BOARD OF DIRECTORS

~ Regular Meeting ~

ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, December 17, 2013

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

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

Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

Core Values

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

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

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

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

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

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

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

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

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

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

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

The difference between healthcare and true care™

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, DECEMBER 17, 2013

Minutes from the

Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, OCTOBER 29, 2013

STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Douglas H. Baker K. Kent Chevli, M.D. Kevin E. Cichocki, D.C. Sharon L. Hanson	Michael Hoffert Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, CPA Frank B. Mesiah
Voting Board Member Excused:	Richard F. Brox Ronald A. Chapin	Michael A. Seaman Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Jody L. Lomeo Ronald Bennett, Esq.	Kevin Pranikoff, MD
Also Present:	Richard Cleland Anthony Colucci, Esq. Janique Curry Leslie Feidt John Fudyma, MD Susan Gonzalez Richard Hall, MD James Kaskie Ronald Krawiec Susan Ksiazek Charlene Ludlow	Brian Murray, M.D. Kathleen O'Hara Thomas Quatroche Michael Sammarco Lorne Steinhart Karen Ziemianski Sue Elle Wagner, HANYS Steve Kroll, HANYS Bill Wilkinson, CSEA

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF SEPTEMBER 24, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Frank Mesiah and seconded Michael Hoffert to approve the minutes of the September 24, 2013 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. APPROVAL OF MINUTES OF SEPTEMBER 30, 2013 SPECIAL MEETING OF THE BOARD OF DIRECTORS.

Moved by Douglas Baker and seconded Dietrich Jehle, MD to approve the minutes of the September 30, 2013 special meeting of the Board of Directors as presented.
Motion Approved Unanimously.

IV. ACTION ITEMS

A. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for October 1, 2013, excluding Dr. Etern Park - pending consideration of the Board of Directors.

Moved by Kevin Cichocki, D.C. and seconded Bishop Michael Badger.

Motion Approved Unanimously. Copy of resolution is attached.

V. BOARD COMMITTEE REPORTS

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

Motion approved unanimously.

VI. PRESENTATIONS-

STEVEN KROLL, HANYS' VICE PRESIDENT, GOVERNMENT AFFAIRS AND EXTERNAL RELATIONS

Steven Kroll provided an overview of top federal issues and the effects it will have on hospitals and healthcare. Mr. Kroll also provided information on the external environment of Washington DC, Albany and implementation of healthcare reform. Mr. Kroll's presentation will be sent electronically to all Board members and is available upon request.

SUE ELLEN WAGNER, EXECUTIVE DIRECTOR FOR HEALTHCARE TRUSTEES OF NYS

Sue Ellen Wagner spoke about the politics and key issues facing trustees. She provided an overview on maintaining focus on quality and patient safety, reframing the future of organizations, exploring new arrangements with physicians, accountability for the health status of the population and examining the governance structure. Ms. Wagner's presentation will be sent electronically to all Board members and is available upon request.

VII. REPORTS OF CORPORATION'S MANAGEMENT

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

1) Chief Executive Officer: Jody L. Lomeo

- Hospital had a small operating loss of $27,000.
- Terrace View had a small operating surplus of $51,000.
- We are hopeful of a slight operating surplus for 2013, more details will follow in the coming weeks.
- The NOVIA engagement is gaining traction. Next month executive management will present more detail concerning year-end financial matters, and how next year should trend given NOVIA's work.
- ECMCC is challenged to recruit experienced behavioral health staff. Karen Ziemianski has agreed to assume a leadership role for behavioral health nursing services.
- Dr. Michael Cummings has done great work in his new leadership role in behavioral health. ECMCC is now operating the largest behavioral health program in New York State
- ECMCC has offered to consolidate/collaborate the dental service with Roswell Park. RPCI has declined to do so. ECMCC will, however, continue to coordinate with Roswell for medical oncology and will leave "the door open" to collaboration on dental services should RPCI rethink the matter.
- Tours of the new CPEP, Medical Office Building and Ambulatory Care O.R.'s will be scheduled for board members to view in the upcoming months. All construction is on time and on budget.
- Bob Holliday, Chair, ECMC Lifeline Foundation, has announced his retirement. He will be sadly missed but we wish Bob and his wife the best of health and happiness.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through September 30, 2013 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

Dr Murray provided the Board with an update on a State reportable event and an unexpected outcome.

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

Moved by Bishop Michael Badger and seconded by Douglas Baker, to enter into Executive Session at 5:45P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

IX. RECONVENE IN OPEN SESSION

Moved by Sharon L. Hanson and seconded by Douglas Baker to reconvene in Open Session at 6:40 P.M.

Motion approved unanimously.

X. ADJOURNMENT

Moved by Anthony Iacono and seconded by Douglas Baker to adjourn the Board of Directors meeting at 6:45 P.M.

Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
October 1, 2013

Committee Members Present:
Robert J. Schuder, MD, Chairman
Christopher P. John, PA-C
Nirmit D. Kothari, MD
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Emilie Camilleri, Practice Evaluation Specialist
Elizabeth O'Connor, Reappointment Specialist

Members Not Present (Excused *):
Richard E. Hall, DDS PhD MD FACS (ex officio) *
Brian M. Murray, MD (ex officio) *
Yogesh D. Bakhai, MD (ex officio) *
Timothy G. DeZastro, MD *
David G. Ellis, MD (ex officio) *
Gregg I. Feld, MD *
Philip D. Williams, DDS *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of September 3, 2013 were reviewed and accepted. The action item from the August Credentials Meeting continues to be deferred and is under review by an Ad-hoc committee of the Medical Executive Committee.

RESIGNATIONS

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

A. Deceased – None
B. Application Withdrawn – None
C. Resignations:

Brian C. Regan, ANP	Cardiothoracic Surgery	9/3/2013
Khalid Matin, MD	Internal Medicine	9/11/2013
Salvatore Calandra, MD	Internal Medicine	9/16/2013
Nadeem Haq, MD	Internal Medicine	9/16/2013
Henry Meltser, MD	Internal Medicine	9/16/2013
James Rycyna, MD	Internal Medicine	9/16/2013
Dianne R. Vertes, MD, PhD	Pathology	9/17/2013
Carol A. Miller, ANP	Internal Medicine	10/1/2013

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Internal Medicine
Rajwinder S. Dhillon, MD — Courtesy Staff, *Refer and Follow* to Active Staff
Psychiatry
Jeffrey L. Anker, MD — Active Staff to Associate Staff
Surgery
Richard D. Bloomberg, MD — Active Staff to Associate Staff

FOR OVERALL ACTION

DEPARTMENT ADDITION

Cardiothoracic Surgery (in addition to Internal Medicine**)**
Judy Dobson, FNP — Allied Health Professional

Collaborating MD: Dr. Mark Jajkowski

FOR OVERALL ACTION

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Internal Medicine

Cary D. Sisti, ANP — Allied Health Professional

Collaborating MD: Dr. Katie Grimm (previously, Dr. Dominic Lipome)

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION OR REVISION

Cardiothoracic Surgery

Judy Dobson, ANP — Allied Health Professional

Collaborating MD: Dr. Mark Jajkowski

- All General Departmental Privileges
- All Entry Level Procedures
- Internal Jugular Puncture
- Thoracentesis
- Ventilator Management
- All Advanced Procedures, EXCEPT
- Peritoneal Lavage – Open Technique
- Peripheral Vein Cutdown
- All Special Procedures

Surgical First Assist

- Level 1 (CORE) Privileges
- First assist with any cardiovascular or thoracic procedure and assist with decannulation of great vessels

Internal Medicine

Rajwinder S. Dhillon, MD — Active Staff

- Skin Biopsy

***FPPE waived as it is an extension of existing privileges and represents core privilege for specialty and training**

Jack P. Freer, MD — Active Staff

- Consultation – Geriatrics

***FPPE waived as it is an extension of existing privileges and represents core privilege for specialty and training**

Lisa Bauman, PA-C — Allied Health Professional

Supervising MD: Dr. Misbah Ahmad

- Arterial Catheter Insertion, Percutaneous
- Internal Jugular Vein CVP Placement
- Femoral Vein CVP Placement

***FPPE to be incorporated into midlevel ICU training documentation**

Noelle Lohr, ANP — Allied Health Professional

Collaborating MD: Dr. Jenia Wagner

- Internal Jugular Vein CVP Placement
- Femoral Vein CVP placement

***FPPE to be incorporated into midlevel ICU training documentation**

Cary Sisti, ANP — Allied Health Professional

Collaborating MD: Dr. Katie Grimm

- Admission history, physical exam, and write-up
- Physical assessment and initial orders
- Follow-up visits, evaluation and orders
- Discharge planning, summary and orders – inpatient and outpatient
- Instruction of patients, including demonstration of use of equipment
- Formulation of diagnostic and therapeutic plans with the collaborating MD
- Patient education regarding diagnosis and treatment, including general approach to dietary regimens.
- Intradermal Skin Test
- IM injection, Deltoid Region
- IM injection, Gluteal Region

- Subcutaneous injection
- Urinary Catheter, Straight Foley Type (Female)
- Urinary Catheter, Straight Foley Type (Male)

***FPPE waived; represent core privilege expansion for existing staff member under supervision of new collaborating physician**

Surgery

Gregory S. Cherr, MD Active Staff

- Lymphangiography
- Setup and Management Cell Saver System
- Biopsy rib (extrathoracic)

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Urology

Brian D. Rambarran, MD Associate Staff

- Implantation of male urethral sling
- Moderate Sedation

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (5)
B. Initial Dual Dept. Appointment (0)
C. Reappointment Review (33)
D. Reappointment Dual Dept. Review (1)

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

APPOINTMENT APPLICATIONS, RECOMMENDED

A. **Initial Appointment Review (5)**

Internal Medicine
Bruce R. Troen, MD Active Staff

Orthopaedic Surgery
Daniel G. Dudziak, PA-C Allied Health Professional
Supervising MD: Dr. John Callahan

Plastic and Reconstructive Surgery
Juliet Marczak, ANP Allied Health Professional
Collaborating MD: Dr. Thom Loree

Psychiatry
Stephen C. Williams, MD Active Staff

Rehabilitation Medicine
Maxine C. Stewart, DC Allied Health Professional-*Chiropractic*

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (32)

Emergency Medicine
Richard S. Krause, MD Active Staff

Family Medicine
Tania Lawniczak, ANP Allied Health Professional
Collaborating MD: Dr. Stephen Evans
Suzanne E. Toland, ANP Allied Health Professional

Collaborating MD: Dr. Stephen Evans	
Internal Medicine	
Richard A. Carlson, MD	Associate Staff
Eugene E. Cunningham, MD	Active Staff
Ronald P. Emerson, MD	Courtesy, Refer and Follow
Jack P. Freer, MD	Active Staff
Cyril Gunawardane, MD	Active Staff
Saleem A. Khan, MD	Associate Staff
Thomas C. Mahl, MD	Associate Staff
David A. Milling, MD	Active Staff
A. John Ryan, MD	Active Staff
Cary D. Sisti, ANP	Allied Health Professional
Collaborating MD: Dr. Katie Grimm	
Nagaraja R. Sridhar, MD	Active Staff
Ann M. Sweet, PA-C	Allied Health Professional
Supervising MD: Dr. Gerald Logue	
Donald F. Switzer, MD	Active Staff
Neurology	
Ralph H.B. Benedict, PhD	Allied Health Professional
Oral & Maxillofacial Surgery	
Michael P. Boyczuk, DDS	Active Staff
Edward M. Boyczuk, DMD	Active Staff
Orthopaedic Surgery	
Dale R. Wheeler, MD	Associate Staff
Psychiatry	
Jeffrey L. Anker, MD	Active Staff
Jeffrey D. Kashin, MD	Active Staff
Claudia F. Michalek, MD	Associate Staff
Marcelle A. Mostert, MD	Active Staff
Rehabilitation Medicine	
John G. Baker, PhD	Allied Health Professional
Daniel M. Salcedo, MD	Active Staff
Surgery	
Shirley A. Anain, MD, FACS	Active Staff
Richard D. Bloomberg, MD	Associate Staff
Gregory S. Cherr, MD	Active Staff
Audrey A. Hoerner, ANP	Allied Health Professional
Collaborating MD: Dr. William Flynn	
Alan R. Posner, MD	Active Staff
Urology	
Richard N. Gilbert, MD	Associate Staff
Gerald Sufrin, MD	Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

October 2013 Provisional to Permanent Staff		**Provisional Period Expires**
Emergency Medicine		
Pugh, Jennifer, Lynn, MD	Active Staff	10/30/2013
Family Medicine		
Eaton, Pamela, Ann, ANP	Allied Health Professional	10/30/2013
Collaborating Physician: Charles W. Yates, MD		

Internal Medicine		
Marotta, Kelly, MS FNP	Allied Health Professional	10/30/2013
Collaborating Physician: Nancy C. Ebling, DO		
Romanowski, Roslyn, Rachel, MD	Active Staff	10/30/2013
Oral and Maxillofacial Surgery		
Hallwell-Kemp, Tara, Lynn, DDS MD	Active Staff	10/30/2013
Plastic and Reconstructive Surgery		
Nguyen, Toan, Thien, MD	Active Staff	10/30/2013
Psychiatry		
Mikowski, Annemarie, Louise, DO	Active Staff	10/30/2013
Rehabilitation Medicine		
Radziwon, Christopher, David, PhD	Allied Health Professional	10/30/2013
Surgery		
Chella, Karee, A., ANP	Allied Health Professional	10/30/2013
Collaborating Physician: Richard O. Bloomberg, MD		

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

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in January 2014

Psychiatry

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

Reappointment Expiration Date: January 1, 2014

Planned Credentials Committee Meeting: October 1, 2013

Planned MEC Action date: October 28, 2013

Planned Board confirmation by: November 2013

Last possible Board confirmation by: December 2013

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring February 2014

Family Medicine	
Glick, Myron, L., MD	Active Staff
Internal Medicine	
Burkard, Paula, G., MD	Active Staff
Clark, Scott, D., ANP	Allied Health Professional
Collaborating MD: Yahya Hashmi, MD	
Knight, Timothy, C. PA-C	Allied Health Professional
Supervising MD: Ravi Desai, MD	
Stansberry, Andrew J., PA-C	Allied Health Professional
Supervising MD: Ravi Desai, MD	
Williams, Aston, B., MD	Active Staff

Reappointment Expiration Date: February 1, 2014

Planned Credentials Committee Meeting: November 5, 2013

Planned MEC Action date: November 25, 2013

Planned Board confirmation by: December 2013

Last possible Board confirmation by: January 2014

FOR INFORMATION ONLY

OLD BUSINESS

Cardiology Mid Levels
The committee continues to receive new information regarding changes to the Cardiology service as they are affected by integration with the GVI. It is reported that Cardiology has completely evolved to a Consult Service. As this is confirmed, this item will be dropped from the ongoing agenda.

Internal Medicine: Midlevel ICU Training Program
The MICU Director has begun the didactic portion of the midlevel training program. He and the midlevel training program coordinator attended a symposium, returning with ideas of how to make the program more structured and comprehensive moving forward. FPPE will be tied into the program to document the competency assessments.

Code of Conduct Attestations – BH and CD
The documentation of the newly mandated code of conduct attestations for Medical Staff members in Behavioral Health and Chemical Dependency services continues to proceed. Currently at a 75% return. With the assistance of the BH clinical and administrative leadership, anticipate 100% compliance by the next Credentials Committee meeting.

Privilege Form Revisions
INTERNAL MEDICINE
The draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) continues to undergo comment and discussion.

UROLOGY
A rough privilege form draft had been submitted to the Chief of Service for review and revision. The committee suggests a working meeting with the Chief of Service and the Credentials Chair to collaborate on the revisions.

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

RADIOLOGY/IMAGING SERVICES
The Chief of Service confirms that Sialography is not a privilege offering at ECMCC. It shall be deleted from the form as a specific delineated privilege. The committee endorsed the change to the Radiology / Imaging Services privilege form.

LEVEL 2 PROCEDURAL PRIVILEGES **Special Imaging** ***See credentialing criteria page 7*** **Performance and interpretation of the following:**	**Init / Reap Volume**	**Request Column**	**Recommend**		**If Yes, indicate any requirements; If No, provide details. See p. 5**
			YES	**NO**	
……..					
~~**Sialography**~~ **drop, delete row**					
……..					

SURGERY
ATLS clarification for Surgery Peritoneal Lavage
The Chief of Service verifies that Advanced Trauma Life Support (ATLS) certification documentation will not be required for:
Open Peritoneal Lavage for Trauma Hemoperitoneum Diagnosis (page 4 Surgery privilege form)
and also not for Intraoperative Peritoneal Lavage-Irrigation (page 5 Surgery privilege form).
The committee endorses the changes to the Surgery privilege form

Proposed Needle Biopsy Additions

Further clarification regarding the request for addition of kidney and pancreas to the Superficial Needle Biopsy section generated some comment from the Surgery Chief of Service. It was recommended that the request be changed to:

Needle biopsy of kidney, pancreas under imaging localization

and added to the Surgery - Radiologic Procedures section:

III. RADIOLOGIC PROCEDURES (Operative)

⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	a) Aortography
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	b) Arteriography
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	c) Venography
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	d) Sinograms
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	e) Lymphangiography
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	f) Cholangiography
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	g) Intravenous pyelography
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	h) Fluoroscopy for Dobhoff tube placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	i) Fluoroscopy for Groshong / Mediport / Perm Cath placement
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	j) Fluoroscopy for foreign body localization (Fluoroscopic exposure only with the presence of a certified radiologic technician and specific activation by a physician.)
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	k) Placement of intra-arterial catheter for lysis of thrombosed arteries
⌊__⌋⌊__⌋	⌊__⌋⌊__⌋	**l) Needle biopsy of kidney, pancreas under imaging localization**

The Surgery Chief of Service also recommends credentialing criteria to include documentation of training with initial case volume documentation of 25 procedures. The committee recommends review with the Radiology/Imaging Chief of Service before forwarding to the Medical Executive Committee.

Internal Medicine and Surgery Discussion
Interventional Nephrologist Privileges
Clarification has been requested regarding further delineation of interventional nephrology privileges de ultrasound guided kidney biopsy and advanced vascular access procedures. An extensive best practice review of privileging systems at academic institutions was presented by the Director of Medical Staff Quality and Education. Standards continue to evolve for nephrologists with various volume and training criteria defined by the Academic Society for Diagnostic and Interventional Nephrology.

The Credentials Committee will refer the information to the Chief Medical Officer to review with the Medical Director of the Vascular Access Lab and the Chiefs of Surgery, Radiology and Internal Medicine for additional input and recommendation.

RN First Assist Privileges
The Board of Directors approved a new privilege delineation form for First Assistants on the Operating Room in July 2013. The Medical-Dental Staff Office is ensuring completion of the new form by all current and new First Assist practitioners; 100% compliance is expected before the next Credentials meeting.

Due Diligence Monitoring
The staff office currently employs a website access with a manual review process to verify that staff members have not been cited with OMIG/OIG/MC/MA/Opt out sanctions. The intent of the due diligence is to ensure care is not being delivered by sanctioned practitioners and that ECMC is not billing for diagnostic/procedural services ordered by a sanctioned practitioner, which could result in exposing ECMC to the risk of payment denials and penalties. The web navigation methodology is time consuming and poses a vulnerability to errors of omission.

When last visited 2 years ago for the credentialed medical-dental staff ONLY, the assessment by ECMC was that it was cost prohibitive. According to the ECMC Corporate Compliance Officer though, due diligence monitoring extends beyond physicians and midlevels. Given this, it has been recommended that an ROI evaluation be conducted by HR and Corporate Compliance, with input from the Medical-Dental Staff Office.

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

OVERALL ACTION REQUIRED

NEW BUSINESS

Privilege Addition – Surgery Form
The Credentials Committee endorsed the addition of the Nuss procedure for pectus excavatum in June 2013. A new request has been made to also add Open Pectus Excatatum and Pectus Carinatum (Ravitch procedure) to the form. The Chief of Service has verbally approved of the addition. The committee recommends first obtaining concurrence from the Chief of Cardiothoracic Surgery, administrators for OR, TICU and nursing to ensure that all the needed training and safety issues have been addressed.

Reappointment Fee Issue
The committee seeks input from the President of the Medical-Dental Staff regarding the consistent application of any exception regarding reappointment fees.

Canvassing for additional committee members for 2014
The committee seeks the nomination of additional members for the Credentials Committee to provide balanced representation for the interests of the Medical-Dental Staff and ensure adequate attendance at each meeting.

Expired Malpractice Insurance
The Medical-Dental Staff Office received a notice of Medical Liability Insurance cancellation for a staff member that changed from Active to Associate Staff in July 2013. The chair will communicate and inform the member of the bylaws requirement for an automatic withhold of privileges and offer the Courtesy Refer and Follow (no clinical privileges) membership category..

Initial Health Assessment Form
It was requested that the form be revised to add clarity to the for pre and post 1957 DOB requirements as they apply to rubella and rubeola. Refer to attached for the proposed changes.

Visit from the DEA
S. Ksiazek briefed the committee on a recent routine visit from the DEA to review the processes of a practitioner authorized to prescribe suboxone. The DEA recommended that the address on the DEA certificate be amended to 462 Grider, which was done at the time of the visit. Given the change of address, the DEA investigator recommended that due diligence reports from the practitioner to ECMC be filed on a periodic basis. The Director of Medical Staff Quality and Education will work with the administrative staff of the practitioner on the metrics (to include but not limited to: patient volumes, successful completions, clinic discontinuations, urinalysis testing attestation results and counseling documentation) and frequency for the report.

Chiropractors with no Activity
It is not possible to perform OPPE for chiropractors without clinical activity. Transfer to a non-privilege category (Courtesy Refer and Follow) is not an option for Allied Health Professionals. The committee suggests deferral of OPPE activity under "Zero Volume is Data", with a recommendation to the Chief of Service to consider recommending membership conclusion to these practitioners at the time reappointment is due.

Possible CMS Survey
The committee learned of a possible federal survey CMS COP survey, conducted by the State Health Department. As with JC survey prep, compliance with all federal regulations and alignment with Policies and Procedures as they apply to the Medical-Dental Staff will be cross-walked.

Collaborative Agreements for NPs
The committee will review the need for perpetually collecting nurse practitioner collaborating agreements and physician assistant supervising agreements beyond the document presented with the initial appointment application.

Provider Dictionary
A number of operational issues regarding the Provider Dictionary have re-surfaced of late. The Medical-Dental Staff Office has reached out to the IT and downstream user departments to explore realistic and practical solutions.

Delegated Credentialing Audit Season
Delegated credentialing audit dates have been requested by Fidelis and WellCare. Dates for these audits are currently being negotiated.

Temporary Privilege Requests
The Medical-Dental Staff Office recognizes the need for Temporary Privileges and is most willing to facilitate meeting patient care needs as defined in the credentialing procedures. To be most effective, the need for temporary privileges should be anticipated by the department with notification of the office through the department chief of service and not the practice plan, with sufficient lead time to perform the necessary due diligence as defined in policy. The committee suggested that we engage the chiefs of service in a collaborative effort.

Request for temporary privileges without DEA
The committee will continue to seek guidance from the Chief of Service and Chief Medical Officer on a case by case basis when temporary privileges or appointment to the staff is requested by a prescribing applicant lacking a current DEA registration.

OVERALL ACTION REQUIRED

OPEN ISSUES

Surgery – Scope of Privileges for Dr. Patel
A partial response has been received from the applicant and will be forwarded to the Chief of Service for his recommendations for approval or voluntary withdrawal.

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Internal Medicine, Exigence (2 ANPs, 2 PA-C)
- OB/GYN (1 MD)

OPPE (Ongoing Professional Practice Evaluation)

- Internal Medicine OPPE was successfully completed for 116 practitioners (4 ANPs, 1 DO, 6 FNPs, 98 MDs, 5 PA-Cs, 1 PhD and 1 PSYD). 15 practitioners did not return the requested documentation.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:45 PM.

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

Minutes from the

Special Board Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE SPECIAL MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, NOVEMBER 19, 2013

CONFERENCE CALL

Voting Board Members Present:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Sharon L. Hanson Michael Hoffert Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, CPA Michael A. Seaman
Voting Board Member Excused:	Joseph Zizzi, Sr., M.D.	
Non-Voting Board Representatives Present:	Jody L. Lomeo	Kevin Pranikoff, MD
Also Present:	Anthony Colucci, Esq.	Charlene Ludlow

I. CALL TO ORDER

Chair Kevin M. Hogan called the meeting to order at 11:35 P.M.

II. DOH – DEPARTMENT OF HEALTH

Four surveyors from the DOH arrived this morning for a full hospital survey/audit. They will be at ECMCC the entire week with an anticipated exit on Friday, November 22nd. Our team is well prepared for their visit.

III. ACTION ITEM:

Consideration and Approval of Combining the November 2013 Board meeting into the December 2013 Board Meeting

Moved by Bishop Michael Badger and seconded by Douglas Baker.

Motion Approved Unanimously.

Executive Committee

Minutes from the

Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
DECEMBER 10, 2013
ECMCC STAFF DINING ROOM

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

I. CALL TO ORDER

Richard Brox called the meeting to order at 9:45A.M.

II. RECEIVE AND FILE AUGUST 13, 2013 MINUTES

Moved Richard Brox and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of October 8, 2013 as presented.

III. UPDATE – RECENTLY COMPLETED CAPITAL INITIATIVES/PROJECTS

Access Road Water Main

- The NYSDOT bridge reconstruction project & related water main repair, along with miscellaneous unforeseen repairs here on campus have been fully completed, with applicable water service restored now for approximately two weeks.

Gift Shop Renovation

- The new Gift Shop has been open for business for two weeks with a few miscellaneous yet to completed.

IV. UPDATE – IN PROGRESS CAPITAL INITIATIVES/PROJECTS

Behavioral Health Center of Excellence Project (HEAL21)

- New Building:
  - Terminal Cleaning has begun at both the ground floor and the first floor levels with punchlist work on going in anticipation of DOH /OMH pre occupancy inspection which is scheduled for 01/06/14.
- Renovations: 5th Floor is now fully occupied, with miscellaneous post occupancy punchlist work on going.
- Renovations: 4th Floor / 4Z6 – OT/PT renovations on-going; 4Z3 set to begin mid January.

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

- 1st Floor / Axial Corridor & Ambulatory Surgery Center – terminal cleaning and punchlist work on going in anticipation of DOH pre occupancy inspection which is scheduled for 12/16/13.
- 2nd Floor – terminal cleaning and punchlist work on going in anticipation of DOH pre occupancy inspection which is scheduled for 01/03/14.
- 3rd Floor – interior finishes & ceilings underway w/cleaning operations scheduled to begin in late February.
- All levels remain on schedule for occupancies @

  1st Floor – 12/26/13, 2nd Floor – 01/06/13, and 3rd Floor – 04/01/13.

Cashiers Suite

- Renovations substantially complete, office cubicles installation nearing completion, re-occupancy to occur within the next 2 weeks.

Central Sterilization Renovations

- The first of three phased Washer installations is complete, with install of the second unit to occur later this week. The third is expected to be complete by years end.

415 & 497 Grider Street

- Asbestos abatement on both properties complete, with demolition scheduled to begin later this week. Full completion of project expected prior to the end of the year.

Cafeteria & Kitchen Renovation

- In House Work
  - Computer training facilities within CCR1 & CCR2 have been relocated to Conference Room D and new Computer Training Lab LG28.
  - Demolition of CCR1 & CCR2 in progress in anticipation of establishing a temporary servery & primary dining within the Overflow Cafeteria.
  - Temporary servery utility work to begin later this month.
  - After Morrison establishment of the temporary servery, the main dining area and the kitchen shall be closed, with In-House asbestos abatement work to begin immediately thereafter within these vacated spaces, starting in early January.
- Morrison's Contracted Work
  - Bid package in final development after concluding a budget reducing value engineering process, bid phase planned for January.
  - Expected to begin in February with completion forecasted late spring 2014.

V. UPDATE – PENDING CAPITAL INITIATIVES/PROJECTS

Electrical Infrastructure Improvements

- This project is currently out to bid, with proposal due January 9th. Project shall replace one of six original Life Safety (LS) generators [500kw] which is beyond repair, a rental unit in has been in place maintaining LS compliance since the breakdown. Bid alternate pricing shall be requested on the replacement of the adjacent 900kw unit. This bid package includes a second electrical subcontract for campus wide improvements to our existing Fire Alarm system. This scope is intended to standardize and unify alarm reporting protocols.

Orthopedic COE Initiative / Phase 2 - In Patient Beds

- Since our last Buildings & Grounds meeting a mutually acceptable (Physicians & Nursing) floor plan has been reached, with applicable CON documents to be delivered to Administration by the end of this week, in anticipation of an end of year - early January DOH application submission. Next step of design shall resume after the holidays in an effort to have an applicable bid package ready for bid late this spring.

GI Lab Renovations

- Since our last Buildings & Grounds meeting the design has progressed from schematic through the design development phase, we will now move into the construction document phase with the expectation of completing an applicable bid package this spring.

Signage & Wayfinding Initiative

- New Building Signage - both directional and approach signage for the new facilities shall be installed by the end of this week.
- Exterior Site Signage / Bid Package
  - Construction documents to be complete the end of the month
  - Bid / Award Phase planned for the month of January
  - Shop Drawing Phase planned for the month of February
  - Signage fabrication forecasted for March through mid April
  - Signage Installations expected to begin in early April and be complete sometime in May.
- Interior Wayfinding Development Process
  - Proposed options on the "Pathway" concept shall be presented on Thursday [12/12/13] to be recently re-established Wayfinding Committee.
  - These options shall then be shared with the Executive Management Team who shall select the finalist.
  - The selected option shall then be implemented between the 1st floor Elevator Core and the Emergency Department, re-defining the former "Red Line" pathway. This shall be a life-sized mock-up intended to offer a final critique of the theme prior to application of same across the multiple and yet to be determined pathways across the ground and first floors.

- Recognizing the renewed interest in expediting this initiative it is important to understand that there remains a significant amount of internal input and coordination that shall be necessary before a final series pathways can be implemented. The establishment of a biweekly Wayfinding Committee meeting series is intended force that necessary progression.

Education & Training Center

- Since our last Buildings & Grounds meeting four (4) design meetings have resulted in an approved space program and applicable floor plan. A final meeting in early January shall lead to the schematic level cost estimate, which shall allow Administration to provide direction on next steps.

Administrative Suite Renovation

- Since our last Buildings & Grounds meeting three (3) design meetings have resulted in an approved space program and applicable floor plan. A final meeting in early January shall lead to the schematic level cost estimate, which shall allow Administration to provide direction on next steps.

Medical ICU Renovation

- Since our last Buildings & Grounds meeting the awaited A/E contract for schematic level design & estimating services for the MICU renovation and conceptual design for the balance of the remaining 12th floor renovation has been drafted, submitted and legally approved. First design meeting shall follow contract execution, which is expected within the next few weeks.

Immuno Clinic Relocation @ GFHC

- Since our last Buildings & Grounds meeting the awaited A/E contract for the balance of the remaining design services has been drafted, submitted and legally approved. Next design meeting shall follow contract execution, which is expected within the next few weeks.

Bariatric Service Line

- Based on in progress planning efforts this new service line is being considering here at ECMC. This potential has Plant Ops investigating weight bearing capacities and accessibility concerns within the OR Suite, PACU, Radiology and 10 Zone 3. These surveys are based on the understanding that patient weight shall not exceed 400 pounds. Findings and related cost forecasting is forthcoming.

Emergency Department Expansion / Renovation

- With the existing CPEP Unit soon to be vacant, conceptual plans and renderings are being pursued relative to a major Emergency Department expansion and renovation which shall incorporate this available square footage. Plan & renderings shall be used for a capital funding campaign.

Occupational Health Service Line

- A grant is being pursued for this new service line, which is envisioned to occupy the soon to be vacant Head & Neck space on the ground floor Rehab area. Grant application being

developed and submitted by ECMC's new grant writer Rosanne Wisniewski.

Lifeline Suite Renovations

Discussions are underway on a renovation of the Lifeline Suite, recent and on-going changes around the existing suite shall make this project feasible in the near future.

Urology Suite Renovations

- Discussions on the long conceptualized Urology Suite Renovation have been resurrected, with location of the renovated suite yet to be confirmed. Current circumstances offer the opportunity to consider a more globally beneficial location.

New Elevator Lobby @ DK Miller

- Conceptual options of a new elevator lobby on the south side of the building are being considered based on the obsolescence of the existing elevator.

Space Planning Committee / Current Considerations

- Current discussions have been focused on renovations and potential relocations of 1st floor Suites & Clinics, including Pre-Admission Testing, Orthopedic, Surgery, and Specialty Clinics.

VI. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Board of Directors Building and Grounds Committee meeting at 10:25 a.m.

Next Building & Grounds meeting – February 11, 2014 at 9:30 a.m. - Staff Dining Room

Minutes from the

Finance Committee

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
OCTOBER 22, 2013

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 8:35 a.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of September 24, 2013.

III. SEPTEMBER 2013 FINANCIAL STATEMENT REVIEW

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

Total discharges were under budget by 46 for the month of September, and 80 over the prior year. Year-to-date discharges were over the prior year by 155. Acute discharges were under budget by 46 for September, 39 ahead of the prior year, and under the prior year-to-date by 49. Observation cases were 180 for the month and the average daily census was 367. Average length of stay was 6.1 compared to a budget of 6.0 and 6.6 the prior month. Non-Medicare case mix was 1.90 for the month compared to 1.91 in August, and a budget of 2.27. Medicare case mix was 1.77, compared to 1.71 in August, and a budget of 1.81. Inpatient surgical cases were under budget for the month by 15 and 6 fewer than the prior year-to-date. Outpatient surgical cases were under budget by 47 for the month, and over the prior year by 11. Emergency Department visits were under budget for the month by 38, and 234 over the prior year.

Hospital FTEs were 2,389 in September, compared to a budget of 2,365. Terrace View FTEs were 431 for the month of September, compared to a budget of 441.

The Hospital had an operating loss for the month of $27,000, compared to a budgeted surplus of $573,000 and a $251,000 surplus the prior year. Terrace View had an operating surplus of $51,000 in September, compared to a $29,000 budgeted loss and a prior year loss of $476,000. The consolidated year-to-date operating loss was $3.8 million, compared to a prior year-to-date loss of $4.6 million.

Days operating cash on-hand for the month of September was 20.8, obligated cash on hand was 116.2, and days in accounts receivable were 50.1.

IV. DSH / UPL / CASH FLOW – POTENTIAL OPPORTUNITIES

Mr. Sammarco discussed potential revenue opportunities for the Hospital disproportionate share and the long term care upper payment limit. The revenue opportunities will be recorded in the fourth quarter.

V. ADJOURNMENT:

The meeting was adjourned at 9:30 a.m. by Michael Seaman, Chair.

Minutes from the

Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, NOVEMBER 12, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR	JODY LOMEO RICHARD BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. MICHAEL HOFFERT	FRANK MESIAH
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD RICHARD CLELAND CHARLES RICE	KAREN HORLACHER JENNIFER CRONKHITE JEANNINE BROWNMILLER NANCY CURRY NANCY TUCKER

I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:55 a.m.

II. RECEIVE & FILE

Moved by Bishop Michael Badger and seconded by Richard Brox to receive the Human Resources Committee minutes of the September 10, 2013 meeting.

III. NYSNA NEGOTIATIONS

Kathleen O'Hara reported that negotiations are ongoing and a number of tentative agreements have been signed.

IV. CSEA

Kathleen O'Hara reported that a number of memoranda of agreements have been signed and others are pending finalization of negotiations.

V. WELLNESS/BENEFITS

Nancy Tucker reported that open enrollment will end November 15th. Wellness week will be held in January 2014. HR is finalizing the review of the impact of Healthcare Reform and system related changes due to Healthcare Reform. The review includes an assessment of which part time/per diem employees will qualify for coverage based on a look back period of Sept-Nov 2013. Healthcare reform discussion ensued.

VI. TERRACE VIEW REPORT

The Terrace View Report was distributed which includes turnover. Terrace View management reported that a new staffing plan will be rolled out soon which includes a staffing by floor. Staff will only float to neighborhoods on their floor rather than the entire facility. A power point will be conducted for the staff on November 13th (a copy of it is attached to the Terrace View report).

VII. RECRUITMENT ACTIVITIES

HR representatives will be at 2 job fairs on November 14th. The UB Convocation is taking place on November 21st.

VIII. CONSOLIDATION OF SERVICES

The clinic at 1010 Main Street and Lancaster Outpatient re-opened as ECMC facilities in October. Jeannine Brown-Miller has been brought on to assist in the transition. She is beginning to meet with management to develop a plan of action and best practices. She will then meet with all levels of staff to develop plans.

The lab services consolidation with Kaleida will be complete in December 2013.

IX. WORKERS COMPENSATION

The workers compensation report was distributed along with the employee occurrences report. Kathleen O'Hara presented a power point presentation regarding workers compensation and occurrences.

X. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed.

XI. NURSING TURNOVER REPORT

September Hires – 31 FTES & 7 PT – 10.5 FTE Med/Surg & 20.5 BH
YTD = 145.0 FTES & 35 PT
LPN – 3.0 FTES – 2.0 Med/Surg &1.0 BH
YTD = 25.0 FTES
September Losses – 15.0 FTES & 0 PT YTD = 49.5 FTES
LPN – 3.0 YTD = 9.5 FTES
Turnover Rate – 2.00% (.40% without retirees)
Turnover Rate YTD – 6.62% (3.2% without retirees)

October Hires – 11.0 FTES & 5 PT – 8.5 FTE Med/Surg & 2.5 BH
YTD = 156.0 FTES & 40 PT
LPN – 7.0 FTES – 6.0 Med/Surg & 1.9 BH
YTD = 29.0 FTES
October Losses – 5.0 FTES YTD = 39.5 FTES
LPN – 0.0 YTD = 6.5 FTES
Turnover Rate - .66% (.40% without retirees)
Turnover Rate YTD – 5.29% (3.2% without retirees)

XII. NEW INFORMATION

Ben Leonard distributed a report outlining recent grievance arbitration cases. He indicated that there were 4 employer wins and 1 split decision. This portrays that managers are following policies in regards to giving disciplines.

XIII. ADJOURNMENT

Moved by Bishop Michael Badger to adjourn the Human Resources committee a 10:35am. Motion seconded by Richard Brox.

ECMCC Management Team

Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMEO, CHIEF EXECUTIVE OFFICER
DECEMBER 17, 2013

As we are in the middle of the holiday season, let me wish each and every one of you and your families a happy and healthy holiday. We have much to be thankful for here at ECMCC and I am always thankful for the support, wisdom and guidance that the Board of Directors provides for all of us here at ECMCC.

HOSPITAL OPERATIONS

As 2103 winds down, we are trending towards a very small operating surplus. Many areas are below our projected budget, but ahead of the previous year. NOVIA Consulting is fully-engaged to produce a different and more sophisticated operating plan that we expect to improve 2014 performance. Looking back on 2013, it is clear that average length of stay must be decreased and case mix index must continue to be challenged. Likewise, staffing levels must meet the demand of our seasonal activity. Our surgical cases continue to grow year over year and the decision to build Terrace View has provided positive financial benefit to the corporation. In January 2014 we will review all 2013 key statistics and financial measures.

CAMPUS UPDATE

We are a few short weeks away from the opening of our exceptional, new CPEP and behavioral health outpatient services building with full operation targeted for mid-January 2014. Board tours will be scheduled in the upcoming weeks. The campus continues to change and expand for the better both inside as well as outside. There are multiple projects underway that should be completed shortly. Below is a rundown of those projects:

- Outpatient operating rooms will be fully functional by the end of December.
- Medical Office Building build-out will be completed by March 2014
- Gift shop in the lobby was completed November 22, 2013. Please visit our volunteers and thank them for all the great work that they do. The lobby looks beautiful with the addition of the new gift shop.
- In spring 2014, all behavioral health units inside the tower will be completed with 158 beds on line.

- The Cafeteria/Kitchen project will be underway shortly with a completion forecasted for the end of May.
- The Head & Neck/Dental/Oncology build-out on the second floor of the MOB will be complete on December 27, 2013.

Your administrative staff is undertaking renovations of the orthopedic floor (pending CON approval), GI Lab renovations, and signage/way finding initiatives. These are exciting times on the campus and we are proud of the "new look" of ECMCC. I encourage each of you to tour any of the new or newly renovated areas because it reflects your leadership of this institution and the hard work of our ECMCC family.

PHYSICIAN ON-BOARDING/RECRUITMENT

We are pleased to welcome Dr. Joseph Caruana, Dr. Mark Cavaretta and their bariatric team to ECMCC. I would like to thank our leadership team as well as our physician leadership for all of their help in aiding Dr. Caruana in his move to ECMCC. We also are pleased to welcome Dr. Maureen Sullivan and her dental oncology team to ECMCC. We are in the process of further orthopedic recruitments as well as expanding head and neck services. I look forward to as busy a recruitment year in 2014 as we have enjoyed in 2013 and will continue to keep you informed.

RPCI/UB/GREAT LAKES HEALTH

We continue to have discussions with Roswell Park regarding a collaborative model around hematology/oncology. We are very hopeful that we can have something formalized that I can bring to the Board in January. We continue to hold discussions with the University as well as Kaleida (GLH) around further ways for us to continue to collaborate with RPCI and otherwise. We are hopeful the discussions will produce new areas where collaboration trumps individual agendas.

2014 PRIORITIES

The major operational initiative for 2014 is the NOVIA engagement, now dubbed "BRIDGE" with stands for "**B**ridging **R**elationships to **I**ntegrate the **D**epartments for **G**reater Quality and **E**fficiency." We are anticipating considerable progress in 2014 because NOVIA has been working over the last few months of 2013 on implementing its recommendations. During

the first half of 2014, as well, we will be integrating new bariatric physicians and staff, new dental oncology physicians and staff, and working out the transition to the new behavioral health facility, new MOB office space, and new operating suites. While this "growth on Grider" has become more commonplace, we remain focused on running all of our operations in the ever-changing environment of healthcare.

In 2014, ECMCC will be focused on developing new strategies with our healthcare plans as well as on patient satisfaction scores and the ECMCC ambassador program. The coming year will include Stage III of Meaningful Use, the implementation of ICD-10, and work with our NYSNA nursing partners on a new contract.

In March 2014, ECMC Lifeline Foundation will publicly announce its first formal capital campaign in support of ECMCC. John Dandes, President of Rich Baseball Operations, has generously agreed to chair that effort. The campaign will focus on raising capital to renovate the ECMC Emergency Department. As the only adult trauma center, ECMC has the only major emergency facility that has not recently been updated. Once the renovations are complete, a state-of-the-art facility will once again match the state-of-the-art and science emergency care we are so proud of.

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

Jody

Chief Operating Officer

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

EXECUTIVE MANAGEMENT (EM) - HOSPITAL OPERATIONS

BRIDGE-Novia Update:

Several significant milestones have already been achieved including:

- Communication Plan (Branding of Project):
  The Novia Steering Committee decided to use BRIDGE(Bridging Relationships to Integrate Departments for greater Quality & Efficiencies) as the internal project name (versus Novia).
- Care Coordination/Case Management:
  Roll out of the case management, utilization review, social work and discharge planning department redesign. Team approach to patient management and discharge planning;
  Creation of several significant flash reports on LOS, excessive stay patients which will help us better manage;
- Care Redesign:
  Establishment of clinical protocols and guidelines;
  Strategy for Sepsis-Chair Dr. Crane;
  Strategy for Ventilator Management-Chair Dr. Anillo;
  Strategy for Patient Mobilization-Chair open;
  Strategy for Effective Family Partnerships-Chair-UBMD Internal Medicine;
  Strategy for High Volume Tests/Procedures-Chair open;
  Strategy for Weekends and LOS Variability-Chair open;
- Revenue Cycle:
  Averted a $318,413 write off for out of state Medicaid patients;
- Clinical Documentation Initiative:
  $335,000 clinical documentation improvement in October on revenue enhanced coding. On schedule for a $1.2 million annual improvement;

- Emergency Department Operations Assessment – underway and in early stages;

2014 Operating Budget

CEO-COO-CFO Forum/Monthly Review in development. Currently, department report cards being developed. The report cards will be used to measure specific department/service line operational volumes and actual results to budget. A great way of opening up communication, assigning accountability to service line departments and assuring 2014 budget + financial success.

4th Quarter 2013 Executive Management Goals

Through end of November, several significant goals have been achieved. See 4th quarter goal report attached to end of this report.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

There have been several significant developments over the past month.

- We submitted vouchers and were reimbursed for $14.7 million of the HEAL-21 grant. The remaining funds of the $15 million will be used by end of the 4th quarter;
- 5-South opened on November 4, 2013;
- CPEP and Outpatient Center construction is progressing and remains on budget and on schedule, opening in January 2014;
- We are currently operating 144 of the 180 behavioral health licensed beds;
- Several operational changes have been implemented to insure new beds and growth in behavioral health will be effective and insure success including:
  - → Use of consultant, Jeannine Brown Miller, as we did at Terrace View to insure cultural and operational effectiveness;
  - → Off-site assignment of ADON to provide enhanced management and supervision;
  - → Addition of nurse educator to off hours 3-11/11-7 to insure new hires are developed and supervision of staff is appropriate.

TERRACE VIEW

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

NYSDOH quality P4P incentive program has resulted in Terrace View being named as a "2nd level" quality performer. This means ECMC/Terrace View will receive an additional $268,000 in annual payments.

TRANSITIONAL CARE UNIT (TCU)

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

Quarterly measures for November are:

Volume: 203 patients Average age: 70.06 yrs

Average LOS: 12.82 days (Benchmark= 12.2 days)

Average FIM gain: 21.28 (Benchmark=22.8)

Average LOS efficiency: 2.22 (Benchmark=2.3)

Discharge Disposition

Setting	# Patients (%)	Benchmark (%)
Home	156 (76.5)	71.6
Assisted Living	2 (1.0)	
Subacute	19 (9.3)	
SNF	7 (3.4)	
Acute	20 (9.8)	8.6

CONSTRUCTION/RENOVATION PROJECTS

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

Several new projects have received approval to begin including:

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

Dr. Sullivan will be joining ECMC in January as Clinical Chief of Dentistry. Currently putting final touches on an integrated plan of dentistry which includes the integration of the oral maxillofacial prosthetic dentistry program from RPCI and the general dentistry program currently at ECMC. Upon completion we will have a dental center of excellence.

Completed renovation of the gift shop. Grand Opening was held on December 6, 2013.

Executive Management
Goal Report – 4th Quarter
November 30, 2013

Goals	Responsible Party	Completed
2013 Fourth Quarter Goals:		
1) Super Lab Completion of Integration	Krawiec	
a. Pathology agreement/transfer of service		11/1/13
b. Anatomical Move		11/1/13
c. Clinical Lab Service		12/8/13
d. Develop ongoing Monitoring System		
e. Finalize UB Pathology agreement to combine all pathologists under one contract. Transfer billing responsibility.		12/18/13
2) Conditions of Participation(COP)CMS Survey	Ludlow	11/21/13
3) Business Service Line Development(complete):		
a. Trauma/Burn/ER Services;	Ziemianski	
b. Orthopedics;	Quatroche	
c. Behavioral Health/Chemical Dependency;	Cleland	12/1/13
d. Head, Neck and Breast;	Quatroche	
e. Transplant/Renal;	Henry	
f. LTC;	Cleland	
g. Ambulatory Services/Clinics;	Krawiec	
h. Immunodeficiency;	Krawiec	
i. Rehabilitation Services;	Cleland	12/1/13
j. Dental Oral Oncology;	Cleland	12/1/13
k. Bariatrics	Quatroche	
4) Submit CON – Ortho (Phase II & Phase III)	Quatroche	
5) Novia	Cleland	
a. Establish Steering Committee		11/1/13
b. Establish Physician Advisory Committee		11/1/13
c. Begin Implementation of the Strategic Plans		11/1/13
i. Care Coordination		
ii. Care Redesign		
iii. Revenue Cycle		
iv. Quality Documentation		
v. ER Operational Assessment		
vi. Redesign, restructure CM, UR, SW + DC		
6) Reorganization of the medical services office	Murray	
7) Be at <u>least</u> break even financial status (profitability is goal) by end of 2014.	Everyone	12/1/13
8) Develop Comprehensive Physician Plan to address:	Murray	
a. Recruiting (a Physician Strategic Plan)		
i. i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon		
b. Liaison/Concierge Service (on boarding)		12/31/13

Goals	Responsible Party	Completed
9) Automate Switchboard – Implement including online phone directory	Brown	11/18/13
10) Level III Observation – Sitter Service Implement /Policy change for Med-Surg population and QI audit for behavioral physicians	Ziemianski	10/1/13
11) Implement Purchasing Assessment	Sammarco	11/15/13
12) Develop dashboard for core measures	Ludlow	
13) Grow Terrace View SAR to 44 patients	Cleland	12/1/13
14) Patient Experience Plan/Review -	Brown	
a. Areas that did not submit for 2013		
15) Bariatric Service	Quatroche/Ziemianski	
a. Policy Development		
b. Equipment review		
c. Staff education		
d. Physician on-boarding		
16) Develop plan for WNY Occupational Health Center with Dr. Hailoo. Submit grant request 4th qtr 2013, start April 2014.	Krawiec	12/12/13
17) Review expanded relationship with D'Youville College Chiropractic and Primary Care clinics.	Krawiec	
18) Establish a 3 year Imaging capital expenditure/improvement plan. This will be BIG dollars and need of special attention and fiscal planning.	Krawiec	
19) Complete Imaging salary adjustment.	Krawiec	12/1/13
20) Review PET Scan /Pain Management relationship.	Krawiec	
21) Security – Identify visitor management system and develop timeline to implement.	Ludlow	12/10/13
22) Infection Control – Collaborate with Pharmacy and IT to design an antibiotic stewardship program. Establish timeline to implement.	Ludlow	
23) Plant Operations – Design and develop timeline to provide generator power to CT scanner.	Ludlow	
24) Budget 2014 - Operational Budget Review Plan	Cleland, Feidt, Sammarco	
a. Flash Reports specific to 2014 budget volumes	Sammarco	
b. Fixed overtime budgets	Cleland	11/20/13
c. Discharge monitoring barometer	Feidt	
d. Monthly service line + department review with CEO, COO, CFO	Cleland	
25) Updated ECMC Strategic Plan	Quatroche/Cleland	
26) ECMC Civil Service Department created	O'Hara/Colucci	
27) Finish re-write of M/C annual competencies	O'Hara	
28) Rehab Services – Upgrade – MOU	O'Hara	11/20/13
29) Radiology –Upgrade-MOU	O'Hara	12/6/13
30) Integration of General Dentistry & Maxillofacial Prosthetics (from RPCI) programs for January 1, 2014 start up.	Cleland	12/31/13
31) Complete Ambulatory Surgery Center construction for opening:	Cleland/Quatroche/Ludlow	12/31/13
a. New office site – UB Practice Plan		
b. New outpatient operating rooms		
c. Article 20 clinical space (H&N, Dental, Oncology)		

Chief Financial Officer

The difference between healthcare and true care™

Internal Financial Reports

For the month ended November 30, 2013

Erie County Medical Center Corporation

Balance Sheet
November 30, 2013 and December 31, 2012

(Dollars in Thousands)

	November 30, 2013	Audited December 31, 2012	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	$ 10,698	$ 20,611	$ (9,913)
Investments	14,065	3,112	10,953
Patient receivables, net	56,744	42,548	14,196
Prepaid expenses, inventories and other receivables	75,086	49,459	25,627
Total Current Assets	156,593	115,730	40,863
Assets Whose Use is Limited:			
Designated under self-Insurance programs	85,170	87,993	(2,823)
Designated by Board	25,000	25,000	0
Designated for 3rd party agreements	24,683	38,016	(13,333)
Designated for long-term investments	23,253	25,057	(1,804)
Total Assets Whose Use is Limited	158,106	176,066	(17,960)
Property and equipment, net	285,514	247,113	38,401
Deferred financing costs	2,955	3,091	(136)
Other assets	4,410	4,621	(211)
Total Assets	$ 607,578	$ 546,621	$ 60,957
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	$ 7,211	$ 6,936	$ 275
Accounts payable	35,717	29,369	6,348
Accrued salaries and benefits	19,245	18,661	584
Other accrued expenses	45,184	17,386	27,798
Estimated third party payer settlements	30,054	27,651	2,403
Total Current Liabilities	137,411	100,003	37,408
Long-term debt	173,523	180,354	(6,831)
Estimated self-insurance reserves	57,681	56,400	1,281
Other liabilities	109,134	99,827	9,307
Total Liabilities	477,749	436,584	41,165
Net Assets			
Unrestricted net assets	118,760	98,968	19,792
Restricted net assets	11,069	11,069	0
Total Net Assets	129,829	110,037	19,792
Total Liabilities and Net Assets	$ 607,578	$ 546,621	$ 60,957

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Erie County Medical Center Corporation

Statement of Operations

For the month ended November 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	$ 32,470	$ 34,003	$ (1,533)	$ 31,553
Less: Provision for uncollectable accounts	(1,933)	(1,896)	(37)	(1,799)
Adjusted Net Patient Revenue	30,537	32,107	(1,570)	29,754
Disproportionate share / IGT revenue	8,596	4,396	4,200	5,412
Other revenue	2,163	2,427	(264)	3,874
Total Operating Revenue	41,296	38,930	2,366	39,040
Operating Expenses:				
Salaries & wages / Contract labor	15,101	13,366	(1,735)	13,733
Employee benefits	8,770	8,943	173	9,025
Physician fees	4,280	4,279	(1)	4,585
Purchased services	3,021	2,697	(324)	3,080
Supplies	4,703	5,543	840	5,375
Other expenses	1,335	1,178	(157)	3,088
Utilities	503	455	(48)	516
Depreciation & amortization	1,670	1,648	(22)	1,946
Interest	698	715	17	425
Total Operating Expenses	40,081	38,824	(1,257)	41,773
Income/(Loss) from Operations	**1,215**	**106**	**1,109**	**(2,733)**
Non-operating Gain/(Loss):				
Grants - HEAL 21	659	833	(174)	-
Interest and dividends	175	-	175	506
Unrealized gain/(loss) on investments	440	267	173	235
Non-operating Gain/(Loss)	1,274	1,100	174	741
Excess of Revenue/(Deficiency) Over Expenses	$ 2,489	$ 1,206	$ 1,283	$ (1,992)
Retirement health insurance	1,582	1,334	248	1,469
New York State pension	2,052	2,039	14	1,855
Impact on Operations	$ 3,634	$ 3,373	$ 262	$ 3,324

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Operations

For the eleven months ended November 30, 2013

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	$ 370,105	$ 378,708	$ (8,603)	$ 359,181
Less: Provision for uncollectable accounts	(21,764)	(21,166)	(598)	(21,193)
Adjusted Net Patient Revenue	348,341	357,542	(9,201)	337,988
Disproportionate share / IGT revenue	58,844	48,354	10,490	53,853
Other revenue	22,664	24,590	(1,926)	23,545
Total Operating Revenue	429,849	430,486	(637)	415,386
Operating Expenses:				
Salaries & wages / Contract labor	156,848	146,564	(10,284)	143,955
Employee benefits	93,898	99,864	5,966	97,501
Physician fees	48,617	47,871	(746)	47,751
Purchased services	31,857	29,719	(2,138)	30,141
Supplies	58,606	62,578	3,972	59,540
Other expenses	9,247	13,155	3,908	16,877
Utilities	6,419	5,060	(1,359)	5,402
Depreciation & amortization	18,184	17,988	(196)	16,420
Interest	7,608	7,594	(14)	4,826
Total Operating Expenses	431,284	430,393	(891)	422,413
Income/(Loss) from Operations	**(1,435)**	**93**	**(1,528)**	**(7,027)**
Non-operating Gain/(Loss):				
Grants - HEAL 21	14,380	9,166	5,214	1,148
Interest and dividends	3,110	-	3,110	3,947
Investment Income/(Loss)	4,779	2,931	1,848	6,383
Non-operating Gain/(Loss)	22,269	12,097	10,172	11,478
Excess of Revenue/(Deficiency) Over Expenses	$ 20,834	$ 12,190	$ 8,644	$ 4,451
Retirement health insurance	13,143	14,937	(1,794)	16,158
New York State pension	21,592	22,934	(1,341)	19,633
Impact on Operations	$ 34,735	$ 37,871	$ (3,135)	$ 35,791

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Erie County Medical Center Corporation

Statement of Changes in Net Assets

For the month and eleven months ended November 30, 2013

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	$ 2,489	$ 20,834
Other transfers, net	(93)	(1,042)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Unrestricted Net Assets	2,396	19,792
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Net Assets	2,396	19,792
Net Assets, beginning of period	127,433	110,037
Net Assets, end of period	**$ 129,829**	**$ 129,829**

The difference between healthcare and true care™

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and eleven months ended November 30, 2013

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	$ 2,396	$ 19,792
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	1,670	18,184
Provision for bad debt expense	1,933	21,764
Net Change in unrealized (gain)/loss on Investments	(440)	(4,779)
Transfer to component units	93	1,042
Changes in Operating Assets and Liabilities:		
Patient receivables	(3,520)	(35,960)
Prepaid expenses, inventories and other receivables	(8,070)	(25,627)
Accounts payable	3,126	6,348
Accrued salaries and benefits	1,284	584
Estimated third party payer settlements	1,207	2,403
Other accrued expenses	945	27,798
Self Insurance reserves	(881)	1,281
Other liabilities	1,233	9,307
Net Cash Provided by/(Used in) Operating Activities	976	42,137
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net		
Campus expansion	(3,527)	(47,320)
Routine capital	(2,018)	(9,129)
Use of bond proceeds for campus expansion	-	18,833
Decrease/(increase) in assets whose use is limited	5,009	(873)
Sale/(Purchase) of investments, net	4,424	(6,174)
Investment in component units	(93)	(1,042)
Change in other assets	(28)	211
Net Cash Provided by/(Used in) Investing Activities	3,767	(45,494)
Cash Flows from Financing Activities:		
Principal payments on long-term debt	(2,843)	(6,556)
Increase/(Decrease) in Cash and Cash Equivalents	1,900	(9,913)
Cash and Cash Equivalents, beginning of period	8,798	20,611
Cash and Cash Equivalents, end of period	$ 10,698	$ 10,698

Erie County Medical Center Corporation

Key Statistics

Period Ended November 30, 2013

Current Period					Year to Date			
Actual	**Budget**	**% to Budget**	**Prior Year**		**Actual**	**Budget**	**% to Budget**	**Prior Year**
				Discharges:				
821	987	-16.8%	893	Med/Surg (M/S) - Acute	10,163	10,990	-7.5%	10,363
259	211	22.7%	226	Behavioral Health	2,497	2,275	9.8%	2,295
125	131	-4.6%	121	Chemical Dependency (CD) - Detox	1,440	1,417	1.6%	1,420
19	23	-17.4%	25	CD - Rehab	278	297	-6.4%	290
38	47	-19.1%	26	Medical Rehab	423	488	-13.3%	421
25	41	-39.0%	-	Transitional Care Unit (TCU)	207	335	-38.2%	-
1,287	1,440	-10.6%	1,291	Total Discharges	15,008	15,802	-5.0%	14,789
				Patient Days:				
5,486	5,876	-6.6%	5,559	M/S - Acute	66,464	65,415	1.6%	65,002
3,628	2,759	31.5%	2,662	Behavioral Health	32,349	27,459	17.8%	29,340
413	420	-1.7%	388	CD - Detox	4,806	7,022	-31.6%	4,524
478	438	9.1%	498	CD - Rehab	5,293	5,479	-3.4%	5,415
864	1,119	-22.8%	902	Medical Rehab	9,116	11,629	-21.6%	9,418
386	493	-21.7%	-	TCU	2,757	4,022	-31.5%	-
11,255	11,105	1.4%	10,009	Total Patient Days	120,785	121,026	-0.2%	113,699
				Average Daily Census (ADC):				
183	196	-6.6%	185	M/S - Acute	199	196	1.6%	194
121	92	31.5%	89	Behavioral Health	97	82	17.8%	88
14	14	-1.7%	13	CD - Detox	14	21	-31.6%	14
16	15	9.1%	17	CD - Rehab	16	16	-3.4%	16
29	37	-22.8%	30	Medical Rehab	27	35	-21.6%	28
13	16	-21.7%	-	TCU	8	12	-31.5%	-
375	370	1.4%	334	Total ADC	362	362	-0.2%	339
				Average Length of Stay:				
6.7	6.0	12.2%	6.2	M/S - Acute	6.5	6.0	9.9%	6.3
14.0	13.1	7.1%	11.8	Behavioral Health	13.0	12.1	7.3%	12.8
3.3	3.2	3.1%	3.2	CD - Detox	3.3	5.0	-32.7%	3.2
25.2	19.0	32.1%	19.9	CD - Rehab	19.0	18.4	3.2%	18.7
22.7	23.8	-4.5%	34.7	Medical Rehab	21.6	23.8	-9.6%	22.4
15.4	12.0	28.4%	-	TCU	13.3	12.0	10.9%	-
8.7	7.7	13.4%	7.8	Average Length of Stay	8.0	7.7	5.1%	7.7
				Occupancy:				
76.9%	82.6%	-7.0%	82.8%	% of M/S Acute staffed beds	88.3%	81.6%	8.2%	82.2%
				Case Mix Index:				
2.06	1.80	14.2%	1.83	Medicare (Acute)	1.80	1.74	3.4%	1.75
1.98	2.12	-6.4%	2.18	Non-Medicare (Acute)	1.86	2.13	-12.5%	2.19
206	155	32.9%	168	Observation Status	1,952	1,458	33.9%	1,582
428	425	0.7%	434	Inpatient Surgeries	4,842	4,874	-0.7%	4,803
600	692	-13.3%	618	Outpatient Surgeries	6,874	7,545	-8.9%	6,912
27,392	29,076	-5.8%	27,693	Outpatient Visits	316,171	336,781	-6.1%	320,124
5,076	5,052	0.5%	4,763	Emergency Visits Including Admits	59,448	61,944	-4.0%	58,837
54.4	40.0	36.0%	42.5	Days in A/R	54.4	40.0	36.0%	42.5
6.5%	6.2%	5.4%	6.3%	Bad Debt as a % of Net Revenue	6.6%	6.2%	6.1%	6.5%
2,415	2,335	3.4%	2,472	FTE's	2,387	2,344	1.8%	2,416
3.54	3.81	-7.1%	3.95	FTE's per adjusted occupied bed	0.04	3.66	-99.0%	3.95
$ 11,728	$ 11,994	-2.2%	$ 11,743	Net Revenue per Adjusted Discharge	$ 11,585	$ 11,775	-1.6%	$ 11,989
$ 15,129	$ 14,387	5.2%	$ 16,343	Cost per Adjusted Discharge	$ 14,199	$ 14,005	1.4%	$ 14,555
Terrace View Long Term Care:								
11,331	11,466	-1.2%	8,090	Patient Days	120,908	112,276	7.7%	107,808
378	370	2.1%	270	Average Daily Census	362	336	7.7%	322
443	441	0.5%	288	FTE's	430	426	1.0%	315
7.2	7.3	-1.6%	6.6	Hours Paid per Patient Day	7.1	7.6	-6.2%	5.8

Sr. Vice President of Operations
- Ronald Krawiec -

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
December 17, 2013

LABORATORY – JOSEPH KABACINSKI

KH-ECMCC Lab Integration

Implementation of the ECMCC and Kaleida Health integrated laboratory service strategy continues to progress. The Anatomic Pathology transition has begun. As of November 1st, ECMCC has a new contract with University at Buffalo Pathologists to administer and provide clinical coverage to our Pathology department. Dr. Lucia Balos took over as Chief of Service in Pathology following Dr. James Woytash's retirement. Drs. Higgs and Yoon are now part of the UB Pathology clinical practice and work at ECMCC under the UB Pathology contract. This arrangement allows work that is sent to Kaleida Health's production lab to be diagnosed and resulted by all pathologists in the UB Pathology group ensuring extended coverage as the KH-ECMCC Lab integration evolves.

All biopsies are now sent to the Kaleida Health Pathology production lab at Buffalo General Medical Center as is the processing of specimens to make slides and special stains. Flexibility exists where slides can either be returned to ECMCC for on-site pathologists to diagnose and result or remain at Kaleida Health for other UB Pathologists to diagnose and result. All ECMCC autopsies are now performed at BGMC.

On November 19, the Hematology Lab testing transitioned to the Kaleida Health production lab as planned in the ESL model and seems to be transparent to our ECMC clinicians.

The Chemistry, Microbiology, Virology and Diagnostic Immunology Labs are planned for transition within the next 30 days. Their integration depends on successful Information System interfaces linking the Kaleida Health and ECMCC Labs and Hospital information systems. Kaleida's IT Department has built a new domain for ECMCC in their system and an interface to link the Kaleida Health Cerner Millennium Lab system with ECMCC's Meditech System. The build of the database and test directories is nearly complete. Extensive system testing and validation has begun with extensive collaboration between our combined lab staffs.

Supply chain personnel from Kaleida Health and ECMCC are also pursuing common procurement options to reduce costs of consumables, reference lab testing and equipment. ECMCC leadership is investigating all aspects of the lab integration for legal compliance and development of a solid financial agreement.

AMBULATORY SERVICES – BONNIE SLOMA

Our Immunodeficiency and Cleve-Hill clinics are two areas of operation that are in desperate need of face lift and improved physical space. The new Immunodeficiency clinic will be located in the Grider Family Health building in an improved existing space with an expansion. Cleve-Hill will be redesigned in the existing location to increase capacity and patient flow. We are working to obtain additional physician mid-level sessions in Immunodeficiency, ENT, and Cleve-Hill Family Health Center due to the loss of providers and/or increasing volume.

The Ambulatory Services fiscal dashboards have been completed in line with monitoring operations under the 2014 budget. We are meeting with insurers and reviewing their various performance and quality incentives in an effort to increase clinic revenue along with continually addressing both professional and technical billing issues to ensure that we receive the largest reimbursement available.

PCMH is on track and our current data supports a level 3 accreditation at Cleve-Hill Family Health Center, Internal Medicine Clinic, and Grider Family Health Center with a submission to NCQA by the end of 2013. The integrated care model is up and running with staff educated on depression screening bringing behavior health into our primary care clinics. A GNYHA grant to address and improve resident schedules has been accepted by Dr. Shaffer with a 4:1 rotation to increase continuity of care received by our patients. A Susan G. Komen grant has enabled us to place the mobile mammogram coach at Cleve-Hill Family Health Center and mammograms have increased by 5.3% since this program inception.

We have submitted a Letter of Intent for a grant to expand Primary Care Services in zip code 14215. This initiative addresses strategies to improve the health of our population by directing them back into care. We are evaluating and developing an enhanced Population Health Management delivery model and improving our coordination of Care Transitions, in our continuing effort to transform into a true Patient Centered Medical Home.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) is under budget for total expenses for the sixth straight month and we are 0.2 FTEs under budget and through 25 pay periods. This is a notable accomplishment considering the new and expanded services experienced throughout 2013 which were not originally included in the budget. Most notably is the large increase in lease expense due to increased patient care areas serviced by Omnicell and the large increase in expensive long-acting antipsychotic agents related to our expanding behavioral health population. The DPS expects to close the year at or very near budget.

Work continues on 340B contract pharmacy services. Our initial award is now fully under contract and we expect to begin offering this service to the patients of ECMC in early

2014. This will produce a significant revenue stream for the organization. The RFP for expanding to additional contract pharmacy partners has experienced slight delays as two addendums to the RFP were developed. Finally selection for additional partners will occur prior to year end.

The Physicians Advisory Committee for CPOE, HIS and the Department of Nursing have requested that a full 24/7 ED Pharmacy support module be developed and implemented by the end of March 2014. This will be a significant advancement in patient care and the level of service provided to the ED staff. Pharmacy wholeheartedly endorses this request and embraces the challenge of development and implementation of the new service within this timeline.

Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
DECEMBER 2013

UNIVERSITY AFFAIRS

PROFESSIONAL STEERING COMMITTEE

No meeting was held in December. Next scheduled meeting is March 2014..

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	September	October	November	YTD vs. 2013 Budget
Discharges	928	943	820	-7.5%
Observation	179	192	201	+33.5%
LOS	6.1	6.3	6.7	+9.2%
ALC Days	212	149	194	-27.7%
CMI	1.82	1.88	2.07	-12.0%
Surgical Cases	863	899	857	-7.3%
Readmissions (30d)	NA	NA		

Dsicharges remain below budget with a significant drop in November
LOS continues to hover above 6.0 days about 1 day more than GMLOS.
Surgeries remain about 7-8% behind budget.
CMI continues to run over 10% below last years level.

CLINICAL ISSUES

NOVIA BRIDGE PROJECT

Multiple meetings are ongoing with the consultant group whose goal is to improve the Quality of care delivered while at the same time reducing costs. Strategies include improving Case Management through care redesign, improving clinical documentation and coding and improvements in Revenue Cycle.

IMPROVING COMPLIANCE WITH CMS ADMISSIONS POLICIES

ECMC is contemplating a contract with an outside vendor to provide assistance to phsycians at the time of admission in deciding whether certain cases meet criteria for admission or should be initially managed by observation. The process involves concurrent case review, discussion with treating physicians and results in a written opinion as to the recommended disposition of the patient.

CMS ISSUES FINAL RULE ON PHYSICIAN PAYMENTS FOR 2014

CENTERS FOR MEDICARE AND MEDICAID PROPOSED RULE

November 2013 CY2014 Physician Fee Schedule Final Rule with Comment Period

On November 27, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that would update payment policies and payment rates for the Medicare Physician Fee Schedule (PFS). Provisions in the final rule addressed updating PFS rates, emphasizing primary care management services, and adjusting various quality programs. These changes will take effect on or after Jan. 1, 2014, but may be superseded by future legislative activity.

Updating the PFS for CY2014

The PFS covers services provided to Medicare Part B patients by physicians and certain other types of suppliers. The PFS is based on work, practice expense (PE), and malpractice (MP) relative value units (RVUs).

Sustainable Growth Rate (SGR) and Conversion Factor (CF)

The SGR is an annually calculated rate that is intended to control the growth of Medicare expenditures for physician services. It is a part of the equation that calculates the CF for each calendar year, which determines the percent update to the PFS. The SGR and the CF have been the subject of Congressional and Executive interest both recently and in past years: previously, Congress mandated that the update to the CF for CY2013 should be 0%, and currently, the House Ways and Means Committee and the Senate Finance Committee are collaborating on a permanent SGR repeal. However, CMS has no authority to make permanent changes to the SGR or CF calculation. In this final rule, CMS has calculated a new estimate of the SGR and CF for CY2014. As seen below, the most recent estimation is less negative than the previously calculated update from the proposed rule.

Year	Conversion Factor	% Change
CY2012	$34.0376	
CY2013	$34.0230	+0.0%
Proposed CY2014	$25.7109	-24.4%
Final CY2014	**$27.2006**	**-20.1%**

Correcting Misvalued Codes

Each year, CMS identifies and corrects physician services that have become misvalued (either negatively or positively) over time due to changes in medical practice or technology. CMS has broad authority to review codes that could be potentially misvalued, and have reviewed over 1,000 codes in past years, including a recent investigation of the so-called "Harvard-valued codes." For CY2014, CMS has identified two different

For information, visit www.strategichealthcare.net, or contact Mark Adelsberg, Senior Director of Health Data, Strategic Health Care, at 202-266-2600 or at *mark.adelsberg@shcare.net*.

New Data Shows Affordable Care Act Reforms Are Leading to Lower Hospital Readmission Rates for Medicare Beneficiaries

December 6

Being re-hospitalized shortly after being discharged is an unpleasant experience for patients. It's also costly for patients, insurance companies and other payers, and—if the patient is a Medicare beneficiary—taxpayers, too. High readmission rates – the percentage of inpatient discharges where a re-hospitalization occurred – can also be a sign of low-quality care. It often means there may have been unclear instructions to patients or lack of follow-up care.

While many people only understand the Affordable Care Act as a plan to expand health insurance, it includes many provisions to slow the growth in health costs. Why does this matter? The consistent increase in health care costs over the past several decades puts a strain on the national pocketbook and that of millions of families who faced rapidly increasing premiums.

And we're seeing results. Health care price inflation is now at its lowest level in 50 years, and, according to the most recent projections, health care spending grew at the slowest rate on record over the last three years. Real per person spending grew at just a 1.3 percent rate, and this slow growth was seen in Medicare, Medicaid and private insurance. Inflation for health care goods and services is currently running at just 1 percent on a year-over-year basis.

As just one of the many reforms to slow health care costs and improve patient quality, over the past several years the Centers for Medicare & Medicaid Services (CMS) and others have focused on reducing avoidable readmissions, including hospital-level improvement initiatives, community-based care transitions programs, and broad-based payment incentives like the Hospital Readmissions Reduction Program.

The all-cause 30-day hospital readmission rate among Medicare fee-for-service beneficiaries held constant from 2007 to 2011. Earlier this year, a group of researchers at CMS published a study revealing good news about hospital readmissions: In 2012, when the Affordable Care Act's reforms focused on reducing avoidable readmissions kicked in, this rate began to fall. After holding steady at 19 percent from 2007 to 2011 the all-cause 30-day hospital readmission rate among Medicare fee-for-service beneficiaries fell to 18.5 percent in 2012.

We are pleased to report that the decline in readmission rates is continuing into 2013. Preliminary claims data shows the Medicare readmission rate averaged less than 18 percent over the first eight months of 2013. This translates into an estimated 130,000 fewer hospital readmissions between January 2012 and August 2013.

Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

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

October - November, 2013

The Department of Nursing reported the following in the months of October and November:

- It is with much sadness that I report the sudden loss of a valued member of our ECMC Family, Ethan Christian. Ethan was a 24 year-old Registered Nurse who worked in the Trauma Unit. He was a preceptor for nursing students and was known as a very caring and compassionate nurse, especially to his patients, their families, and to the new nurses. He said of his job, "I can't imagine working any place else. This is where I was meant to be."

  An endowment has been established in Ethan's name at the UB School of Nursing to provide an annual award to a graduating senior who has demonstrated exceptional care and compassion, and excellence in the practice of nursing.

  Our condolences go out to Ethan's family, friends, and coworkers.

- ECMC's Center for Wound Care and Hyperbaric Medicine held its 2nd Annual Wound Care Symposium on October 5th. The program, entitled, "A Multidisciplinary Approach to Wound Healing", featured Lynn Kordasiewicz, RN, ECMC's Wound Care Coordinator, in addition to other clinicians and physicians who presented state-of-the-art practices and evidence-based medicine in wound care. The event was well-received.

- On October 5th, Peggy Cramer, RN, Vice President of Trauma & Emergency Services had the privilege of touring twelve alumni RNs of the E.J. Meyer School of Nursing Class of 1963. Some of the nurses came from as far as Arizona and Florida to celebrate their 50 year reunion. They were thrilled to see the "Memory Wall" honoring the School of Nursing, and were impressed by ECMC's many accomplishments and what it has become today.

- The 1st Annual ***Patient Satisfaction Fair*** was held at ECMC on October 30th. The event entitled, "Compassion In Action", was an all-day event sponsored by the Nurse Recognition Committee, and featured posters, skits and videos contributed by every nursing unit, as well as Acute Therapy, ACCs, the Ambulatory Clinics, Case Management, the ER, Dietary & Environmental Services, Surgical Services, Hospital Police, Medical Residents, Patient Advocates, Social Workers, Utilization Review and the Volunteer Department.

- Beth Moses, RN, Trauma Injury Prevention/Education Coordinator reported on the following activities in October, 2013:

  - On October 1st and 2nd, the "Let's Not Meet by Accident" program was presented to nine periods of health class (approx 210 students) at Lancaster High School.
  - On October 3rd, Beth presented information on the Trauma System at the ECMC Medical-Surgical Concepts Meeting.
  - On October 7th, Beth Moses and Audrey Hoerner gave a Burn Care presentation to the Emergency Department staff of the VA Medical Center.
  - On October 9th Beth presented information at the Emergency Department Physicians Meeting at the United Memorial Medical Center in Batavia on how to refer patients to our clinics for follow-up care.
  - On October 10th and 15th, the "Let's Not Meet by Accident" program was presented to 7 periods of health class at Clarence High school (approx 150 students).
  - On October 22nd Beth and Physical Therapist Julie Roll, educated members of the Amherst Senior Center on fall safety.
  - On October 29th Beth presented at the Health Careers Fair for seventh grade students from Buffalo schools on Trauma Nursing as a career. The ECMC Departments of Radiology, Cath Lab, Speech, Occupational and Physical Therapy were also represented at the program.
  - On November 7th Beth traveled to Wilson High School to present "Let's Not Meet by Accident "to 50 students in the after school program, followed by a presentation to 22 Wilson Advanced Health Class students on 11/8/13.
  - On November 14th Beth attended a meeting in Albany regarding the New York State Injury Prevention Program.
  - On November 20th the Basic Disaster Life Support course was held at ECMC and was attended by RNs Linda Schwab, Beth Moses, Audrey Hoerner and Karen Beckman, as well as several Charge Nurses and Nursing Care Coordinators.

- Sr. Vice President of Nursing, Karen Ziemianski, was invited to become a member of the Advisory Board at both the University of Buffalo School of Nursing and the D'Youville College School of Nursing. Karen's presence on the committees will be a great opportunity to share ECMC's mission and vision for Nursing with the community.

- Trauma Program Manager, Linda Schwab, RN, attended the annual meeting of the American College of Surgeons Trauma Quality Improvement Program (TQIP) in November. Participation in this program allows ECMC to benchmark it's quality of care with 183 other trauma centers nationally. This year's focus topics were "Massive Transfusion Protocol" and "Traumatic Brain Injury".

Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, NOVEMBER 12, 2013

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL BADGER, CHAIR	JODY LOMEO RICHARD BROX
BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. MICHAEL HOFFERT	FRANK MESIAH
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD RICHARD CLELAND CHARLES RICE	KAREN HORLACHER JENNIFER CRONKHITE JEANNINE BROWNMILLER NANCY CURRY NANCY TUCKER

I. CALL TO ORDER

Chair Bishop Michael Badger called the meeting to order at 9:55 a.m.

II. RECEIVE & FILE

Moved by Bishop Michael Badger and seconded by Richard Brox to receive the Human Resources Committee minutes of the September 10, 2013 meeting.

III. NYSNA NEGOTIATIONS

Kathleen O'Hara reported that negotiations are ongoing and a number of tentative agreements have been signed.

IV. CSEA

Kathleen O'Hara reported that a number of memoranda of agreements have been signed and others are pending finalization of negotiations.

V. WELLNESS/BENEFITS

Nancy Tucker reported that open enrollment will end November 15th. Wellness week will be held in January 2014. HR is finalizing the review of the impact of Healthcare Reform and system related changes due to Healthcare Reform. The review includes an assessment of which part time/per diem employees will qualify for coverage based on a look back period of Sept-Nov 2013. Healthcare reform discussion ensued.

VI. TERRACE VIEW REPORT

The Terrace View Report was distributed which includes turnover. Terrace View management reported that a new staffing plan will be rolled out soon which includes a staffing by floor. Staff will only float to neighborhoods on their floor rather than the entire facility. A power point will be conducted for the staff on November 13th (a copy of it is attached to the Terrace View report).

VII. RECRUITMENT ACTIVITIES

HR representatives will be at 2 job fairs on November 14th. The UB Convocation is taking place on November 21st.

VIII. CONSOLIDATION OF SERVICES

The clinic at 1010 Main Street and Lancaster Outpatient re-opened as ECMC facilities in October. Jeannine Brown-Miller has been brought on to assist in the transition. She is beginning to meet with management to develop a plan of action and best practices. She will then meet with all levels of staff to develop plans.

The lab services consolidation with Kaleida will be complete in December 2013.

IX. WORKERS COMPENSATION

The workers compensation report was distributed along with the employee occurrences report. Kathleen O'Hara presented a power point presentation regarding workers compensation and occurrences.

X. EMPLOYEE TURNOVER REPORT

The employee turnover report was distributed.

XI. NURSING TURNOVER REPORT

September Hires – 31 FTES & 7 PT – 10.5 FTE Med/Surg & 20.5 BH
YTD = 145.0 FTES & 35 PT
LPN – 3.0 FTES – 2.0 Med/Surg &1.0 BH
YTD = 25.0 FTES
September Losses – 15.0 FTES & 0 PT YTD = 49.5 FTES
LPN – 3.0 YTD = 9.5 FTES
Turnover Rate – 2.00% (.40% without retirees)
Turnover Rate YTD – 6.62% (3.2% without retirees)

October Hires – 11.0 FTES & 5 PT – 8.5 FTE Med/Surg & 2.5 BH
YTD = 156.0 FTES & 40 PT
LPN – 7.0 FTES – 6.0 Med/Surg & 1.9 BH
YTD = 29.0 FTES
October Losses – 5.0 FTES YTD = 39.5 FTES
LPN – 0.0 YTD = 6.5 FTES
Turnover Rate - .66% (.40% without retirees)
Turnover Rate YTD – 5.29% (3.2% without retirees)

XII. NEW INFORMATION

Ben Leonard distributed a report outlining recent grievance arbitration cases. He indicated that there were 4 employer wins and 1 split decision. This portrays that managers are following policies in regards to giving disciplines.

XIII. ADJOURNMENT

Moved by Bishop Michael Badger to adjourn the Human Resources committee a 10:35am. Motion seconded by Richard Brox.

Chief Information Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

HEALTH INFORMATION SYSTEM/TECHNOLOGY
November/December 2013

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

Clinical Automation/Strategic Initiatives.

Great Lakes Health Care System - Lab Integration. The team successfully completed the transition of the Anatomical Pathology solution to the Kaleida Health System and is in the process of finalizing the Hematology go live for 11/25. Upon completion of this, the team will focus on finalizing testing and validation of the Chemistry and Immunology followed by Microbiology. Targeted completion date for this project is scheduled for the second week in December.

Allscripts Ambulatory Clinic Electronic Medical Record. We have transitioned to post go live support for the Immunodeficiency clinic and are preparing to go live of two smaller clinics, Dr. Sperry and Podiatry. In addition we are in the initial stages for preparing for the remaining medical and surgical clinics (i.e. POD 130/132), targeted for a 2nd quarter go live. We are also in the initial stages of preparing for an Allscripts upgrade to support MU Stage 2 and ICD-10 regulatory requirements. Finally, working with Ambulatory leadership, we will be finalizing the 2014 strategic plan by December 1, 2013.

ARRA /meaningful Use (MU). We have completed the attestation process for MU Stage 1 Year 1 and are waiting for response from CMS and New York State. Anticipated incentive payment is estimated at $1.9 million dollars. We will be working with a 3rd part auditing firm to confirm our reporting elements and workflow support the core and menu objectives for MU Stage 1. In preparation for Meaningful Use Stage 2, we are focusing on the following initiatives

- Electronic Medication Reconciliation. We continue to work toward a Qtr. 1, 2013 go live for house wide electronic medication reconciliation process. To accomplish this project, we have finalized the medication reconciliation workflow for physicians and clinical staff and are awaiting final approval from Physician Advisory Committee and Med/Dent staff. Physician Order Management. Continue to work with clinical staff and physicians to fine tune workflow for physician order management, standardize procedure dictionaries and develop physician order sets. Begun addressing training and support model for go live and post go live.
- Physician Order Entry (CPOE). In addition to the electronic medication reconciliation process, an interdisciplinary team has been developed to focus on implementing CPOE to the medical and surgical inpatient areas. This involves the optimization of nursing and ancillary orders, development of key order sets, workflow re-design, and training and go live support.
- Voice Recognition Strategy. Developed RFP to select a voice recognition tool and strategy for both inpatient and ambulatory clinics. This will support adoption of the automation strategy and improve physician efficiencies.

- Patient Portal. An interdisciplinary team has finalized the RFP and will be working with legal to distribute over the next week.
- IMO Implementation. A requirement for MU Stage 2 is to provide a common link/standardization of medical terminology and mapping of standardized vocabularies, such as SNOMED CT®, ICD-10, ICD-9, CPT® and LOINC. Meditech has partnered with IMO to facilitate this process. A kick off meeting is scheduled for November 22 in which resources and timelines will be defined.

Operational Efficiency

The trauma corridor in the ED is live with the new HID iClass readers which are the result of a collaborative initiative between IT and Trauma Services to meet a regulatory requirement that ECMC accurately track physician response time.

Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
December 17, 2013

Marketing

Marketing around October Breast Cancer Awareness
- All Medical Minute on WGRZ-TV featured breast health segments
- ECMC sponsorship of Billieve weekend
- ECMC sponsorship of Sabres Cancer Awareness

New PSA released regarding texting
ECMC It's happening campaign still in market
New campaign under development for specific service lines

Planning and Business Development

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

Media Report

- **The Buffalo News; WIVB-TV, Channel 2; WKBW-TV, Channel 7; WNLO-CW, Channel 23; WGRZ-TV, Channel 2: ECMC opens new addiction clinic on Main Street.** The expanded ECMC operation now has about 20 clinical staff members and went from serving 350 patients who came for 2,000 visits a month to 525 patients with 2,600 visits a month. Dr. Mark Gunther, Rich Cleland and Joe Cirillo are quoted.
- **WGRZ-TV, Channel 2, Healthy Zone: ECMC's Executive Director of Behavioral Health Integration, Michael Cummings, MD, speaks about the prevalence of mental illness.** It is estimated that one in five of us suffer from one form or another of mental illness.
- **The Buffalo News: County Legislature's amended budget gets green light from Polocarz.** Under the amended budget, $217,239 in benefits was cut for Erie County Medical Center employees still covered under the county workers' compensation program.
- **WGRZ-TV, Channel 2, WNY Living: Dr. Michael Cummings discusses the new regional center of excellence for behavioral health. "**We have the busiest psychiatric emergency room in the state at Erie County Medical Center."
- **Buffalo Business First; WKBW-TV, Channel 7: Closing 2 regional psych units draws concerns.** ECMC's new regional center of excellence was built with an emergency department three times the typical size so that they can adequately serve the eight-county region. Tom Quatroche is quoted.
- **WNYPapers.com: Hockey fights Cancer Night in Buffalo slated for October 28th.** The Buffalo Sabres announced the team will again take part in NHL Hockey Fights Cancer program during the team's home game, presented by ECMC on Oct. 28th. A portion of the proceeds for the evening will be donated to the ECMC Mammography Bus.

Community and Government Relations

- Lifeline Foundation Mobile Mammography Unit has screened over 1,500 women; one year anniversary celebrated
- ECMC 7th Grader Healthcare Professions Conference - 7th Buffalo Public School grade students at the Buffalo Museum of Science
- Holiday Cheer Concert Series - December 10th – 23rd at Terrace View and ECMC Lobby

CLINCAL DEPARTMENT UPDATES

Surgical Services

- Orthopedic volume continues to increase and the new capital purchase of two Orthopedic HANNA tables ($170,000) will assist Trauma patients and elective Total Hip procedures
- Upcoming opening of the two room Ambulatory surgical unit by January 1 2014

Oncology

- Visit volume 2013 YTD - 5821 increase of 2486 visits from YTD 2012
  2012 YTD - 3335
- Recruitment of full time physician in process – interviews pending
- Relocation to new Ambulatory Building January 2014

Head and Neck / Plastic and Reconstructive Surgery

- Clinic Visit Volume 2013 YTD - 2833 increase of 162 visits from 2671 YTD 2012
  Surgical Visit Volume 2013 YTD - 396 increase of 9 procedures from 387 YTD 2012
- Application process for a Plastic Surgery residency program at ECMCC continues, targeting 2014 for submission.
- Relocation to new Ambulatory Building January 2014

Other Clinical

Contracts in negotiations with UB Department of Surgery and Orthopedics

Executive Director, ECMC Lifeline Foundation

ECMC

Lifeline FOUNDATION

Springfest Gala

Supporting the lifesaving medical services of ECMC

Save the date!

Saturday, May 10, 2014

KOOL & the GANG

Pre-Gala Silent Auction & Basket Raffle

April 8, 2014

Salvatore's Italian Gardens

featuring:

$10,000 Cash Raffle

Only 300 Tickets Will be Sold

NEW BUSINESS

OLD BUSINESS

Medical-Dental Executive Committee

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, OCTOBER 28, 2013 AT 11:30 A.M.

Attendance (Voting Members):

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

Attendance (Non-Voting Members):

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

Excused:

M. Chopko, MD	A. Stansberry, RPA-C	
N. Dashkoff, MD	J. Woytash, MD	
M. Jajkowski, MD		
J. Kowalski, MD		
T. Loree, MD		
J. Reidy, MD		

Absent:

None		

I. CALL TO ORDER

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

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

A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff. Dr. Hall also mentioned the Sign, Date, Time audit currently underway as part of the Joint Commission survey reminding all to include all elements with EVERY signature in the medical record.

B. MEDICAL DENTAL STAFF ANNUAL MEETING – October 23, 2013

75 members attended and heard presentations from the CEO, Mr. Jody Lomeo, Novia Consultants, CMO Dr. Brian Murray, Drs. Bakhai and Panesar presented on the Practitioner Wellness Committee and the Treasurers Report was presented and received and filed. The meeting was followed by a reception.

III. CEO/COO/CFO BRIEFING

A. CEO REPORT - Jody Lomeo

1. **Board Meeting Presentation –** Mr. Lomeo advised that HANYS will be presenting at the Board Meeting tomorrow evening (10/29/13) at 4:30 pm and invited all to attend the presentation.
2. **William Flynn, MD – Appointment** – Dr. Flynn has been appointed interim chair of the Department of Surgery at the University.
2. **BUDGET REPORT** – Mr. Lomeo advised that he will present the 2014 budget at the next Medical Executive Committee meeting. He indicated that growth has been built into the budget. Additional operating suites (ambulatory), new services added (bariatric surgery) are expected to grow new lines and increase other opportunities. Projections indicate that a small operating surplus will likely be realized at year end 2013.
3. **BEHAVIORAL HEALTH** – Consolidation is underway and happened rapidly. Karen Ziemianski, RN, Chief Nurse, has agreed to oversee nursing in behavioral health to implement the change that is needed.
4. **CONSTRUCTION UPDATE** – Behavioral Health Center is on time, gift shop renovation is nearly complete, and the new medical office building renovations are nearly complete.

B. FINANCIAL REPORT – Michael Sammarco, CFO

a. The LOS dropped from 6.6 to 6.1 in September and case mix index also improved, both of which are very positive signs. ECMC is one of the only safety net hospitals in the state who will experience an operating surplus this year.

C. COO REPORT – Richard Cleland

a. The next 36 bed behavioral health unit will be opening on November 6, 2013 improving throughput issues. Mr. Cleland thanks everyone for their cooperation.

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

A. UNIVERSITY AFFAIRS

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

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

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

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

B. PROFESSIONAL STEERING COMMITTEE

Next meeting is in December.

C. MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

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

September activity consistent with recent volume trends. Not quite able to live up to budget expectations. LOS has dropped back.
Outpatient surgical volume missed target by same one surgery per day.

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

D. CLINICAL ISSUES

(a) 2 MIDNIGHT RULE

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

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

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

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

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

(b) Cleveland Clinic, IBM Making Progress on Watson Supercomputer

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

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

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

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

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

Clinical Informatics

In order to implement CPOE, more assistance is needed from the Physician Advisory Committee looking at content of order sets so when you are approached by IT, please review the content and respond. More work that is done ahead of time will make implementation more successful.

VII. ASSOCIATE MEDICAL DIRECTORS REPORTS

A. John Fudyma, MD – Associate Medical Director - Dr. Fudyma invited all to attend the Patient Satisfaction Fair on Wednesday, October 30th showcasing all the different initiatives going on at ECMC addressing satisfaction.

B. Arthur Orlick MD – Associate Medical Director – No report.

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

A. **Crimson Revitalization** – In addition to her written report, Ms. Ksiazek advised that the organization is re-looking at Crimson and will work on making it more effective for quality and improvement initiatives.

B. **Credentials Committee** – Ms. Ksiazek and Dr. Schuder advised additional members of the Credentials Committee are needed. Please advise Sue or Dr. Schuder of any interested parties.

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

1) Individual departments continue to determine the appropriate metrics governing the skill sets of Patient Care, Medical Knowledge, Practice Based Learning and Professionalism

2) For the category of Interpersonal/Communication Skills, the value of reporting on Disruptive Events and Compliments merits continuation of both metrics across all clinical departments

3) For the category of Systems-Based Practice, referral to OPMC for medical record delinquencies will continue to be applied for all departments to ensure that compliance with medical record documentation remains a focus for all clinical departments

It is hoped that for 2014, practitioner specific patient satisfaction data will be made available to Crimson through our HCAHPS vendor.

IX. LIFELINE FOUNDATION – Susan Gonzalez

A. Ms. Ziemianski shared the positive results of the donation made by the Medical Staff to the Lifeline Employee Fund. An employee was the beneficiary of a donation that allowed them to keep their disabled daughter in their home and assisted with easing the stress on the family. They were exceedingly grateful for the assistance.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	**MINUTES OF THE Previous MEC Meeting: September 23, 2013**	Received and Filed
B.	**CREDENTIALS COMMITTEE: Minutes of October 1, 2013**	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
C.	**HIM Committee: Minutes of September 26, 2013**	Received and Filed
	1. Post DC Patient Communication (e-form)	Reviewed and Approved
	2. AIMS Score (e-form)	Reviewed and Approved
	3. Geriatric Depression Scale (e-form)	Reviewed and Approved
	4. Epidural Progress Note	Reviewed and Approved
	5. Patient Information Sheet: Possible Skin Effects Due to Radiation	Reviewed and Approved
	6. Outpatient Psych Evaluation (e-form)	Reviewed and Approved
	7. Pre-Operative Testing Orders	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	8. Ophthalmology Pre-Operative Orders	Reviewed and Approved
	9. Living Kidney Donor Consent Form – Consent for Kidney or Pancreas Transplant Recipient Evaluation	Reviewed and Approved
	10. Quality of Life Assessment	Reviewed and Approved
	11. Partial Hospital Safety Plan	Reviewed and Approved
	12. Behavioral Health Individual Progress Note	Reviewed and Approved
	13. Behavioral Health Individual Group Progress Note	Reviewed and Approved
	14. Partial Hospitalization Progress Note	Reviewed and Approved
	15. Alcohol Audit Questionnaire	Reviewed and Approved
	16. Behavioral Health Patient Bill of Rights	Reviewed and Approved
	17. Behavioral Health Treatment Plan	Reviewed and Approved
	18. Partial Hospitalization Attendance Contract	Reviewed and Approved
	HIM Committee Minutes of October 4, 2013 (Special Emergency Meeting)	
	1. ORD 42 – Daily TICU Physician Orders	Reviewed and Approved
	2. ORD 64 – Total Hip Replacement: Post OP Order Set	Reviewed and Approved
	3. ORD 65 – Total Knee Replacement: Post OP Order Set	Reviewed and Approved
	4. ORD 66 – Orthopaedic Post OP/Admission Order Set	Reviewed and Approved
	5. ORD 87 – ACL Reconstruction Post OP Order	Reviewed and Approved
	6. ORD 88 – Shoulder Arthroscopy	Reviewed and Approved
	7. ORD 89 – Knee Arthroscopy Post OP Orders	Reviewed and Approved
	8. ORD 94 – Burn Unit Physician Admission Orders	Reviewed and Approved
	9. ORD 109 – Observation Care Orders – Abdominal Pain	Reviewed and Approved
	10. ORD 112 – Observation Care Orders – Chest Pain	Reviewed and Approved
	11. ORD 114 – Observation Care Orders – Infection Inactivate	Reviewed and Approved
	12. ORD 145 – Burn Unit Post OP Orders	Reviewed and Approved
	13. ORD 146 – Burn Daily Orders	Reviewed and Approved
	14. ORD 206 – Pectus Excacatum – General Floor Order Set	Reviewed and Approved
	15. Patient Information Sheet: Possible Skin Effects Due to Radiation	Reviewed and Approved (addendum)
	16. Certification of Inpatient Admission	Reviewed and Approved (addendum)
	17. Request for Anesthesia Services	Reviewed and Approved (addendum)
D.	**P & T Committee Meeting – October 2, 2013 Minutes**	Received and Filed
	1. Hyaluronidase, recombinant to replace hyaluronidase, ovine – Approve	Review and Approve
	2. Dolutegravir - (Tivicay®) – Add to Formulary	Reviewed and Approved
	3. Specific Half tablets – Delete from Formulary	Reviewed and Approved
	4. IV-09 Adult Standard Infusions – Approve revisions	Reviewed and Approved
	5. Zolpidem Age & Gender Dosing Review	Reviewed and Approved
E.	**OR Committee Minutes – September 4, 2013**	Received and Filed
F.	**Transfusion Committee Minutes – September 19, 2013**	Received and Filed
G.	**Clinical Informatics Steering Committee Meeting Minutes – September 30, 2013**	Received and Filed (addendum)

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

XI. OLD BUSINESS

A. Extender Privileges – It was suggested to develop more standard privileges for physician assistants and nurse practitioners. The Credentials Committee has been working on the standard forms and will disseminate them for review. Definition of supervision needs to be defined in a consistent way, it was stated.

XII. NEW BUSINESS

A**. MOTION:** At the request of Dr. Timothy DeZastro, Treasurer, approve payment of $25,789.06 out of the Medical Dental Staff Treasury in payment of the Medical Library's journal subscriptions for 2013.

MOTION UNANIMOUSLY APPROVED.

XIII. ADJOURNMENT

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

Respectfully submitted,

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

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, NOVEMBER 25, 2013 AT 11:30 A.M.

Attendance (Voting Members):

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

Attendance (Non-Voting Members):

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

Excused:

L. Balos, MD	R. Schuder, MD	
N. Ebling, DO	A. Stansberry, PA	
J. Izzo, MD		
J. Kowalski, MD		
T. Loree, MD		
J. Reidy, MD		

Absent:

None		

I. CALL TO ORDER

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

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

A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff. Dr. Murray will be presenting a proposal in Executive Session to further address this issue. Dr. Hall also mentioned the Sign, Date, Time audit currently underway as part of the Joint Commission survey reminding all to include all elements with EVERY signature in the medical record.

III. CEO/COO/CFO BRIEFING

A. 2014 Budget Presentation - Jody Lomeo

1. Established clear operating goals, including:

– An operating budget based on growth and efficiencies of both the hospital and Terrace View;
– Appropriate staffing levels;
– Clear growth and expansion strategies (behavioral health, ambulatory surgery, superlab, patient experience);
– Continued focus on opportunities to improve efficiencies, productivity, and revenue enhancement.

2. Continue service line planning and more aggressive monitoring and reporting plans

– monthly reports directly to CEO, CFO, COO (Operations Review);
– Use key analytics (OR's, discharges, transplants, FTEs, LOS, CMI) to quickly achieve budget expectations.

3. Volumes – discharges increasing and will significantly increase in 2014 due to the expanded behavioral health program. Surgical volumes are also increasing due to new ambulatory operating suites and a high volume surgical practice joining the staff. ED visits should be stable with a significant increase in CPEP volume expected.

4. Revenue/Expense Projections – Revenue and expenses expected to be even. FTEs will increase with behavioral health expansion. Pension fund still a significant concern with the size of required contribution.

B. CFO Report – October acute discharges were slightly below budget with behavioral health were slightly ahead. Case Mix Index stabilized and census was high with new behavioral health admissions. The hospital currently reports a $2.6 million loss year to date with the expectation of break even by year end.

IV. SEPSIS PRESENTATION – Paula Quesinberry, RN; Cameron Schmidt, RN; Cheryl Nicosia, RN

A. Presentation was provided on the new Sepsis protocols and policies meeting the New York State regulation NYSDOH regulations NYCRR Parts 405.2 and 405.4.. The policy includes a frequent screen and care bundles of three and six hour treatment plans. A pediatric policy has also been implemented. There were some concerns voiced from members which will be reviewed by the committee.

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

A. PROFESSIONAL STEERING COMMITTEE

Next meeting is in December.

B. UTILIZATION REVIEW

	August	September	October	YTD vs. 2013 Budget
Discharges	919	928	943	-6.6%
Observation	205	179	192	+34.1%
LOS	6.7	6.1	6.3	+9.2%
ALC Days	316	212	149	-25.1%
CMI	1.78	1.82	1.88	-12.9%
Surgical Cases	874	863	899	-7.6%
Readmissions (30d)	NA	NA		

- Discharges remain about 6% below budget
- LOS continues to hover above 6.0 days about 1 day more than GMLOS.
- Surgeries remain about 7-8% behind budget.
- CMI continues to run over 10% below last years level.

C. CLINICAL ISSUES

Joint Commission Issues New Hospital Report Card

"Thirty-three percent of all Joint Commission-accredited hospitals that reported accountability measure data to The Joint Commission in 2012 are recognized as Top Performer hospitals. These 1,099 hospitals represent a 77 percent increase in Top Performer organizations from last year. The report was released last week. A state-by-state list of individual hospitals begins on page 40 (out of 60). Click here to see how your hospital (and your competing hospitals) performed."

Only Buffalo hospital listed was Sisters of Charity which was recognized for Heart Attack, Heart failure, Pneumonia and Surgical care,

Leap Frog

In October, the Leapfrog Group published its Fall 2013 update to its Hospital Safety Scores which assigns A, B, C, D and F grades to more than 2,500 U.S. general hospitals. It shows many hospitals are making headway in addressing errors, accidents, injuries and infections that kill or hurt patients, but overall progress is slow. The Hospital Safety Score is calculated under the guidance of the Leapfrog Blue Ribbon Expert Panel, with a fully transparent methodology analyzed in the peer-reviewed *Journal of Patient Safety.*

The Hospital Safety Score utilizes national performance measures from the Leapfrog Hospital Survey, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), and the Centers

for Medicare and Medicaid Services (CMS) to produce a single composite score that represents a hospital's overall performance in keeping patients safe from preventable harm and medical errors. In addition, secondary data from the American Hospital Association's Annual Survey was used to give hospitals as much credit as possible towards their safety scores. The Hospital Safety Score includes 28 measures, which are all currently in use by national measurement and reporting programs. The measure set is divided into two domains: (1) Process/Structural Measures and (2) Outcome Measures. Each domain represents 50% of the Hospital Safety Score.

Two-Midnight Rule: CMS Releases New Guidance, Seeks Input on Exceptions

SUMMARY

- CMS released additional guidance regarding implementation of the "two-midnight rule" "probe and educate" transition period.
- HANYS continues to press CMS and Congress to suspend the policy and encourages members to provide CMS with "exception" examples of cases where inpatient payment is appropriate, but is denied under the two-midnight rule.
- HANYS is developing educational sessions for members on the two-midnight rule, and is working with NGS to hold a Webinar for members on the prepayment probe reviews.

DETAILS:

The Centers for Medicare and Medicaid Services (CMS) released additional guidance on the *Selection of Hospital Claims for Patient Status Reviews* and the *Review of Hospital Claims for Patient Status* pursuant to the two-midnight rule established by the Inpatient Prospective Payment System final rule.

The guidance is intended to dictate how Medicare Administrative Contractors (MACs) will select and review claims during the "probe and educate" period. In addition, CMS also indicates on its Web site that it will not conduct post-payment patient status reviews for claims with dates of admission from October 1, 2013 through March 31, 2014 – thereby extending its partial enforcement delay by an additional three months.

Despite the additional CMS guidance, HANYS continues to argue that the two-midnight rule is fundamentally flawed and should be suspended.
In Washington, D.C., last week, HANYS pressed for relief from the two-midnight rule during meetings at the White House and with members of the New York Congressional Delegation.

Selection of Hospital Claims for Patient Status Reviews

The *Selection of Hospital Claims for Patient Status Reviews* guidance summarizes the technical instruction that CMS will issue to the MACs regarding how they will conduct the prepayment probe reviews for admissions that occur October 1, 2013 through March 31, 2014. These probe reviews apply to acute care inpatient hospitals, inpatient psychiatric facilities, and long-term care hospitals. Critical Access Hospitals are exempt from the six-month probe reviews, but are subject to the two-midnight final provisions. Inpatient rehabilitation facilities are excluded from the two-midnight final provisions. CMS will direct MACs to conduct initial prepayment probe reviews on a sample of ten claims for most hospitals (larger hospitals could see up to 25 claims) for dates of admission between October 1, 2013 through December 31, 2013, denying those claims that are not in compliance with the two-midnight rule. MACs will conduct additional educational outreach efforts on claims with dates of admissions from January through March 2014 for those providers where the MAC identified moderate to major concerns during the initial review. Hospitals identified as having moderate to significant concerns will be requested to submit an additional ten (25 for larger hospitals) claims for review; those having major concerns will be requested to submit an additional 100 (250 for larger hospitals) claims for review.

MACs will provide CMS with periodic reports tracking the frequency and types of errors found during these probe reviews.

Details and the specific actions MACs will follow to conduct these probe reviews are available on the CMS Web site.

HANYS is developing educational sessions for members on the two-midnight rule, and is working with National Government Services (NGS) to set up a Webinar that will provide our members an opportunity to ask questions about the prepayment probe reviews.

Review of Hospital Claims for Patient Status

CMS' new guidance on the *Review of Hospital Claims for Patient Status* lacks the clarity that HANYS and hospitals have been seeking. It includes important elements

related to the time a beneficiary spent as an outpatient before formal admission and language instructing the MAC to exclude wait times prior to the initiation of care, such as triage activities. While HANYS appreciates that CMS will continue to work with the hospital field to determine if there are any exceptions for cases where an inpatient admission spanning less than two midnights is appropriate for payment under Medicare Part A, we will continue to push CMS to delay the program until full guidance on the program is issued.

As stated in the guidance, CMS will direct the MACs to consider complex medical factors that support a reasonable expectation of the needed duration of the stay relative to the two-midnight benchmark. Both the decision to keep the beneficiary at the hospital and the expectation of needed duration of the stay are based on such complex medical factors as beneficiary medical history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. If the reviewer determines that it was reasonable for the physician to expect the beneficiary to require medically necessary hospital care lasting two midnights and that expectation is documented in the medical record, inpatient admission is generally appropriate, regardless of whether the anticipated length of stay did not transpire due to unforeseen circumstances.

CMS also reiterates that only in rare and unusual cases would an inpatient admission be reasonable in the absence of the expectation of a two-midnight stay. Specifically, CMS states that a beneficiary's admission for telemetry or to an intensive care unit would not, by itself, warrant an inpatient admission. CMS states it will work with the hospital field and MACs to determine if other categories should be added to the inpatient-only list.

Providers are encouraged to send examples of cases where inpatient payment is appropriate, but is denied under the two-midnight rule, to CMS at ippsadmissions@cms.hhs.gov with "Suggested Exceptions to the 2 Midnight Benchmark" in the subject line.

To assist our advocacy, please e-mail a copy of your submissions to Melanie Graham, Director, Economics, Finance, and Information, HANYS, at mgraham@hanys.org. For more details on how the two-midnight benchmark is determined and examples of situations that CMS does not believe warrant an inpatient admission without an expectation of a two-midnight stay, visit the CMS Web site.

Informatics Update – Leslie Feidt

A. **Meaningful Use Stage One Status** – Attestation has been completed and final payment is expected shortly.

B. **Meaningful Use Stage Two Status** – An update was provided on the currently requirements of this stage. A PDOC steering committee is being formed to address the needs of the implementation of PDOC in the coming months. Clinical training was discussed. Training will start in mid-February and sessions will be strategically scheduled. Please provide feedback as to what times of the day and days of the week work best for each department. Volunteers for the PDOC Committee are needed, preferably front-line users, to help develop the tool.

VI. ASSOCIATE MEDICAL DIRECTORS REPORTS

A. John Fudyma, MD – Associate Medical Director - No report.

B. Arthur Orlick MD – Associate Medical Director – No report.

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

A. **I-Stop Update** – Ms. Ksiazek reports that the requirement to document exceptions for inpatient care will be eliminated likely in the Spring of 2014.

VIII. LIFELINE FOUNDATION – Susan Gonzalez

A. **John Dandes** has taken over Chair of the Lifeline Board.

B. **Capital Campaign** – 2014 Community Campaign of $20-$20 million will commence to support the renovation of the Emergency Department. All gifts are appreciated. Dr. DeZastro asked for the MEC to consider a major gift of $250,000 with matching funds from the medical staff.

C. **Springfest May 2014** – It is announced that Kool and the Gang will be the headliner at next year's event.

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	**MINUTES OF THE Previous MEC Meeting: October 28, 2013**	Received and Filed
1.	**CREDENTIALS COMMITTEE: Minutes of November 5, 2013**	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
1.	**HIM Committee: Minutes of October 24, 2013**	Received and Filed
	1. Release of Explanted Medical Devices Consent Form	Reviewed and Approved
	2. Request for Anesthesia Services	Reviewed and Approved
	3. MRI Pregnancy Consent Form	Reviewed and Approved
	4. Recipient Transplant Education Document	Reviewed and Approved
	5. Living Donor Nephrectomy Pre-Op/Admission Orders	Reviewed and Approved
	6. Living Donor Nephrectomy Post-Op Orders	Reviewed and Approved
	7. Transplant Kidney Biopsy Orders	Reviewed and Approved
	8. Certification of Inpatient Admission	Reviewed and Approved
2.	**P & T Committee Meeting – November 4, 2013 Minutes**	Received and Filed
	1. Behavioral Health – Pharmacy Meeting Minutes	Received and Filed
	2. Establish a Biosimilars Sub-Committee	Reviewed and Approved
	3. Medihoney Gel and Dressign for Wound Care –Approve addition to Formulary	Reviewed and Approved
	4. Leflunomide – Approve addition to Formulary	Reviewed and Approved
	5. Desmopressin 0.05 mg half tab – Return to Formulary	Reviewed and Approved
	6. Sertraline Oral Concentrate 20 mg/mL – approve line extension	Reviewed and Approved
	7. Abacavir Oral Solution 300 mg/15 mL – approve line extension	Reviewed and Approved
	8. Lorazepam Concentrate, Oral – 2 mg/mL – approve line extension	Reviewed and Approved
	9. F-06 Automatic Therapeutic Interchange – Approve revision	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

B. CRITICAL VALUES

MOTION to approve the **Department of Laboratory Medicine Critical Values with the change of sodium High of 155**.

MOTION UNANIMOUSLY APPROVED.

CRITICAL VALUES

Test Name		Units	Age	Critical Low	Critical High
Clinical Biochemistry & Toxicology					
Blood Gases – Arterial	pH			**7.19**	**7.61**
	pCO_2	mmHg		**19**	**61**
	pO_2	mmHg		**49**	
	HCO_3	mmol/L		**11**	**41**
Blood Gases – Venous	pH			**7.19**	**7.61**
	pCO_2	mmHg		**19**	**66**
	pO_2	mmHg		**19**	
	HCO_3	mmol/L		**11**	**41**
Calcium		mg/dL		**6.5**	**13**
Calcium, Ionized, Whole Blood		mg/dL		**3.4**	
Carbon Dioxide (CO_2), Total		mmol/L		**15**	
Digoxin		ng/mL			**3.01**
Glucose, Serum/Whole Blood		mg/dL	0-2 d	**40**	**200**
		mg/dL	3 d-10 y	**45**	**250**
		mg/dL	>10 y	**45**	**450**
Lithium		mEq/L			**2.01**
Potassium ion (K), Serum/Whole Blood		mmol/L	0 d-2 m	**2.9**	**6.6**
			>2 m	**2.8**	**6.3**
Sodium ion (Na), Serum/Whole Blood		mmol/L		**119**	**155**
Hematology/Coagulation/Blood Bank					
WBC Count		**$x10^9$/L**	0 d-1 m	**0.9**	**35**
			>1 m		**50**
Absolute Neutrophil Count		**$x10^9$/L**		**<1**	
Hemoglobin		g/dL	0 d-1 m	**9.9**	**24.1**
			>1 m	**6.5**	**20**
Hematocrit		%	0 d-1 m	**29.9**	**70.1**
			>1 m	**20**	**60**
Platelet Count		**$x10^{12}$/L**		**30**	**999**
Platelet Chamber Count (PLCH)		**$x10^{12}$/L**		**<10**	
PT		sec	0 d-12 y		**20**
INR, Venous Thrombosis			>12 y		**4.5**
INR, Mechnical Heart Valve					**4.5**
Partial Thromboplastin Time (PTT)		sec	0-14 d		**>55**
			15 d-18 y		**≥40**
			>18 y		**135**
Clinical Microbiology/Immunology/Virology					
Microbial andViral agents detected/cultured in Blood/CSF/Sterile Body Fluids				**Positive**	
Respiratory Viral Agents				**Detected/Cultured**	
Chlamydia/GC/Herpes - Ob/Gyn				**Positive**	
TB Smear and Culture				**Positive**	

XI. OLD BUSINESS

A. NONE

XII. NEW BUSINESS

A**. MOTION:** At the request of Dr. Timothy DeZastro, Treasurer, approve payment of $12,000 out of the Medical Dental Staff Treasury to purchase Ipads for all members of the MEC to use for meeting materials.

MOTION UNANIMOUSLY APPROVED.

B. **TREASURY REQUESTS** –

a. It was requested to support the **Schwartz Rounds** events by paying for the lunch on a monthly basis.
b. **Employee Appreciation Lunch** – it was suggested to have an annual luncheon of appreciation rather than having multiple lunches for various departments throughout the year. It was suggested to have this in October as part of breast cancer awareness.
c. **Community Support Committee** – It was suggested to have a community support committee for the medical dental staff to consider community projects and contributions.

C. **ANESTHESIA CONSENT FORM** – Dr. Davis reminded the group that this consent will be implemented the first week of December. If patients cannot provide their own consent, ensure they will be coming with a proxy who can.

XIII. ADJOURNMENT

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

Respectfully submitted,

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

Reading Material

From the Chief Executive Officer

CITY & REGION

ECMC opens new addiction clinic on Main Street

By Michelle Kearns | *News Staff Reporter* | *@buffalogirlsong* | *Google+*
on November 1, 2013 - 8:19 PM

Erie County Medical Center celebrated its spacious new second-floor addiction clinic on Main Street this week with a ribbon cutting, refreshments and an open house Friday.

The rooms and offices, in a refurbished old book bindery, are a dramatic improvement over the previous clinic operating from a basement space across the street since the late 1970s.

"People have worked though some tough times there," said Joseph Cirillo, director of public relations and communications for ECMC.

The expanded downtown clinic, which opened at the end of July at 1285 Main, is one of three addiction clinics operated by the medical center. Patients come for group therapy, individual counseling sessions, psychiatry, self-help group meetings like Alcoholics Anonymous and primary care checkups.

The extra space – 13,000 square feet instead of 10,000 – has been accommodating more people because of a merger: five staff moved from a Kaleida Buffalo General Hospital addiction clinic that had been at 1010 Main.

The expanded ECMC operation now has about 20 clinical staff members and went from serving 350 patients who came for 2,000 visits a month to 525 patients with 2,600 visits a month.

If needed, the clinic can take on more, said Mark Gunther, a psychologist and assistant vice president of behavioral health.

"The capacity is something that we're looking at everyday," he said. "If we can increase, we're ready to increase."

The expanded addiction clinic is part of a collaboration with Kaleida Health: ECMC is taking over behavioral health services. To that end, ECMC is in the midst of building a new expanded psychiatric emergency room and health center beside the Grider Street hospital, a $25 million project.

Funding for the new building and improvements like increased clinic space has been helped by a $15 million state grant designed to encourage efficiency and eliminate duplicate health services, said Richard C. Cleland, ECMC's chief operating officer.

email: mkearns@buffnews.com

Mental Health (Part 1 of 4): ECMC Behavior Health Integration Interview

Maria Genero interviews Dr. Michael Cummings.

WGRZ *12:22 p.m. EST December 9, 2013*

Maria Genero interviews Dr. Michael Cummings, the ECMC Behavior Health Integration Executive Director.

(Photo: sarah nelsen)

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Maria Genero interviews Dr. Michael Cummings, the ECMC Behavior Health Integration Executive Director. They discuss how prevalent mental illness is.

Tuesday, December 10, 2013

TheBuffaloNews.com

CITY & REGION

- *City & Region*

County Legislature's amended budget gets green light from Poloncarz

County Executive Mark Poloncarz notifies Legislature that he won't veto any of the changes that led to approval of $1.39 billion budget. Derek Gee/News file photo

By Harold McNeil | *News Staff Reporter*

on December 9, 2013 - 2:37 PM

The Erie County budget for 2014 is a sealed deal now that County Executive Mark C. Poloncarz has notified the Legislature of his acceptance of the lawmakers' amended $1.39 billion spending plan.

That means a legislative override session that was scheduled for today is no longer necessary, since the county executive did not make any additions or deletions to the amended budget adopted by the Legislature last week.

"I commend the Legislature for the thoughtfulness and diligence they showed throughout the budget process, and for passing this balanced budget that protects taxpayers while recognizing Erie County's economic realities," Poloncarz said in a news release a day after lawmakers adopted the budget. He did not mention at the time whether he planned to veto any of the Legislature's actions.

But Monday, Legislature Chairwoman Betty Jean Grant, D-Buffalo, canceled the override meeting, citing a communication from Poloncarz "conveying his acceptance" of the amended budget.

The amended version of the county executive's spending plan was passed in a 6-5 vote along party lines. The Legislature's five Republican-aligned members of the minority – all of whom were opposed to the budget plan's deferment of $8.6 million in pension payments – voted against it.

The budget slightly increases spending on popular public items, including more funding for libraries and aid to arts and cultural groups, but it maintains the current property tax rate of $5.03 per $1,000 of assessed valuation.

It also includes $100,000 in new funding for the creation of a Toronto-area office of economic development to assist Canadian and other foreign companies in locating businesses and industries in Erie County, as well as funding for the new position of energy officer.

The adopted budget raises spending by $15.5 million, or 1.1 percent, over the 2013 budget.

The amendments to Poloncarz's original 2014 spending plan shifted $467,239 in expenditures to cover the cost of some added jobs and increased aid to cultural agencies.

The retooling, which the GOP-aligned minority rejected, does not significantly alter Poloncarz's original budget proposal. However, it allows for a $338,000 increase in salary and fringe benefits at the Board of Elections, among other adjustments to the budget.

Under the amended budget, $217,239 in benefits were cut for Erie County Medical Center employees still covered under the county workers' compensation program, while $250,000 in professional service contracts, rental charges and other expenses were cut from the Board of Elections' expenditures.

The funds were shifted to accommodate increased assistance to four local cultural groups, cover the cost of restoring a position in Information and Support Services that Poloncarz had cut, and fund additional salaries and benefits at the Board of Elections.

Under the amended budget, the Hamburg National Historical Society, Road Less Traveled Productions and the African-American Cultural Center are each set to receive county aid

increases ranging from just under $6,000 up to $10,000 beyond what was budgeted by the county executive. In addition, the Buffalo Olmsted Parks Conservancy will receive $10,000 toward the cost of a $45,000 restoration of the Rose Garden pergola in Delaware Park. The amendments also include the addition of $25,000 to fund a study of child neglect in Erie County.

email: hmcneil@buffnews.com

From the Business First
:http://www.bizjournals.com/buffalo/news/2013/11/07/closing-2-regional-psych-units-draws.html

Nov 7, 2013, 7:32am EST Updated: Nov 7, 2013, 2:18pm EST

Closing 2 regional psych units draws concern

Tracey Drury
Buffalo Business First Reporter- *Business First*
Email | Twitter | LinkedIn | Google+

Hospitals in the region say the potential closure of two inpatient behavioral psychiatric facilities could create a "crisis" situation for both patients and other providers.

Medina Memorial Medical Center this week filed plans to close its 7-bed behavioral health unit. The plan follows a decision last month to close Lake Shore Health Center this January, an Irving hospital that includes a 20-bed inpatient behavioral health unit.

Compounding the problem are closures in neighboring counties, including the shutdown in December of inpatient adult and adolescent psychiatric care services at St. James Mercy Hospital in Hornell.

"There's a huge transition going on in inpatient mental health and it's certainly a concern for the community in the number of patients that are going to need to be transferred long distances," said Donald Eichenauer, CEO at **Wyoming County Community Health System**.

Wyoming County Community operates a 12-bed unit in Warsaw, one of the three closest hospital-based inpatient units to Medina and all located at least 40 miles away: Rochester General Medical Center has a 30-bed unit to the east; while 40 miles to the west, Great Lakes Health is building a 160-bed inpatient psychiatric program as part of its Regional Behavioral Health Center of Excellence on the campus of **Erie County Medical Center**.

The Great Lakes center consolidates services from ECMC's existing 132-bed inpatient psych program, its 57 inpatient rehabilitation/detoxification unit; as well as a 91-bed program from **Buffalo General Medical Center** that closed earlier this summer. It is slated to open in January.

Eichenauer said his program has an average census of 10-11 patients from the five-county region it serves, leaving little availability for patients from the Medina and Irving areas.

"It's getting to a crisis level, probably more so for the counties who no longer have this service," he said. "Their police and emergency service providers who come into a situation where someone needs an emergency placement are going to have to transfer them somewhere, and it's going to become very difficult."

Lake Shore Health's problems are also financial, with the hospital projected to lose $7 million this year. That's what led the Lake Erie Regional Health System of New York to approve a shut-down by January. There's still a chance the hospital could remain open, however, as board members are soliciting buyers to take over operations.

But Medina Memorial's leaders told state health officials its behavioral health unit has been experiencing shrinking reimbursement, decreasing census, stricter admission criteria and rising internal expenses, all leading to a projected loss for 2013 of $321,000. The state health department rarely turns down requests for program closures, Eichenauer said.

"When someone comes to you and says they don't have the money to do it, what is the real choice?" he said.

ECMC officials said the hospital is already serving the eight-county region through its state designation as a regional center. The new regional center of excellence was built with an emergency department three times the typical size partly for that reason, said Tom Quatroche, vice president of marketing, planning and business development.

"We're obviously concerned with the lack of access in those communities," he said. "We get many of the referrals from those communities for higher levels of mental health care."

While the regional center will be able to handle additional demand, the hospital also hopes to help communities with strategies such as outpatient care, Quatroche said.

Both the Medina Memorial and Lake Shore Health plans still require approvals for their closure plans by the State Department of Health and the Office of Mental Health.

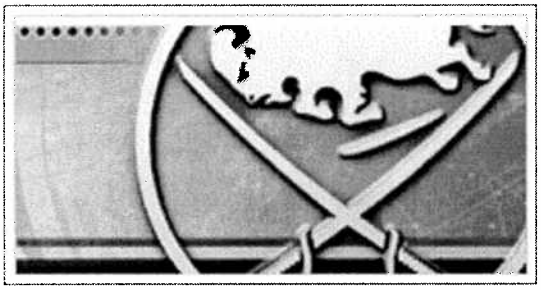
Tracey Drury covers health/medical, nonprofits and insurance

Hockey Fights Cancer Night in Buffalo slated for Oct. 28

by jmaloni

Submitted

Fri, Oct 25th 2013 04:05 pm



The Buffalo Sabres today announced the team will again take part i NHL Hockey Fights Cancer program during the team's home game, presented by ECMC, on Monday, Oct. 28, at 7 p.m., against the Dal Stars. As part of an NHL-wide initiative to raise money and awaren for cancer research, the Sabres will be hosting events throughout th night with the help of local cancer patients and their charitable organizations.

To commemorate the night, all Sabres coaches and broadcasters will be wearing specially designed Hockey Fights Cancer ties and pins during the game, and Sabres mascot Sabretooth will wear a special pink Buffalo Sabres jersey. Sabres players will also be wearing Hockey Fights Cancer stickers on their helmets and lavender tape on their sticks during the game. Some of the lavender-taped sticks will be auctioned off at the Buffalo Sabres Alumni Wine Festiva Nov. 21, with proceeds from the auction benefiting the Janis Foligno Foundation. Additionally, the Sabres Store wil selling special Hockey Fights Cancer merchandise throughout the evening.

Fans attending the game will have the opportunity to purchase Sabres "Pink Ribbon" hats autographed by a randon Sabres player for $20. The hats have been donated by New Era Cap Co., and will be sold before the game and until t are sold out. A portion of the proceeds from the sale will be donated to the ECMC Mammography Bus, which will be parked outside the arena in Alumni Plaza prior to the game. Wives and girlfriends of the Sabres players will also be stationed throughout the arena accepting donations for breast cancer care in Western New York.

Over the past two years, the Buffalo Sabres' Hockey Fights Cancer fund has donated $10,000 to Flashes of Hope, a profit organization dedicated to finding a cure for children's cancer while honoring the unique life and memories of every child fighting cancer. Several Sabres players went to Roswell Park Cancer Institute this past summer to visit w patients that benefit from Flashes of Hope.

Members of Camp Good Days will join other cancer patients from Carly's Club, ECMC, Roswell Park and WNY Hos Essential Care throughout the game in suites donated by the Sabres organization and players. The kids will get to w the team take the ice from the tunnel at intermissions and will meet the players after the game. Jason Nipcon, a pec cancer survivor, will be dropping the ceremonial puck at the start of the game.

Hockey Fights Cancer is a joint initiative founded in December 1998 by the NHL and the NHL Players' Association raise money and awareness for hockey's most important fight. NHL member clubs, NHL alumni, the NHL Officials' Association, professional hockey trainers and equipment managers, corporate marketing partners, broadcast partn and fans throughout North America support it. To date, more than $11 million has been raised to support national a local cancer research institutions, Children's Hospitals, player charities and local cancer organizations.

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