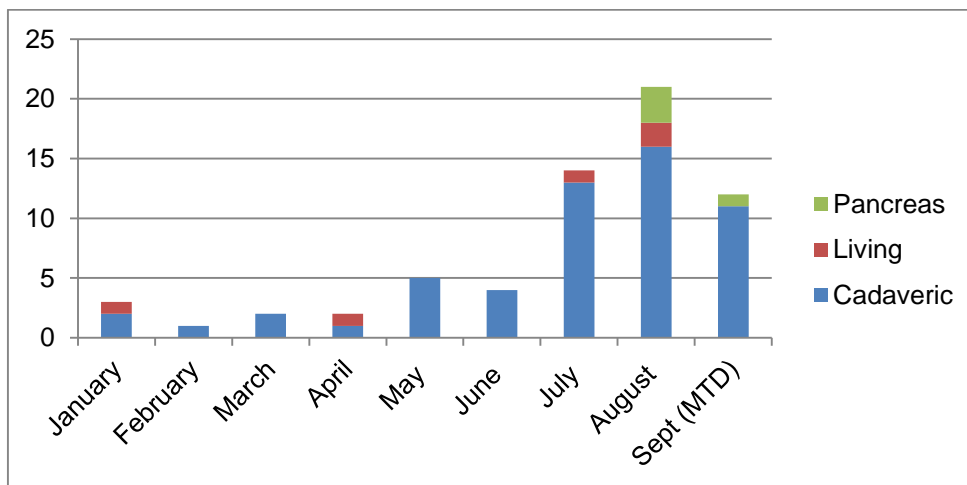
# ALL VOLUME OR volume by service

SERVICE	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	Main Total	Surg Center Total	All V Total 2015	All V Total YTD 2014	Variance
BARIATRIC	25	15	29	26	35	12	17	15	174	165	337	330	7
CVS	5	11	1	10	4	4	5	12	55	0	55	65	-8
ENT	65	67	30	65	66	61	69	56	485	0	485	425	60
GENERAL	124	95	135	121	132	115	112	114	956	80	1036	944	92
BREAST HEALTH	36	33	33	25	41	40	24	39	291	0	291	307	-16
GI	5	6	6	9	5	7	5	5	50	0	50	48	2
TRANSPL SERV	5	2	4	4	7	11	15	25	75	0	75	78	-3
VASCULAR	40	41	48	46	41	58	56	55	385	5	390	357	31
GYN	0	0	1	1	1	1	2	1	7	0	7	9	-2
NEURO	21	14	17	18	27	18	25	25	161	0	161	186	-25
OPHTHALM	22	15	14	22	18	19	25	27	158	0	158	142	16
ORAL	24	35	26	44	33	41	51	45	305	12	317	276	41
U.B. ORTHO	265	235	285	258	254	279	292	296	2208	1103	3311	2957	324
Excelsior ORTHO	55	51	104	55	61	95	87	72	666	29	695	658	37
PLASTIC/RECON	46	33	47	36	62	40	42	25	354	9	363	355	5
UROLOGY	51	42	35	59	45	51	52	55	411	5	416	377	37
ORHARV	1	0	0	1	1	2	0	0	5	0	5	5	0
OR TOTAL	832	774	853	831	829	852	881	872	6724	1402	8126	7628	598 7.9%

## TRANSPLANT SERVICES:

- Update report submitted to MPSC pending their review and feedback.
- Dr. Chang has started as the second full-time nephrologists. She formally was the Transplant Medical Director in Vermont.
- Dr. Kayler has simplified our process, which has pushed our activity to high volume. New focus is maintaining an adequate wait list.
- Our First Kidney Pancreas transplant in a year was on September 11.
- Outreach has started with visits to Olean, Rochester and Geneseo.
- Open house for area nephrologists is scheduled for October 1.

### 2015 Transplant Activity



Total Transplants YTD = 62

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**Internal Financial Reports**  
**For the month ended August 31, 2015**

# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended August 31, 2015

(Amounts in Thousands)

Operating income of \$1,678 was earned for the month of August which is favorable to budget by \$1,556 and favorable to the prior year by \$1,637. On a year to date basis, ECMCC generated operating income of \$1,068 which is unfavorable to budget by \$6,897 and favorable to the prior year by \$1,862. The favorable performance is largely attributable to greater than budgeted volumes and case mix that were partially offset by other factors noted below.

Discharges of 1,554 for August were 44 (2.9%) greater than the prior year and 43 (2.8%) greater than budget at 1,510 and 1,511, respectfully. The favorable August discharge variance to budget is primarily due to 85 more acute services, 3 more chemical dependency services, 7 more chemical dependency rehab and 5 more medical rehab which were offset by 62 less behavioral health.

Average length of stay in August was 8.2 which is unfavorable to budget of 7.6 days. The average daily census of 410 is greater than both budget of 368 and prior year of 397.

The blended acute case mix for August was 1.79 which is 1.4% higher than budget of 1.77. The year to date blended acute case mix of 1.73 is 2.0% lower than budgeted case mix of 1.77.

Outpatient visits at 24,346 were 6.1% less than budget due to decreased clinic volumes across multiple services. Emergency volumes at 6,236 were 10.1% greater than budget and 2.2% less than the prior year.

Other revenue for the month of August was less than budget by \$256 and, on a year to date basis, was greater than budget by \$3,079. 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 August by \$1,204 and year to date by \$9,681. The variance in FTE's totaled 221 of which 62 are attributable to productivity gains assumed in the budget that are not realizable and 49 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 \$700 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 August by \$1,138 and \$799 year to date primarily due to a decrease in annual pension expense. Benefits year to date are 51.9% of salaries compared to a budgeted rate of 56.7%.

Physician fees were unfavorable to budget for August by \$1,102 and on a year to date basis by \$3,305 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 August by \$133 and on a year to date basis by \$3,640 primarily attributable to increased patient related dietary costs as a result of increases in volume and 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 August by \$118 and on a year to date basis by \$1,905 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.





## Erie County Medical Center Corporation

### Balance Sheet

August 31, 2015 and December 31, 2014

(Dollars in Thousands)

	August 31, 2015	Audited December 31, 2014	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 17,549	\$ 6,251	\$ 11,298
Investments	17,846	3,270	14,576
Patient receivables, net	67,516	51,491	16,025
Prepaid expenses, inventories and other receivables	52,301	76,930	(24,629)
<b>Total Current Assets</b>	<b>155,212</b>	<b>137,942</b>	<b>17,270</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	49,331	68,243	(18,912)
Restricted under third party agreements	60,346	28,617	31,729
Designated for long-term investments	23,228	21,837	1,391
<b>Total Assets Whose Use is Limited</b>	<b>132,905</b>	<b>118,697</b>	<b>14,208</b>
Property and equipment, net	278,686	288,997	(10,311)
Other assets	31,952	31,286	666
<b>Total Assets</b>	<b>\$ 598,755</b>	<b>\$ 576,922</b>	<b>\$ 21,833</b>
<b>Liabilities &amp; Net Postion</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 9,563	\$ 8,137	\$ 1,426
Accounts payable	31,350	34,076	(2,726)
Accrued salaries and benefits	34,847	22,274	12,573
Other accrued expenses	34,520	40,930	(6,410)
Estimated third party payer settlements	11,403	20,511	(9,108)
<b>Total Current Liabilities</b>	<b>121,683</b>	<b>125,928</b>	<b>(4,245)</b>
Long-term debt	171,903	166,579	5,324
Estimated self-insurance reserves	56,201	45,525	10,676
Other liabilities	126,851	119,859	6,992
<b>Total Liabilities</b>	<b>476,638</b>	<b>457,891</b>	<b>18,747</b>
<b>Total Net Position</b>	<b>122,117</b>	<b>119,031</b>	<b>3,086</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 598,755</b>	<b>\$ 576,922</b>	<b>\$ 21,833</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended August 31, 2015

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	43,706	38,095	5,611	38,282
Less: Provision for uncollectable accounts	(1,952)	(1,360)	(592)	(2,075)
Adjusted Net Patient Revenue	41,754	36,735	5,019	36,207
Disproportionate share / IGT revenue	4,766	5,104	(338)	4,759
Other revenue	1,078	1,334	(256)	958
<b>Total Operating Revenue</b>	<b>47,598</b>	<b>43,173</b>	<b>4,425</b>	<b>41,924</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	16,428	15,224	(1,204)	14,341
Employee benefits	7,426	8,564	1,138	8,413
Physician fees	6,371	5,269	(1,102)	4,822
Purchased services	3,287	3,154	(133)	3,715
Supplies	6,819	6,059	(760)	5,719
Other expenses	2,163	1,278	(885)	1,345
Utilities	473	745	272	653
Depreciation & amortization	2,218	2,100	(118)	2,173
Interest	735	658	(77)	702
<b>Total Operating Expenses</b>	<b>45,920</b>	<b>43,051</b>	<b>(2,869)</b>	<b>41,883</b>
<b>Income/(Loss) from Operations</b>	<b>1,678</b>	<b>122</b>	<b>1,556</b>	<b>41</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	167	-	167	130
Unrealized gain/(loss) on investments	400	333	67	1,352
Non-operating Gain/(Loss)	567	333	234	1,482
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 2,245</b>	<b>\$ 455</b>	<b>\$ 1,790</b>	<b>\$ 1,523</b>
Retirement health insurance	1,520	1,421	(99)	1,375
New York State pension	501	1,811	1,310	1,844
<b>Impact on Operations</b>	<b>\$ 2,021</b>	<b>\$ 3,232</b>	<b>\$ 1,211</b>	<b>\$ 3,219</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the eight months ended August 31, 2015

*(Dollars in Thousands)*

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	310,900	305,954	4,946	296,690
Less: Provision for uncollectable accounts	(7,074)	(10,739)	3,665	(17,141)
Adjusted Net Patient Revenue	303,826	295,215	8,611	279,549
Disproportionate share / IGT revenue	41,003	40,835	168	50,666
Other revenue	16,880	13,801	3,079	9,266
<b>Total Operating Revenue</b>	<b>361,709</b>	<b>349,851</b>	<b>11,858</b>	<b>339,481</b>
<b>Operating Expenses:</b>				
Salaries & wages / Contract labor	130,937	121,256	(9,681)	120,642
Employee benefits	67,963	68,762	799	68,940
Physician fees	45,457	42,152	(3,305)	40,737
Purchased services	28,664	25,024	(3,640)	28,693
Supplies	46,846	46,556	(290)	46,282
Other expenses	12,477	10,221	(2,256)	7,901
Utilities	4,128	5,853	1,725	5,463
Depreciation & amortization	18,702	16,797	(1,905)	16,054
Interest	5,467	5,265	(202)	5,563
<b>Total Operating Expenses</b>	<b>360,641</b>	<b>341,886</b>	<b>(18,755)</b>	<b>340,275</b>
<b>Income/(Loss) from Operations</b>	<b>1,068</b>	<b>7,965</b>	<b>(6,897)</b>	<b>(794)</b>
<b>Non-operating Gain/(Loss):</b>				
Interest and dividends	1,150	-	1,150	1,767
Investment Income/(Loss)	1,590	2,667	(1,077)	2,442
Non-operating Gain/(Loss)	2,740	2,667	73	4,209
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 3,808</b>	<b>\$ 10,632</b>	<b>\$ (6,824)</b>	<b>\$ 3,415</b>
Retirement health insurance	12,158	11,367	(791)	11,000
New York State pension	11,967	16,236	4,269	14,544
<b>Impact on Operations</b>	<b>\$ 24,125</b>	<b>\$ 27,603</b>	<b>\$ 3,478</b>	<b>\$ 25,544</b>

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**Erie County Medical Center Corporation**

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

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ 2,245	\$ 3,808
Other transfers, net	(90)	(722)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	2,155	3,086
	<hr/>	<hr/>
<b>Temporarily Restricted Net Assets:</b>		
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	2,155	3,086
	<hr/>	<hr/>
Net Position, beginning of period	119,962	119,031
	<hr/>	<hr/>
<b>Net Position, end of period</b>	<b>\$ 122,117</b>	<b>\$ 122,117</b>
	<hr/> <hr/>	<hr/> <hr/>

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## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	<u>August 31, 2015</u>	<u>December 31, 2014</u>	<b>ECMCC 3 Year Avg. 2012 - 2014</b>
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	1.3	1.2	1.1
Days Operating Cash, includes current Investments	24.5	12.7	13.6
Days in Designated Cash & Investments (Covenant 57 days)	74.6	92.3	110.6
Days in Patient Receivables	54.0	45.3	45.2
Days Expenses in Accounts Payable	21.7	25.2	27.3
Days Expenses in Current Liabilities	84.1	93.3	90.3
Cash to Debt	46.7%	58.6%	63.0%
Working Capital	\$ 33,529	\$ 19,574	\$ 15,298
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	61.7%	57.6%	63.5%
Assets Financed by Liabilities	79.6%	79.4%	79.5%
Debt Service Coverage (Covenant > 1.1)	1.4	2.3	1.8
Capital Expense	4.2%	3.2%	3.0%
Debt to Capitalization	62.1%	61.8%	63.5%
Average Age of Plant	12.4	11.3	13.8
Debt Service as % of NPSR	3.9%	4.0%	3.8%
Capital as a % of Depreciation	44.9%	99.2%	280.1%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	0.3%	0.2%	0.2%
Net Profit Margin	1.2%	0.9%	2.1%
Return on Total Assets	1.0%	0.7%	1.5%
Return on Equity	4.7%	3.5%	7.5%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.9	0.9	0.9
Total Operating Revenue per FTE	\$ 160,155	\$ 186,752	\$ 175,781
Personnel Costs as % of Total Revenue	53.9%	52.5%	54.6%

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended August 31, 2015**

<b>Current Period</b>				<b>Year to Date</b>				
<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	
<b>Discharges:</b>				<b>Discharges:</b>				
1,023	938	9.1%	972	Med/Surg (M/S) - Acute	8,010	7,473	7.2%	7,526
281	343	-18.1%	309	Behavioral Health	2,379	2,801	-15.1%	2,478
146	143	2.1%	153	Chemical Dependency (CD) - Detox	1,126	1,049	7.3%	1,064
31	24	29.2%	22	CD - Rehab	232	208	11.5%	201
40	35	14.3%	27	Medical Rehab	276	240	15.0%	236
33	28	17.9%	27	Transitional Care Unit (TCU)	241	254	-5.1%	246
<b>1,554</b>	<b>1,511</b>	<b>2.8%</b>	<b>1,510</b>	<b>Total Discharges</b>	<b>12,264</b>	<b>12,025</b>	<b>2.0%</b>	<b>11,751</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
6,760	5,281	28.0%	6,581	M/S - Acute	52,617	44,927	17.1%	47,707
3,876	3,946	-1.8%	3,453	Behavioral Health	29,031	32,221	-9.9%	31,208
500	489	2.2%	541	CD - Detox	3,899	3,587	8.7%	3,716
507	441	15.0%	516	CD - Rehab	4,000	3,824	4.6%	3,835
708	900	-21.3%	787	Medical Rehab	6,126	6,180	-0.9%	6,038
358	356	0.6%	416	TCU	3,097	3,229	-4.1%	3,164
<b>12,709</b>	<b>11,413</b>	<b>11.4%</b>	<b>12,294</b>	<b>Total Patient Days</b>	<b>98,770</b>	<b>93,968</b>	<b>5.1%</b>	<b>95,668</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
218	170	28.0%	212	M/S - Acute	217	185	17.1%	196
125	127	-1.8%	111	Behavioral Health	119	133	-9.9%	128
16	16	2.2%	17	CD - Detox	16	15	8.7%	15
16	14	15.0%	17	CD - Rehab	16	16	4.6%	16
23	29	-21.3%	25	Medical Rehab	25	25	-0.9%	25
12	11	0.6%	13	TCU	13	13	-4.1%	13
<b>410</b>	<b>368</b>	<b>11.4%</b>	<b>397</b>	<b>Total ADC</b>	<b>406</b>	<b>387</b>	<b>5.1%</b>	<b>394</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
6.6	5.6	17.4%	6.8	M/S - Acute	6.6	6.0	9.3%	6.3
13.8	11.5	19.9%	11.2	Behavioral Health	12.2	11.5	6.1%	12.6
3.4	3.4	0.1%	3.5	CD - Detox	3.5	3.4	1.3%	3.5
16.4	18.4	-11.0%	23.5	CD - Rehab	17.2	18.4	-6.2%	19.1
17.7	25.7	-31.2%	29.1	Medical Rehab	22.2	25.8	-13.8%	25.6
10.8	12.7	-14.7%	15.4	TCU	12.9	12.7	1.1%	12.9
<b>8.2</b>	<b>7.6</b>	<b>8.3%</b>	<b>8.1</b>	<b>Average Length of Stay</b>	<b>8.1</b>	<b>7.8</b>	<b>3.1%</b>	<b>8.1</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
89.1%	77.0%	15.7%	86.2%	% of M/S Acute staffed beds	89.1%	77.0%	15.7%	86.2%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
1.79	1.77	1.4%	1.86	Blended (Acute)	1.73	1.77	-2.0%	1.79
178	187	-4.8%	169	Observation Status	1,467	1,842	-20.4%	1,662
542	492	10.2%	473	Inpatient Surgeries	4,018	3,881	3.5%	3,814
665	654	1.7%	656	Outpatient Surgeries	5,469	5,198	5.2%	5,145
24,346	25,941	-6.1%	26,583	Outpatient Visits	208,046	228,128	-8.8%	224,881
6,236	5,665	10.1%	6,102	Emergency Visits Including Admits	44,991	43,591	3.2%	44,401
54.1	44.2	22.4%	53.4	Days in A/R	54.1	44.2	22.4%	53.4
5.1%	3.9%	30.7%	6.4%	Bad Debt as a % of Net Revenue	2.3%	3.8%	-39.6%	6.6%
2,655	2,433	9.1%	2,422	FTE's	2,573	2,435	5.7%	2,443
3.70	3.66	0.9%	3.41	FTE's per Adjusted Occupied Bed	3.60	3.50	2.6%	3.46
\$ 13,129	\$ 11,549	13.7%	\$ 11,290	Net Revenue per Adjusted Discharge	\$ 12,094	\$ 11,742	3.0%	\$ 11,554
\$ 15,234	\$ 14,107	8.0%	\$ 13,782	Cost per Adjusted Discharge	\$ 14,981	\$ 14,138	6.0%	\$ 14,343
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
11,749	11,905	-1.3%	11,877	Patient Days	92,496	93,231	-0.8%	93,056
379	384	-1.3%	383	Average Daily Census	381	384	-0.8%	383
446	447	-0.3%	453	FTE's	435	446	-2.6%	447
7.0	6.9	1.0%	7.0	Hours Paid per Patient Day	6.0	6.1	-1.9%	6.1

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

**UNIVERSITY AFFAIRS**

**New to UBMDIM**

**Rabi Yacoub, MD** recently joined UBMDIM and UB's Department of Medicine, Division of Nephrology. Dr. Yacoub completed his medical degree at the University of Aleppo, Syria. His Internal Medicine internship and residency were completed at UB and his Nephrology fellowship at the Icahn School of Medicine in Mount Sinai, NY. Dr. Yacoub sees patients at both Buffalo General Medical Center and Erie County Medical Center (ECMC). Contact him at 716.898.4803.

**Russell Moore, MD** is joining UBMDIM's Division of Internal Medicine-Pediatrics (med-peds). He will be treating patients at both our Med-Peds site and at ECMC, initially. He is an assistant professor in UB's Department of Medicine. Dr. Moore completed his medical degree at the Chicago Medical School, Rosalind Franklin University and his residency at UB. Reach Dr. Moore at UBMD Internal Medicine-Pediatrics, 300 Linwood Ave., Buffalo, 716.961.9400.

**PROFESSIONAL STEERING COMMITTEE**

Met September 14<sup>th</sup> . Dr Murray will provide verbal update.

**MEDICAL STAFF AFFAIRS**

The Bylaws Committee met July 23<sup>rd</sup> 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**

Transition to the Acute Hospitalist Service from TeamHealth to Apogee occurred effective September 1<sup>st</sup>. Some issues occurred because of the high number of transient physicians initially involved and the need for Apogee to familiarize itself with operations at ECMC. Things have been progressively improving since the Apogee regional director Dr Jaime Upequi has been on site.

### **Study: Socioeconomic Status of Patients Significantly Impacts Hospital Readmissions**

A new landmark study released last week shows that the socioeconomic status of patients really does cause higher hospital readmissions and negatively impact safety-net hospitals. The bottom line, the researchers said, is that hospitals treating the most vulnerable patients are being deprived of needed resources. For the fiscal year starting October 1, more than 2,600 hospitals will lose a combined total of \$420 million, according to CMS. Study was published this month in JAMA Internal Medicine .

### **More Hospitals, Clinicians Switching Their EHR Vendors**

Eight percent of eligible professionals replaced their EHRs with options from other vendors in 2014, up from 2% in 2013, according to a government report released last week. Among eligible hospitals, 4% "ripped and replaced" in 2014, compared with less than 1% in 2013. The trend could grow this year and next, particularly among eligible professionals, and some groups that had used multiple systems are moving toward relying on single vendors

Epic Systems tops the list of the 10 most popular EHR platforms, followed by Allscripts and Practice Fusion, according to a report published by Software Advice. Several factors, including the number of product users and the brand's social media presence, were considered by the firm when ranking the platforms. Other products on the list are the EHR systems of Cerner, MEDITECH and eClinicalWorks.



# ERIE COUNTY MEDICAL CENTER CORPORATION

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

September, 2015

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

- Karen Ziemianski was asked to be the key note speaker at the Summer Youth Program closing luncheon.
- On September 14, 2015 AMSN held their Board of Directors Meeting here at ECMC
- September 18 was the March of Dimes Nurse of the Year Award Ceremony. Peggy Cieri, RN, Cheryl Nicosia, RN, and Beth Mosses, RN, were ECMC's nominees.
- The National Alliance on Mental Illness (NAMI) in Buffalo & Erie County monthly educational meeting for families of people living with mental illness will held on Thursday, September 10th at 7:00 p.m. at St. Paul's Evangelical Lutheran Church, 4007 Main St., Amherst, 14226 Guest speaker was Donna Gatti, RN, Director of Comprehensive Psychiatric Emergency Program (CPEP) at Erie County Medical Center (ECMC).
- Congratulations to our August Perfect Time & Attendance winner Kelly Petyk from the EKG Department. 429 Nurses were eligible for the drawing during the month of August.
- The Daisy Award was presented to: Jennifer Gee (8 North, Registered Nurse) on Tuesday, September 8, 2015.
- Our Leadership Development speaker for the month was Dr. Anthony Billittier. Dr. Billittier spoke about DISRP and the future of hospitals. Over 40 of our nurses attended.
- Linda Schwab, RN and Dr. Flynn will be presenting the WNY RTAC Process Improvement Program at the NY State Trauma Advisory Committee in Troy, NY on October 1, 2015
- AMSN held their National Conference and the following attended on behalf of ECMC: Renee Delmont, RN; Nicole Knox, RN; Lisa Hauss, RN; Michelle Malone, RN.

- Erica Lillis and Sue McKegey two of our hospital Patient Advocates attended a book club opening. They met the author Sonya Lea. She was very excited that staff from a local trauma hospital came to her book opening.

Mrs. Lea discussed that her husband had a rare cancer and lost all his long term memory. She stated that overall very few people cared for him on the emotional and mental health wellbeing but rather focused their concerns on the physical level. Mrs. Lea also discussed there were many confusing medical terms and reports at the time when her husband was in the hospital. She also stated that she cried a lot while she was in the hospital and this was her coping skill however her crying made other people feel uncomfortable. I asked what would advice she would give hospital staff and she stated that we should stay away from technology and task oriented goals and focus more on looking at the patient and family. A good "take away" from this meeting is emphasizing the importance of committing to sit with our patients and their loved one.

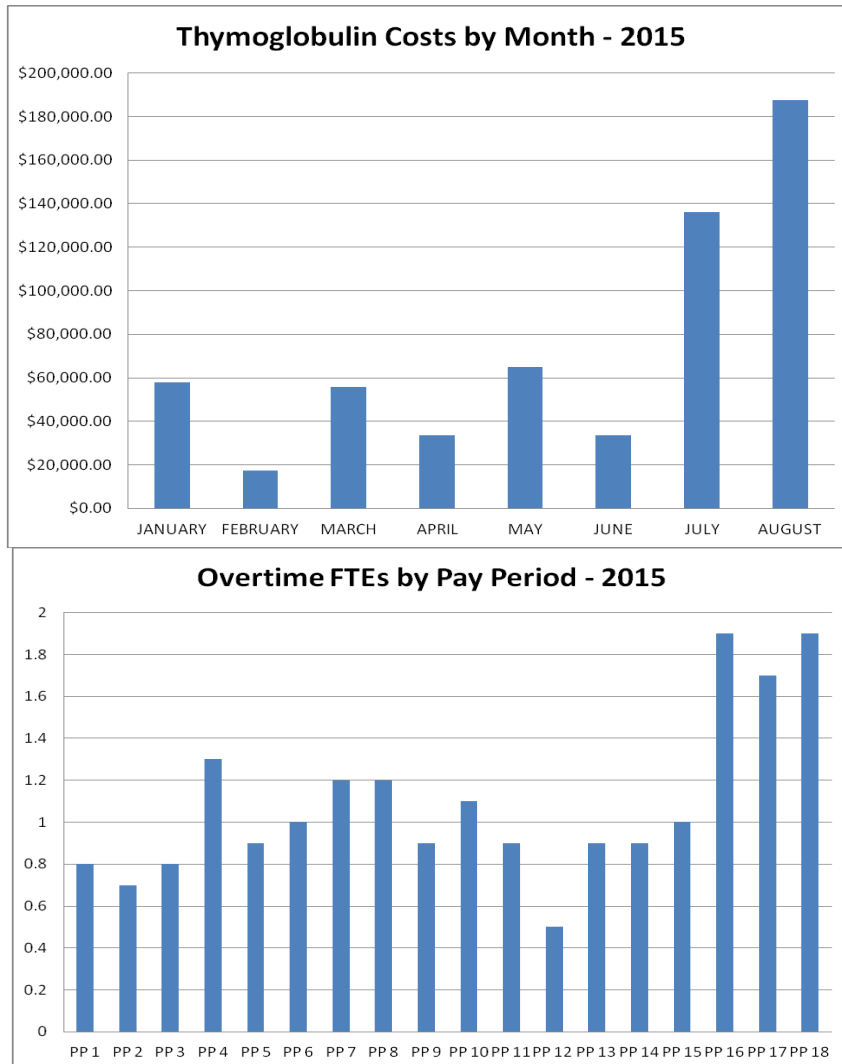
- During the month of September there were several Trauma Outreach Activities
  - \* 7 fall prevention tip slides were created and played on Pulse TV for September.
  - \* Fall Prevention Medical Minute aired 3 times on channel 2 news during Fall Prevention Week (Sept 20-26)
  - \* On September 21<sup>st</sup>, we provided Fall Prevention education in the lobby for employees and guests. Balance Screenings were provided by Theresa Liffiton, PT (Outpatient Rehab) and fall kits were distributed. Our new Fall Prevention Tool Box was on display, showing many useful items and tips for preventing falls at home.
  - \* Nightlights and Falls Prevention information is being given to patients in Outpatient Rehab on Sept 23<sup>rd</sup>, Falls Prevention Day.
  - \* Let's Not Meet by Accident was provided to approximately 150 students at Clarence High School, September 22-24th

Erie County Medical Center Corporation  
 Report to the Board of Directors  
 Jarrod G. Johnson, Senior Vice President of Operations  
 September 29, 2015

**PHARMACEUTICAL SERVICES – RANDY GERWITZ**

**DPS Financial Report**

Despite two very busy, high volume months the DPS continues to run \$285,000 under budget for 2015. A significant driver for higher than budgeted expenses in August was the excellent performance of the transplant team and the large number of patients served. Both drug costs and professional overtime were impacted by the volumes associated with this service. The graphs below show the financial impact of a busy transplant service on Pharmacy. The first graph displays the cost by month for just one immunosuppressive medication provided to transplant patients; the second the increase in overtime associated with pharmacy discharge support.



## **Clinical Specialist in Infectious Diseases Update**

I am very pleased to report that our clinical pharmacist for infectious diseases has rapidly integrated into the organization, documenting approximately 100 clinical interventions, contributing to multiple committees and building relationships with the medical staff. Early feedback from the medical staff has been exceptionally positive and her contributions are already being recognized.

## **LABORATORY – GERRY D’AMARO**

### **Regulatory**

#### Joint Commission Plan of Correction:

Initial meeting was held on September 10<sup>th</sup> to review the draft for submission to the Joint Commission with Dr. Amsterdam, Carolyn Kalinka, Charlene Ludlow and Gerry D’Amaro. A follow up meeting is scheduled for September 23<sup>rd</sup> for completion and submission prior to the deadline.

#### New York State Department of Health:

Notification of closure of the Cleve-Hill Patient Service Center was communicated to the NYSDOH on August 31<sup>st</sup>. Temporary relocation of the PSC to Grider Family Medicine has been completed.

### **Departmental**

#### Pathology Renovation:

Meetings regarding the current pathology renovation have been ongoing with significant progress being made in that area. New pathology microscopes have been received, installed and in use.

#### Kaleida /ECMCC Lab Meetings: Anatomic and Clinical Pathology:

The following meetings were held with Kaleida Health and ECMCC:

- August 27: Integrated Laboratory Steering committee  
Integrated Laboratory Quality committee
- Sept 9: Integrated Pathology and Laboratory committee

#### Internal Issues:

The ECMC laboratory is encountering, due to the integration with Kaleida Health, shortfalls in purchasing of contracts written prior to the integration.

- Siemens Healthcare: Purchase shortfall of \$21,990 for reagents that has been waived and \$5,473.00 past due for service; currently in Legal.
- Beckman Coulter Microbiology: Purchase shortfall of approximated \$22,000, with an amendment pending based on current volumes under discussion without financial penalty.

### **People/Staffing**

#### Staffing Review:

- Applied Management Systems:  
Applied Management Systems review of staffing will be on site September 17 for presentation of the final laboratory analysis.

Departmental Staffing:

- Biochemistry: Resignation of a second shift senior biochemist was received and due to the regulatory requirements necessary for off shift supervision this position was posted. Position is currently pending in the bidding process. Interest has been expressed by a qualified first shift biochemist and if the position is awarded the vacant first shift position will be left vacant and work absorbed by the first shift.
- Hematology: A licensed new graduate that was projected for the Microbiology department has been offered one of the two open Hematology positions. Filling this position will alleviate some of the overtime being accrued in that area and recommended by AMS.

**Financial**

Billing: A meeting regarding the following issues took place on September 10:

- Kaleida pathology charges not interfaced with Meditech. A weekly list is being sent to ECMC for review of Kaleida pathology charges and it was discussed how to address the process to assure capture of all charges efficiently.
- Pathology reference test charges. Possible consideration is direct third party billing is being reviewed.
- Reference laboratory charge entry. All charges are being manually entered in the BA/R menu by finance. Review possible options.
- RVU billing by UB Pathology. To be reviewed by Jarrod and Donna Hopkins.

Additional meeting will be scheduled to resolve any outstanding billing issues.

ICD10 Meetings: The laboratory has been represented at the ICD 10 meetings for the conversion on October 1<sup>st</sup>. No significant procedural changes are initially forecasted at this time. This will require ongoing review.

Dialysis Analysis: Below is the summary completed for possible conversion of Dialysis patient testing on site at ECMC for 2016. An approximate savings of \$110,000 is projected. Summary below.

<b>ECMC vs. Spectra Lab Testing Summary</b>		
Based on 136 patients		
5 new Patients per month		
	ECMC	Spectra
Weekly	\$ 5,440.00	\$ -
Monthly	\$ 27,727.68	\$ 33,472.32
Quarterly	\$ 13,882.88	\$ 7,480.00
6 Months	\$ 7,664.96	\$ -
Annual	\$ 8,810.08	\$ 12,200.56
Baseline	\$ 7,864.20	\$ 10,990.20
	=====	=====
Total	\$ 71,389.80	\$ 64,143.08
Bundle @\$72.00/mth/136 pts		\$ 117,504.00

	ECMC	Spectra
	\$ 71,389.80	\$ 181,647.08
Annual		
Savings	\$ 110,257.28	

FTE Summary: Below is the FTE summary for through pay period 19. Favorable by 3.6 FTE's.

	Cost Code		Total FTEs			Favorable / (Unfavorable)		
			2014 YTD	2015 Budget	Current PP	2015 YTD	2015 Budget - Current PP	2015 Budget - YTD
01	5701	CL-SPECIMEN COLLECTION	7.9	7.9	8.4	8.0	(0.5)	(0.2)
01	6532	LAB-VIROLOGY	2.1	2.0	1.0	1.7	1.0	0.3
01	6550	LAB-MICROBIOLOGY	12.3	10.5	9.8	9.6	0.7	0.8
01	6560	LAB-BIOCHEMISTRY	23.0	22.3	21.5	22.5	0.8	(0.1)
01	6570	LAB-HEMATOLOGY	14.4	15.1	13.6	14.2	1.5	1.0
01	6575	BLOOD BANK	6.1	5.9	5.9	5.9	0.0	0.0
01	6600	LAB-CSR/REFERENCE LABCORP	8.1	8.0	7.8	7.6	0.2	0.3
01	6620	LAB-PATHOLOGY	5.3	5.2	6.1	6.1	(0.9)	(1.0)
01	6635	LAB-ADMINISTRATION	7.4	7.4	7.7	6.9	(0.3)	0.5
01	6637	LAB-COMPUTER ADM	1.1	1.1	-	0.9	1.1	0.2
<b>01 - ECMC Totals</b>			<b>87.8</b>	<b>85.4</b>	<b>81.8</b>	<b>83.6</b>	<b>3.6</b>	<b>2.0</b>
<b>03 - Terrace View Totals</b>			-	-	-	-	-	-
<b>Grand Totals</b>			<b>87.8</b>	<b>85.4</b>	<b>81.8</b>	<b>83.6</b>	<b>3.6</b>	<b>2.0</b>

Overtime Summary by Department: Pay period 19 showed a decrease of 152 hours from pay period 18 and 40 hours under the budgeted amount. The Overtime currently is due to contractual and regulatory requirements. Additional OT is projected with scheduled off shift DBL.

Cost Code	16	17	18	19	Total	Bud	Var
5701 CL-SPECIMEN COLLECTION	<u>0.1</u>	<u>0.1</u>	<u>0.2</u>	<u>0.2</u>	<u>0.1</u>	0.1	-
6532 LAB-VIROLOGY	-	-	<u>0.1</u>	-	-	-	-
6550 LAB-MICROBIOLOGY	<u>0.3</u>	<u>0.3</u>	<u>0.1</u>	<u>0.1</u>	<u>0.2</u>	0.1	-0.1
6555 LAB-DIAGNOSTIC IMMUNOLOGY	-	-	-	-	-	-	-
6560 LAB-BIOCHEMISTRY	<u>1.1</u>	<u>1.8</u>	<u>1.8</u>	<u>0.3</u>	<u>1.3</u>	1.6	0.3
6570 LAB-HEMATOLOGY	<u>2.5</u>	<u>2.4</u>	<u>3</u>	<u>2.5</u>	<u>2.6</u>	2.6	-
6575 BLOOD BANK	<u>1</u>	<u>0.6</u>	<u>0.8</u>	<u>0.9</u>	<u>0.8</u>	0.8	-0.1
6600 LAB-	<u>0.1</u>	<u>0.3</u>	<u>0.1</u>	<u>0.2</u>	<u>0.2</u>	0.3	0.1

CSRP/REFERENCE LABCORP							
6620 LAB-PATHOLOGY	<u>0.1</u>	-	-	<u>0.1</u>	<u>0.1</u>	0.2	0.1
6635 LAB- ADMINISTRATION	-	<u>0.1</u>	-	-	-	-	-
6637 LAB-COMPUTER ADM	-	-	-	-	-	0.1	0.1
Total	<u>5.2</u>	<u>5.6</u>	<u>6.1</u>	<u>4.2</u>	<u>5.3</u>	5.8	0.5
Hours	416	448	488	336	424	464	40

## PLANT OPERATIONS – DOUG FLYNN

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

### 1. Cleve Hill Primary Care interim co-location at Grider Family Health Center

- In-house renovations underway to alleviate the pressure of these two busy primary care service line.
- Over the next six weeks available square footage shall be renovated into additional clinical space including (10) exam room, and various necessary support spaces.
- Longer range intent shall be to design, bid and build separate but adjacent primary care clinics over the following nine months.

### 2. Emergency Department Modernization Initiative

- The design team continues working on an array of potential layout options ranging from a fully remote, at grade new department, to an expanded in-kind / in-place renovation, as well as several hybrid alternatives.
- Stakeholder group includes representatives of the Emergency, Radiology, Surgery, and Behavioral Health departments, ensuring all have the opportunity to contribute to this exciting new project.

### 3. Pathology Department Renovation

- A "fast-track" renovation of the Pathology department is underway on the ground floor of the Lab building.
- The renovation shall provide for a more secure and consolidated department, with the new layout creating improved processing efficiencies.

### 4. 2015 Group A Capital Projects

- Bariatric CT's & Fluoroscopy Renovations
  - Phase 1 of this project is progressing on schedule, with the first new CT unit scheduled to be on line in late October, with the second CT and the new Fluoro units on line by the end of the calendar year.

- Cardiac Cath Lab #2 Renovation
  - Project well underway, renovations shall prepare the former Cardiac Cath Lab for a newly purchased unit, scheduled for completion during the fourth quarter of 2015.
  
- Orthopaedic Clinic Renovation
  - Project is in its initial phase of abatement and demolition; renovation shall create a brand new (14) exam room clinic in a new more prominent first floor location. Completion is targeted for the spring of 2016.

## **HOSPITAL POLICE & SECURITY – CHRIS CUMMINGS**

### **Security**

- BadgePass implemented in ED / training acquired
- Established new mandatory post for officer in ED
- Completed policy updates for policies: Sec 111–BadgePass & Sec 105–Post Integrity as part of plan of correction
- Updated Hospital Elopement (former Abscond) policy
- Obtained PO and directed IK Systems to install exterior ED cameras as part of plan of correction
- Obtained PO and attended meetings with IK Systems to construct HPD control room
- Took delivery of a newly purchased patrol vehicle

### **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.
- Obtained PO and initiated install of 18 proximity readers surrounding ED
- Continued to attend parking / shuttle planning meetings (implementation will coordinate with activation of DKM access control)
- Met with Dr. Fudyma and Dr. Calabrese to inform of DKM access control process
- Reviewed blueprints and completed security camera and reader locations for:
  - Cath Lab
  - Radiology
  - Outpatient Physical Therapy (panic alarms)
  - Depew Clinic
  - Radiation Safety Office
  - 4 South Med Rooms
  - 10<sup>th</sup> Floor Inpatient Dialysis
  - Continued with AMAG Reader change out
- Attended meetings relating to plan of correction for ED ramp incident
- Attended the WNY Law Enforcement Foundation’s 9/11 Memorial meeting



## **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. Transition to the Healthcare division to be completed by the end of the calendar year.
- 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  
 9/23/15

***Terrace View:***

- INTERACT training was 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.
  - o Meetings between TV and MCC staff members to roll out implementation in the facility have begun and continue to occur in an effort to decrease hospitalization and re-hospitalizations
- 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.
- A Thank You Luncheon was given for all the departments who worked to make sure that TV’s CMI this submission was accurate as to the high acuity patient population we serve
- A recognition luncheon was held for laundry and housekeeping staff on 9/23/15
- A Director of Nursing position has opened, we are actively trying to recruit a qualified candidate
- Rehabilitation: Positive trends continue in sub acute rehabilitation statistics. The below table shows a continued, progressive increase in the higher intensity therapy categories offered to our patients:

	July	August	YTD
RU	0.0%	0.0%	1%
RV	16.7%	20.6%	14%
RH	59.9%	58.9%	64%
RM	23.4%	20.6%	21%
RL	0.0%	0.0%	0%

- o Four new therapy positions have been posted to help supplement the programs that will be driven from our rehabilitation department. The positions are budget positive, and the therapists will have a great impact on quality measures and overall quality of care
- Quality Measures: Improvements continue and noted in the following areas:
  - o SR Mod/Severe pain (L) 13.6 % to 12.2%
  - o Hi Risk pressure ulcer (L) 10.2% to 7.9%
  - o New Worse Pressure ulcer (S) 1.5% to 1.2%
  - o Anti-anxiety/hypnotic (L) 4.4%to 3.1 %
  - o UTI 6.0% to 5.2%

- Cath insert/left bladder (L) 0.9% to 0.6%
- Lo risk Lose B/B Con (L) 46.5% to 45.8%
- Excess wt loss (L) 3.8% to 3.4%
- Inc ADL help (L) 17.3% to 16.7%

***Transitional Care Unit (TCU)***

- A mock survey driven by Leading Age will be conducted at the TCU on 9/23 – 9/24
- UB MD has taken over the medical service on the TCU as of earlier this month, under the direction of Dr. Bruce Troen and Susan Glose, NP, PhD. The transition was smoother than could be expected
- TCU Quality Measures noted improvement in the following areas:
  - Self Report Mod/Severe Pain improved ( 22.9% to 20.6 % )
  - New / Worsen Pressure Ulcers improved (2.6% to 0.0% )
  - Anti psych Med improved (1.3% to 1.2% )
  - Of note, the TCU does not include all of the same type of QMs as traditional
- Training to be conducted on 9/2/15 with Kelly Clem, RN of Hospice to begin preparing the unit for the collaborative GIP beds.
- Rehabilitation: We saw a down trend in the percentage of patients on the Rehab Ultra intensity level. This was due to the admission of a few patients under a palliative care.

	July	August
RU	81%	53%
RV	9%	23%
RH	0%	3%
RM	5%	2%
RL	0%	0%

- Ave LOS in TCU is 10.1 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:***

**Conversation Project /Community Outreach**

- Conversation Project presentations; Witness Project Health fair 8/15, Veteran's Administration on 9/10, IHA Case Managers on 9/18, WUFO Spirit of WNY Expo on 9/19.
- On-going meetings with ACS to identify a collaborative project.
- Collaborative community presentations with Legal Services for the Elderly to begin on 10/28.
- Meeting with the VA on 9/18 to discuss opportunities for collaboration.
- Collaborative effort with BGH to implement e-MOLST. Weekly conference calls to begin in Oct.

### **Comfort Care Home**

- We have pursued filing paperwork to set up a new 501c3 in an effort to review potential philanthropic opportunities for funding of this home, in conjunction with ECMC Foundation
- Policies and Procedures, Admission criteria, Volunteer screening, and Informational packets for Residents and families, etc. are complete.
- Care assessments, care documentation, and creation of volunteer training curriculum are complete.
- First Mercy Doulas class complete and Doulas have begun visiting patients in the hospital. Seven Medical students completed the training. Second class scheduled to begin in Oct.
- Dr. Grimm is in conversation with the University to include the Comfort Care Home as a part of Clinical rotation and the medical curriculum.
- Grants submitted for HVAC for Comfort Home (East Hill) and for Mercy Doula training (Gold Foundation).

### **Geriatric & Advanced/Chronic Illness Management (aka Palliative Care) Service line**

- Geriatric consults throughout the tower are increasing approx. 10 q week.
- Nurse Practitioner joining Geri team on 10/1, will assist with TCU coverage.
- AIM service line development underway that aligns with Joint Commission Accreditation, which requires an Interdisciplinary team: Social work Intern to start @ end of Sept. to assist Dr. Grimm. Need to add a mid-level provider to team.
- Finalizing "Trigger Tool" for the Emergency room, to assist with early identification of patients who would benefit from AIM consult, with concurrent Provider education.
- Weekly outpatient Oncology rounds begin on 9/22 with Psychology Interns and Pastoral Care.
- End-of-life nursing education curriculum (ELNEC) training for nurses is scheduled @ VA on 9/28.

- Meeting with ICP to discuss designated Palliative beds @ Terrace View scheduled on 9/22.
- Dr Grimm and Sandra Lauer will be attending the CAPC conference in November, and will be presenting.

Respectfully submitted,

Christopher Koenig

# Human Resources Committee Meeting of the Board of Directors

Tuesday, September 8, 2015

10:00am

Staff Dining Room



**Call to order: Michael Hoffert,  
Chairperson**

**Receive and file: Minutes  
from the July 14, 2015  
Human Resources  
Committee of the Board of  
Directors**



# Engagement Report

- Restructure of Talent Acquisition
  - Improve candidate experience
  - Increase diversity and quality of candidates
- Culture of Engagement
  - HR transitioning to viewing employees as customers
  - HR Rounding with employees and patients
  - Reviewing and improving all policies, procedures and processes
- Leadership Development
  - Leadership Academy
  - Leadership Counsel Meetings





# Employee Turnover

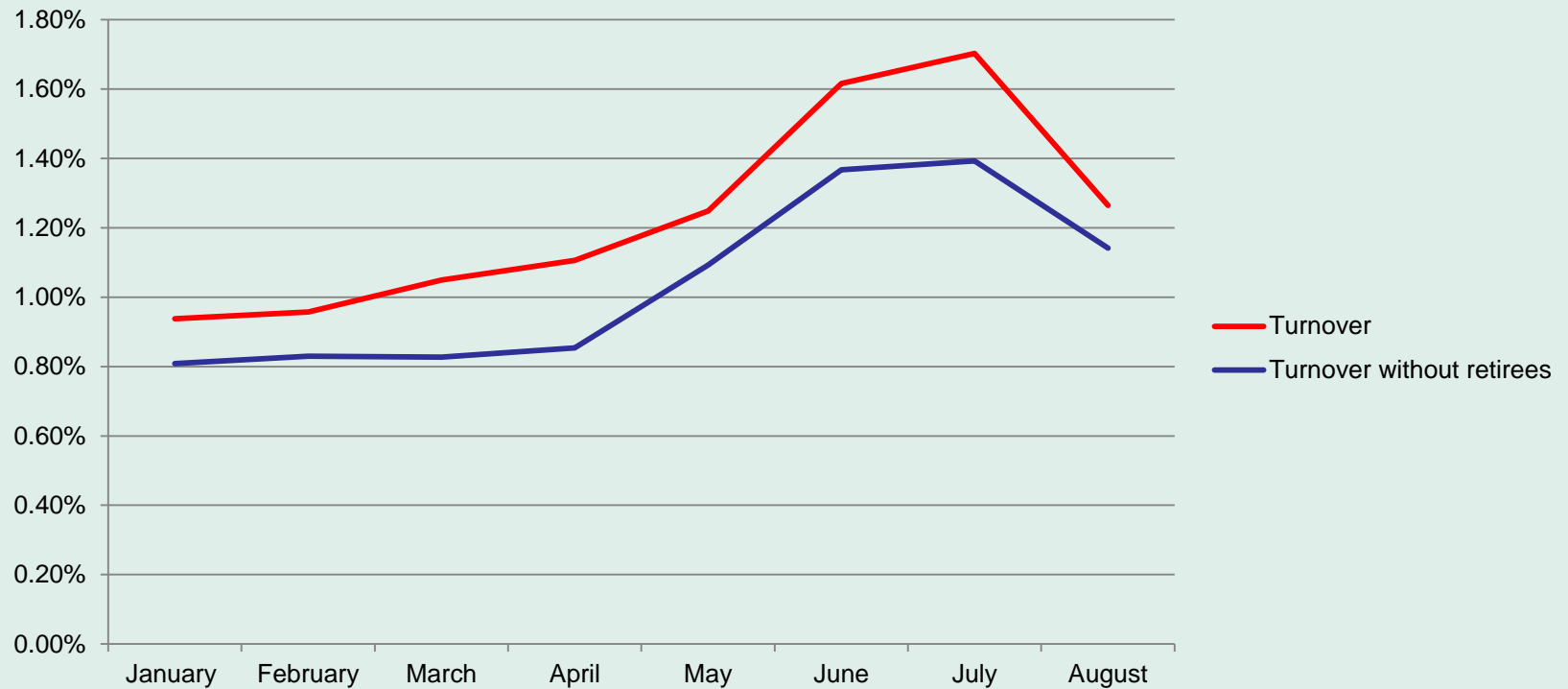
\*Now includes Terrace View

	January	February	March	April	May	June	July	August	YTD 2015
Deceased	0	0	0	1	0	0	0	0	1
Disability Retirement	0	0	0	0	0	0	0	0	0
Laid Off	0	0	0	1	7	0	0	1	9
Removed	7	7	7	10	6	11	13	6	67
Resigned	18	19	19	15	22	33	32	30	188
Retired	4	4	7	8	5	8	10	4	50
Term (Temp)	0	0	0	0	0	0	0	0	0
1 yr Leave w/o Pay	0	0	0	0	0	0	0	0	0
Total Separations	29	30	33	35	40	52	55	41	315
# Emp.	3091	3135	3144	3164	3204	3218	3230	3242	3179
Turnover	0.94%	0.96%	1.05%	1.11%	1.25%	1.62%	1.70%	1.26%	9.91%
Turnover without retirees	0.81%	0.83%	0.83%	0.85%	1.09%	1.37%	1.39%	1.14%	8.34%



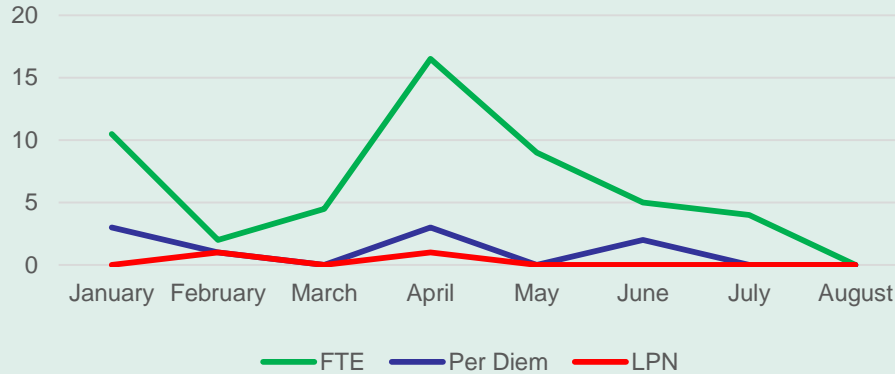
# Employee Turnover

## Turnover 2015

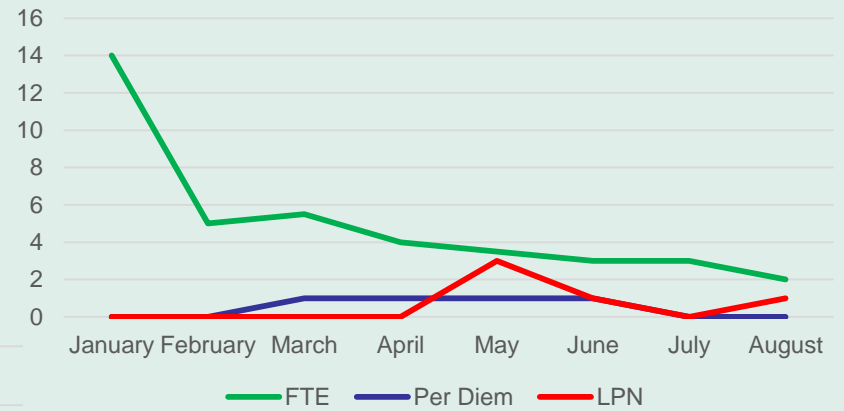


# Nursing Hires

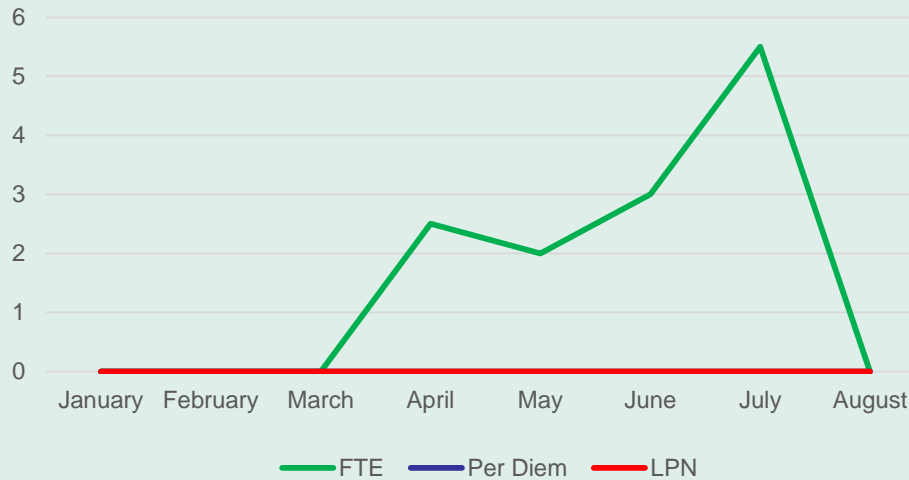
## Med/Surg



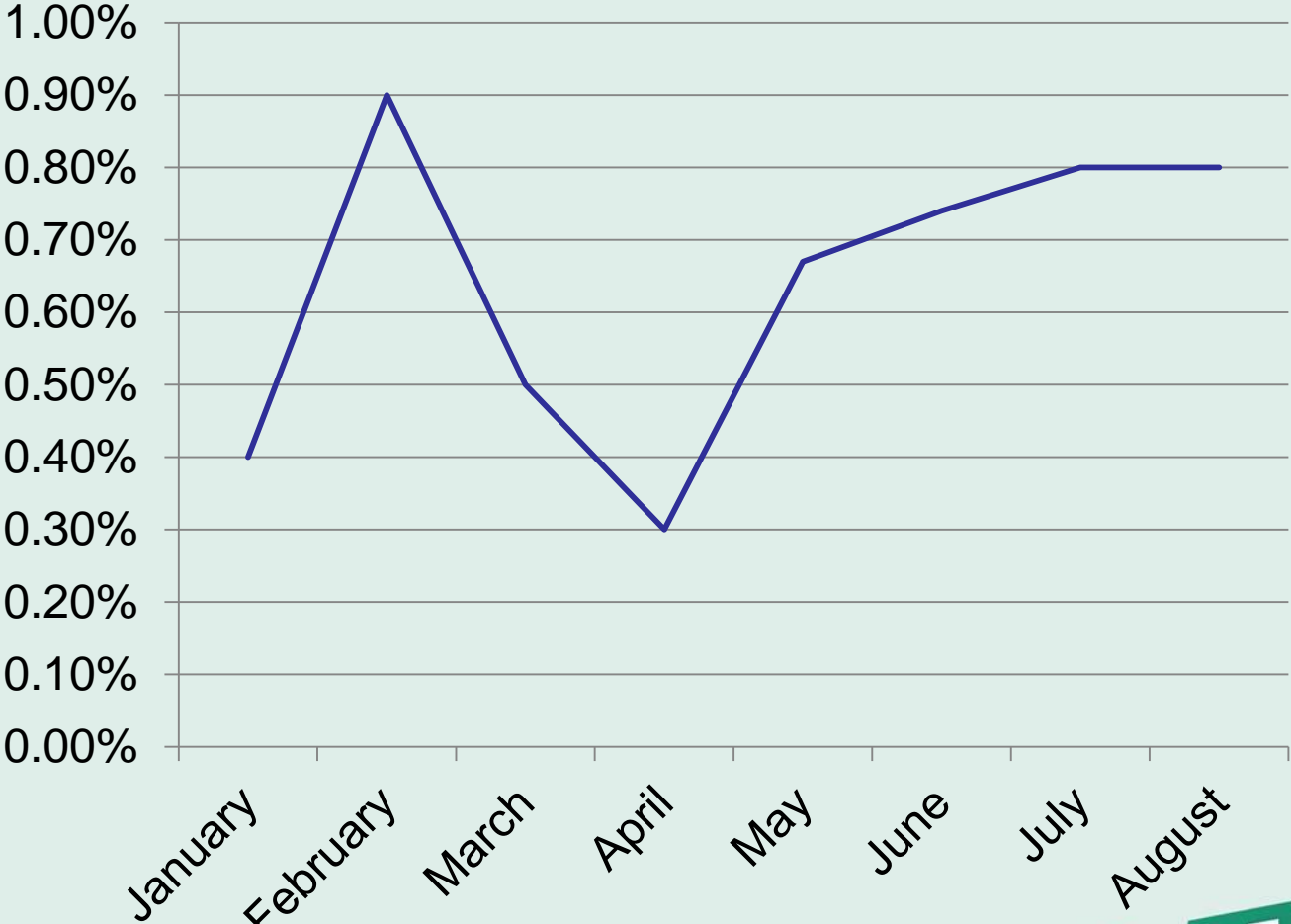
## Behavioral Health



## Critical Care



# Nursing Turnover



# Labor Relations

- **AFSCME**- draft proposals were shared with Erie County, no dates for negotiations have been sent yet. Continue to work on draft proposals with ECMC team.

Arbitration schedule—panel to be updated, triage sessions to be scheduled for fall.

- **CSEA**- Inquiry into some new MC titles prompted a meeting with their LRS and ECMC to discuss the appropriateness of MC designation. Meeting scheduled for 8/26
- **NYSNA**- final draft of CBA being approved, expected to be clear to be printed and distributed to members by NYSNA before the end of the year. New ECMC representation and 17 new delegates—many of which remain untrained to date are causing some strain in the scheduling of hearings/etc. Scheduled to meet on resolution.



# Workers Compensation & Occurrence reports

ECMC	TOTAL INCIDENTS REPORTED	EMPLOYEES NO LOST TIME	RTW/MODIFIED DUTY-MONTH	EMPLOYEES LOST TIME/MONTH	DAYS EMP AWAY FROM WORK/MONTH	CALENDAR DAYS EMP AWAY FROM WORK SINCE INCEPTION OF CLAIM	EMP STILL OUT YTD	EMP STILL OUT CHANGES
JUL. 15	67	48	7	19	79	5450	25	4-added, 7-removed
AUG. 15	91	81	12	10	54	5144	25	6-added, 6-removed
SEPT. 15								
<b>3RD QTR</b>	<b>158</b>	<b>129</b>	<b>19</b>	<b>29</b>	<b>133</b>	<b>0</b>	<b>0</b>	

	TOTAL INCIDENTS REPORTED	EMPLOYEES NO LOST TIME	RTW/MODIFIED DUTY-MONTH	EMPLOYEES LOST TIME/MONTH	DAYS EMP AWAY FROM WORK/MONTH	CALENDAR DAYS EMP AWAY FROM WORK SINCE INCEPTION OF CLAIM	EMP STILL OUT YTD	EMP STILL OUT CHANGES
JUL. 14	62	50	7	12	108	6131	34	12-added, 5-removed
AUG. 14	56	39	8	18	184	6617	41	9-added, 2-removed
SEPT. 14	63	49	5	14	106	7308	43	4-removed, 6-added
<b>3RD QTR</b>	<b>181</b>	<b>138</b>	<b>20</b>	<b>44</b>	<b>398</b>	<b>7308</b>	<b>43</b>	



# Workers Compensation & Occurrence reports

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2015	2014	2013
ASSAULTS	10	3	1	3	1	0	1	3					22	21	7
BBFE	3	7	10	9	4	4	3	3					43	51	30
BITES/SCRATCHES	0	0	0	0	1	0	0	0					1	1	5
BURNS (CHEMICAL)	0	0	1	0	0	0	0	0					1	4	3
BURNS(HEAT)	0	0	0	1	0	0	0	0					1	2	2
CONTAM (BODY FLUIDS)	0	0	0	2	0	0	0	0					2	1	2
CONTAM (CHEM)	0	0	0	0	0	0	0	0					0	1	0
CONTAM (R'ACTIVE)	0	0	0	0	0	0	0	0					0	2	1
CRUSHING INJURY	0	1	0	0	0	0	0	0					1	0	1
ELECTRICAL SHOCK	0	0	0	0	1	0	1	0					2	1	2
EXPOSURE :PARA (OTHER)	0	1	0	0	0	0	0	0					1	2	3
FALL, SLIP, TRIP	3	7	7	4	6	1	8	8					44	89	77
FOREIGN BODIES	0	1	1	0	0	1	0	2					5	9	5
FRACTURE	0	0	1	1	0	0	0	1					3	6	2
INHALATION	0	1	0	0	0	0	0	0					1	11	1
LACERATIONS & SCRATCHES	6	4	5	15	10	3	6	8					57	54	64
*MISCELLANEOUS	14	17	27	15	11	19	26	39					168	214	263
NEEDLE PUNCTURES-BBFE	4	3	0	2	2	2	4	7					24	33	40
PUNCTURE WOUND	0	0	1	0	0	0	1	0					2	3	4
REPETITIVE MOTION	0	0	0	0	0	0	0	0					0	2	0
SKIN DISORDER	2	2	0	0	0	1	2	0					7	5	4
SPRAINS, STRAINS	23	14	23	17	7	18	15	20					137	182	202
<b>TOTAL</b>	<b>65</b>	<b>61</b>	<b>77</b>	<b>69</b>	<b>43</b>	<b>49</b>	<b>67</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>522</b>	<b>694</b>	<b>718</b>

\*CONTUSION (misc) =

126

\*HUMAN BITE (NOT BBFE)

2

\*MULTIPLE INJURIES (misc) =

6

\*CHEST PRESSURE

1

\*NO PHYSICAL INJURY (misc) =

31

\*OTHER INJURY =

2

INJURIES CAUSED BY PT (not assault) =

35 (Jan=8, Feb=10, Mar=10, Apr=7, May=9, Jun=13)

(note actual injury is counted in category of injury)

(Jul=14, Aug=35 most by same pt)

INJURIES CAUSED BY VISITOR OR EMPLOYEE (not assault) =

1 (1=May by suspect)



# Workers Compensation & Occurrence reports

TV	TOTAL INCIDENTS REPORTED	EMPLOYEES NO LOST TIME	RTW/MODIFIED DUTY-MONTH	EMPLOYEES LOST TIME/MONTH	DAYS EMP AWAY FROM WORK/MONTH	CALENDAR DAYS EMP AWAY FROM WORK SINCE INCEPTION OF CLAIM	EMP STILL OUT YTD	EMP STILL OUT CHANGES
JUL. 15	5	2	5	3	2	1,577	5	0-added, 3-removed
AUG. 15	18	12	8	6	34	1,021	5	no changes
SEPT. 15								
<b>3RD QTR</b>	<b>23</b>	<b>14</b>	<b>13</b>	<b>9</b>	<b>36</b>	<b>0</b>	<b>0</b>	
JUL. 14	16	10	4	6	34	1,563	7	5-added, 6-removed
AUG. 14	9	5	3	4	38	1,031	7	3-added, 3-removed
SEPT. 14	12	8	1	4	28	636	6	3-added, 4-removed
<b>3RD QTR</b>	<b>37</b>	<b>23</b>	<b>8</b>	<b>14</b>	<b>100</b>	<b>636</b>	<b>6</b>	





# Workers Compensation & Occurrence reports

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2015	2014
ASSAULTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BBFE	0	1	1	0	0	0	0	0					2	4
BITES/SCRATCHES	0	0	0	2	0	0	0	0					2	1
BURNS(HEAT)	0	0	0	0	0	0	0	0					0	2
CRUSHING INJURY	0	0	0	0	0	0	0	0					0	1
EXPOSURE :INF DISEASE	0	1	0	0	0	0	0	0					1	0
FALL, SLIP, TRIP	6	3	6	3	2	0	1	1					22	29
FOREIGN BODIES	0	0	0	0	0	1	0	0					1	2
FRACTURE	0	0	0	0	0	0	0	0					0	1
LACERATIONS & SCRATCHES	2	1	1	0	0	0	1	2					7	10
MACHINE MALFUNCTION	0	0	0	0	0	2	0	0					2	0
*MISCELLANEOUS	4	7	4	5	5	0	0	5					30	37
NEEDLE PUNCTURES-BBFE	0	0	0	0	0	0	0	1					1	6
PUNCTURE WOUND	0	0	0	0	0	0	0	0					0	2
SKIN DISORDER	0	0	0	0	0	0	0	0					0	1
SPRAINS, STRAINS	6	3	3	6	3	6	3	9					39	54
TOTAL	18	16	15	16	10	9	5	18	0	0	0	0	107	150

\*CONTUSION (misc) = 25

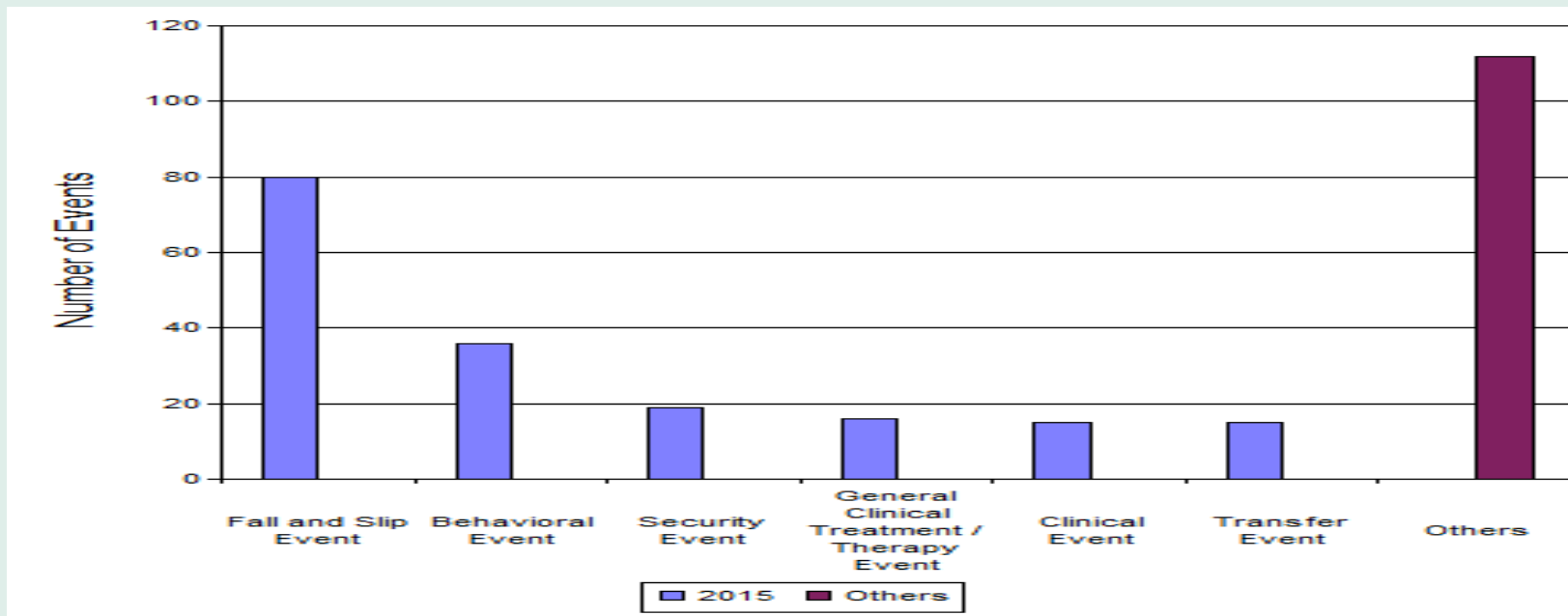
\*NO PHYSICAL INJURY (misc) = 8

INJURIES CAUSED BY PT (not assault) = 14 (Jan=2, Feb=3, Mar=4, Apr=5, May=3, Jun=1)  
 (note actual injury is counted in category of injury) (Jul=3, Aug=6)



# ECMCC Top 5 events

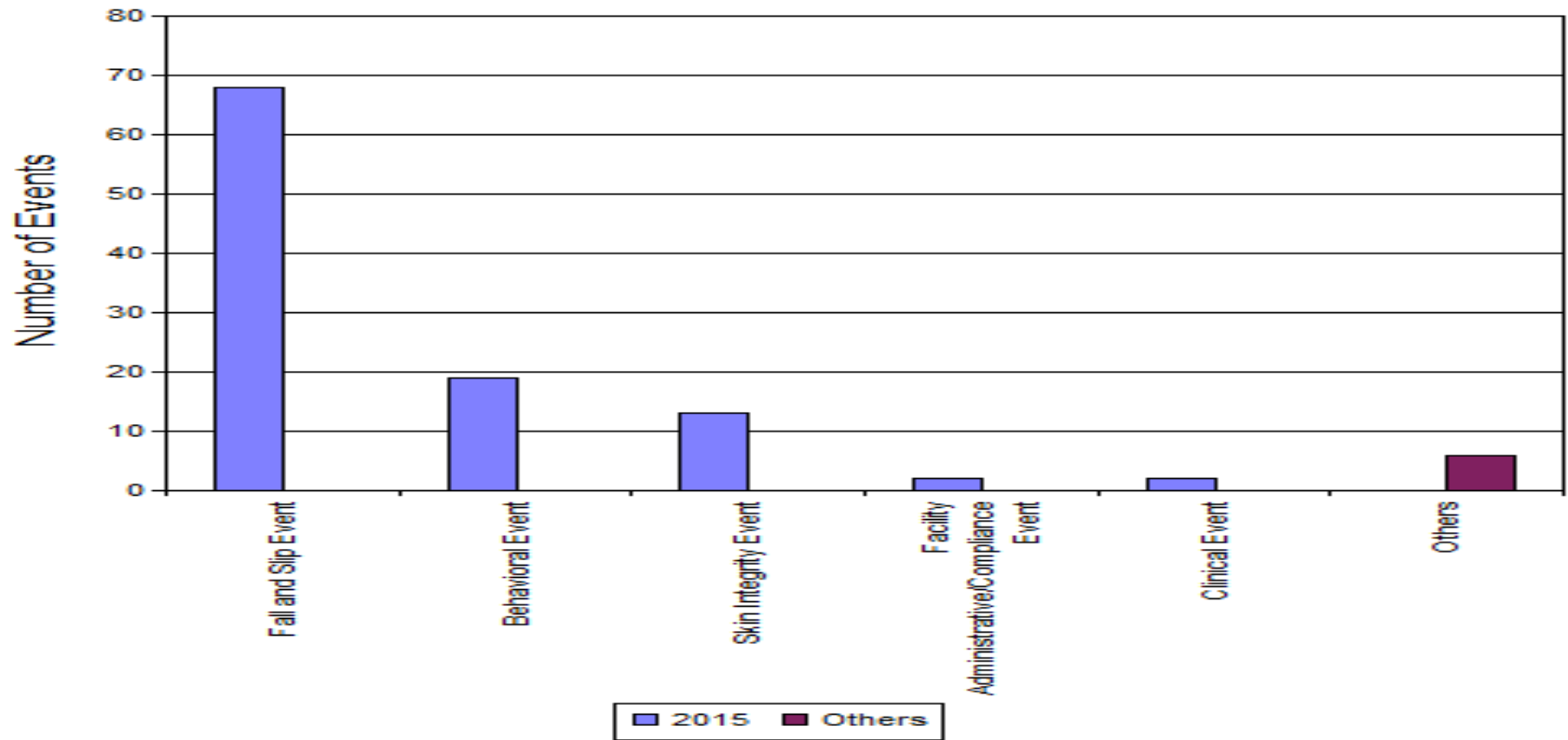
## 2015



NO	EVENT TYPE	BY REPORTING YEAR	EVENT COUNT
1	Fall and Slip Event	2015	80
2	Behavioral Event	2015	36
3	Security Event	2015	19
4	General Clinical Treatment / Therapy Event	2015	16
5	Clinical Event	2015	15
6	Transfer Event	2015	15
7	Others	Others	112



# Terrace View Top Five Events 2015



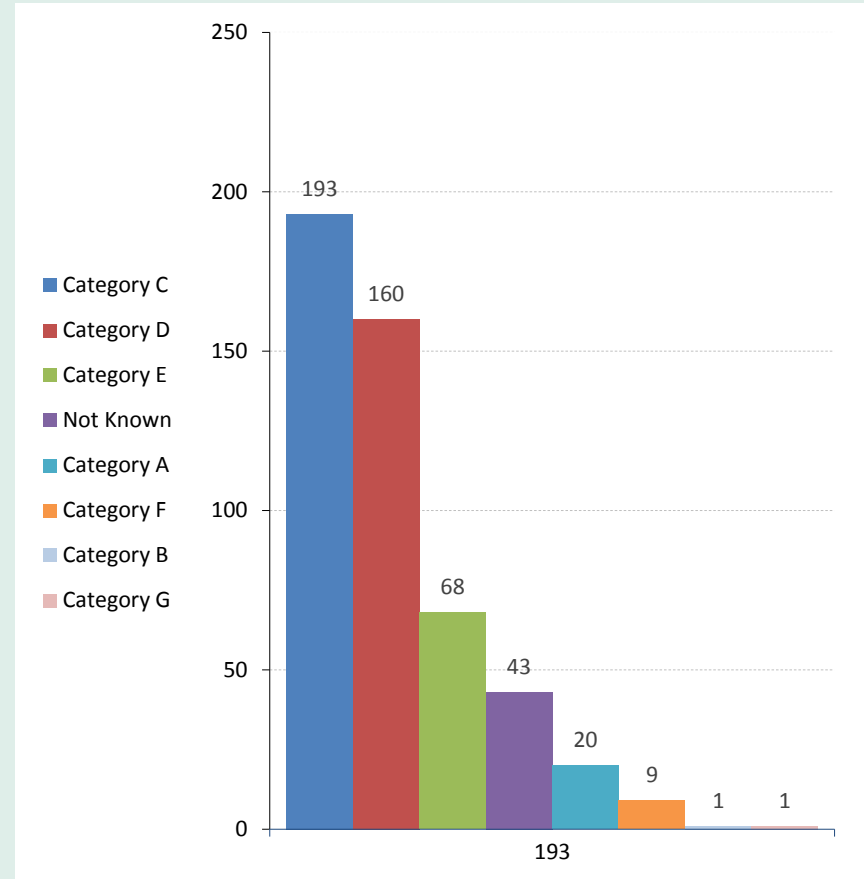
NO	EVENT TYPE	BY REPORTING YEAR	EVENT COUNT
1	Fall and Slip Event	2015	68
2	Behavioral Event	2015	19
3	Skin Integrity Event	2015	13
4	Facility Administrative/Compliance Event	2015	2
5	Clinical Event	2015	2
6	Others	Others	6



# Fall Events 2015

- Slip/Fall Natures Trend

- Severity

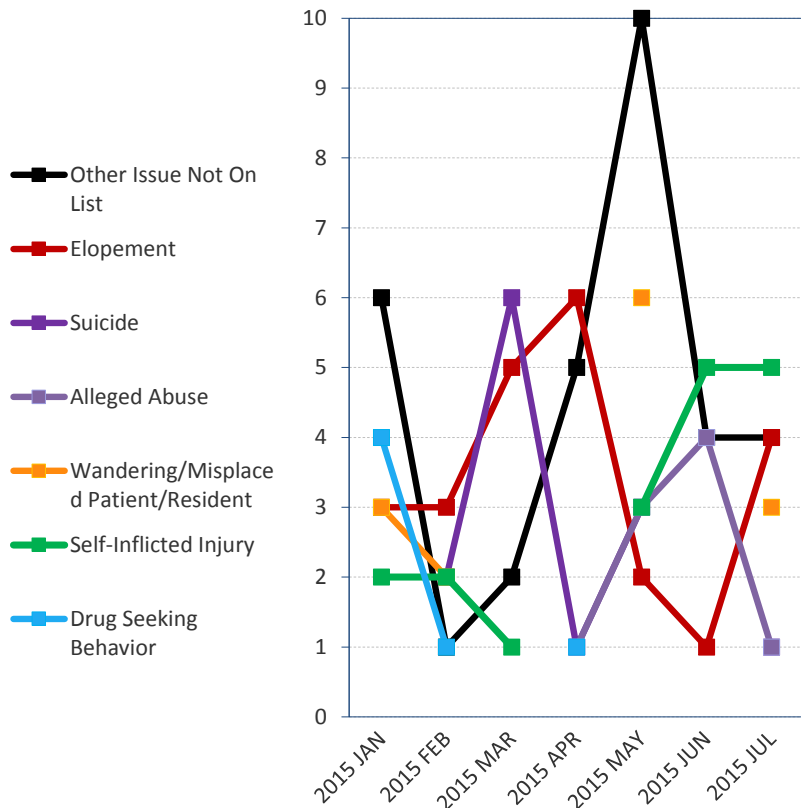


# Behavioral Events 2015

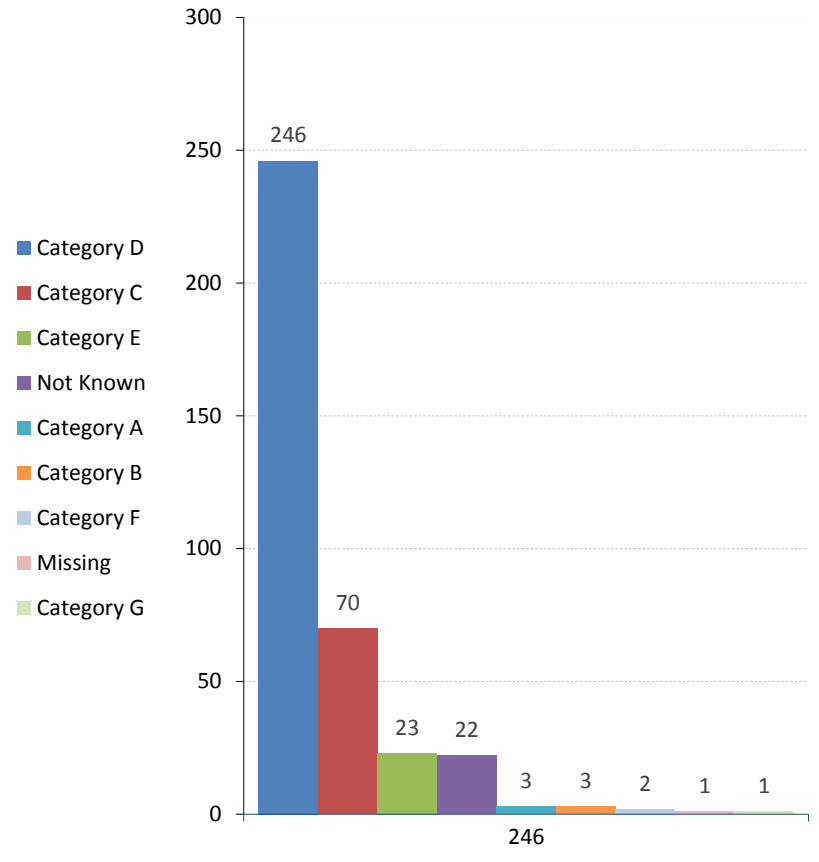
## • Behavioral Natures

Event Natures Trend

(On x-axis are the months when events were reported)



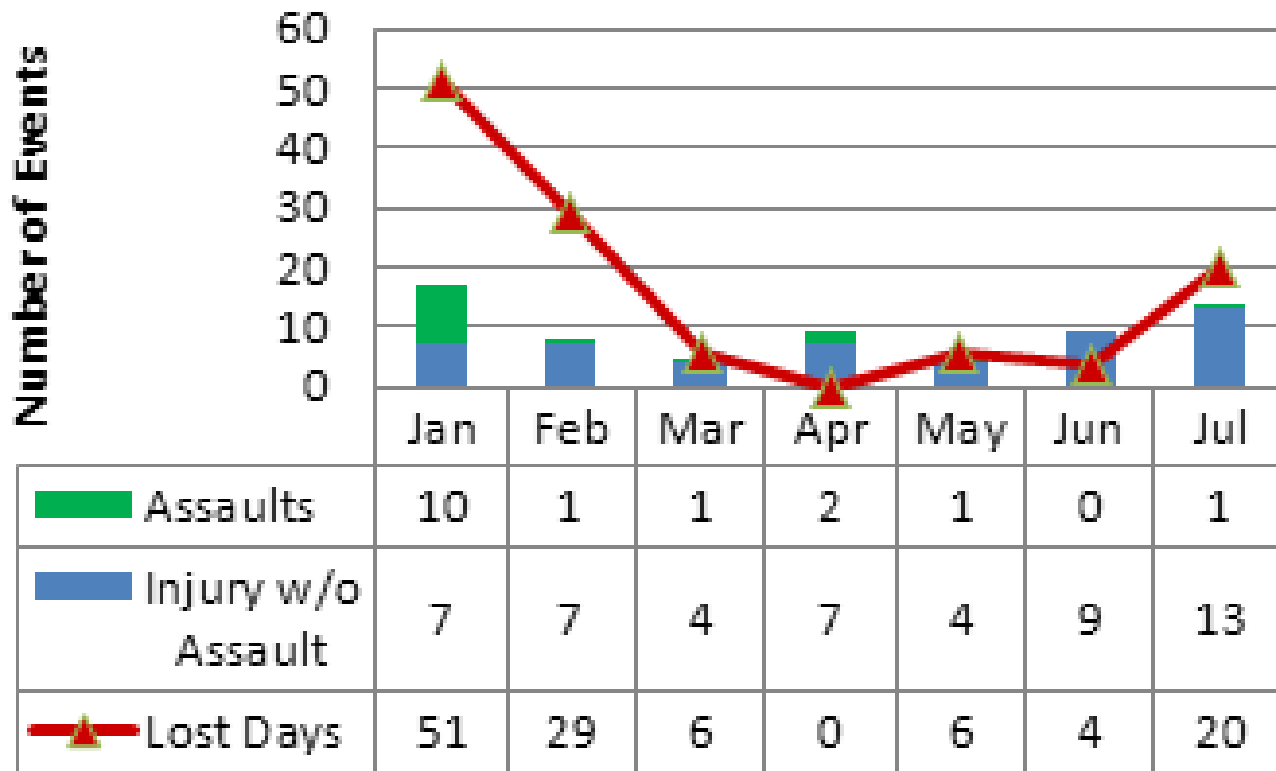
## • Severity



Note: Suicide = Suicide Threat



# Behavioral Health



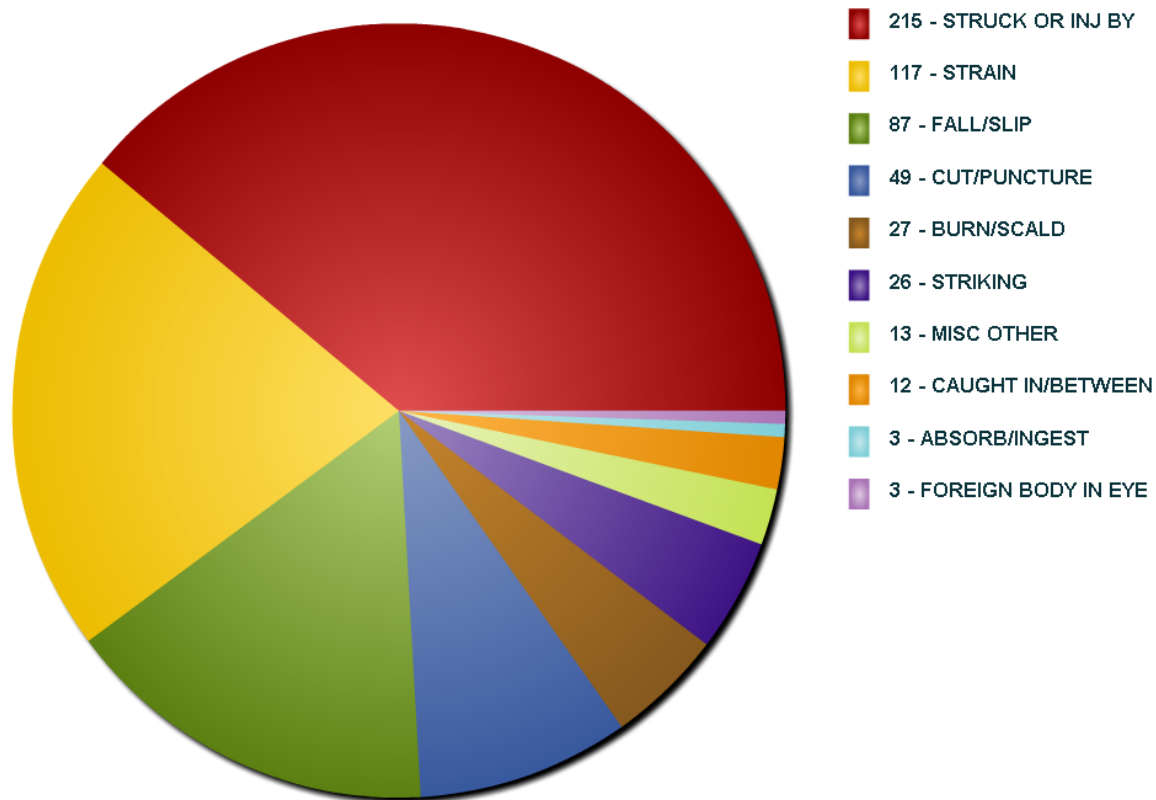
# Workers Comp 2015 Top 10 Accident Cause

ERIE COUNTY MEDICAL CENTER

Risk Analyzer - WC Top 10 Accident Cause (based on Claim Count) for Policy Year 2015



## Top 10 Accident Cause (based on Claim Count)



*Pie represents 99% of the total 555 claims*

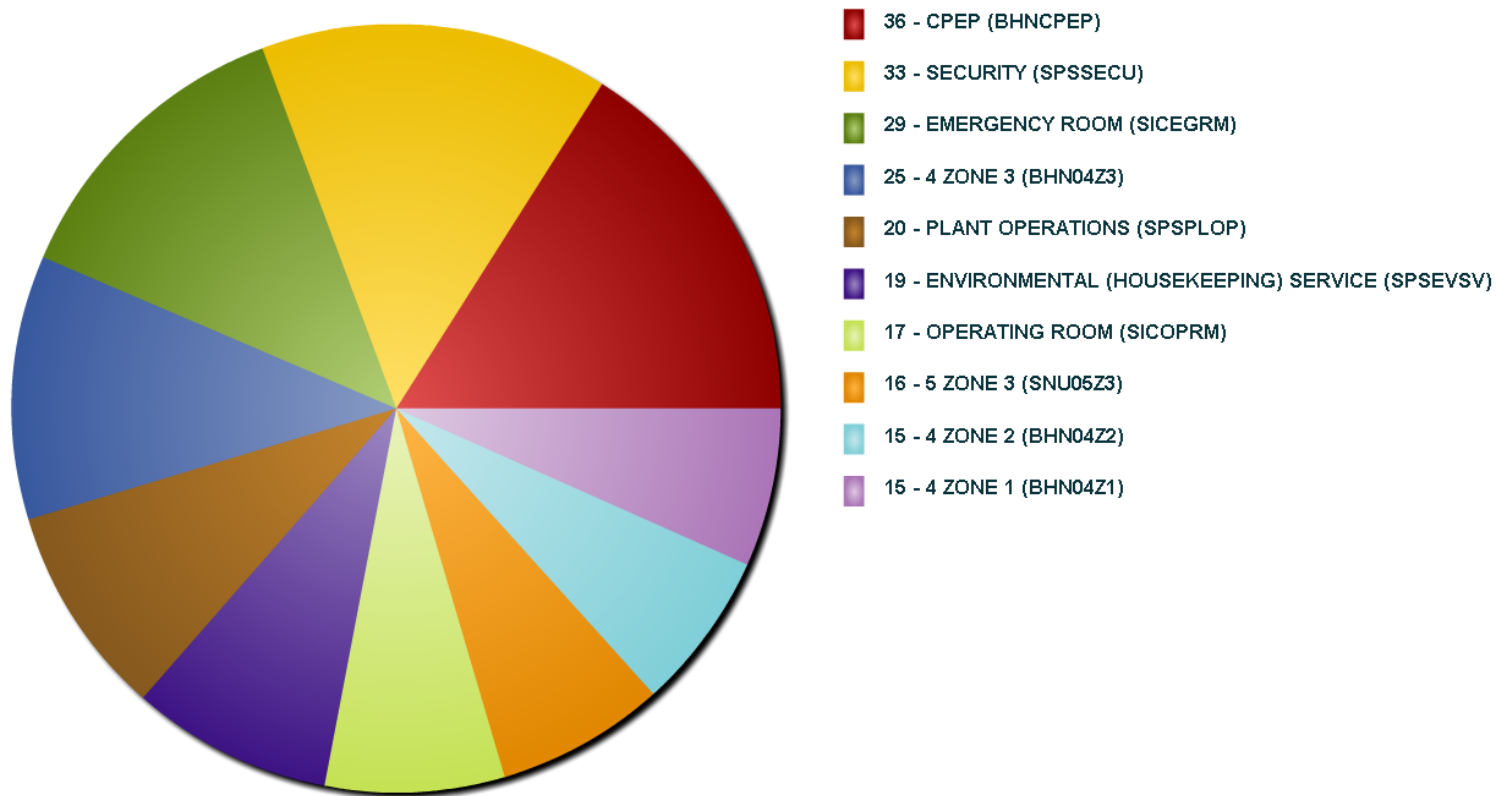
# Workers Comp 2015 Top 10 Departments

ERIE COUNTY MEDICAL CENTER

Risk Analyzer - WC Top 10 DEPT (based on Claim Count) for Policy Year 2015



Top 10 DEPT (based on Claim Count)

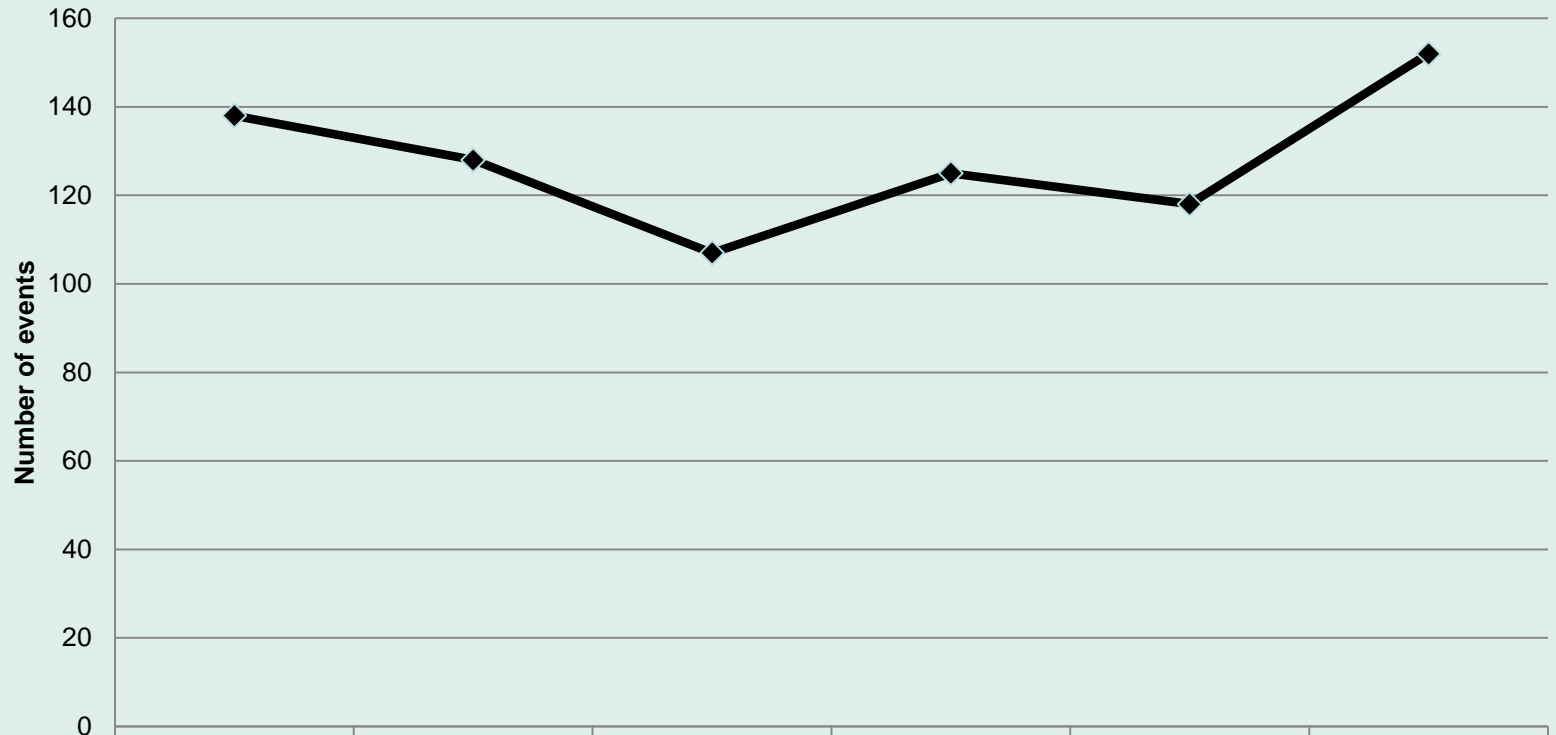


*Pie represents 41% of the total 555 claims*



# Needle Stick and Exposure Trend

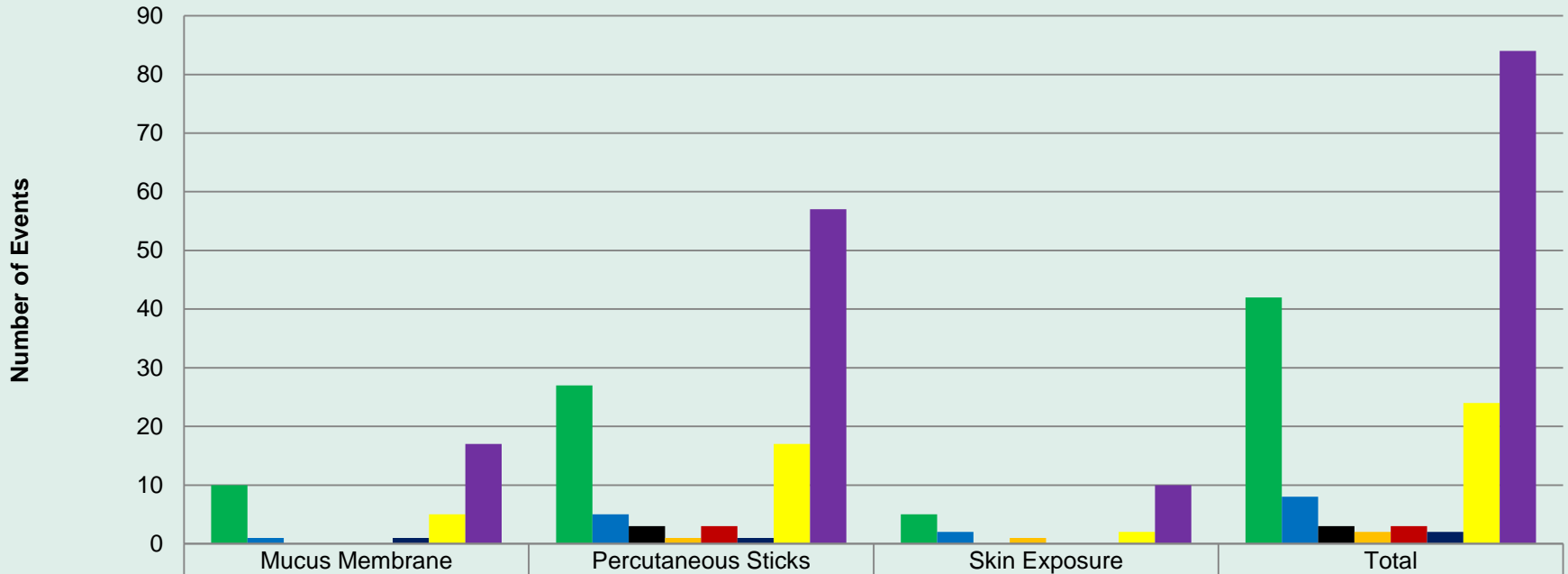
## Yearly Comparison: 2009 - 2014



	2009	2010	2011	2012	2013	2014
◆ Event Totals	138	128	107	125	118	152



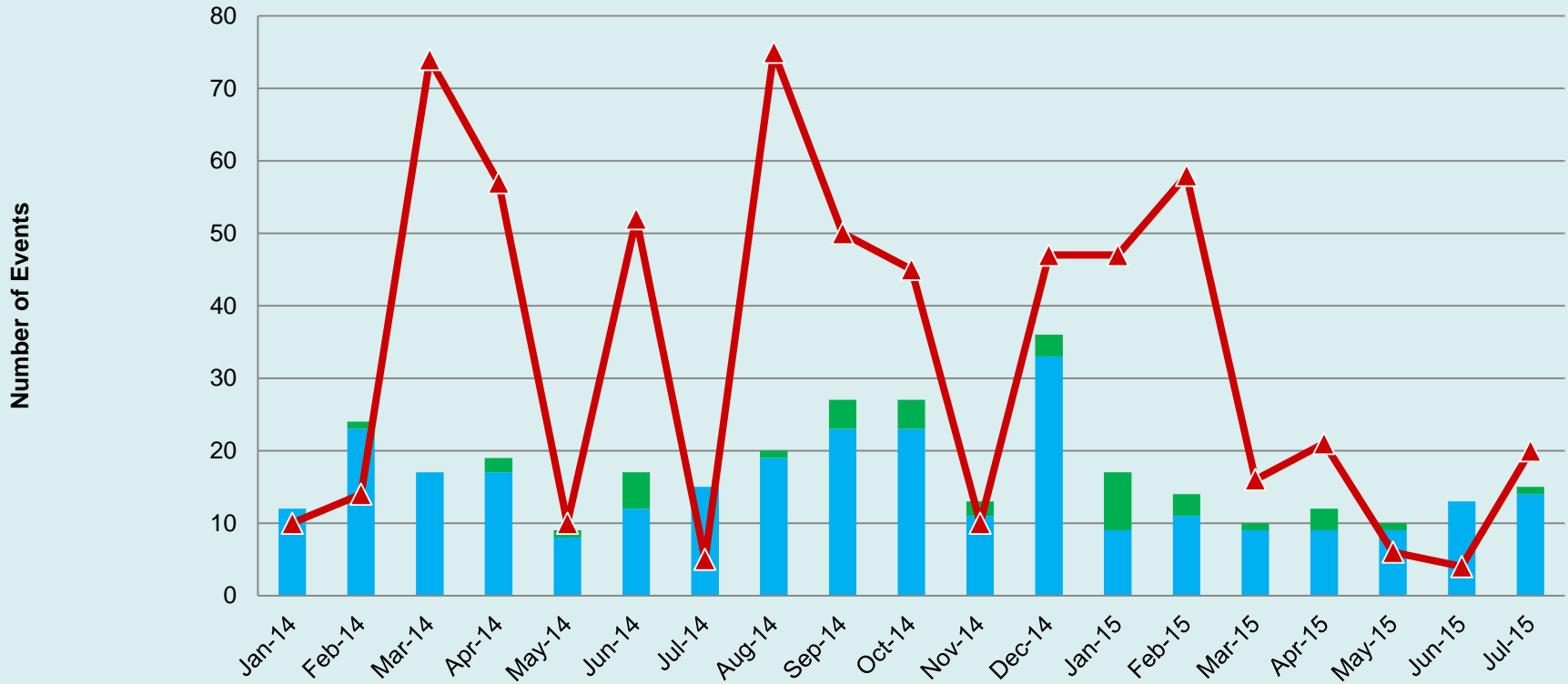
# Needle Stick and Exposure Data 2015



	Mucus Membrane	Percutaneous Sticks	Skin Exposure	Total
■ RN	10	27	5	42
■ LPN	1	5	2	8
■ MD	0	3	0	3
■ PA/NP	0	1	1	2
■ Resident	0	3	0	3
■ Med Student	1	1	0	2
■ Other	5	17	2	24
■ total	17	57	10	84



# Monthly Totals



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Total Assaults	0	1	0	2	1	5	0	1	4	4	2	3	8	3	1	3	1	0	1
Injury w/o Assault	12	23	17	17	8	12	15	19	23	23	11	33	9	11	9	9	9	13	14
Days lost All	10	14	74	57	10	52	5	75	50	45	10	47	47	58	16	21	6	4	20



# Adjournment

Next meeting: November 10, 2015





## HEALTH INFORMATION SYSTEM/TECHNOLOGY September 2015

### Great Lakes Health (GLH) IT Committee

Working with Culbert Healthcare Solutions, we have completed phase II of the total cost of ownership analysis and feasibility assessment. This allowed the committee to better understand the capital investment and long term cost structures of their current and potential future state enterprise wide IT application options. Working with various members of the GLH IT Committee, Culbert Healthcare Solutions performed a five and ten year financial model of the following scenarios;

- Replace the existing Kaleida, ECMC and UBMD IT platforms with Epic's integrated suite of Access, Revenue Cycle and Clinical applications across inpatient, ambulatory care, long-term care and VNA settings.
- Replace the existing Kalieda, ECMC and UBMD IT Client platforms with Cerner's integrated suite of Access, Revenue Cycle and Clinical applications across inpatient, ambulatory care, long-term care and VNA settings.
- Maintain the current and enhanced model of the Kalieda, ECMC and UBMD IT vendor strategy, identify gaps and quantify cost to improve integration.

The results of the study were presented to the GLH IT Committee in September. Preliminary findings concluded that to continue our current strategy of maintaining the current/enhanced model of a three vendor platform was cost prohibited and would not offer a strong value opportunity investment for our community. Additional financial validation of the study will be conducted over the next month in addition to a focused review and understanding of the Epic and Cerner's proposal and their respective population health and revenue cycle strategies. The committee is preparing for a vendor fair tentatively scheduled for end of October. The goal of this activity is to engage our clinical partners, patient access and revenue cycle community for input on how each vendor will improve their daily workflow and meet the goals and objectives each organization.

Due to the new Kaleida's Children's Hospital opening scheduled for 2017 and desire to align our IT platform for population health strategy with MCC's, the committee would like to present its recommendation to each of its Board of Directors in November for a final decision by end of this year.

### Clinical Automation

We are in the final days of meeting our Meaningful Use Stage 2 inpatient core measures. We are required to meet for one year twenty core measures including but not limited to patient engagement, computerized physician order entry, medication reconciliation, and transition of care using direct messaging technology. Compliance of these goals will result in funding of approximately \$387,000 and an avoidance of penalties of approximately \$450,000 from the ARRA program.

The Radiology voice recognition system was recently upgraded to Nuance PowerScribe 360. This version of PowerScribe takes full advantage of ECMCC's virtualized infrastructure, and allows ECMCC's new Radiology Group, Great Lakes Medical Imaging, to take advantage of system enhancements such as dynamic profiles which can pre-populate information in a report according to the type of study being performed. The upgrade was performed significantly ahead of schedule by about 1 month due to the strong efforts of IT teammates, especially Tom Gorczynski and the PACS Administration team.

The ECMCC ambulatory EHR system, Allscripts Touchworks was recently upgraded to version 11.5. This version will provide support the NYS E-prescription of controlled substance (NYS EPCS) regulation, aligns the application to take full advantage of ECMCC's virtualized infrastructure and support the use of newer web browsers.

### **Back Office Operations.**

Over the past month, we have been focused on supporting our business partner for the ICD-10 regulatory initiative. This includes assisting the Revenue Cycle Department with onboarding of the a coding support organization, optimization of computing assisted coding solutions (3M), validation of ECMC systems compliance for ICD-10, and assistance with developing appropriate metrics to measure adherence to the new regulation.

The ECMCC Teletracking solution was upgraded to its newest release, Teletracking XT. This system is a tool that will allow for better management of the patient throughput by increasing communication amongst various departments. These departments include Transport and Environmental Services, Nursing and Administrative Control Clerks (ACC) and Bed Control departments. Features from the new system that are of interest to ECMC is enhanced reporting, deployment of enhanced patient trackers that will allow the teams to better track patient status and ability to introduce of smart phones technology into the workflow. I want to thank our business partners and Joe Mogavero, IT Project Manager for their focus and dedication to making this project a great success.

# Please Join Us.....



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BY  
DESIGN

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YOU'RE INVITED...

TO A CHARMED BY CHARITY SOIREE

Come sip refreshments, snack on small bites, and enter to win a pair of Buffalo Bills tickets and a bangle set of 5 while shopping with others who share your passion for giving back.

15% of all proceeds\* will be donated to support  
ECMC FOUNDATION AND  
ECMC MOBILE MAMMOGRAPHY COACH

-----  
TUESDAY | SEPTEMBER 29 | 6 - 8 PM

ALEX AND ANI BUFFALO  
5429 MAIN ST | 716.204.8836

HOSTED BY: ECMC FOUNDATION AND THE BUFFALO BILLS  
RSVP: STACY ROEDER AT [SROEDER@ECMC.EDU](mailto:SROEDER@ECMC.EDU)

\*excludes CHARITY BY DESIGN,  
Affinity, and Bangle of the Month.



**Items may be pre-ordered with a credit card. They will be charged the evening of the event and can be picked up in the Foundation on Wednesday, September 30<sup>th</sup>**



Join the **Buffalo Bills** and **ECMC** for **BILLIEVE**  
**Friday, October 2nd**  
(716) Food & Sport - 7 Scott Street, Buffalo, NY 14203



**6:00**  
PM

**Tours** of ECMC's Mobile Mammography Coach, Street Vendors, Breast Cancer Awareness information and more on Scott Street

Enjoy live music concerts on Scott Street


(716) Club House food truck and beer tent on-site

**8:00**  
PM

**Craig Morgan concert**

Post-concert Fireworks along Canalside

Rain or shine event



Craig Morgan



In Appreciation of  
Your Past Generous Support



Invites You to Our  
**Leadership Circle**  
Annual Fund Reception

Pledge Your Support To  
ECMC Week of Giving  
October 5-9

*"Giving Back to the Community We Serve"*



**Food Stations ■ Cocktails**

**Monday, October 5th ■ 6-8pm**

**6675 Transit Road ■ Williamsville, NY**

Please RSVP with the name of your guest by October 1 to

Stacy at 898-5881 or [sroeder@ecmc.edu](mailto:sroeder@ecmc.edu)



## Report to the ECMC Board of Directors

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September 29, 2015

**Millennium Collaborative Care, PPS**

462 Grider Street

Buffalo, New York 14215

[www.millenniumcc.org](http://www.millenniumcc.org)

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## Administrative Director's Report

### Project Status

---

The Millennium Collaborative Care PPS project report focuses on the status of two critical projects, an overview of patient engagement strategy and the overall patient engagement numbers to-date for the 11 DSRIP projects.

The Emergency Department Care Triage and Patient Activation Measures (PAM) projects are the farthest along. For the **ED Care Triage project**, please note the updates:

- Objectives - Reduce unnecessary ED use, increase PCP use, and address barriers to care.
- Key Accomplishments - Project implemented at ECMC and NFMMC, start up at Olean Memorial in progress, electronic case management system in place.
- Challenges - Scheduling with PCP offices - Open access scheduling is much more efficient, but not available at ECMC and very few patients call their PCP prior to coming to the ED and when they do, most are directed to come to the ED.

For the **Patient Activation Measures (PAM) project**, please note the updates:

- Objectives - Provide PAM surveys to 81,000 Medicaid Members in 5 years, connect PAM'ed members to PCP's, and re-PAM Medicaid members to determine improved activation level.
- Key Accomplishments - 4 RFPs awarded to CBOs – 3 contracts signed, 1 in process; Training completed at 3 CBOs, pilot program with 3 additional CBOs commenced; training completed, and MCC the organizer of WUFO Expo 9/19 -10 Health & Wellness workshops and 20 informational tables representing the Millennium CC PPS.
- Challenges - Getting CBOs engaged and underway; CHWs capacity, hiring and training, etc.

We chose these projects to report, as these projects were the first to be started by MCC, and we have had great success in kicking these off in the community.

The status of patient engagement by project is on track to meet MCC's DSRIP state goals for September 30<sup>th</sup>. The eight projects are on track for achieving this quarter's performance goal of 80% of the target engagement numbers. Two projects have already hit target, 3 others are close, and the final 3 projects (Cardiovascular Disease, Maternal/Child Health, & Hospital/Home Care) need a lot more work to hit target.

*Gregory J. Turner, Administrative Director*

## Chief Clinical Integration Officer's Report

### Roadmap for Patient-Centered Medical Home (PCMH)

MCC has a plan for how we will provide appropriate support to network partners that need to reach PCMH 2014 Level 3 and track PPS-wide progress towards meeting DSRIP requirements related to PCMH. The following projects specifically require PCMH:

- Integrated Delivery System
- Emergency Department Care Triage
- Integration of Primary Care and Behavioral Health
- Cardiovascular Disease (i.e. Million Hearts)
- Maternal & Child Health

Practices must achieve Level 3 NCQA 2014 PCMH Recognition and MU 2 by the end of DY 3 (March 2018).

#### **Current MCC Primary Care PCMH Summary:**

PCMH Level	Count of PCMH Primary Care Providers	Safety Net Providers (Subset of PCMH Primary Care Providers)
2011 Level 2	19	8
2011 Level 3	303	74
2014 Level 2	7	0
2014 Level 3	11	2
NOT PCMH	239	29
<b>Grand Total</b>	<b>579</b>	<b>113</b>

Represents approximately 240 practices

#### **PCMH/MU Plan**

1. Hire three Practice Care Coordinators (southern tier, central, and northern areas) ASAP. The positions are posted and we hope to have candidates selected by the end of the month. Please see attached job description for an overview of their expected duties.
2. Assess primary care practice readiness and support needs.
3. PCMH vendor RFP: for practices that need support through the six "Must Pass" categories, we will select one or more (but no more than three) preferred PCMH vendors. We expect to negotiate discount vendor prices on behalf of the practices.
4. Establish incentive pool to support/incent practices in achieving PCMH/MU certification. The practices will use the funds to offset support staff costs, provide services that are otherwise not reimbursable, etc. (N.B.: this needs further definition)

5. Establish PCMH educational seminars (including CMEs, webinars, etc.)

*Michele Mercer, Chief Clinical Integration Officer*

## Finance Director's Report

### Summary of Established Policies and Procedures

Policy/Procedure Name	Purpose of Policy/Procedure	Summary
Entity Level Structure and Reporting Document	The purpose of this policy is to provide background on the legal and reporting structure of MCC.	Summarizes the general structure of MCC and purpose of formation MCC has developed certain policies and procedures for the overall activities and administration of the organization. Based upon its reporting structure, MCC will be governed by the policies and procedures of ECMCC unless otherwise documented.
Accounts Payable and Cash Disbursements	To explain the practices for documenting, recording and issuing payments for accounts payable transactions.	In general, MCC will follow ECMC's procurement policies. Tronconi Segarra and Associates LLP will be assisting with the A/P process once bank accounts are established in MCC's name
Check Requests	To describe the process for completing a check request form to ensure that transactions are properly authorized, sufficient supporting documentation is provided, and efficient processing, all manual check requests will be prepared on a written check request form.	MCC Operating Account: The MCC operating account will be funded by the exact amount of the required expenditures when accounts payable check runs are required. The MCC Imprest account will be used to fund expenditures that need to be paid in an expedient manner. ECMC will fund the Imprest account with \$25,000 initially. The balance of the Imprest account will be replenished once it drops below \$5,000. Approval levels for expenditures exceeding certain thresholds. Different levels were established for those transactions that were or were not part of signed contracts/agreements.
Accounting for Fixed Assets	The purpose of this procedure is to delineate the capitalization and depreciation methods for various asset groups.	All fixed assets with a useful life of greater than one year and costing more than \$5,000 will be capitalized and, except for land, will be recorded in the depreciation records. Any asset that does not meet the above criteria will be expensed.
Payroll and Benefits	To explain the practices for documenting and recording payroll expenses, along with the filing of the appropriate payroll compliance documents.	The payroll invoice along with the supporting documentation will be forwarded to the MCC Finance Director from the external payroll provider. The MCC Finance Director is responsible for ensuring the proper review and approval of all payroll amounts with the appropriate process owner. All hiring decisions, including setting pay rates or changes in pay rates, must be approved in

Policy/Procedure Name	Purpose of Policy/Procedure	Summary
		writing by either the Executive Director or the Administrative Director.
Monthly and Annual Financial Reporting	To explain the practices for the monthly and annual financial reporting closing periods (specifically covering the reporting to ECMC).	<p>The following schedules for the monthly and annual reporting process:</p> <ul style="list-style-type: none"> <li>• Balance sheet</li> <li>• Statement of operations – MTD</li> <li>• Statement of operations – YTD, budget v. actual</li> <li>• Cash flows</li> <li>• Financial ratios</li> <li>• Key statistics</li> <li>• Bank account reconciliations</li> </ul> <p>Once the financial reporting package has been approved by the MCC Finance Director or other appropriate member of management, the financial reporting package will be forwarded to ECMC in accordance with ECMC’s closing schedule to ensure timeliness of the required information.</p>
Finance Reporting Requirements	The purpose of this policy is to identify and ensure the timely completion of all financial reports and reporting requirements for MCC. This procedure applies to all financial reporting required by MCC. Standard reports will be created and distributed on a regular basis. The reporting to ECMC is specifically addressed in the “Monthly and Annual Financial Reporting” policy.	<p>Standard Reports will be generated to cover the following categories:</p> <ul style="list-style-type: none"> <li>• Monthly financial statements</li> <li>• Monthly statistics</li> <li>• Bi-weekly payroll</li> <li>• Financial sustainability</li> <li>• Value based payment</li> <li>• NYS deliverables</li> </ul>

## MCC Cash Flow Information, July 2015

<b>Total Funds Received to Date</b>	\$18,190,419
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Amount Disbursed Detail	July 2015 MTD	Q1 - April - June 2015	YTD 2015
Salaries & Fringe	\$ 196,653	\$ 325,038	\$ 521,691
Consulting	\$ 71,002	\$ 41,620	\$ 112,622
Other Purchased Services	\$ 23,765	\$ 167,197	\$ 190,962
Miscellaneous	\$ 94,527	\$ 57,521	\$ 152,048

<b>Total Funds Disbursed</b>	\$ 385,947	\$ 591,376	\$ 977,323
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<b>Remaining Funds</b>	\$ 17,213,096
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Note: More formal financial statements will be included in future once we are able to catch up the reporting to current.

*Kathrine Panzarella, Finance Director*

## Chief Medical Officer’s Report

A Practitioner Engagement Coordinator, Jillian Barone, was hired as of 9/21/15.

The project managers have been asked to provide a list of practitioner educational needs for Jillian to assess, prioritize, and work up.

She is also developing a two-session PCMH education program with the support of the Physician Steering Committee.

*Anthony Billittier, Chief Medical Officer*

## Director of Community-Based Initiatives’ Report

### Governance

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#### ***Community-Based Organization (CBO) Task Force***

There have been two CBO Task Force meetings and two sub-group meetings since May. The first CBO Task Force meeting was on May 26 (16 attended) and the second CBO Task Force meeting was on 8/18/15 (21 attended). Each of the three sub-regions were represented. The next scheduled meeting is November 17.

A BOM (Board of Managers) representative was elected. A CBO Task Force Chair was elected. The Charter has been updated and submitted to the Governance Committee for approval. A second sub-group will be established: Community Engagement Committee. Sub-groups to meet during interim period before next quarterly – then report out.

#### ***“Voice of the Consumer” (VOC) Sub-Committee***

There have been two VOC meetings since May. The first VOC was on June 17 (18 attended) and the second VOC meeting was on September 16 (8 attended).



Two sub-groups have been established: Materials Review Committee and Community Engagement Committee. The next scheduled meeting is December 15. Sub-groups to meet during interim period before next quarterly – then report out.

### ***Community- and Faith-Based Engagement***

The engagements in both of these areas are underway including meeting with faith-based leaders; a September 19 MCC-sponsored Expo 2015 – “Your Health Matters to us” at the Buffalo Convention Center featuring MCC project managers/physician-led workshops and more than 20 partners providing screenings and other health-related information. More than 700 expected attendees.

### **Cultural Competency & Health Literacy Work stream**

A CCHL (Cultural Competency & Health Literacy) RFQ was issued on July 22 with a due date August 17; an RFP was issued on September 17 with a due date of October 8.

In partnership with Catholic Partners of WNY and P<sup>2</sup> Collaboration of WNY, the Culturally and Linguistic Appropriate Services (CLAS) survey was finalized. In phase I, 180 CBOs were sent the online tool on September 10 with a due date of September 25. Phase II will include MCC CBOs.

### **Project to Promote Mental, Emotional, & Behavioral (MEB) Well-Being in Communities**

The partnership dialogue is underway with Catholic Partners of WNY. The work charter has been updated and is part of the dialogue with Catholic Partners of WNY. A project manager for Promote MEB has been hired with a start date of September 21.

*Catherine J. Lewis, Director of Community-Based Initiatives*

## **Executive Director’s Report**

### **Governance Work stream**

MCC has established a Governance Committee made up of eight voting participants who represent the eight counties of various network providers, inclusive of county government. Three of the voting participants are from the Board of Managers.

The goals of the committee are to establish the decision-making process and ground rules and to develop policies by which to govern MCC.

The committee is also completing two governance-related milestones due September 30:

- Milestone #1: Finalize governance structure and sub-committee structure
- Milestone #3: Finalize bylaws and policies or Committee Guidelines where applicable

## ***Committee Policies***

The Governance Committee determined that all committee charters should include standard language, rules, and consistent policies.

### **Decision-Making**

For the Clinical/Quality Committee, Governance Committee, Compliance Committee, Board of Managers, and Finance Committee, 2/3 of members must participate in any vote. A motion will pass if 2/3 of those participating vote affirmative. These are specifically decision-making bodies (not advisory).

Committees that are less formal and/or have an advisory role (e.g. CBO Task Force) may base decision-making on a vote by those present or consensus.

Committee minutes will be provided in a standard format. For any decisions/votes to be reported to the Board of Managers, the minutes will record the numbers of votes (for and against), number of voting members present, and total number of voting members.

### **Attendance Requirements**

The only way to make sure there's not control by some group with a vested interest is to require attendance and participation. Attendance requirements will be established for the Clinical/Quality Committee, Governance Committee, Compliance Committee, Board of Managers, and Finance Committee, because we need active people to keep the process moving.

### **Assigning Alternates**

No alternates will be accepted for the Clinical/Quality Committee, Governance Committee, Compliance Committee, Board of Managers, and Finance Committee.

The IT Data Committee will accept alternates (subject to committee approval). This is not a voting/decision-making committee. The more voices heard, the better.

## ***Committee and Workgroup Charters***

Charters are being reviewed and revised for the following committees, sub-committees, and workgroups:

- MCC Board of Managers
- Governance Committee
- Clinical/Quality Committee
- Finance Committee
- IT Data Committee
- Compliance Committee
- Physician Steering Committee (PSC)
- Project Advisory Committee (PAC)
- Workforce Development Work Group

- Community-Based Organization (CBO) Task Force
- “Voice of the Consumer” Sub-Committee (VOC)

### ***Ultimate Completion and Approval of the Governance Agreement***

The Governance Committee, with guidance from ECMC Legal, is developing a Governance Agreement (by-laws) to govern by. The group met on August 11, August 24, and September 14 and 24<sup>th</sup>.

### **Implementation Planning and Progress**

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On August 7, 2015, MCC submitted its organizational implementation plans, project implementation plans, and DY1, Q1 quarterly report. Feedback from the Independent Assessor (IA) was received on September 8, 2015, and a revised document is due to DOH on September 22, 2015. The final, approved version will be posted on the NYS DSRIP website in mid-October.

### **Timetable of Key Upcoming Dates**

September 21	Board of Managers meeting (face to face)
September 24	Submit revised implementation plans and first quarter (DY1, Q1) report
September 30	Second quarter (DY1, Q2) ends; patient engagement deadline for eight projects; deadline for 3 milestones and 127 tasks
October 5	Board of Managers Executive Committee conference call
October 19	Board of Managers meeting (face to face)
October 31	Second quarter (DY1, Q2) report due to NYS DOH
November 2	Board of Managers Executive Committee conference call
November 16	Board of Managers meeting (face to face)
December 7	Board of Managers Executive Committee conference call
December 21	Board of Managers meeting (face to face)
December 31	Third quarter (DY1, Q3) ends
January 2016	Payment expected from NYS for first and second quarters
January 31, 2016	Third quarter (DY1, Q3) report due to NYS DOH

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, AUGUST 24, 2015 AT 11:30 A.M.**

**Attendance (Voting Members):**

D. Amsterdam, PhD	M. LiVecchi, MD	
S. Anillo, MD	M. Manka, MD	
M. Azadfard, MD	A. Manyon, MD	
V. Barnabei, MD	M. Panesar, MD	
W. Belles, MD	R. Schuder, MD	
G. Bennett, MD	P. Stegemann, MD	
M. Brandwein-Gensler, MD	R. Venuto, MD	
M. Cummings, MD		
W. Flynn, MD	S. Cloud, DO (attended Executive Session only by conference call)	
R. Ferguson, MD		
K. Grimm, MD		
R. Hall, MD, DDS, PhD		
J. Izzo, MD		
E. Jensen, MD		
N. Kothari, MD		

**Attendance (Non-Voting Members):**

R. Cleland	B. Murray, MD	D. Ford, RPA-C
J. Fudyma, MD	L. Feidt	
M. Hoffman, RN	R. Gerwitz	
J. Johnson	C. Cavaretta	
S. Ksiazek	R. Berger, MD	
C. Ludlow, RN	A. Billittier, MD	

**Excused:**

M. Anders, MD	M. Sullivan, DDS	
Y. Bakhai, MD	J. Reidy, MD	
R. Calabrese, MD		
W. Guo, MD		
M. Jajkowski, MD		
T. Loree, MD		

**Absent:**

None		

**I. CALL TO ORDER**

- A. Dr. Katie Grimm, President-Elect, called the meeting to order at 11:40 a.m. Dr. Cloud was unable to attend but will call in for Executive Session matter.

- B. Dr. Nirmith Kothari** – Many thanks to Dr. Kothari for his outstanding service to ECMC. Best wishes to he and his family as they relocate to Memphis for a new opportunity. His seat will be vacated upon his departure.

## **II. ACTIVITY ORDERS IN MEDITECH – Kevin Jenney, MD**

- A. Kevin Jenney, PT, presented a new and simpler order in the EMR for activity orders.
1. Bed rest is bad for your health and lead to complications. It is often ordered upon admission with the intent of moving them away from bed rest order but is frequently forgotten. Sometimes nurses will contact the physician to encourage patient mobility but some do not according to a recent study.
  2. The Activity order from the EMR was presented as it was and how it is being improved. The new procedure gives more responsibility to move along the pathway of mobility to the nurses and therapists who are working with the patients. The physician may choose progressive mobility pathway.
  3. Anybody needing more information, please contact Kevin Jenney.

**MOTION: Accept the change in orders for Activity removing Out of Bed (Progressive Mobility, As tolerated, Bed, Bed Rest, Log Roll or Other). Data will be reviewed in 6 months to monitor ordering an quality.**

**MOTION UNANIMOUSLY APPROVED.**

## **III. CLINICAL RESEARCH OFFICE AT UNIVERSITY OF BUFFALO – Dr. Sanjay Sethi, MD**

- A. Dr. Sethi provided an overview on the Clinical Research function at the University at Buffalo.
- B. The office is located at the CTRC building and can do some on sight research. The organizational structure of the office was reviewed. The staff is expanding to make the process more efficient. Dr. Sethi expanded on their roles and how they can support researchers with their services.
- C. Improvements include an improved system to track research, website improvements, development of a researcher handbook and a departmental scientific review of research procedure.
- D. IRB improvements include significant change in procedure and removal of considerable delays in approval of projects.
- E. Dr. Sethi provided his contact information for those with questions. [ssethi@buffalo.edu](mailto:ssethi@buffalo.edu) or 862-7875.

## IV. CEO/COO/CFO BRIEFING

### A. CEO REPORT – Richard Cleland

1. **Operations Report** – Very busy July and August. Acute discharges are 7% higher year to date. OR volumes are very strong at 5.5% higher than last year. Case Mix Index is up slightly. ER volumes are 10% over budget for July. The Super Fast Track has helped with volumes. Acute ALC population is greatly reduced. July showed a \$4.1 million profit. YTD loss is \$610,000 and slightly ahead of last year.
2. **Laboratory Joint Commission Survey** – Successfully completed last month. Thanks to all who prepared for the survey.
3. **ED Redesign** – Working on options but still need improvement before presentation to the Board of Directors. More designs are being reviewed for consideration and selection.

### B. PRESIDENT’S REPORT – Tom Quatroche

1. **Strategic Planning** – A strategic planning session was held on June 29<sup>th</sup>. Another session is planned for September to continue to the process with more detail to develop the plan.
2. **Outreach to Area Hospitals** – Conversations have been underway and partnerships being developed with some community practices. Mr. Quatroche will continue to provide updates as they develop.
3. **Golf Tournament** – The tournament was very successful. Support for the event was greatly appreciated.

### C. CFO REPORT – Steve Gary

1. July reports an Operating profit of \$4.1 million. Mr. Gary advised on some reimbursement changes that led to some of this profit. Transplant volumes are also improved.
2. **Independent Health** – After recent negotiation, ECMC is now in Tier One (from Tier Two) reimbursement rates. This will go in effect January 1<sup>st</sup>. This reduced the co-pay for patients as well that uses ECMC services.

### D. COO REPORT - Mary Hoffman

1. **Telephone Outage** – Last weekend due to a suspected lightning strike and power surge, several phone lines were taken out of service. It took a few days to get all phones repaired though no services were adversely affected. Post-event debrief is underway to determine if improvements are needed.
2. **Cleve Hill Site** – Cleve Hill was flooded during the recent storm and was forced to shut down for repairs. Patients are being seen at the Grider Family Health Center temporarily.
3. **Radiology** – Transition to a new radiology group was completed in early August to Great Lakes Health Imaging successfully.

4. **CPEP Volumes** – Have experienced an extremely high volume recently and it is unclear at this time why this surge has occurred.

**D. NURSING REPORT – Karen Ziemanski, RN**  
- Ms. Ziemanski was unable to attend.

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

1. Dr. Billittier advised that efforts continue to steer patients to the primary care physician for care rather than emergency rooms.

**F. GRADUATE MEDICAL EDUCATION – Dr. Roseanne Berger, Dean**

1. **Quality Improvement/Patient Safety Development Program** - Dr. Berger announced this event sponsored by the University at Buffalo GME Office with Internal Medicine and Biomedical Informatics. The event is presented by the University of Toronto Centre for Quality Improvement and Patient Safety. Dates are October 16<sup>th</sup> and December 4<sup>th</sup> at the CTRC.
2. **Awards for Quality Projects for Residents** – Dr. Berger advised that awards are available for residents recognizing excellence in Quality and Safety projects. Please encourage resident participation. Contact the GME Office for further information.

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

##### **A. UNIVERSITY AFFAIRS**

###### **1. 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.

## **2. 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.

## **3. PROFESSIONAL STEERING COMMITTEE**

No report. Next meeting will be in October.

## **4. MEDICAL STAFF AFFAIRS**

The Bylaws Committee met July 23<sup>rd</sup> 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.

## **5. UTILIZATION REVIEW**

The July Flash report was distributed for review.

## **6. CLINICAL ISSUES**

### **1. Hospitalist Service**

ECMC has finalized contractual arrangements for the Acute Hospitalist Service to transition from TeamHealth to Apogee effective September 1<sup>st</sup>. 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.

**2. Radiology**

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

**3. 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.

**4. 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).

**V. CONSENT CALENDAR**

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: July 27, 2015	Received and Filed
1.	CREDENTIALS COMMITTEE: Minutes of August 4, 2015	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	- Provisional to Permanent Appointments	Reviewed and Approved
<b>1.</b>	<b>HIM Committee: Minutes of July 23, 2015</b>	Received and Filed
	1. Organ Donor ABO Verification and Intra Operative Data	Reviewed and Approved
	2. Organ Recipient ABO Verification Operative Data	Reviewed and Approved
	3. Informed Consent for Donor Kidney Organ KDPI	Reviewed and Approved
	4. GI Consults, PDOC	Reviewed and Approved
	5. OMFS H & P consult Record, PDOC	Reviewed and Approved
	6. Ophthalmology/Consult/H & P	Reviewed and Approved
<b>2.</b>	<b>P &amp; T Committee Meeting – No August Meeting</b>	No Report

## V. CONSENT CALENDAR, CONTINUED

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

**MOTION UNANIMOUSLY APPROVED.**

**B. MOTION: Approve Policy: Teaching Physician Policy.**

No further discussion and motion was seconded.

**MOTION UNANIMOUSLY APPROVED.**

## VI. CHIEF OF SERVICE APPOINTMENT

**A.** Dr. Murray presented **Jon Marshall, DO, as Chief of Service, Radiology/Imaging.** Dr. Murray advised the Medical Executive Committee members that he will take Dr. Marshall's appointment, once the way be clear pertaining to his employment with Great Lakes Imaging, to the ECMC Board of Directors for approval at tomorrow's meeting. Of note, there is no "associate director" appointed at this time for the department.

## VII. OTHER NEW/OLD BUSINESS

- A. Wound Center Symposium, Frontiers in Wound and Hyperbaric Medicine will be held at ECMC in the Smith Auditorium on October 3, 2015.** Informational fliers were distributed and all were encouraged to attend.
- B. PATIENT PORTAL –** Dr. Panesar asked that lab results be posted on the patient portal. He explained that patient usage is very low due to lack of information available in the portal. The physician would receive a task in Allscripts, they would sign off on the labs and then would be pushed to the portal. This would not apply to inpatients though this was not clearly

defined. It was requested that it be confirmed whether it will include Meditech labs. Dr. Panesar will follow up and the matter will be brought back next month.

**MOTION:** Add lab results to the patient portal.

**MOTION TABLED UNTIL NEXT MEETING.**

## **VIII. ADJOURNMENT**

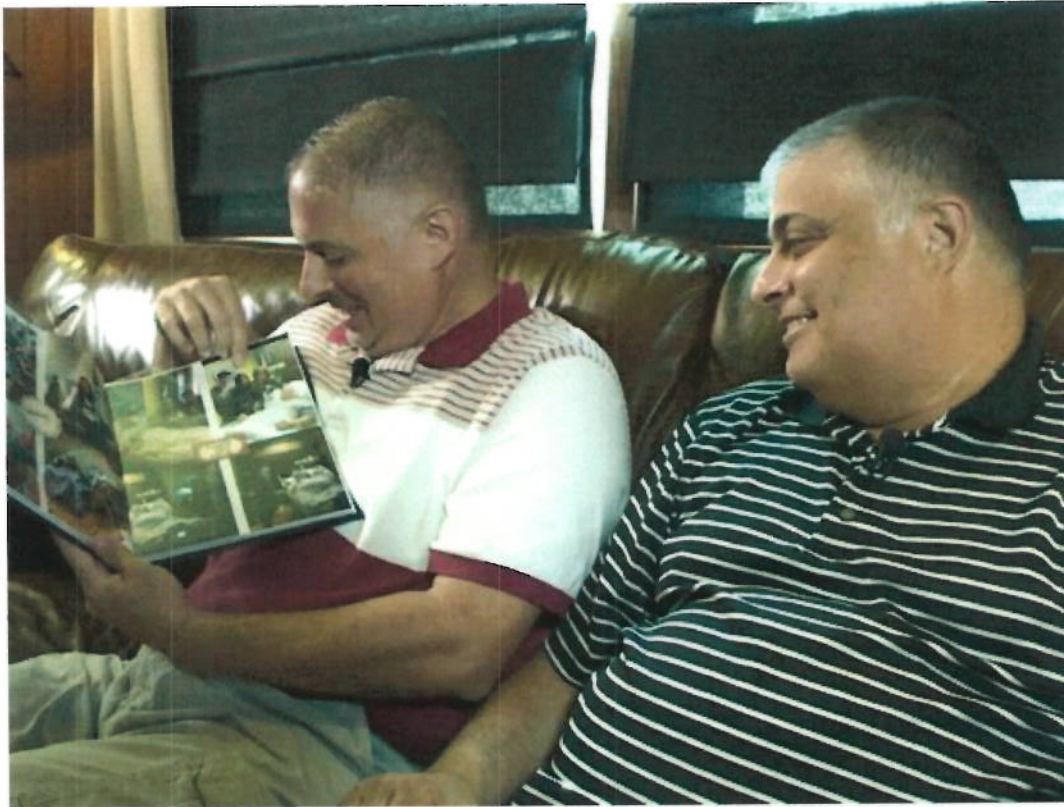
There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 1:20 p.m.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Michael Cummings", written in a cursive style.

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

## ***Man Donates Kidney to Older Brother***



(Photo: WGRZ)

CONNECT 17 TWEETLINKEDINCOMMENTEMAILMORE

AMHERST, N.Y. -- Six months ago, we met the Gengo brothers as they prepared for a life-changing journey. Younger brother, Chris, was a perfect match to be Frank's kidney donor.

The surgery, done one month ago, was a success.

"Oh, it's gorgeous. See things differently now. I feel like enjoying these days now," said Frank on a recent afternoon walk with his brother.

Frank Gengo still has to avoid large crowds and wears a mask when he leaves his home, but he is already noticing a big difference with his new kidney.

"I'm just feeling like the man I used to be 20-25 years ago with no discomfort whatsoever, and my energy level is up, and I'm looking forward to getting back to life again," Frank says.

The new kidney was donated by his brother, Chris. Doctors diagnosed Frank with kidney disease when he was a little boy, and warned that without a transplant soon, he would have to go on dialysis permanently.

When we first met the Gengo brothers in March, they were eagerly awaiting getting the all-clear to schedule the transplant.

"You can't imagine what it feels like to know that on the other end of this, I'm going to go back to work. I'm going to be a successful father and husband again knowing that I'll be able to provide for my family, and

I'm looking forward to those special moments in life with your children, and it's all because of him," said Frank in March.

The day of the transplant finally arrived on August 17.

Early that morning, side-by-side at ECMC, the brothers were prepped for surgery as their families offered words of encouragement and comfort. Then, Frank and Chris were whisked away to the operating rooms.

"I'm sure, because it's an elective surgery, it's something that you know there's some concern for him. How's he going to come through it? But yet, he just closed his eyes and just went right ahead and for me so that I can continue the rest of my life with my family. With his family," said Frank.

"To see all the changes, I just never expected to see it so quickly and so extraordinary," said Chris.

"Well, he gave me a kidney the size of a Nerf football, so," said Frank.

"I gave him a lot of kidney to work with, so he should be good for a while," joked Chris.

Although the surgery took longer than expected, it was a huge success.

"The next day, he was able to come down and we were able to see each other for the first time and smile and have a short conversation, which was really wonderful," said Frank.

"Once I knew that he was on the same floor that I was, that following day, I took the long trip down the aisle, down the hallway, and was able to see Frank, and I think I surprised him," said Chris.

"You did. Shocked me. I didn't expect to see him up and about walking like he was walking," said Frank.

"Frank looked better immediately. It was amazing to watch the transformation from where he had been for so many years, on his downward spiral, to where he is today. And, matter of fact, we were walking the other day and for the first time in decades, he was actually able to walk faster than I was," said Chris.

"My son said to my wife the day, he said to her, it's like somebody finished coloring the face of my father because I was so gray because of all of the fluids and all the toxins, that hour-by-hour that second day, you could actually see color come back in my face," explained Frank.

On the day of our visit, Frank's family surprised Chris with a scrapbook celebrating their new bond.

"These are some pictures of the day of the surgery. This is my son and my nephew, Frank's son, Frankie. That's my wife, Beth, and Mark, and me," said Chris as he looked through the book. "And there is Frank when he finally got to walk. And here is when I visited him, the day after surgery."

And as Chris flipped through the photos, he discovered the album also included a letter from his brother: "Dear Chris, thank you does not even begin to express all of the emotions that I feel for you. In your courageous decision to donate the gift of life, not only to me, but my whole family. You did such an amazing thing for us, because of you we will be able to enjoy making many more wonderful memories together. I've called you my brother for most of my life and I couldn't be any prouder to be your brother than I am today. Our families will forever be connected in a very unique and special way. August 17 will be our new combined birthday forever. The brotherly love I feel for you is overwhelming. I will never be able to express in words my gratitude, I'm looking forward to the rest of our lives together. Love your brother, Frank."

The match was so close that doctors told Frank the kidney should be good for another 20, or even 30 years. Live kidneys can last much longer than cadaver kidneys. And, Frank and Chris look forward to sharing their story with others by speaking to groups about live kidney donation. The Kidney Connection is also a resource that can help.

# LIFE & ARTS

- *Life & Arts*

## WNY-led research reduces use of spinal immobilization for injuries



“What I’m telling EMTs and paramedics is, ‘You never again have to use a backboard if you have determined that it’s not going to be the best device or tool.’” – Dr. Joseph Bart, emergency room physician at ECMC Sharon Cantillon/Buffalo News

**By Anne Neville** | News Staff Reporter | @AnneNeville1  
on September 11, 2015 - 7:28 PM

It’s a familiar sight: emergency medical teams using a neck collar, head blocks, and tape to secure an injured person’s head to a backboard.

But the rule that required this common emergency medical procedure has been abolished in New York State, thanks to an advisory group led by an ECMC emergency room physician, whose report showed it can do more harm than good.

The report, which cited 21 studies, found that people immobilized on backboards – sometimes for hours as X-rays and other tests are completed – not only suffer pain, but are at risk for injury. The new policy was devised by a technical advisory group suggested, assembled and led by Dr. Joseph Bart, an emergency room physician at Erie County Medical Center.

“In many ways, this was a Western New York initiative,” said Dr. Brian Clemency, associate medical director for the local offices of Rural/Metro Medical Services, who led one of the studies cited in the report.

The new state requirements being taught give more options to EMTs and paramedics, who previously were required to suspect spinal injury after many impact injuries and use total spinal immobilization. The new rules mean that if the patient has certain symptoms, a collar will still be used to support the cervical vertebrae of the neck. The backboard will stay, but only as a means of transporting a patient to the padded ambulance stretcher.

The head blocks and tape will remain for the rare occasions when they are needed.

The change is significant, but rather than being skeptical, emergency medical professionals are embracing it, according to Bart.

“Once I explain this to EMTs and paramedics, they are smiling as they are walking away, so this is a win,” he said.

Bart worked as an ambulance paramedic before becoming operational medical director of the division of EMS at UBMD Emergency Medicine.

Spinal immobilization was first discussed in emergency medicine in the late 1960s, and by 1984, New York State protocol required the collar and backboard combination. An update in 2008 advised medics whose patients had suffered blunt-force trauma to “suspect that a spine injury is present,” to always use the collar, backboard, head blocks and tape as a set, and to never remove the immobilization devices outside the emergency department.

Now, “We have untied or divorced the concept that cervical collar always means backboard and head blocks,” said Bart. “What I’m telling EMTs and paramedics is, ‘You never again have to use a backboard if you have determined that it’s not going to be the best device or tool.’”

However, he said, “You need a rigid board to extricate people from some circumstances. The scenario of a prone, unconscious motorcyclist in the ditch – you’ll put him on a backboard 100 out of 100 times, because it’s the best tool for the job. The whole goal of it is to get them to the stretcher; the backboard is an extrication tool.”

Bart said an incident from a few years ago led to his push for statewide change. An elderly woman who had fallen in a back bedroom and injured her ankle was brought into a hospital by an ambulance crew. To get her out of the back room, the EMTs put her on a backboard. When they got outside, to complete the protocol, they added a neck collar and head blocks and taped her head to the backboard.

The elderly woman, whose back was slightly rounded, began to suffer back and hip pain from being on the hard, straight backboard. "This was not a benign thing," said Bart, who had the woman removed from the immobilization devices.

But before that, resident physicians, who Bart said "are learning, as well," took the collar and head blocks to mean that the woman had suffered a major traumatic injury. "She came in with an ankle injury and needed an X-ray, and she ended up getting a C-T scan of her head and cervical spine, a chest X-ray, a pelvis X-ray, and ankle X-ray – just because she came in on this backboard," said Bart.

"I thought, 'Enough is enough. We have gone so far in the opposite direction of the intentions here,' " he said.

Bart pushed for a study of the protocol and volunteered to be chairman of the Spinal Motion Restriction Technical Advisory Group, which issued its report last year. On Jan. 13, 2015, the New York State Emergency Medical Advisory Committee (SEMAC) unanimously approved the new protocols, according to the state health department.

Although similar changes had been made in other states, including Pennsylvania, Connecticut, Maine and New Mexico, "I was told time and time again, you have to move a mountain to change a protocol in New York State," Bart said. However, "From the point where I first pitched this, it's been about 14 months, which in New York State is rapid."

The challenge in writing the report, Bart said, was to "convince other physicians, and people who have been doing it for 40 years, to change their practice. The answer is to do it with research, so we flooded it with research."

Bart's literature search uncovered about 110 studies from around the world evaluating the value of the backboard, collar and head blocks. In the end, the 21 studies cited in the report showed a wide range of negative factors caused by immobilization. One five-year study done at the University of New Mexico compared patients with blunt-force spinal injuries who were treated at a hospital in Kuala Lumpur, Malaysia, none of whom were immobilized on backboards, and at an Albuquerque hospital, all of whom were immobilized on backboards. The researchers found the Malaysian patients recovered more completely.

Clemency's study looked at nearly 5,500 patients brought to ECMC by Rural/Metro on backboards over a period of years. Of those studied, fewer than half of 1 percent had the type of unstable fractures of the middle or lower spine that immobilization was designed to protect.

The new protocol will require that every EMT and paramedic in the state be retrained and retested by Oct. 31, which Bart calls "a pretty big lift."

Until Oct. 31, Clemency said, "People in Western New York are going to see two different paradigms. I think that's better than to hold everything back for a full two months until everybody is trained."

"We get used to changes really quickly and I don't think it's going to be difficult for anyone to adapt to," said Rob Orłowski, a paramedic and Continuing Quality Improvement coordinator for Rural/Metro. "Our paramedics and EMTs are clinicians, they go to



continuing education classes all the time, so they are doing more, better evaluations of the patient and using more skills to bring the emergency department out to the field.”

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## Office of Mental Health receives \$1.4 million grant for suicide prevention services in Western New York

Submitted

Fri, Sep 11th 2015 10:20 am

Partnering with health care providers in Erie and Monroe counties to reduce suicide

The New York State Office of Mental Health announced Thursday it received a \$1.41 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to reduce suicide in Western New York.

Although Erie County and Monroe County have suicide rates below the national average, and New York's rate is among the lowest in the U.S., the suicide rate among individuals currently receiving mental health services in Western New York is among the highest in the state. Additionally, Western New York had the highest rate of suicide attempts for individuals receiving mental health services within all regions of New York.

"This grant will help New York state expand the suicide prevention resources available to health care professionals who are on the front lines in the fight against suicide," said New York State Office of Mental Health Commissioner Ann Marie T. Sullivan, M.D. "On World Suicide Prevention Day, and every day, it is important for New Yorkers to realize that everyone plays a role in suicide prevention and that, together, we can reach out and save lives."

New York, one of four states to receive a National Strategy for Suicide Prevention grant, aims to create a 10 percent reduction of suicide attempts and deaths by suicide in Erie and Monroe counties. This grant funds a pilot project that trains and supports local health care providers in the delivery of the highest standard of care for suicidal individuals, by targeting high-risk individuals for intervention during critical times. Lessons learned from this pilot project will inform expansion of these programs across New York.

"New York state, through its Office of Mental Health, is one of the nation's leaders in applying and supporting a systematic approach to suicide prevention in behavioral health systems," said Eric D. Caine, M.D., John Romano Professor, chair of psychiatry at the University of Rochester Medical Center, and co-director of the URM Center for the Study and Prevention of Suicide. "We are very pleased that the Medical Center and Strong Memorial Hospital have the opportunity to be an active collaborator in this initiative. It is most important, every day, to work together to save lives."

Under this grant, the Office of Mental Health is training medical and mental health providers to integrate suicide prevention strategies into their daily routines, such as: creating an organizational culture committed to reducing suicides, making sure all patients are routinely screened for suicide risk, and training their staff in effective interventions for suicidal individuals. Providers also receive training in usage of "safety plans," a prioritized list of supports and coping strategies to be used when suicidal urges arise. Trained staff telephone patients soon after they leave the hospital, reviewing the safety plan and providing brief support. The combination of the safety plan and follow-up calls has shown promising results in reducing suicidal behavior.

"The New York State Office of Mental Health consistently leads the country in support of effective suicide prevention programming," said Richard C. Cleland, MPA, FACHE, NHA, CEO, Erie County Medical Center Corp. "As the Regional Behavioral Health Center of Excellence, operating the largest acute-care psychiatric program in the area for adolescents, adults and seniors, and one of the largest comprehensive psychiatric emergency programs in New York state, we are grateful for the support from the New York State Office of Mental Health through funding from SAMHSA. We anticipate a marked improvement through this strategic initiative."

OMH's suicide prevention office also funds a number of programs for New Yorkers as part of its Suicide Prevention Initiative, including free trainings for clinicians in safety planning and follow-up calls provided by the Center for Practice innovations and trainings for non-clinicians at the Suicide Prevention Center of New York. Information on upcoming trainings is available here: <http://www.preventsuicideny.org/>.

From the Buffalo Business First

[:http://www.bizjournals.com/buffalo/news/2015/09/03/ecmc-to-develop-physician-scientists-with-state.html](http://www.bizjournals.com/buffalo/news/2015/09/03/ecmc-to-develop-physician-scientists-with-state.html)

# ECMC to develop physician scientists with state funds

Sep 3, 2015, 10:53am EDT



Tracey Drury

Reporter- Buffalo Business First

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**Erie County Medical Center** will receive a funding boost from the state to help train and recruit physician scientists.

The hospital is among 26 academic medical institutions across New York funded through a \$17.2 million allocation through the Empire Clinical Research Investigator Program. Over the next two years, more than 86 physician researchers will be trained through the program, becoming better prepared for careers in research.

The program provides funding for clinical and population-based research, and allows hospitals to hire researchers for projects that represent important areas of growth in each community.

ECMC is among 14 teaching hospitals that received individual awards, with funding of up to \$150,000 over two years to train program researchers in such fields such as obesity, diabetes, lupus, kidney transplant, schizophrenia, HPV infection and hearing loss. Another 12 institutions received Center Awards of \$1.26 million to train teams of at least six fellows.

The governor's office says the program is vital to helping New York attract new researchers and solidify itself as a national biomedical research hub.

"Some of the world's most exciting and groundbreaking medical discoveries have been made possible by research done in New York medical institutions and laboratories," said Gov. [Andrew Cuomo](#). "This investment will help train the next generation of researchers, helping to ensure that the Empire State remains on the cutting edge of innovation."

Created in 2000, the Empire Clinical Research Investigator Program has awarded grants of nearly \$103 million since its inception.

Tracey Drury covers health/medical, nonprofits and insurance

# CITY & REGION

## ECMC dedicates ‘comfort room’ for young adult patients

on August 27, 2015 - 7:40 PM

Erie County Medical Center on Thursday dedicated the “Anthony V. Mannino Comfort Room” in memory of a local man who lost a 22-month battle with esophageal cancer in 2009 at the age of 21.

His family started the Anthony V. Mannino Foundation to benefit young adults between the ages of 18 and 29 who they believe often need more emotional and financial support than they receive during cancer treatment. This age group may not have insurance through their parents and they are not at an age where they have families of their own for support.

The comfort room has an Asian theme, selected because Marino was an avid martial artist. It is painted in relaxing earth tones with soft lighting and includes Asian artwork, two recliners, a bonsai tree and a six-foot-tall bamboo tree. A custom table with a modern Japanese design displays his portrait.

Richard Cleland, ECMC chief executive officer, said, “This comfort room is meant to be a quiet place for patients to reflect, discuss treatments with their doctors, visit with family, or spend time alone in a comfortable setting. It also supports our goal to further enhance the ECMC patient experience.”

The room is located on the second floor of the medical oncology department in the Ambulatory Center.