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~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, March 25, 2014

4:30 P.M.
Smith Auditorium, 3rd Floor - ECMCC

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

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AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, MARCH 25, 2014

- | | | |
|-------|--|---------|
| I. | CALL TO ORDER: MICHAEL A. SEAMAN, VICE CHAIR | |
| II. | APPROVAL OF MINUTES OF FEBRUARY 25, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS | 5-20 |
| III. | RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MARCH 25, 2014. | |
| IV. | REPORTS FROM STANDING COMMITTEES OF THE BOARD: | |
| | EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. | ---- |
| | AUDIT COMMITTEE K. KENT CHEVLI, M.D. | 30-32 |
| | HUMAN RESOURCES COMMITTEE: BISHOP MICHAEL BADGER | 42-44 |
| | QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN | 33-41 |
| V. | REPORTS FROM SENIOR MANAGERS OF THE CORPORATION: | |
| | A. CHIEF EXECUTIVE OFFICER | 46-49 |
| | B. CHIEF OPERATING OFFICER | 50-54 |
| | C. CHIEF FINANCIAL OFFICER | 55-65 |
| | D. SR. VICE PRESIDENT OF OPERATIONS | 66-69 |
| | E. CHIEF MEDICAL OFFICER | 70-74 |
| | F. CHIEF SAFETY OFFICER | ---- |
| | G. SENIOR VICE PRESIDENT OF NURSING | 75-77 |
| | H. VICE PRESIDENT OF HUMAN RESOURCES | 78-80 |
| | I. CHIEF INFORMATION OFFICER | 81-83 |
| | J. SR. VICE PRESIDENT OF MARKETING & PLANNING | 84-86 |
| | K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION | 87-89 |
| VI. | REPORT OF THE MEDICAL/DENTAL STAFF: FEBRUARY 24, 2014 | 92-99 |
| VII. | OLD BUSINESS | |
| VIII. | NEW BUSINESS | |
| IX. | INFORMATIONAL ITEMS | 100-109 |
| X. | PRESENTATIONS | 110-127 |
| XI. | EXECUTIVE SESSION | |
| XII. | BOARD PRESENTATION: HEALTHCARE ENVIRONMENT
DENNIS WHALEN, PRESIDENT OF HANYYS | |
| XIII. | ADJOURN | |

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, FEBRUARY 25, 2014

STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq. Bishop Michael A. Badger Douglas H. Baker Richard F. Brox via phone 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 Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	Joseph Zizzi, Sr., M.D.	
Non-Voting Board Representatives Present:	Jody L. Lomeo	Kevin Pranicoff, MD
Also Present:	Donna Brown Richard Cleland Anthony Colucci, Esq. Janique Curry Leslie Feidt John Fudyma, M.D. Susan Gonzalez Ronald Krawiec	Susan Ksiazek Charlene Ludlow Brian Murray, M.D. Kathleen O'Hara Michael Sammarco Lorne Steinhart Karen Ziemianski Karen Horlacher

I. CALL TO ORDER

Chair Kevin M. Hogan called the meeting to order at 4:50 P.M.

II. APPROVAL OF MINUTES OF JANUARY 28, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Anthony Iacono and seconded Michael Hoffert.

Motion approved unanimously.

APPROVAL OF MINUTES OF JANUARY 30, 2014 SPECIAL MEETING OF THE BOARD OF DIRECTORS.

Moved by Sharon Hanson and seconded by Anthony Iacono.

Motion approved unanimously.

III. ACTION ITEMS

- A. A Resolution of the Board of Directors Authorizing the Corporation to Abolish Positions

Moved by Anthony Iacono and seconded by Sharon L. Hanson.

Motion Approved Unanimously. Copy of resolution attached.

- B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for February 4, 2014.

Moved by Douglas Baker and seconded by Anthony Iacono.

Motion Approved Unanimously. Copy of resolution is attached.

- C. Approval of the 2014 Quality Assurance and Performance Improvement Plan

Moved by Kevin Cichocki, D.C. and seconded by Sharon L. Hanson.

Motion Approved Unanimously. Copy of QA and PI Plan attached.

- D. Kaleida Health Discussion

Board Chair, Kevin Hogan, engaged the Board in a discussion concerning the Board's previous motion to approve Mr. Lomeo serving in an interim capacity as CEO of Kaleida Health. The Board re-affirmed its approval of the interim role during the discussion and no action was, therefore, taken.

IV. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee shall be included in the February 25, 2014 Board book.

V. 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

- Mr. Lomeo stated that he has had three productive weeks at Kaleida Health. Kaleida Health is similar to what ECMCC was five to six years ago. There are familiar challenges and a team that is dedicated to problem solving.
- January financials illustrate the effects of inclement weather and an inability to flex expenses to meet rapidly changing revenue drivers.
- ECMC solid organ transplants are trending considerably ahead of 2013 and organ donations have increased.
- The Medical Office Building is nearing total completion.
- An outreach plan is being formulated to strengthen relationships with community primary care providers and specialty groups.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through January 31, 2014 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

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

Moved by Sharon Hanson and seconded by Michael Seaman, to enter into Executive Session at 5:15P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

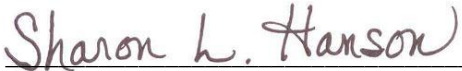
VIII. RECONVENE IN OPEN SESSION

Moved by Bishop Michael Badger and seconded by Frank Mesiah to reconvene in Open Session at 6:15 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Michael Hoffert and seconded by K. Kent Chevli M.D. to adjourn the Board of Directors meeting at 6:15 P.M.



Sharon L. Hanson
Corporation Secretary

**A Resolution of the Board of Directors Authorizing
the Corporation to Abolish A Position**

Approved February 25, 2014

WHEREAS, in connection with his duties and responsibilities as set forth in the Corporation's by-laws, the Chief Executive Officer is required to periodically assess the numbers and qualifications of employees needed in various departments of the Corporation and to establish, assess and allocate resources accordingly, subject to the rights of the employees as they may appear in the Civil Service Law or any collective bargaining agreement; and

WHEREAS, the Chief Executive Officer has determined that a number of positions must be abolished for budgetary and efficiency reasons; and

WHEREAS, Chief Executive Officer and the Executive Committee have reviewed this matter and recommend it is in the best interests of the Corporation that the positions indicated below be abolished.

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

1. Based upon the review and recommendation of the Chief Executive Officer and the Executive Committee, the following position be abolished:

Director of Imaging Services	Position # 3023
Clinical Assistant – Dept. Plastic & Reconstructive Surgery 55A	Position # 51009924
Assistant Director Social Work- Behavioral Health	Position # 6000950
Supervising Psychiatric Social Worker-Clinic	Position # 51002806

2. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.

3. This resolution shall take effect immediately.



Sharon L. Hanson,
Corporation Secretary

CREDENTIALS COMMITTEE MEETING

February 4, 2014

Committee Members Present:

Robert J. Schuder, MD, Chairman

Richard E. Hall, DDS PhD MD FACS

Yogesh D. Bakhai, MD

Nirmit D. Kothari, MD

Timothy G. DeZastro, MD

Brian M. Murray, MD

Gregg I. Feld, MD

Mandip Panesar, MS MD

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Credentialing Specialist

Emilie Camilleri, Medical-Dental Staff Services Coordinator

Nancy Clark, Administrative Assistant to the Medical-Dental Staff Office

Guests:

David G. Ellis, MD

Members Not Present (Excused *):

Christopher P. John, PA-C *

Susan Ksiazek, RPH, Director of Medical Staff Quality and Education

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of January 14, 2014 were reviewed and accepted.

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.

Deceased – None

Applications Withdrawn – None

Resignations:

Glenn W. Horrigan II, DDS	Dentistry	January 22, 2014
Lynn M. Gruzca, ANP	Internal Medicine	January 3, 2014
Shahid Mehboob, MD	Internal Medicine	January 21, 2014
Rachel H. Braunstein, MD	Radiology/Imaging Services	December 31, 2013
Sumeet Verma, MD	Radiology/Imaging Services	January 29, 2014

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Family Medicine

Thomas C. Rosenthal, MD

Active Staff to Emeritus

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING / SUPERVISING ATTENDING

Internal Medicine

ERIE COUNTY MEDICAL CENTER CORPORATION

Kirsten F. Parker, ANP

Collaborating Physician: From Christopher Jacobus, MD to Kathleen T. Grimm, MD

Janice M. Valencourt, ANP

Collaborating Physician: From Larissa Meras, MD to Nelda Lawler, MD

FOR OVERALL ACTION

SPECIFIC PRIVILEGE ADDITION/REVISION

Internal Medicine

Joel Noworyta, PA-C Allied Health Professional

Supervising Physician: Dr. Cindrea Bender

-Internal Jugular Vein CVP Placement

Radiology/Imaging Services

Joseph E. Serghany, MD Active Staff

-Image Guided Biopsy

-Biliary, peritoneal, pericardial, thoracic drains

**FPPE waived; extension of existing privileges by virtue of privilege form revision*

FOR OVERALL ACTION

SPECIFIC PRIVILEGE WITHDRAWAL

Cardiothoracic Surgery

Robert Gambino, PA-C Active Staff

Supervising Physician: Dr. Janerio D. Aldridge

-Maintenance of Open Airway in Non-intubated, Unconscious Patient with

Ventilation by a Bag or Mask

-Chest Tube Placement

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (15)
- B. Initial Dual Dept. Appointment (0)
- C. Reappointment Review (12)
- D. Reappointment Dual Dept. Review (0)

Sixteen initial and twelve 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 (15)

Dentistry

Nicole Hinchy, DDS* Active Staff

Kathryn Korff, DDS* Active Staff

Terrence McLean, DDS* Active Staff

Rachel Rossitto, DDS* Active Staff

**FPPE waived as the result of program relocation to ECMC under same clinical supervisor*

Family Medicine

Christine Hartnett, PA-C Allied Health Professional

Supervising Physician: Dr. Stephen Evans

Cheryl Rejewski, ANP Allied Health Professional

Collaborating Physician: Dr. Stephen Evans

Christine Schonour, ANP Allied Health Professional

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Collaborating Physician: Dr. Stephen Evans

Internal Medicine

Karen Brown, FNP Allied Health Professional

Collaborating Physician: Dr. Alyssa Shon

Rebecca Calabrese, MD Active Staff

Peter Elkin, MD* Active Staff

Tracy Sturm, FNP Allied Health Professional

Collaborating Physician: Dr. Sun Park

Neurology

Vladan Radovic, MD Active Staff

Plastic and Reconstructive Surgery

Nestor Rigual, MD Active Staff

Psychiatry

Faisal Rafiq, MD Active Staff

Joycelyn Vanterpool, MD Active Staff

B. Dual Initial Appointment Review (0)

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (12)

Emergency Medicine

Torsten, Behrens, MD Active Staff

Ameer Ibrahim, MD Courtesy Staff, *Refer and Follow*

Jennifer Pugh, MD Courtesy Staff, *Refer and Follow*

Jeffrey Thompson, MD Active Staff

Carolyn A. Wiech, MD Courtesy Staff, *Refer and Follow*

Internal Medicine

Jyotsna Bhatnagar, MBBS Active Staff

Kathleen Grimm, MD Active Staff

Kirsten F. Parker, ANP Allied Health Professional

Collaborating Physician: Kathleen T. Grimm, MD

Janice M. Valencourt, ANP Allied Health Professional

Collaborating Physician: Nelda Lawler, MD

Lisa A. Venuto, PA-C Allied Health Professional

Supervising Physician: James K. Farry, MD

Neurology

David J. Diina, ANP Allied Health Professional

Collaborating Physician: Richard E. Ferguson, MD

Oral and Maxillofacial Surgery

Tara Halliwell-Kemp, DDS MD Associate Staff

D. Dual Reappointments (0)

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

February 2014 Provisional to Permanent Staff

Provisional Period Expires

Anesthesiology

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Resetarits, Christopher, M., MSCRNA Allied Health Prof 02/26/2014

Family Medicine

Safy, Dhaliah, ANP Allied Health Prof 02/26/2014

Collaborating MD: Dr. Stephen Evans

Taleski, Julie, MS FNP Allied Health Prof 02/26/2014

Collaborating MD: Dr. Mohammadreza Azadfard

Internal Medicine

Gorsline, Leah, BS PA Allied Health Prof 02/26/2014

Supervising MD: Dr. Nancy C. Ebling

Quigg, Richard, John, MD Active Staff 02/26/2014

Plastic and Reconstructive Surgery

Tomljanovich, Paul, I., MD Active Staff 02/26/2014

Also, the future April 2014 Provisional to Permanent Staff list was 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 March 2014

Internal Medicine

Matthew D. Antalek, DO Active Staff

Reappointment Expiration Date: March 1,

2014

Planned Credentials Committee Meeting: February 4, 2014

Planned MEC Action date: February 24,

Planned Board confirmation by: March

2014

2014

FOR OVERALL ACTION

OLD BUSINESS

BOD ad hoc Committee Report

The Credentials Committee deliberated on the three specific questions posed in the Board of Directors resolution. A summary of the Credentials Committee assessment and plan will be presented to the Medical Executive Committee at its February meeting.

Privilege Form Revisions

INTERNAL MEDICINE

The draft of an integrated Allied Health Professional (Physician Assistant-Nurse Practitioner) continues to undergo comment and discussion. A discussion conference was completed with the Chief of Service and the latest draft prepared.

UROLOGY

The committee anticipates the completion of the form revisions for its March meeting.

SURGERY-INTERNAL MEDICINE: Nephrology

The Credentials Committee has made progress with the shared Nephrology-Surgery Vascular Access privilege form section and now has one more requested change suggested:

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With the addition of: **“and native fistulas”** plus **“exchange and removal”**, Dr. James Lukan suggests the addition of **“Stenting of AV Access”**.

The committee endorses this request, with form revisions as delineated below:

Vascular Access Surgery

<p>Interdepartmental privileges shared with the Internal Medicine-Nephrology division Percutaneous angiography for vascular access management Percutaneous balloon angioplasty of AV circuit stenosis Percutaneous thrombectomy and embolectomy of AV vascular hemodialysis access grafts, <u>and native fistulas</u>, feeding arteries, and draining veins <u>Stenting of AV Access</u> Tunneled dialysis catheter placement, <u>exchange and removal</u></p>

INTERNAL MEDICINE – NEPHROLOGY LEVEL III PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 5
			YES	NO	
Interdepartmental privileges below are shared with the Department of Surgery – see specific criteria page 6					
Percutaneous angiography for vascular access management					See Credentialing Criteria page 6
Percutaneous balloon angioplasty of AV circuit stenosis					See Credentialing Criteria page 6
Percutaneous thrombectomy and embolectomy of AV vascular hemodialysis access grafts, <u>and native fistulas</u> , feeding arteries and draining veins					See Credentialing Criteria page 6
<u>Stenting of AV access</u>					See Credentialing Criteria page 6
Tunneled dialysis catheter placement, <u>exchange and removal</u>					See Credentialing Criteria page 6

Wound Care Center (WCC)

The WCC administrators wish to explore the use of a Nurse Practitioner for patient care and HBO supervision. Before a formal recommendation is forwarded to the Credentials Committee, scope of practice questions must be answered by the NYSED and its Board of Nursing.

Due Diligence Monitoring

The committee was pleased to learn that an RFP for vendor contracted due diligence monitoring has been sent out. The committee has not received a status report to date.

Deferred Reappointment from January

Action on the reappointment for *Riffat Sadiq, MD Internal Medicine - Active Staff* had been deferred at the January meeting. The committee has received the requested additional information from the Chief of Service and now endorses the above reappointment to the MEC and BOD for their approval.

RNAs pending Certification

The Credentials Committee sought clarification of the utilization and supervision of recent RNA grads that do not possess the national certification at the time of hire. A reply from the departmental Chief of Service indicated that New York State allows

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24 months (Medicare rules) to obtain certification. For the Department of Anesthesiology, 6 months is sufficient time for a new hire to obtain certification. Recent RNA grads will therefore continue to be appointed to the medical-dental staff and granted privileges without certification. The Medical-Dental Office will confirm that the administration of this expireable will be managed by the Department of Anesthesiology and/or Human Resources through employment agreements or some other mechanism.

Temporary Privilege expirations during Pending Initial Applications

In an effort to ensure full compliance with regulatory and accrediting standards, the tracking system for Urgent and Temporary Privilege expiration periods and the status of application completion is attached. .

OVERALL ACTION REQUIRED

NEW BUSINESS

First Assist Reference Revisions

Revisions to 15 NP-PA-NM privilege forms were made to more clearly direct applicants to the First Assist privilege form. References to stated procedures which are performed in the operating room were removed and are now solely located on the First Assist form.

MDSO Staffing Update

The Office has realized 100% turnover since September. This will necessitate re-visiting the staffing options evaluated in 4Q13.

Internal Medicine/Family Medicine

An application has been received for a DO boarded in Internal Medicine to provide patient care in the ECMCC LTC facility. Medical staff housekeeping and administrative obligations make an appointment to Family Medicine more appropriate, and the Chief of Service is agreeable. The committee endorses a Family Medicine department assignment.

Return From Medical Leave

At the January meeting, the Credentials Committee reviewed the documentation submitted by a practitioner who had been on medical leave. Unfortunately, it did not meet the requirements as defined in the Credentials Procedure Manual. The practitioner was therefore sent a letter by the Credentials Chair asking for the additional information. A response is pending at the time of this meeting.

MSW and CDE staff membership

Ambulatory Services Administration had requested consideration by the committee to endorse the addition of Social Workers and Diabetic Educators to the Medical-Dental Staff to facilitate billing for cognitive services. Research did not support that this was a requirement of the third party payors and so the matter has been referred to Revenue Cycle to pursue a billing mechanism.

Department of Justice Attestations

As the law requires that these be signed yearly by those practitioners caring for defined patient populations, the MDSO staff has added this to the list of expireables to ensure continued compliance.

Annual Medical Evaluation Form

The committee recommended a change to the Annual Medical Evaluation to include an attestation of no symptoms for those with a history of + PPD and a reminder that those with symptoms are obligated to provide evidence of follow up chest X-ray.

OPPE Actions for Active and Associate members with no activity

Emilie Camilleri reviewed the current OPPE process for no/low volume practitioners advised by TJC when the standards were first implemented, and an alternative model they now endorse. Given that little benefit has been derived from the current labor intensive process and with the continued staffing challenges, the Credentials Committee endorsed the implementation of the alternative model. A written communication from the TJC standards advisory has been retained in the MDSO electronic files for future reference.

Radiology and Teleradiology form integration

ERIE COUNTY MEDICAL CENTER CORPORATION
MINUTES OF BOARD OF DIRECTORS REGULAR MEETING
OF TUESDAY, FEBRUARY 25, 2014

ERIE COUNTY MEDICAL CENTER CORPORATION

As a follow up to the recommendations made by Dr. Ellis for the January meeting, a brief discussion at this meeting advised tabling the harmonization of the two forms until assurance can be obtained that inappropriate privilege selections will not occur. The matter will be revisited at the March Credentials Committee meeting for a final recommendation.

OVERALL ACTION REQUIRED

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Orthopaedic Surgery (1 PA-C)

OPPE (Ongoing Professional Practice Evaluation)

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 5:00 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

Erie County Medical Center

2014 Quality Assurance and Performance Improvement Plan

Erie County Medical Center (ECMC) has developed a Performance Improvement Plan which provides a collaboratively planned, systematic approach to design, measure, assess and improve organizational performance.

The plan establishes a hospital-wide program that details the organizations methodology to design processes and systematically measure, assess, and improve its performance to achieve optimal patient outcomes in a collaborative, interdisciplinary approach. These processes include mechanisms to assess the needs and expectations of the patients, their families, staff and others.

The design of the plan requires that the improvement process is organization-wide to monitor, assess and evaluate the quality and appropriateness of patient care and clinical performances to resolve identified problems and improve performance. The plan incorporates assurance of appropriate reporting of information to the Board of Directors to provide information it needs in fulfilling its responsibility for the quality of patient care and safety at ECMC. The plan establishes expectations that information from departments/services and the findings of discrete performance improvement activities are used to detect trends, patterns of performance or potential problems that affect one or more than one department/service.

Focus and goals of this integrated performance improvement hospital wide plan require:

- The organization's leaders and staff to embrace Performance Improvement principles and tools.
- Promote an environment that allows for exploring opportunities for improvement at the front line staff level.
- Utilize a **team** approach and identify tools to analyze data and processes that promote improved performance.

Performance Improvement brings quality to all areas at all levels. The Board Performance Improvement and Patient Safety Committee approve the Performance Improvement Plan annually, based on Erie County Medical Center Corporation's mission and values.

Performance Improvement Goals:

1. EFFECTIVE COMMUNICATION AND TEAMWORK:

- All members of the healthcare team will be respectful and are empowered to make decisions. Tools and resources needed to get the job done will be provided. Communication is essential to work as an efficient team.

2. QUALITY ASSESSMENT:

- Improving patient care will be the driving force to promote efficiency, monitoring outcomes and resource utilization to establish high level patient satisfaction.

3. QUALITY-BASED LEADERSHIP AND MANAGEMENT TOOLS:

- Measurements of performance and data analysis will be monitored for trends and define improvement initiatives.

4. SERVICE EXCELLENCE:

- Meeting customer needs and satisfaction are an organizational priority. Patient focused care is an expectation.

5. PLANNING:

- Customer feedback is utilized to design, adjust, and continuously improve our service. By planning, we will focus our resources on those improvements efforts that will help achieve and sustain quality outcomes.

6. EDUCATION:

- Education to patients and staff with evidence based healthcare processes will be integrated into expectations to strive to achieve quality outcomes and service excellence.

Roles and Responsibilities:

The Board of Directors shall be responsible to ensure the provision of optimal quality care and organization-wide performance with appropriate resources. The authority to fulfill the goals of the Performance Improvement function is delegated to the Medical Staff and Administration of Erie County Medical Center.

Leadership shall facilitate Performance Improvement as follows:

1. Provide direction in setting performance improvement priorities based on mission, vision and strategic goals.
2. Oversee and approve the design, implementation and ongoing monitoring of the organization's performance.
3. Establish an organizational culture which supports commitment to safety and performance improvement.

The Board Performance Improvement and Patient Safety Committee shall report to the Board of Directors and is responsible to oversee the Medical Center's performance improvement process, which includes the following tasks:

1. Approve the Performance Improvement Plan at least annually.
2. Select and support initiatives that require interdisciplinary Performance Improvement teams.
3. Review data and benchmark outcomes from Customer Satisfaction Surveys, PI Teams, Patient Safety and Financial reports; and other executive level data impacting organizational performance.
4. Determine the resources required for education and training to meet the goals the organization defines as essential to meet the facilities mission.
5. Receive and review reports regarding the effectiveness of PI activities.

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Performance Improvement teams shall be established by the Board Performance Improvement Committee. The teams shall be responsible for the following:

- 1.) Review and modify team goals, membership, and expectations as necessary.
- 2.) Utilize the Plan – Do- Study-Act (PDSA) cycle to identify, develop, implement, and measure improvements.
- 3.) Provide reports to the Board Performance Improvement Committee

Information Management:

Performance improvement activities throughout the organization are dependent upon management of data. This function is performed in an interdisciplinary collaborative approach throughout the facility. Outcomes are reflected in specific departments and hospital-wide through the auspices of the Board Performance Improvement and Patient Safety Committee's review and analysis of performance improvement data.

Reporting format and process:

The findings, conclusions, recommendations, and actions taken to improve performance and the results of actions taken are documented. Results of the outcomes of performance improvement activities will be reported to the Board Performance Improvement and Patient Safety Committee at scheduled intervals. The Board Patient Safety and Performance Improvement Committee will document findings from performance improvement activities performed throughout the institution in minutes that are reviewed by the Board of Managers.

Performance Improvement outcomes will be shared across the organization by:

- Medical Center publications targeted to employees, physicians, and the community.
- Management team committee, including the Performance Improvement teams;
- Departmental staff meetings;
- Medical Staff meetings;

Staff Participation in Performance Improvement:

Every employee shall have the opportunity to participate in Performance Improvement activities. Employees will be educated on the performance improvement process including methods and approaches to identify opportunities for improvement during orientation

2014 ECMC Interdisciplinary Performance Improvement Teams:

Fall prevention

Leaders: Dawn Walters and Ann Victor

Partnership for Patients Program – through HANYS

Leaders: Charlene Ludlow

Patient Experience

Leaders: Donna Brown, Karen Ziemianski & Dr Fudyma

BRIDGE Project

Leaders – Executive Steering Committee

Behavioral Health Steering Committee

Leader: Dr Michael Cummings, Dr Mark Gunther and Dawn Walters

Pressure Ulcer Prevention Team

Leaders: Peggy Cramer and Lynne Kordasiewicz



Executive Committee

Minutes from the



Audit Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors
Minutes of the Audit Committee Meeting

Friday, July 19, 2013

ECMCC Board of Directors Conference Room

Voting Board Members Present or Attending by Conference Telephone:	Douglas H. Baker, Chair Bishop Michael A. Badger Frank B. Mesiah	
Voting Board Members Excused:	Anthony M. Iacono	
Also Present:	Thomas Malecki Richard Cleland Michael Sammarco	John Eichner Paul Huefner
Excused:	Jody Lomeo Ronald Krawiec	

I. Call to Order

Chairman Douglas Baker called the Audit Committee meeting to order at 12:35 p.m.

II. Receive and File Minutes

Motion was made and accepted to approve the minutes of the Audit Committee meeting of March 22, 2013.

III. Risk Management/Patient Advocacy Report

Ann Victor-Lazarus, Vice President of Patient Advocacy/Risk Management gave a report on the Patient Advocacy/Risk Management activities for the period 1/1/13 to 7/19/13 which included updates on:

- Joint Commission Standard P1.1.10 performance monitoring;
- Medical Malpractice cases open and closed;
- Workers Compensation data, monitoring minimal lift efforts, telephone use and training initiatives on the topic of violence in the workplace and other activities to reduce work injuries;
- Guardianship monitoring efforts at both the Hospital and Terrace View;
- Patient Rights and Ethics monitoring, including MOLST (Medical Orders for Life Sustaining Treatment) initiatives;
- Palliative Care support with Kaleida Health & Hospice;
- Quantros Incident data reporting.

ERIE COUNTY MEDICAL CENTER CORPORATION

IV. Corporate Compliance Report

Nadine Mund, ECMCC's new Corporate Compliance Director, provided a detailed report on 2013 compliance activities, which included work plan updates on issues reported to the OIG (Office of Inspector General and OMIG (Office of Medicaid Inspector General)). Her presentation included:

- A step-by-step review of how issues are tracked in the RIC (Revenue Integrity Compass) in response to OIG or OMIG demand letters, including up-to-date data on:
 - Inpatient short stays and MS DRG reassignment
 - Prepayment reviews on targeted DRGs
 - Automated denials and correct coding issues
- A report on National Government Services audits currently in process;
- Information on ongoing, hospital-wide compliance efforts.

The presentation was very informative, and it was recommended that Nadine give an abbreviated presentation to the full Board of Managers at a future meeting.

V. Audit Services RFP

Michael Sammarco reviewed the draft "Request for Proposal for Auditing and Accounting Services" with the group. ECMCC has been working with the auditing firm of Freed Maxick, CPAs, PC for several years, and have been satisfied with their performance. However, it is in the hospital's best interest to periodically review what other firms have to offer.

A selection committee will be formed to review all of the responses and report back to the Audit Committee with their recommendation. The process is expected to be completed by mid-September.

VI. Internal Audit Update

Michael Sammarco provided the committee with a status report of internal audit projects completed and in-process.

V. Adjournment:

The meeting was adjourned at 1:55 PM by Chairman Baker.

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 11, 2014

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL HOFFERT, CHAIR	JODY LOMELO FRANK MESIAH BISHOP MICHAEL A. BADGER
BOARD MEMBERS EXCUSED:	RICHARD BROX	
ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE BEN LEONARD RICHARD CLELAND CHARLES RICE	BELLA MENDOLA MICHAEL CUMMINGS, MD NANCY TUCKER KAREN HORLACHER JEANNINE BROWN MILLER VALERIE CZAJKA

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 9:30 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah to receive the Human Resources Committee minutes of the January 14, 2014 meeting.

III. NYSNA NEGOTIATIONS

Many tentative agreements have been signed. Agreements regarding wages and health insurance remain to be negotiated.

IV. CSEA

Negotiations are ongoing with respect to the Laboratory Medicine consolidation.

V. WELLNESS/BENEFITS

Nancy Tucker distributed a Wellness folder that summarizes wellness activities and communications regarding the activities. She also reported that there is an increase in participation in the LMHF debit card program where members provide proof that they have received a yearly physical and attended wellness seminars in exchange for a debit card to be used for medical expenses. Wellness week also took place in January.

VI. TERRACE VIEW REPORT

The Terrace View report was distributed. Charles Rice reported that management and staff continue to work on a closed staffing model but there has been resistance from some union members. Vacations and time off were previously scheduled by seniority building wide. With a closed staffing model time off will be scheduled by seniority, by floor.

VII. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

Workers Compensation and Occurrences reports were distributed.

VIII. EMPLOYEE TURNOVER

The turnover report was distributed. Employee turnover remains very low at 4%.

IX. NURSING TURNOVER

January Hires – 8.5 FTES - .5 FTES Med/Surg & 5.0 FTES Behavioral Health & 3.0 FTES Critical Care.

2 Per Diem – 1 Behavioral Health & 1 OR
(3.5 LPN FTES - 1 FTE Med/Surg, 2.5 FTEs Behavioral Health)

January Losses – 5 FTES – 3 FTES Med/Surg & 2 Behavioral Health

2 Per Diem – 1 ED, 1 Med/Surg

(1.0 LPN FTE – 1 Med/Surg)

Turnover Rate .7%

Turnover Rate YTD .7% For 2013 .8%

February Hires – 4 FTES - 3.5 Behavioral Health FTES & .5 OR.

1 Part Time – Med/Surg

2 Per Diem – 1 Behavioral Health & 1 OR

YTD 12.5 FTES

1 Part Time

4 Per Diem

1 LPN FTES hired Med/Surg

YTD 4.5 FTES

February Losses – 1 FTE – 1 Med/Surg

YTD 6 FTES

0.0 LPN FTE

YTD – 1.0 FTE

Turnover Rate .1%

Turnover Rate YTD .8% For 2013 1.53%

X. EMPLOYEE DATA

As of January 2014, there are 2,625 employees at the hospital and 460 employees at Terrace View. There were 47 new hires at the hospital and 13 at Terrace View.

XI. CIVIL SERVICE

Kathleen O’Hara reported 3 petitions to cease and desist creation of ECMCC’s civil service administration have been dismissed by a Supreme Court Judge. She stated that ECMCC will go forward in creating its own Civil Service Administration.

XII. NEW INFORMATION

Bishop Badger asked for a Behavioral Health update. Dr. Cummings provided the following information; 6 new extended observation beds will open in March 18, 2014. Partial hospitalization will move to the ground floor of the Behavioral Health outpatient building and will alleviate the number of patients in CPEP. Dr. Cummings also reported that management is working on formalizing the discharge process and making it more uniform. In August 2014 a new 10 bed unit will open that specializes in a higher level of care for patients. Dr. Cummings stated that staff is improving on predicting violent behavior and that staff continue to work on communication and education. Bishop Badger requested information regarding Behavioral Health and Worker’s Compensation claims in comparison to 2013.

XIII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources committee a 10:25am. He reported that the next meeting shall be held on May 13, 2014.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
MARCH 25, 2014

Hope everyone is doing well; the calendar says Spring, but the weather says otherwise.

HANYS BOARD PRESENTATION

We are pleased that Dennis Whalen, President of HANYS, has agreed this month to present current information about some of the many topics affecting health systems like ours. I have requested that Dennis consider discussing the NYS budget and its potential impact, the NY Medicaid waiver (DSRIP), and healthcare reform. As a member of both WNYHA and HANYS boards, I always find it enlightening and interesting when Dennis shares his thoughts on these interesting matters.

HOSPITAL OPERATIONS

February volumes continued the trend that began in January. ECMCC is lagging behind budget and Executive Management team is monitoring its plan of action to meet this challenge early. That plan includes an employment vacancy control committee, monthly operational reviews with senior managers, a modest workforce reduction, and aggressive case management.

On the revenue side, ECMCC is being more aggressive role in scheduling operating room cases and assuring that we accommodate all surgeon requests. In the ambulatory clinic and outpatient areas, particularly behavioral health, ECMCC has added resources and is developing a plan to address the 30 percent cancellation/no-show rates. Evolution of our current clinic, ambulatory care and PC model to a Patient Centered Model – later hours, weekend, and more public access will help capture more volume.

We do see operational improvements in revenue cycle and case mix index but our top line revenue continues to be challenged.

The following highlights are for February 2014:

- Total discharges were 50 more than February 2013, and are up 157 year over year.
- Acute discharges were 48 less than February 2013, and 74 fewer year over year.

- Length of stay was steady at 6.3 compared to 6.1 in January 2014 and 6.9 in February 2013.
- Medicare case mix was 1.82 and non-Medicare case mix was 1.91 compared to budgeted case mix of 1.84 and 1.80, respectively.
- Inpatient surgical cases were 27 more than February 2013 and 27 more, year over year.
- Outpatient surgical cases were 50 more than February 2013 and 18 more, year over year.
- The Hospital had a \$1.8 million operating loss in February 2014.
- Terrace View had a \$153,000 operating loss in February 2014.
- The consolidated year-to-date operating loss is \$4.3 million compared to a \$3.8 million operating loss the prior year to date.

KALEIDA HEALTH/ECMC/GLH/CEO UPDATE

I continue to be grateful for all of your support as well as the support of the Kaleida Health and GLH boards as I fulfill my dual responsibilities. The situation at Kaleida continues to evolve and we are well on our way to a cultural shift at Kaleida that will result in improved patient care throughout the community. It is most important that we continue to think, act, and implement as a system. For example, it is important not only to Kaleida, but to ECMC as well, to better coordinate care at the right time in the right place for the right patients throughout all of the sites constituting GLH.

Kaleida, ECMC, UB, and Blue Cross/Health Now, have made tremendous progress in the development of a primary care strategy. We will be introducing the plan to our community physicians and our UBMD partners in April.

At the GLH Board meeting on March 12, 2014, discussions centered on how ECMCC, Kaleida and the University of Buffalo, identify opportunities to improve the quality and availability of care in Western New York on a coordinated basis.

CAMPUS UPDATE

As the weather improves, the Grider Health Campus is looking bright with several newer structures joining the iconic tower that is the centerpiece of ECMCC. The new buildings provide, as well, a notable contrast to the condition of our older structures. I have requested that ECMCC evaluate cleaning the main tower.

We are getting very good physician and patient feedback on the new operating suites and are pleased with the growing surgical volumes. Finally, the Medical Office Building is nearly complete and our dental oncologist and head and neck teams are hitting their strides in the new facility.

Please mark your calendars to attend the open house event at the new Center for Oncology Care at ECMC on Thursday, April 10, 2014 from 4:00pm – 7:00pm. The center is truly amazing and is a must see. Also, we hope you will be able to join us for the April 8, 2014 ECMC Lifeline Foundation Springfest Pre-Party at Salvatore's Italian Gardens from 5:30pm to 8:30pm.

As always I am grateful for your time and the passion you share for the work that we do. Thank you again.

Jody



Chief Operating Officer

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF OPERATING OFFICER
MARCH 2014

EXECUTIVE MANAGEMENT (EM) - HOSPITAL OPERATIONS

February Volumes

- Our volumes were down about 10% across the board in comparison to budget. Our Executive Management team has developed a plan to reduce expenses and was this rolled out the last week of February.
- On a positive note, our March volumes have increased and we look towards a much better month than our previous two months.

BRIDGE Update

Several significant milestones have already been achieved including:

- We continue to address access management in the ER. We are shifting utilization review staff to cover all ER shifts. This will help in avoiding unnecessary admissions and allow staff to coordinate safe return to the community with services;
- Developed physician dashboards which will include graphs and set targets for Med E, Med A/B, and Family Medicine. These are currently being rolled out to all physicians. Early reports indicate that the physicians are in full support of this method;
- Dr Calabrese-UB Internal Medicine has accepted to be our physician champion/liaison for BRIDGE;
- Our Extended Length of Stay Committee continues to meet monthly and has yielded significant impact on our LOS;
- Currently our LOS (March thru 3/19) is trending at 4.9 (without outliers) and 5.6 (with outliers).

2014 Operating Budget

- CEO-COO-CFO Monthly Reviews have started on February 28, 2014. At the first review session several service lines reported and presented plans to address low volumes, OT and to bring budgets back on-line. This included Food Service, Plant Operations, Environmental Services, Switchboard/Reception, HIM, HIS, Risk Management, Pharmacy and Laboratory. Laboratory and Food Service will be required to report back in March 25, 2014 since budget variances exceeded 5%. First sessions were a great learning experience for everyone;
- In February we introduced a formal Vacancy Control Committee. This requires all requesting service lines and department managers to present requests for replacement and new positions to the Executive Management team. This initiative was put into place to address reduced volumes and to insure that hiring is supported by a business case and whether necessary. Our first month was also a great learning experience for everyone;

- At the end of February, unfortunately we had to put in place a work force reduction action. Overall, 29 FTE's were eliminated. This included ECMC, MSO/PPC, and contractual employees. This action was required to offset lower than expected volumes and operating losses in January and February.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

- Renovation has started on 4zone3 in the Admissions unit. This new service should be up and operational by August 2014. This unit will treat highly aggressive and violent patients;
- Renovation work is almost completed on the 4th floor;
- Final HEAL-21 report was submitted;
- CPEP and outpatient services up and operational. Overall operations very smooth.

TERRACE VIEW

- First anniversary party took place on February 7, 2014;
- Case mix index has improved from .70 to .90. Our goal is to have it up to 1.0 by end of the year;
- Closed unit staffing model rolled out. Collective bargaining units have been supporting this initiative and overall staffing heading in the right direction. Closed unit staffing provides consistent staffing. flexibility for staff and higher patient satisfaction;

CONSTRUCTION/RENOVATION PROJECTS

Two new outpatient operating rooms are open for business. In addition, the Medical Office Building (MOB) is also completed. This is the new home for Head, Neck & Plastics, Oncology and the Dental Oral Oncology Maxillofacial Prosthetics departments. The month of February served as a "settling" month and volumes are increasing in March.

The cafeteria renovation project is 30% completed. The new look with expanded services and seating should be completed by June 1, 2014. A temporary cafeteria has been set up in the overflow area. Morrison and their staff did a great job in transitioning this area and keeping vital services open.

Several new projects have received approval to begin the design phase:

- 12th floor MICU renovation
- GI renovation
- 6th floor orthopedic unit
- Renovation of the urology suite
- New swing unit 6 zone 1

DSRIP

- The Delivery System Reform Incentive Payment initiative has received a significant amount of our attention these days. NYSDOH/CMS has agreed to \$8 million in special funding which is targeted on Medicaid spending for healthcare by public facilities and safety net providers;

- ECMC has partnered with Kaleida under Great Lakes Health in developing a plan to submit two applications. Once the final details are available from DOH, we feel very confident in our application. We will be adding further collaborating partners to target population health, primary care expansion, reducing avoidable ER visits and re-visits, and unavoidable admissions and re-admissions. The funds we secure will help to develop the infrastructure needed to implement our strategy. The funding will allow an orderly transition and offset revenue loss from lower ER visits and inpatient admissions.

REHAB SERVICES

- Marie Johnson promoted to Director of Rehab Services;
- Seeking CARF accreditation in June. This is a very big step for ECMC.

TCU

Quality Report 2014

- Volume: 59 patients
- Average age: 71.1
- Average LOS: 14.3 days
- Average FIM gain: 21.1
- Discharge disposition:
 - Home 76%
 - ALF 1%
 - SNF 9%
 - Acute 12%
 - SAR 2%
- Impairment Category:
 - Med complex 35%
 - Orthopedic 31%

Rec'd -
FYI
Chuck

2-11-2014

To the Staff of Canalside at Terraceview,

I would like to commend all of you who have been attentive, caring, understanding but mostly professional when caring for my Mom's needs. Hopefully, you know who you are through our private conversations. You have met her needs, ensuring her comfort and security. Knowing that alone has relieved my stress and worry.

There are many requirements needed as we grow older, and it is not always easy to provide for them. Often times, it can be overwhelming. Employees like you who have helped make this time in our lives worry free, will always be remembered fondly. You should be proud of what you do every day—taking care of others!

Thank you from the bottom of my heart,

Debbie Petri 

Debbie Petri (Shirley Downey's daughter)

Staff of Canalside -
Thanks for all you do
for our residents and
families. It is greatly
appreciated.
Chuck Rice



Chief Financial Officer

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Internal Financial Reports
For the month ended February 28, 2014

Erie County Medical Center Corporation

Balance Sheet February 28, 2014 and December 31, 2013

(Dollars in Thousands)

	February 28, 2014	Unaudited December 31, 2013	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 4,104	\$ 7,735	\$ (3,631)
Investments	3,463	2,394	1,069
Patient receivables, net	56,303	47,815	8,488
Prepaid expenses, inventories and other receivables	71,198	60,597	10,601
Total Current Assets	135,068	118,541	16,527
Assets Whose Use is Limited:			
Designated under self-Insurance programs	72,997	77,618	(4,621)
Designated by Board	5,865	15,546	(9,681)
Restricted under third party agreements	32,195	25,072	7,123
Designated for long-term investments	23,500	23,484	16
Total Assets Whose Use is Limited	134,557	141,720	(7,163)
Property and equipment, net	286,413	285,868	545
Deferred financing costs	1,021	1,021	0
Other assets	8,222	11,444	(3,222)
Total Assets	\$ 565,281	\$ 558,594	\$ 6,687
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	\$ 7,255	\$ 7,226	\$ 29
Accounts payable	39,293	37,359	1,934
Accrued salaries and benefits	17,697	19,689	(1,992)
Other accrued expenses	29,243	22,041	7,202
Estimated third party payer settlements	22,871	22,133	738
Total Current Liabilities	116,359	108,448	7,911
Long-term debt	172,720	173,129	(409)
Estimated self-insurance reserves	51,826	50,894	932
Other liabilities	111,615	110,115	1,500
Total Liabilities	452,520	442,586	9,934
Net Assets			
Unrestricted net assets	101,692	104,939	(3,247)
Restricted net assets	11,069	11,069	0
Total Net Assets	112,761	116,008	(3,247)
Total Liabilities and Net Assets	\$ 565,281	\$ 558,594	\$ 6,687

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Erie County Medical Center Corporation

Statement of Operations

For the month ended February 28, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 32,276	\$ 33,288	\$ (1,012)	\$ 31,311
Less: Provision for uncollectable accounts	(1,860)	(1,859)	(1)	(1,838)
Adjusted Net Patient Revenue	30,416	31,429	(1,013)	29,473
Disproportionate share / IGT revenue	5,759	4,259	1,500	4,396
Other revenue	1,978	2,567	(589)	1,626
Total Operating Revenue	38,153	38,255	(102)	35,495
Operating Expenses:				
Salaries & wages / Contract labor	14,044	13,849	(195)	12,815
Employee benefits	8,773	8,855	82	8,736
Physician fees	4,974	4,764	(210)	4,315
Purchased services	2,908	3,113	205	2,623
Supplies	5,227	5,055	(172)	5,027
Other expenses	920	1,074	154	1,233
Utilities	797	558	(239)	571
Depreciation & amortization	1,801	1,803	2	1,670
Interest	667	695	28	691
Total Operating Expenses	40,111	39,766	(345)	37,681
Income/(Loss) from Operations	(1,958)	(1,511)	(447)	(2,186)
Non-operating Gain/(Loss):				
Interest and dividends	201	-	201	207
Unrealized gain/(loss) on investments	1,853	292	1,561	604
Non-operating Gain/(Loss)	2,054	292	1,762	811
Excess of Revenue/(Deficiency) Over Expenses	\$ 96	\$ (1,219)	\$ 1,315	\$ (1,375)
Retirement health insurance	1,375	1,384	(9)	1,358
New York State pension	2,141	2,144	(3)	2,137
Impact on Operations	\$ 3,516	\$ 3,528	\$ (12)	\$ 3,495

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Erie County Medical Center Corporation

Statement of Operations

For the two months ended February 28, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 68,974	\$ 70,598	\$ (1,624)	\$ 64,650
Less: Provision for uncollectable accounts	(3,874)	(3,943)	69	(3,823)
Adjusted Net Patient Revenue	65,100	66,655	(1,555)	60,827
Disproportionate share / IGT revenue	10,018	8,518	1,500	8,792
Other revenue	3,798	5,133	(1,335)	4,081
Total Operating Revenue	78,916	80,306	(1,390)	73,700
Operating Expenses:				
Salaries & wages / Contract labor	30,035	29,047	(988)	27,058
Employee benefits	17,699	17,795	96	17,735
Physician fees	10,116	9,528	(588)	8,518
Purchased services	5,974	6,234	260	5,468
Supplies	10,599	10,489	(110)	10,678
Other expenses	2,386	2,147	(239)	2,550
Utilities	1,468	1,251	(217)	1,196
Depreciation & amortization	3,602	3,607	5	3,156
Interest	1,377	1,391	14	1,129
Total Operating Expenses	83,256	81,489	(1,767)	77,488
Income/(Loss) from Operations	(4,340)	(1,183)	(3,157)	(3,788)
Non-operating Gain/(Loss):				
Interest and dividends	737	-	737	543
Investment Income/(Loss)	449	583	(134)	1,615
Non-operating Gain/(Loss)	1,186	583	603	2,158
Excess of Revenue/(Deficiency) Over Expenses	\$ (3,154)	\$ (600)	\$ (2,554)	\$ (1,630)
Retirement health insurance	2,750	2,765	(15)	2,714
New York State pension	4,213	4,233	(21)	4,218
Impact on Operations	\$ 6,963	\$ 6,998	\$ (36)	\$ 6,932

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Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and two months ended February 28, 2014</p>

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ 96	\$ (3,154)
Other transfers, net	-	(93)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	96	(3,247)
Change in Unrestricted Net Assets	96	(3,247)
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	96	(3,247)
Net Assets, beginning of period	112,665	116,008
Net Assets, end of period	\$ 112,761	\$ 112,761

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and two months ended February 28, 2014

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ 96	\$ (3,247)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	1,801	3,602
Provision for bad debt expense	1,860	3,874
Net Change in unrealized (gain)/loss on Investments	(1,853)	(449)
Transfer to component units	-	93
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(4,958)	(12,362)
Prepaid expenses, inventories and other receivables	(8,974)	(10,601)
Accounts payable	2,073	1,934
Accrued salaries and benefits	(2,142)	(1,992)
Estimated third party payer settlements	951	738
Other accrued expenses	5,512	7,202
Self Insurance reserves	388	932
Other liabilities	750	1,500
Net Cash Provided by/(Used in) Operating Activities	(4,496)	(8,776)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net		
Campus expansion	1,182	(2,458)
Routine capital	(912)	(1,689)
Use of bond proceeds for campus expansion	-	-
Decrease/(increase) in assets whose use is limited	3,395	7,163
Sale/(Purchase) of investments, net	(1,090)	(620)
Investment in component units	-	(93)
Change in other assets	3,356	3,222
Net Cash Provided by/(Used in) Investing Activities	5,931	5,525
Cash Flows from Financing Activities:		
Principal payments on long-term debt	-	(380)
Increase/(Decrease) in Cash and Cash Equivalents	1,435	(3,631)
Cash and Cash Equivalents, beginning of period	2,669	7,735
Cash and Cash Equivalents, end of period	\$ 4,104	\$ 4,104

Erie County Medical Center Corporation

Key Statistics

Period Ended February 28, 2014

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
828	935	-11.4%	876	Med/Surg (M/S) - Acute	1,759	2,009	-12.4%	1,833
255	323	-21.1%	195	Behavioral Health	538	735	-26.8%	388
127	118	7.6%	113	Chemical Dependency (CD) - Detox	258	243	6.2%	234
22	23	-4.3%	24	CD - Rehab	49	47	4.3%	45
22	25	-12.0%	26	Medical Rehab	53	51	3.9%	57
30	36	-16.7%	-	Transitional Care Unit (TCU)	57	76	-25.0%	-
1,284	1,460	-12.1%	1,234	Total Discharges	2,714	3,161	-14.1%	2,557
Patient Days:				Patient Days:				
5,208	5,695	-8.6%	6,088	M/S - Acute	10,780	12,128	-11.1%	12,812
3,767	3,732	0.9%	2,465	Behavioral Health	7,852	8,009	-2.0%	5,131
409	406	0.7%	414	CD - Detox	856	832	2.9%	871
485	462	5.0%	507	CD - Rehab	940	947	-0.7%	973
533	740	-28.0%	689	Medical Rehab	1,297	1,519	-14.6%	1,542
395	388	1.8%	-	TCU	795	817	-2.7%	-
10,797	11,423	-5.5%	10,163	Total Patient Days	22,520	24,252	-7.1%	21,329
Average Daily Census (ADC):				Average Daily Census (ADC):				
186	203	-8.6%	217	M/S - Acute	183	206	-11.1%	217
135	133	0.9%	88	Behavioral Health	133	136	-2.0%	87
15	15	0.7%	15	CD - Detox	15	14	2.9%	15
17	17	5.0%	18	CD - Rehab	16	16	-0.7%	16
19	26	-28.0%	25	Medical Rehab	22	26	-14.6%	26
14	14	1.8%	-	TCU	13	14	-2.7%	-
386	408	-5.5%	363	Total ADC	382	411	-7.1%	362
Average Length of Stay:				Average Length of Stay:				
6.3	6.1	3.3%	6.9	M/S - Acute	6.1	6.0	1.5%	7.0
14.8	11.6	27.9%	12.6	Behavioral Health	14.6	10.9	33.9%	13.2
3.2	3.4	-6.4%	3.7	CD - Detox	3.3	3.4	-3.1%	3.7
22.0	20.1	9.8%	21.1	CD - Rehab	19.2	20.1	-4.8%	21.6
24.2	29.6	-18.2%	26.5	Medical Rehab	24.5	29.8	-17.8%	27.1
13.2	10.8	22.2%	-	TCU	13.9	10.8	29.7%	-
8.4	7.8	7.5%	8.2	Average Length of Stay	8.3	7.7	8.2%	8.3
Occupancy:				Occupancy:				
80.7%	85.3%	-5.5%	89.0%	% of M/S Acute staffed beds	79.1%	86.0%	-8.0%	89.0%
Case Mix Index:				Case Mix Index:				
1.82	1.84	-0.9%	1.87	Medicare (Acute)	1.84	1.84	0.3%	1.87
1.91	1.80	6.0%	1.88	Non-Medicare (Acute)	1.85	1.80	2.8%	1.92
196	145	35.2%	159	Observation Status	404	300	34.7%	349
405	436	-7.1%	379	Inpatient Surgeries	853	936	-8.9%	826
572	580	-1.4%	522	Outpatient Surgeries	1,193	1,317	-9.4%	1,175
28,320	27,462	3.1%	26,286	Outpatient Visits	58,989	57,825	2.0%	58,077
4,713	5,144	-8.4%	4,630	Emergency Visits Including Admits	10,010	10,924	-8.4%	9,941
51.0	40.0	-100.0%	42.1	Days in A/R	51.0	40.0	-100.0%	42.1
6.4%	6.2%	4.1%	6.5%	Bad Debt as a % of Net Revenue	6.3%	6.2%	1.2%	6.5%
2,468	2,514	-1.8%	2,413	FTE's	2,444	2,505	-2.4%	2,447
3.57	3.97	-9.9%	3.72	FTE's per adjusted occupied bed	3.62	3.55	2.1%	3.72
\$ 11,722	\$ 11,204	4.6%	\$ 12,551	Net Revenue per Adjusted Discharge	\$ 11,968	\$ 11,002	8.8%	\$ 12,718
\$ 15,545	\$ 14,100	10.2%	\$ 15,772	Cost per Adjusted Discharge	\$ 15,372	\$ 13,369	15.0%	\$ 15,704
Terrace View Long Term Care:				Terrace View Long Term Care:				
10,752	10,752	0.0%	9,032	Patient Days	22,481	22,656	-0.8%	16,829
384	347	10.7%	323	Average Daily Census	381	384	-0.8%	601
442	443	-0.3%	357	FTE's	433	443	-2.3%	321
6.6	6.6	-0.3%	6.3	Hours Paid per Patient Day	6.2	6.3	-1.6%	6.1



**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
March 25, 2014

LABORATORY – JOSEPH KABACINSKI

KH-ECMCC Lab Integration

The transfer of additional Lab testing from ECMCC to Kaleida Health has required an extensive amount of IT effort and the cooperation and daily detailed work sessions of both laboratory staffs. The build of the database and test directories in Chemistry, Microbiology, Diagnostic Immunology and Virology were completed in the last week of February and the first week of March. Test scripts covering different scenarios (critical value reporting, auto verification, delta checking, etc.) were run, reviewed and adjustments were made as needed. Extensive testing and validation involved the collaboration between KH and ECMCC lab staffs. After successful validation testing, the database and test directories were built in the “Production-Live” environment. Test dictionary modifications were also built in ancillary systems such as AllScripts and UBMD. Following the completion of the database building and validation, the major transfer of laboratory testing from ECMCC to Kaleida Health occurred over the last two weeks. The transition of Chemistry occurred on February 26 and the transition of Microbiology and Virology occurred on February 27. The transition of Diagnostic Immunology to Kaleida’s production lab occurred on March 6. The remainder of the lab transition will occur in several stages during 2014 as Kaleida Health implements a number of tests that are required by ECMCC’s Transplant and Behavioral Health Centers of Excellence and for specific ECMCC clinical services such as Immunodeficiency and Oncology.

Dr. Balos presented an Anatomic Pathology Report at the March 11 Board of Directors QA/PI Committee Meeting. The report focused on important aspects of the laboratory integration with Kaleida Health and the benefits of an expanded contract with University at Buffalo Pathologists. She also presented a summary and description of moving autopsy services for ECMCC deceased patients to Buffalo General Medical Center.

A successful UNYTS Blood Drive was held on Thursday, February 20. The next UNYTS Blood Drive is scheduled for Thursday, April 17 in the Staff Dining Room. All are welcome to donate.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

340B Contract Pharmacy Update

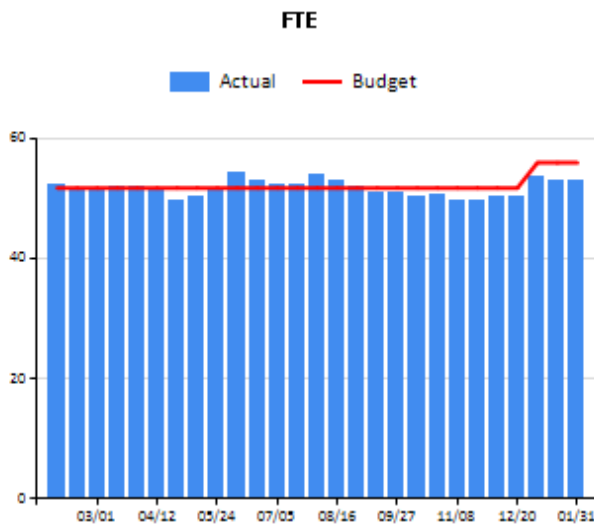
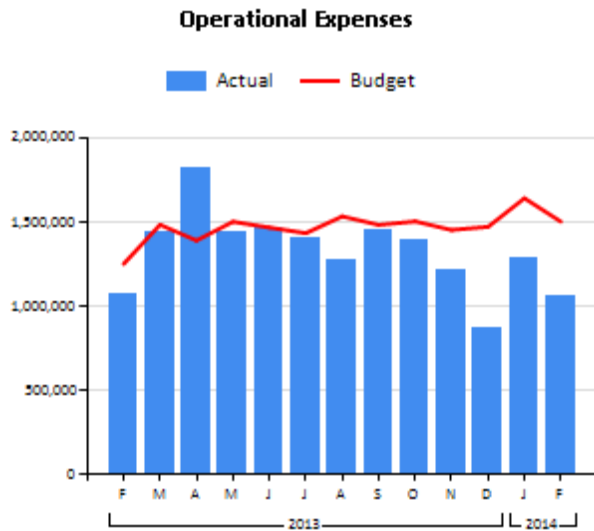
The federal 340B drug program has provided millions of dollars of additional revenue to ECMC in the past few years. The Department of Pharmaceutical Services (DPS) has expanded this program to include outpatient prescriptions and is pleased to report that we

have received our first check from revenues associated with the 340B contract for outpatient pharmacy services.

CPOE Update

The DPS continues to dedicate significant numbers of man hours to the CPOE project. Although much of the build is now complete, a similar expenditure will be required moving forward to maintain the drug dictionaries, order strings and order sets. Additionally, pharmacy staff will be a significant contributor to the go-live support team and will continue to provide training and support to prescribers via our new decentralized model indefinitely. We should experience improved patient medication reconciliation and coordination of drug therapies throughout our service lines along with a reduction in drug utilization and costs.

Even considering this additional effort, the DPS is \$806,000 and 3.1 FTEs under budget through February as the graphs indicate below.



The DPS will continue its efforts to minimize expenses while expanding services.

RADIOLOGY SERVICES - DEBBIE CLARK

The development of a comprehensive three year Strategic Imaging Capital Plan is nearing completion. The detailed listing of the current status of all existing equipment is finished with necessary replacements earmarked. Equipment replacements requiring renovation / construction have been identified and preliminary architectural drawings produced. Cost estimates of these renovations are in process. From this data, a three year construction and equipment phasing plan will be developed along with any necessary Certificates of Need.

The Imaging Department is developing a strategy to enhance and expand ECMC's outpatient business model. This will include patient and referring physician satisfaction, same day specialty referrals, targeted promotion, and website improvements.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
MARCH 2014

UNIVERSITY AFFAIRS

The surgery and pediatric surgery residency programs at the University at Buffalo have been granted full accreditation by the Accreditation Council for Graduate Medical Education (ACGME). University officials were informed of the decision late yesterday. The ACGME decision, reached at a meeting of its Residency Review Committee last week, was based on extensive data the university submitted that chronicled changes implemented in the surgery and pediatric surgery residency programs as well as assessments from an ACGME site visit that took place last October.

PROFESSIONAL STEERING COMMITTEE

Dr Murray will provide a verbal report of the meeting held on March 10th.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW	December	January	February	YTD vs. 2013 Budget
Discharges	819	933	808	-14.2%
Observation	244	213	204	+37.4%
LOS	6.1	6.2	7.4	+12.6%
ALC Days	161	188	91	NA
CMI	2.02	1.85	1.90	-1.1%
Surgical Cases	835	908	808	-7.6%
Readmissions (30d)	NA	NA		

Discharges for the first two months of the year were significantly below budget and about 5% down from last year's figures.

LOS increased significantly but mainly due to the discharge of some severe outliers (the value was 5.4 without them), as also reflected in the reduction in ALC days.

Surgeries remained 8% below.

CMI was only slightly less than expected.

CLINICAL ISSUES

NOVIA PROJECT

This has shown very tangible results.

On the Revenue Cycle side ECMC has realized additional revenues derived from improvement in write-offs and better clinical documentation.

In Care redesign, focus groups have made considerable progress has been made in terms of developing service- and physician-specific dashboards that we will be able to provide to Clinical Chiefs and individual clinicians comparing their performance to target benchmark and peer averages.

Additional areas of focus are Early Weaning of ICU ventilator patients, ED throughput and the effectiveness/efficiency of the Consult Process.

Dr Rebecca Calabrese has agreed to be the Physician Advisor for the project. Dr Calabrese is a hospitalist with UBMD Internal medicine and was recruited from Beth Israel Medical Center where she ran a Surgical Hospitalist service and was Associate Director of Hospital Medicine.

CMS Directs Contractor Review of Related Claims February 28, 2014

On February 5, 2014, CMS released [Transmittal 505](#) and associated Change Request 8425 to the Medicare Program Integrity Manual.

Historically, Medicare Administrative Contractors (MACs), Recovery Auditors (RAs) and Zone Program Integrity Contractors (ZPICs) were instructed not to deny claims unless appropriate consideration was given to the actual claims and associated documentation. Transmittal 505, which will take effect on March 6, 2014, provides contractors with “the *discretion* to deny other *related* claims submitted before or after the claim in question.” Transmittal 505 also allows contractors to take action on claims that are not currently being reviewed and does not require the contractor to request additional documentation for the related claims prior to denying such claims. While all contractors may consider related claims, it appears that MACs are required to consider related claims for denial without the need for additional clinical consideration.

According to the Transmittal, “The MAC, Recovery Auditors, and ZPIC have *the discretion* to deny other *related* claims submitted before or after the claim in question. *If documentation associated with one claim can be used to validate another claim, those claims may be considered ‘related.’ Claims may be ‘related’ in the following EXAMPLE situations:*

- An inpatient claim and associated documentation is reviewed and determined to be not reasonable and necessary and therefore the physician claim can be determined to be not reasonable and necessary.
- A diagnostic test claim and associated documentation is reviewed and determined to be not reasonable and necessary and therefore the professional component can be determined to be not reasonable and necessary.”
- The Transmittal also notes that the provided list of examples is not exhaustive and there could be other scenarios where claims could be identified as being “related.”

What Does This Mean For Healthcare Providers?

In recent years, hospitals have suffered hundreds of thousands of claims denials by MACs and Recovery Auditors. Once denied, these claims have been held up in an appeals process for years awaiting adjudication. This regulatory change now allows the CMS review contractors to deny “related” claims (such as physician claims) when issuing a denial on a hospital claim. Executive Health Resources (EHR) anticipates a significant impact on physician claims, as MACs and other auditors implement this policy. Physicians providing care to patients in the hospital may now have their claims denied if contractors deny the hospital claim. Radiologists, pathologists, and other groups may also be impacted by denials of diagnostic studies.

EHR’s Observations for Hospital Partners:

Transmittal 505 is both good news and bad news for hospitals.

The good news is that **physicians will now be acutely interested in your hospital Utilization Management process.** The programs that hospitals have in place to ensure the validity of hospital claims should prevent denials of hospital claims that could lead to denials of related physician claims.

The bad news is that **physicians will now be acutely interested in your hospital Utilization Management process.** Be prepared to answer the question: “What measures have you taken as a hospital to ensure that your claims and, by association, my physician claims will withstand the intense scrutiny of the current audit environment?”

When you follow EHR’s recommended process, you may communicate with your medical staff that you are applying a well-founded, time-tested, compliant process. EHR is the leading provider of medical necessity compliance management and has conducted over 10 million medical necessity reviews with less than 4% of our recommendations resulting in a denial. Of those denied cases, EHR has achieved a 97% successful overturn rate on fully-adjudicated cases.

Delivery System Reform Incentive Payment (DSRIP) Program

The Delivery System Reform Incentive Payment (DSRIP) program is one component of New York's proposed Medicaid Waiver Amendment submitted to the Centers for Medicare & Medicaid Services (CMS) and is currently pending approval. The DSRIP program is designed to stabilize the state's health care safety-net system, re-align the state's delivery system as well as reduce avoidable hospitalizations and emergency department use by 25% over the next 5 years. To accomplish this goal, the state's DSRIP program will encompass a variety of projects that will engage a wide array of providers.

The projects funded through DSRIP will assist safety-net institutions in their effort to both right-size inpatient capacities as well as transform their care delivery models to provide a more precise mix of services necessary in the communities in which they serve. Additionally, the DSRIP program will incentivize collaboration across previously siloed providers to reduce system fragmentation. Hence, there is an opportunity for community-based providers to play a vital role in this program. By working together through the DSRIP program, health care providers can deliver more appropriate, timely and coordinated care to their communities.

Additional Information can be obtained at the following website:

http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm



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

February, 2014

The Department of Nursing reported the following:

- In the month of February, the ECMC Medical/Surgical nurses formed a local chapter of the Academy of Medical Surgical Nurses. This is an organization that offers certification in Medical-Surgical nursing. This new chapter is featured on the Academy's national website, and in their national publication entitled, "MedSurg Matters".
- On February 12th, Karen Ziemianski participated in a Patient Safety Discussion at the VA Medical Center on the topic of "Misuse of Insulin Pens".
- Lindsey Blair, RN, Unit Manager of 10 North, attended a program at the Buffalo Club on February 20th. The guest speaker was Teresa Amibile, a professor at the Harvard Business School, who spoke on the topic of "Igniting Joy, Engagement, and Creativity at Work".
- Beth Moses, Trauma Injury Prevention/Education Coordinator reported that:
 - The "Let's Not Meet by Accident" Program was presented to 200 Lancaster High School sophomores on February 5th and 6th, to Pioneer High School students on February 13th, and to 175 Clarence High School students on February 26th through February 28th, in collaboration with Twin City Ambulance;
 - Beth Moses lectured on Trauma Care and Shock to 125 senior nursing students at the University of Buffalo on February 10th;
 - Beth also lectured on Traumatic Brain Injuries to EMS providers at the Barre Fire Department in Orleans County on February 3rd, to 53 Southtowns EMS Providers at Lake Shore Fire Company on February 17th and 22nd, and to EMS providers at the Barker Fire Company in Niagara County on February 20th;
 - A Violence Intervention Program for youth from the Bailey Avenue Boys and Girls Club was presented on February 18th and 20th, assisted by Karen Beckman, RN, and the Reverends Garney Davis and James Lewis, III.
 - Beth Moses participated in a planning meeting for an upcoming Fall Prevention project in Buffalo's Fillmore District on February 25th.
- On February 28, 2014, members of the ECMC Emergency Room Physicians, Nurses and Administration joined our community to honor members of our local Law Enforcement, Fire Departments and civilians at the One Hundred Club of Buffalo, Annual Hero Award Dinner.

- The 2013 Outstanding Service Award was presented to Sergeant Gary May of the Niagara County Sheriff's Office. Sergeant May was honored for going above the call of duty. He was first on the scene of a motor vehicle accident where he applied a tourniquet and administered first aid to the victim.
- The 2013 Civilian Honoree Hero award was presented to Mr. Leonard Stevens. While fishing Mr. Stevens witnessed a 7 year old girl falling into the water. She was saved by her 17 year old brother. After saving his sister, the brother was overcome by the water. His 13 year old sister jumped in to assist him. Mr. Stevens jumped into the water where he rescued and performed CPR on the 13 year old girl, saving her life. Mr. Stevens is recognized for this quick response and intervention that saved her life.



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MARCH 11, 2014

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL HOFFERT, CHAIR

JODY LOMELO
FRANK MESIAH
BISHOP MICHAEL A.
BADGER

BOARD MEMBERS EXCUSED:

RICHARD BROX

ALSO PRESENT:

KATHLEEN O'HARA
CARLA DICANIO-CLARKE
BEN LEONARD
RICHARD CLELAND
CHARLES RICE

BELLA MENDOLA
MICHAEL CUMMINGS, MD
NANCY TUCKER
KAREN HORLACHER
JEANNINE BROWN MILLER
VALERIE CZAJKA

I. CALL TO ORDER

Chair Michael Hoffert called the meeting to order at 9:30 a.m.

II. RECEIVE & FILE

Moved by Frank Mesiah to receive the Human Resources Committee minutes of the January 14, 2014 meeting.

III. NYSNA NEGOTIATIONS

Many tentative agreements have been signed. Agreements regarding wages and health insurance remain to be negotiated.

IV. CSEA

Negotiations are ongoing with respect to the Laboratory Medicine consolidation.

V. WELLNESS/BENEFITS

Nancy Tucker distributed a Wellness folder that summarizes wellness activities and communications regarding the activities. She also reported that there is an increase in participation in the LMHF debit card program where members provide proof that they have received a yearly physical and attended wellness seminars in exchange for a debit card to be used for medical expenses. Wellness week also took place in January.

VI. TERRACE VIEW REPORT

The Terrace View report was distributed. Charles Rice reported that management and staff continue to work on a closed staffing model but there has been resistance from some union members. Vacations and time off were previously scheduled by seniority building wide. With a closed staffing model time off will be scheduled by seniority, by floor.

VII. WORKERS COMPENSATION AND EMPLOYEE OCCURRENCES

Workers Compensation and Occurrences reports were distributed.

VIII. EMPLOYEE TURNOVER

The turnover report was distributed. Employee turnover remains very low at 4%.

IX. NURSING TURNOVER

January Hires – 8.5 FTES - .5 FTES Med/Surg & 5.0 FTES Behavioral Health & 3.0 FTES Critical Care.

2 Per Diem – 1 Behavioral Health & 1 OR
(3.5 LPN FTES - 1 FTE Med/Surg, 2.5 FTEs Behavioral Health)

January Losses – 5 FTES – 3 FTES Med/Surg & 2 Behavioral Health

2 Per Diem – 1 ED, 1 Med/Surg

(1.0 LPN FTE – 1 Med/Surg)

Turnover Rate .7%

Turnover Rate YTD .7% For 2013 .8%

February Hires – 4 FTES - 3.5 Behavioral Health FTES & .5 OR.

1 Part Time – Med/Surg

2 Per Diem – 1 Behavioral Health & 1 OR

YTD 12.5 FTES

1 Part Time

4 Per Diem

1 LPN FTES hired Med/Surg

YTD 4.5 FTES

February Losses – 1 FTE – 1 Med/Surg

YTD 6 FTES

0.0 LPN FTE

YTD – 1.0 FTE

Turnover Rate .1%

Turnover Rate YTD .8% For 2013 1.53%

X. EMPLOYEE DATA

As of January 2014, there are 2,625 employees at the hospital and 460 employees at Terrace View. There were 47 new hires at the hospital and 13 at Terrace View.

XI. CIVIL SERVICE

Kathleen O’Hara reported 3 petitions to cease and desist creation of ECMCC’s civil service administration have been dismissed by a Supreme Court Judge. She stated that ECMCC will go forward in creating its own Civil Service Administration.

XII. NEW INFORMATION

Bishop Badger asked for a Behavioral Health update. Dr. Cummings provided the following information; 6 new extended observation beds will open in March 18, 2014. Partial hospitalization will move to the ground floor of the Behavioral Health outpatient building and will alleviate the number of patients in CPEP. Dr. Cummings also reported that management is working on formalizing the discharge process and making it more uniform. In August 2014 a new 10 bed unit will open that specializes in a higher level of care for patients. Dr. Cummings stated that staff is improving on predicting violent behavior and that staff continue to work on communication and education. Bishop Badger requested information regarding Behavioral Health and Worker’s Compensation claims in comparison to 2013.

XIII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources committee a 10:25am. He reported that the next meeting shall be held on May 13, 2014.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY March 2014

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

Technology Advancements. The IT department introduced several new technologies into production allowing us to better support the healthcare's daily operations and to better prepare for the organization's future initiatives. We are very proud of the staff engagement of several of the team members.

- Migration of the entire Meditech healthcare information system environment. This hardware infrastructure, which was over eight years old, was transitioned to a new 'virtualized' environment. This allows us to better manage the overall system, improve system availability and decrease the hardware 'footprint' taking advantage of reduction in power and data center space. Most importantly, we have seen significant improvements in the end user experience and the completion time of the backend operations.

Realizing that this project required a large scheduled system outage directly impacting patient care, we worked closely with the clinical, business and nursing leadership to ensure that all staff had the appropriate data and identified processes to continue the delivering of quality care to our patients and that the integrity and quality of our data was intact once the systems were again available. Hats off to our business partners...job well done!

- Migration of the hospital's main dedicated storage network. Transitioned seven critical hospital systems included Allscripts Ambulatory EHR, MS Outlook Email Exchange, PACS, SQL database cluster, Baxter IV pump system and Valco Scanning System. This was accomplished with minimum impact to our business and clinical owners.
- Implemented new backup solution allowing for an overall decrease in backup time by fivefold including reduction of our backup time for Meditech from six hours to one hour.
- To support the medical and surgical inpatient CPEO/medication reconciliation go live the following computer devices were added to the clinical areas: 90 mobile computer carts, 200 new computers (replacements and new) and 15 new e-prescription printers. In addition, we are in the process of upgrading a vast majority of the data cabling from antiquated standards to current industry standards.
- We have upgraded the staff panic alarm system, Ekahau, for Behavioral Health including BHCOE. This new system will allow the police department to monitor alarms showing real-time location with GPS capability (can detect location accurately within about 20 feet, helping police respond more quickly and efficiently to alarms).

ARRA /Meaningful Use (MU).

We have successfully upgraded the main healthcare information system, Meditech 5.66 to the most current version. This will support our ability to meet the MU Stage 2 requirements. In addition, we are in the final stages of preparation the inpatient medical and surgical units for physician order entry, electronic medication reconciliation and discharge routine. This involves in servicing over 300 physicians, re-designing workflows for various clinical areas, and finalizing the system configuration. The go live is schedule is for March 25th. Full onsite 24x7 coverage for physician and nursing staff will take place to ensure an easy transition.

We are targeting July 1, 2014 to begin the reporting stage for MU Stage 2. Successful completion of this project in addition to several other initiatives will be essential for proper attestation.

Allscripts Ambulatory Clinic Electronic Medical Record. We have successfully rolled out the full EHR to the Podiatry physician group. We are currently supporting a rolling EHR implementation strategy within the dental clinic and will continue to work with clinical leadership to develop an automated solution that will meet their needs.

IT Security Program. The IT Security Risk Assessment, targeted for completion by June 2014 to support Meaningful Use Stage 2 deployment, is on schedule including a comprehensive review of the ECMCC IT Security posture. In addition, HIS completed a Department of Homeland Security cyber resilience review which is being utilization to further analyze and improve the IT Security controls in our environment. The required annual review of the IT Security policies was completed with the proposed creation and change of several policies.



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
March 25, 2014

Marketing

Continuation of branding features commercial with Jim Kelly
Marketing materials developed for Head and Neck and Dental Oncology and Oncology services Open House scheduled for April 10th
ECMC Medical Minutes featured Irritable Bowel Syndrome, Cancers of the Head and Neck, Breast Reconstruction and Thyroid Nodules

Planning and Business Development

Service line development and margin analysis underway and have developed metrics and business plans
CON for Orthopedic floor submitted
CON for Bariatric practice submitted
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; Buffalo Business First; Orchard Park Bee; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WNLO-TV, Channel 23: ECMC and the ECMC Lifeline Foundation received a new Ford passenger van donated by the Basil Family of Dealerships.** The van will be used to transport patients of ECMC's Mobile Mammography Coach program to follow-up appointments as well as support other ECMC patient transportation needs. Jody Lomeo is quoted.
- **WIVB-TV, Channel 4; WNLO- CW, Channel 23: ECMC holds a baby shower for the Unite Way..** The Erie County Medical Center and its employees have been collecting baby items and financial donations all week to benefit the United Way of Buffalo. Jody Lomeo quoted.
- **The Buffalo News; WGRZ-TV, Channel 2; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WNLO-TV, Channel 23; TWC; WUTV-FOX; WBEN-AM Radio: Jim Kelly comes to ECMC after cancer returns.** "Our team of head and neck cancer specialists is determining a course of treatment that will allow Mr. Kelly to battle his cancer successfully. Dr. Thom Loree is quoted.
- **Buffalo Business First; WKBK-TV, Channel 7: ECMC Files for \$12M orthopedic expansion.** According to state filing, the floor will include 22 private patient rooms, a physical therapy rehabilitation area, space for pre-surgery orthopedic educational classes as well as additional space for resident interaction and teaching.
- **WKBW-TV, Channel 7: Unhandled stress can lead to long term serious health issues.** Everyone handles stress differently but stress over a long period of time untreated can result in headaches, stomach problems, sleep problems with appetite loss, etc.
- **Buffalo Business First: Walk and text at your own peril.** Though injuries from car accidents involving texting are often more severe, physical harm resulting from texting and walking results in more injuries per mile than distracted driving. Dr. Detrich Jehle is quoted.
- **Am-Pol Eagle, the voice of Polonia: Polish Arts Club to take Close Look at ECMC Mural.** Anybody who has visited Erie County Medical Center has likely noticed a long mural on one of the walls in its lobby; created by a local Polish immigrant , it illustrates the first 100 years of Polonia in Buffalo.

- **UB Reporter: Public health project helps to build healthier community.** “Growing Healthy Together” is the community health project developed by Heather Orom and Karen O’Quin, in partnership with the Delavan-Grider Community Center, Rita Hubbard-Robinson, director of institutional advancement at ECMC and the ECMC Lifeline Foundation.

Community and Government Relations

- Attended HANYS and attending National Public Hospital advocacy days
- Lifeline Foundation Mobile Mammography Unit has screened over 1,500
- Scheduling new mammography days at Kaleida sites

CLINICAL DEPARTMENT UPDATES

Surgical Services

- Overall surgical volume for February was up 54 cases from 2013 to 2014.
- New Bariatric service line has performed 21 surgical cases in January and 38 in February, YTD 59 cases.
- New surgical center performed 113 cases in February.

Oncology

- Oncology visits for February was down 22 visits from 2013 to 2014, a decrease of 4%

Head and Neck / Plastic and Reconstructive Surgery

- Clinic visits for February was up 81 visits from 2013 to 2014, an increase of 10%
- Surgical case volume for February was up 1 case from 2013 to 2014

General Dentistry Clinic

- Clinic visits was down 80 visits from 2013 to 2014, a decrease of 9%

Oral Oncology Maxillofacial Prosthetics

- Clinic visits for February 2014 was 100 visits

Other Clinical

Final contract drafts are completed for UB Department of Surgery and Orthopedics



Executive Director, ECMC Lifeline Foundation



Pre-Gala Silent Auction, Basket Raffle & \$10,000 Reverse Raffle

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NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, FEBRUARY 24, 2014 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	N. Ebling, D.O.	R. Makdissi, MD
M. Azadfard, MD	R. Ferguson, MD	
Y. Bakhai, MD	W. Flynn, MD	
L. Balos, MD	R. Hall, MD, DDS	
V. Barnabei, MD	M. LiVecchi, MD	
W. Belles, MD	M. Panesar, MD	
G. Bennett, MD	K. Pranikoff, MD	
M. Chopko, MD	J. Reidy, MD	
R. Desai, MD	P. Stegemann, MD	
T. DeZastro, MD	R. Venuto, MD	

Attendance (Non-Voting Members):

R. Cleland	R. Krawiec	Guests:
J. Fudyma, MD	C. Ludlow, RN	E. Zivis
S. Ksiazek	M. Sammarco	B. Skowronski
A. Orlick, MD	R. Majewski	
K. Ziemianski, RN	C. Cavaretta	
L. Feidt		

Excused:

S. Cloud, DO	T. Loree, MD	
N. Dashkoff, MD	K. Malik, MD	
H. Davis, MD	M. Manka, MD	
J. Izzo, MD	M. Sullivan, DDS	
M. Jajkowski, MD		
J. Kowalski, MD		

Absent:

A. Stansberry, RPA-C		

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. The report was provided by department.

III. ICD-10 EDUCATION PLAN – E. Zivis, Director, Health Information Management

- A. Ms. Zivis, along with Bridget Stowronski, Clinical Documentation Specialist, provided a presentation on the planned ICD-10 implementation. A thorough review was presented.

IV. CEO/COO/CFO BRIEFING

- A. **COO Report – Richard Cleland**
 - a. **January Volumes** – Mr. Cleland reports that volumes are considerably down and observation cases are increased. This is being reviewed and ensuring documentation is accurate. The Executive Management is looking at these downward trends in volumes and will attempt to look at reduction in expenses as well including tight vacancy control and reduction in overtime.
 - b. **Bridge Initiative** – Novia reports that they are extremely pleased with how engaged the physician staff have been in the process making implementation of changes much more efficient. Case Management is a primary focus for improvement.
 - c. **Ambulatory Operating Rooms** – Looking to increase cases at the new facility. Please let the executive team know how they can make utilization of the new facility better for you and your staff.
- B. **CFO Report – Michael Sammarco**
 - a. **January Report** – Volumes were down but LOS is down to 6.2 from 6.5 and case mix index has been trending up. January ended with a consolidated \$2 million loss due to lower volumes. A careful review of expenses is underway.

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

A. UNIVERSITY AFFAIRS

The Annual Plan for Residents

Dr. Berger, Associate Dean for GME, provided an overview of the current annual plan process. There is a ceiling on reimbursable GME lines. Every year we have requests for additional positions and to shift positions. There are new specialties coming on the scene. There may be a return of geriatrics, but we have no lines. Neurosurgery has proposed an expansion plan that would add ultimately 7 residents and Otolaryngology wishes to expand by another 5.

UB does need to look at new specialties because it has hired new faculty that may have an interest in these areas. Dr. Michael Cain, Dean of

UB SMBS, is very supportive of reviewing the current allocation. There are consultants that have been looking at the relationship between the University and Roswell and the University and Great Lakes Health so local mind sets are in the strategic planning mode.

Dr. Berger has a proposal. There are two objectives.

- Create a five or ten year plan for distribution of GME positions based on the institutional missions of UB and our partners along with predicted regional and national workforce needs. Every year about 68% of our graduates stay in NYS.
- Design a process for judging programs that may wish to expand or want to be reviewed for sponsorship.

Proposed Process:

1. Appoint a task force to include the GMEC but also other stakeholders including faculty, residents, insurers, community members, and hospitals
2. Bring in experts – she has some suggestions. These experts should be focused on health policy, healthcare workforce, reimbursement, and institutional mission.
3. Identify criteria for new and existing programs
4. Identify the kinds of programs we want
5. Are the programs we have right-sized? Maybe there are programs that need to decrease.
6. Transform all information into a multi-year plan

B. PROFESSIONAL STEERING COMMITTEE

Next scheduled meeting is March 2014.

C. UTILIZATION REVIEW	November	December	January	YTD vs. 2013 Budget
Discharges	820	819	933	-14.3%
Observation	201	244	213	+35.7%
LOS	6.7	6.1	6.2	+9.2%
ALC Days	194	161	188	NA
CMI	2.07	2.02	1.85	-1.1%
Surgical Cases	857	835	908	-11.1%
Readmissions (30d)	NA	NA		

Discharges remain below budget even though they are increased from December
 LOS was close to the budget target of 6.0 days.
 Surgeries remained 11% below target –a concern.
 CMI dipped a little compared to the last 2 months.

D. CLINICAL ISSUES

CMS announced that it will continue its current delay of the 2-Midnight Rule for another 6 months - until October 1. The current delay was set to expire in April.

Specifically, CMS is extending the Inpatient Hospital Prepayment Review “Probe & Educate” review process. This means that:

- Medicare Administrative Contractors (MACs) will continue to select claims for review with dates of admission between March 31, 2014 and September 30, 2014. MACs will continue to review and deny claims found not in compliance with CMS-1599-F (commonly known as the “2-Midnight Rule”).
- MACs will continue to hold educational sessions with hospitals as described below in “Selecting Hospitals for Review” through September 30, 2014.
- Generally, Recovery Auditors and other Medicare review contractors will not conduct post-payment patient status reviews of inpatient hospital claims with dates of admission on or after October 1, 2013 through October 1, 2014.

Hospitals have been pressuring Congress to enact legislation that would end the 2-Midnight Rule.

Observation Status, 2-Year Hearing Suspension, RACs - All Working Against Providers

- Observation status. Fox News picked up the issue last week with a report on how this issue puts seniors at risk financially.. Legislation to repeal the 3-day inpatient requirement to qualify for some post acute care services from Medicare was introduced about a year ago.
- 2-Year RAC Hearing Suspension. The HHS office that conducts RAC hearings and reviews appeals says it will suspend any new hearings for 2 years because of its tremendous backlog of cases. The Office of Medicare Hearings and Appeals will host a forum this Wednesday - but because of heavy demand no one else can attend either in person or online.

HHS final rule gives patients direct access to lab reports

The Department of Health and Human Services today issued a final rule allowing laboratories to give patients or their designated representative access to completed test reports on request. While patients can continue to get access to their laboratory test reports from their doctors, the rule amends the Clinical Laboratory Improvement Amendments of 1988 regulations and Health Insurance Portability and Accountability Act Privacy Rule to give patients a new option to obtain their test reports directly from the laboratory. In a November 2011 comment letter on the proposed rule, AHA said the change would remove barriers to the exchange of health information and allow patients to play a more active role in their personal health care decisions. The rule takes effect 60 days after publication in the Feb. 6 Federal Register. HIPAA-covered entities will have 240 days to comply with the published rule's applicable requirements.

VI. ASSOCIATE MEDICAL DIRECTORS REPORTS

- A. **John Fudyma, MD – Associate Medical Director** – Significant progress in development of order sets has been made. CPOE and Medication Reconciliation implementation is scheduled for March 25th. Downtime is scheduled for March 9th and March 15th and will be significant so please make sure teams are aware. Physician training for CPOE started today and will be held everyday including Saturdays. Please make sure all providers complete the training. Minutes from the Clinical Informatics and Meaningful Use Steering Committee meetings in January were distributed. It was stressed to review them carefully due to the extensive changes coming. Of note, pathology results are located in “other reports” on Meditech rather than in the Pathology tab due to a technical issue. It is hoped that a warning will be inserted to avoid confusion for providers.
- B. **Arthur Orlick MD – Associate Medical Director** – Dr. Orlick reports on a new program to raise awareness of the Palliative Care Services that are available at ECMC. Rounds will be conducted on patients to identify those who may benefit from palliative care. The physician will be notified if their patient has been identified so a consult can be obtained. Improved relations with Hospice is being pursued by Administration and the current contract is being reviewed to potentially enhance these services. Coordination with Terrace View patients and improving palliative services for long term care patients is also included in the new plan.

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

- A. Written report received outlining **Doctors Day Celebrations on Thursday, March 27, 2014 at 7:00 am – 11:00 am** in the Staff Dining Room. A gourmet breakfast will be offered to our providers and residents.

- B. **Charles Cavaretta** – Sue Ksiazek introduced Mr. Cavaretta who has joined the team to improve relations with community physician practices. He will be meeting with the surgical chiefs of service to identify growth opportunities and how to improve referrals for those services. He will also assist in identifying why community primary physicians are not referring to ECMC specialists. Already identified are extreme delays in obtaining an appointment in some of these clinics. Bonnie Sloma, Director of Ambulatory Services, is working with these initiative to assist in improving access.

VIII. LIFELINE FOUNDATION – Susan Gonzalez

- A. Written report received which outlined details of the upcoming Springfest events. Please come and support these signature events!

IX. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: January 27, 2014	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of February 4, 2014	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 January 23, 2014	Received and Filed
	1. Orthopedic Operative Note	Reviewed and Approved
	2. Adult Psychosocial Assessment (CPEP)	Reviewed and Approved
	3. Adult Psychosocial Assessment (Inpatient)	Reviewed and Approved
	4. Patient Notice of Observation Services	Reviewed and Approved
	5. Outpatient CD Initial History of Present Illness	Reviewed and Approved
	6. Recommended Determination Letter	Reviewed and Approved
	7. Outpatient CD Follow Up	Reviewed and Approved
	8. EHR Recommended Medical Necessity Determination	Reviewed and Approved
D.	P & T Committee Meeting – February 4, 2014	Received and Filed
	<i>Formulary Review Summary</i>	<i>Informational</i>
	1. Formulary Revision: zoledronic acid – approve restriction to Outpatient Oncology.	Reviewed and Approved
	2. Formulary Deletions: alemtuzumab, aminophylline 100 mg Tab, bivalirudin (Angiomax®) – restricted to Cardiac Cath Lab, ganciclovir 250 mg Cap	Reviewed and Approved
	3. Hexachlorophene (PhisoHex®). Ipratropium and albuterol sulfate (Combivent® MDI) Isosorbide Dinitrate 2.5 mg SL tab – approve deletions	Reviewed and Approved
	4. Celecoxib 400 mg capsules – add as a Line Extension	Reviewed and Approved
	5. Acetaminophen IV – add as a Line Extension, restricted to Anesthesiology and Bariatric Surgery	Reviewed and Approved
	6. F-08 Utilization Of Drugs For Non FDA Approved Uses – approve addition	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
	7. IV-09 Adult Standard IV Solutions – approve revision	Reviewed and Approved
	8. TI-15 Anticholinergic Bronchodilators – approve revision	Reviewed and Approved
	9. TI-41 Antibiotic Ophthalmic Ointment and Solution – approve review	Reviewed and Approved
	<i>Joint Commission Findings/Review</i>	<i>Informational</i>
	<i>Drug Shortage Alerts</i>	<i>Informational</i>
E.	Clinical Informatics Steering Committee Meeting Minutes – Jan 27, 2014	Received and Filed (addendum)
	Meaningful Use Steering Committee Meeting Minutes – Jan 27, 2014	Received and Filed (addendum)

IX. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

X. OLD BUSINESS

- A. **LAB INTEGRATION** – Dr. Amsterdam provided two memos outlining changes in lab services as we integrate with Kaleida. Specific changes in service and process were outlined carefully. Several questions were fielded. It was requested to have the information posted on the intranet. Both notifications were sent to all ECMC provider staff for their information.

XI. NEW BUSINESS

- A. NONE

XII. 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 12:25 p.m.

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**

BUSINESS

On the Record / March 7, 2014

on March 6, 2014 - 4:56 PM

Hires/Promotions/Honors

ASG Network Specialists named Griffin Orr and Brad Owens network technicians. Orr was an Apple integration specialist and a software developer with Xerox Corp. Owens is a member of the U.S. Air Force National Guard with the 107th Airlift Wing and also works in the IT field as a client systems technician. Also, the company promoted Kevin Neary to senior network specialist.

...

Darcy Tone has joined Hunt Real Estate ERA's team of real estate professionals at its Lockport office. Tone has more than 30 years of real estate sales experience.

...

Cohen & Lombardo managing partner Rocco Lucente II was named to Strathmore's Who's Who Registry of global professionals for the second consecutive year.

Company Connections

Mullican Flooring provided flooring for an episode of "Flipping Boston," a television series that aired recently on the A&E channel. The Johnson City, Tenn.-based company supplied 1,400 square feet of Castillian oak midnight engineered flooring for the house, located in Newburyport, Mass. Mullican operates additional manufacturing facilities in Holland, N.Y., Ronceverte, W.Va. and Norton, Va.

...

Northwest Savings Bank was named one of the Healthiest 100 Workplaces in America in 2014 by Healthiest Employers, the leader in employee health analytics, best practices and benchmark data. Northwest's wellness programs were assessed through a yearlong, nationwide process that surveyed companies of all sizes from all regions and industries. Northwest Savings Bank operates 166 community banking offices in Pennsylvania, New York, Ohio and Maryland.

Contributing

Erie County Medical Center Corp. and the ECMC Lifeline Foundation will receive a new Ford Passenger Van donated by the Basil Family of Dealerships. The Basil family will present the vehicle to ECMC Chief Executive Officer Jody Lomeo on Monday. The 2013 Ford Club Wagon will be used to transport patients of ECMC's Mobile Mammography Coach to follow-up appointments as well as support other ECMC patient transportation needs.

Patents

Title: Storage of platelets under pressure with xenon containing atmosphere

No.: 8,652,770

Inventors: Grieshaber, William E. (East Amherst); Ilyin, Ilya Y. (Wayland, Mass.); Tkachman, Maria G. (St. Petersburg, Russia); Urusova, Maria E. (Gatchina, Russia); Jones, James S. (St. Simons Island, Ga.); Kogan, Semyon (Newton, Mass.); Butylin, Pavel (St. Petersburg, Russia); Khorenyan, Rostislav (St. Petersburg, Russia)

Assignee: Rich Products Corp. (Buffalo)

Date issued: Feb. 18, 2014

From the Business First

<http://www.bizjournals.com/buffalo/news/2014/02/26/walk-and-text-at-your-own-peril.html>

Feb 26, 2014, 3:01pm EST

Walk and text at your own peril



[Tracey Drury](#)

Buffalo Business First Reporter- *Business First*

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It's embarrassing, sure, but also potentially dangerous.

We're talking about texting while walking. You know you've done it, and you've certainly seen other people do it: walk along blindly staring down at a smartphone before bumping into someone or something. Maybe you've even seen some [videos online](#).

But how dangerous are we talking? According to a **University at Buffalo** professor of emergency medicine, distracted walking results in more injuries per mile than distracted driving.

"When texting, you're not as in control with the complex actions of walking," says Dr. [Dietrich Jehle](#), also an attending physician at **Erie County Medical Center**. "While talking on the phone is a distraction, texting is much more dangerous because you can't see the path in front of you."

Though injuries from car accidents involving texting are often more severe, physical harm resulting from texting and walking occurs more frequently, he says.

A study at **Stony Brook University** found that when people used their cell phones while walking, they veered off course 61 percent more and overshot their target 13 percent more than when they were not distracted.

Another study from **Ohio State University** found that the number of pedestrian ER visits for injuries related to cell phones tripled between 2004 and 2010 — even though the total number of pedestrian injuries dropped during that period.

Consequences include bumping into walls, falling down stairs, tripping over clutter or stepping into traffic. The issue is so common that in London, bumpers were placed onto light posts along a frequented avenue to prevent people from slamming into them.

Historically, pedestrian accidents affected children, the intoxicated or the elderly, but those most at risk for cell-phone related injuries while walking are individuals between the ages of 16 and 25.

Jehle says cell phone related injuries have skyrocketed over the past 10 years, coinciding with the rise of smartphones. Tens of thousands of pedestrians are treated in emergency rooms across the nation each year, and Jehle believes as many as 10 percent of those visits result from accidents involving cell phones.

Tracey Drury covers health/medical, nonprofits and insurance



Polish Arts Club To Take Close Look At ECMC Mural



Anybody who has visited Erie County Medical Center has likely noticed a long mural on one of the walls of its main lobby. The mural was created by a local Polish immigrant and it illustrates the first 100 years of Polonia in Buffalo.

In order to ensure that the mural's significance is not lost on hospital staff or the general community, the Polish Arts Club is taking a field trip this month to the hospital where one of its past presidents, Peter Gessner, will present a program explaining it. In addition, Gessner will give a history of the mural and talk about how he once worked to prevent its removal.

The mural was commissioned by Erie County in celebration of Buffalo Polonia's centennial in 1973. Created by Josef Slawinski, it depicts individuals and institutions that played a major role in the Pol-Am community's development.

"Slawinski created it using his favorite technique, that of the four layer sgraffito, which involved laying down sequentially four, one quarter inch layers of cement on the wall, the first black, the next one red, then a yellow one, and finally a white one," Gessner noted.

Slawinski then removed each layer sequentially, beginning with the top layer, in order to create an artistic scene. He had to work quickly before the cement dried. Gessner added, "Slawinski is the only artist in the U.S. who has created murals using this labor intensive technique, originally Etruscan."

Gessner is the local authority on Slawinski's works. About a decade ago, he spearheaded the project to rescue Slawinski's Calasanctius sgraffito from the Graycliff Estate in Derby where it was threatened with demolition and transport it to its current home at Buffalo State College. His current projects include the restoration and relocation of Slawinski's Maid of the Mist sgraffito in Niagara Falls and the erection of a plaque at ECMC explaining the centennial mural.

The Polish Arts Club of Buffalo presents monthly programs and each year it holds not only a Wigilia but also a Biesiada honoring an individual who has made a significant contribution to the community. It also awards a scholarship each year to a local college student of Polish descent studying one of the fine arts.

The club is a non-profit cultural organization that seeks to enrich the lives of all residents of the area and it receives funding from Erie County. New members are always welcome and membership applications are available at each meeting.

This month's sgraffito program will begin at 2 p.m. Feb. 23 in ECMC's staff dining room, located on the second floor, by the cafeteria and across the hall from the chapel. After the lecture there, the audience

Recent News!

- Front Page**
 - Applications available for Jackie Schmid Memorial Scholarship
- WNY News**
 - World's Fair is stamp show theme
- Mike Pasierb - Polka Beat**
 - Krupnik Festival warms the heart for St. Casimir's
- Gregory Witul - Babcia's Closet**
 - Edward J. Pawenski - Mortician, banker and founder of NCCC
- Andrew Ostrowski**
 - Ageless Polishian winters of white on red
- Tom Tarapacki - Polonia Pressbox**
 - Poland captures four golds in first week at Sochi
- The Polish Chef**
 - The lean fare of Old Polish Lent
- PBW of Polonia**
 - PBW EXPERIENCES AN ILLUMINATING EVENING

News

ECMC files for \$12M orthopedic expansion

March 5, 2014 Updated Mar 5, 2014 at 7:59 AM EST

By Tracey Drury, Buffalo Business First Reporter

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ECMC files for \$12M orthopedic expansion

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March 5, 2014 Updated Mar 5, 2014 at 7:59 AM EST

In response to ongoing demand, Erie County Medical Center is planning a \$12.5 million renovation to expand its orthopedics program.

The hospital filed plans with the state Department of Health for an expanded ortho program on the sixth floor in space previously used for a skilled-nursing unit.

According to the state filing, the floor will include 22 private patient rooms, a physical therapy rehabilitation area, space for pre-surgery orthopedic educational classes as well as additional space for resident interaction and teaching.

ECMC pointed to orthopedic surgical volume growth from 1,824 cases in 2011 to 2,069 last year, with joint procedures increasing from 508 cases to 815.

But the hospital also cited competitive reasons for the expansion, mentioning the creation of similar units at both Buffalo General Medical Center and Kenmore Mercy Hospital - illustrating the growing need in the community. An expanded unit at ECMC would also help in retaining and recruiting new orthopedic physicians.

ECMC moved a hospital-based skilled nursing unit out of the building a year ago and into the 390-bed Terrace View Longterm Care Facility on campus.

The orthopedics project, which will require an administrative review by the DOH, follows a \$4 million expansion in 2010 that replaced a 25-year-old occupational therapy area. At the time, ECMC cited volume growth over three years of 35 percent, with projections for similar growth to continue through 2013.

- Previous Article BryLin shifts ops in Williamsville
- Next Article Feel the Burn



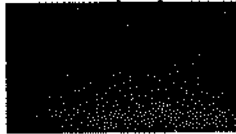
More Interesting Stories



Check This Out: 'Human Hamsters' Aim to Show Human Cooperation

Today at 11:54 AM

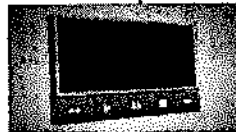
Two New York City performance artists have turned themselves into human hamsters for 10 days to illustrate people's interdependence.



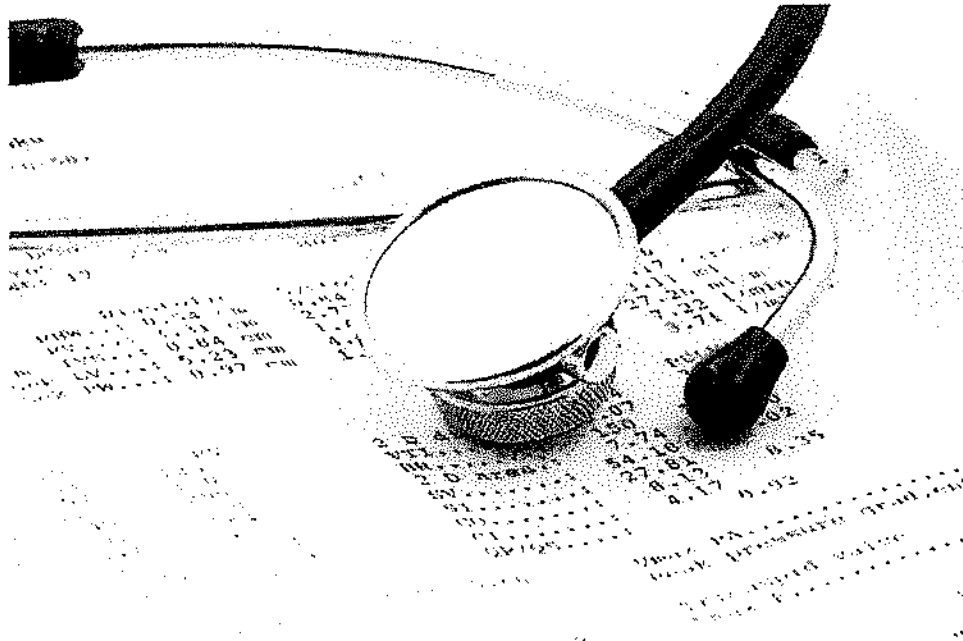
NASA's Search for Life Heading to Jupiter's Moon Europa

Today at 1:16 PM

NASA's had its eye on Europa, one of Jupiter's moons, ever since the space agency discovered what it thinks is liquid water on the moon.



RESEARCH NEWS



RESEARCH NEWS

3/13/14 UB designates tax-free zones for START-UP NY

3/13/14 Public health project helps to build healthier community

3/13/14 Making diabetes testing more accessible

3/13/14 Colloquium to celebrate grassroots initiatives for urban development

3/10/14 UB to host major conference on advanced manufacturing and design

3/7/14 Daylight saving time adds stress to sleep-deprived

3/6/14 Education for Inmates makes good financial, social sense

SPOTLIGHT



Lifetime achievement

The American Institute of Architects has awarded UB architecture dean Robert Shibley its prestigious Thomas Jefferson Award for Public Architecture.

[See All >](#)

Public health project helps to build healthier community

By PATRICIA DONOVAN

Published March 13, 2014

UB faculty member Heather Orom is working with partners in the Delavan-Grider neighborhood to build a healthier community in this section of the East Side of Buffalo.

"Growing Healthy Together" is the community health project developed by Orom, assistant professor in the Department of Community Health and Health Behavior, School of Public Health and Health Professions, and Karen O'Quin, a PhD student in that department. They are working in partnership with the Delavan-Grider Community Center and Rita Hubbard-Robinson, director of institutional advancement at Erie County Medical Center (ECMC) and the ECMC Lifeline Foundation.

"The Delavan-Grider community is well-loved by its residents for its vibrancy, cohesion and neighbor-to-neighbor assistance," Orom says, "but there are some serious health issues and food availability problems here.

"Our job as responsible university representatives is to build on the neighborhood's strengths by being a resource for those working there to increase access to fresh, healthy food and improve community health."

Between October 2011 and August 2012, Orom, O'Quin, neighborhood volunteers and a team of students in the UB Master of Public Health program undertook a community health assessment that involved one-on-one interviews with residents from 102 households in a section of the community near ECMC.

"Our job as responsible university representatives is to build on the neighborhood's strengths by being a resource for those working there to increase access to fresh, healthy food and improve community health."

Heather Orom, assistant professor
Department of Community Health and Health Behavior

The UB team analyzed and presented the resulting data in a colorful, easy-to-read, 31-page educational booklet that team members delivered door-to-door in the neighborhood and continue to use as a starting point for discussions about health at community events.

With a great layout and excellent use of graphs and photos, the booklet clearly demonstrates to readers the higher-than-average levels of chronic illness in the neighborhood — including high blood pressure, asthma, obesity, diabetes, heart disease and stroke.

It also describes the benefits of physical activity, offers suggestions to overcome self-described barriers to being active, discusses the positive effects of fresh foods on the disease process itself and offers information on a range of community services.

In response to their identified needs, Orom says concerned residents and ECMC are working to provide shuttles to area grocery stores and programs that promote eating well and moving more.

This has allowed Orom and O'Quin to begin a new phase of the project, one aimed at empowering patients in the medical setting. There will be 100 participants in this study; three community groups already are involved.

This study is grounded in research showing that active patients have improved health outcomes because they can communicate better and are better able to understand and control such things as their diabetes or hypertension.

"Our participants are meeting with members of the Patient Voices Network, a group of patients brought together by UB's Department of Family Medicine to improve primary care in Buffalo," Orom says.

"These speakers share personal stories about how they became informed and learned to express their preferences, participate in their health care decisions and collaborate with medical providers to set and reach health goals. Then they lead group discussions about how our participants can do this."

To ascertain if the narrative process helped subjects become more active partners in their own medical care, O'Quin will conduct follow-up interviews with them after their next visits with physicians.

Orom and O'Quin have been working since July 2010 to establish themselves as credible university partners, an effort that is paying off in trust and willing collaboration.

"This is important, because we're in this for the long haul," Orom says. "We plan to remain actively involved in Delavan-Grider and hope that, as a result, both residents and the university will grow our capacity to collaboratively build a healthier community."

Comments

The UB Reporter welcomes comments from its readers. Please submit your comments in the box below.

Name (Required)

Email (Required)

Comment (Required)