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Frank B. Mesiah
Kevin Prantikoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, May 29, 2012

4:30 P.M.

Staff Dining Room, 2nd Floor - ECMCC

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



Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

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

The difference between
healthcare and true care™





Core Values

ACCESS

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

EXCELLENCE

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

DIVERSITY

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

FULFILLING POTENTIAL

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

DIGNITY

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

PRIVACY

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

FAIRNESS and INTEGRITY

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

COMMUNITY

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

COLLABORATION

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

COMPASSION

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

STEWARDSHIP

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

The difference between
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AGENDA FOR THE
MAY 2012 REGULAR BOARD MEETING
BOARD OF DIRECTORS
TUESDAY, MAY 29, 2012

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IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
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Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE APRIL REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, APRIL 24, 2012

ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Kevin M. Hogan, Esq., Chair Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D.	Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, C.P.A. Frank B. Mesiah Michael A. Seaman
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Voting Board Member Excused:	Kevin E. Cichocki, D.C. Sharon L. Hanson	Joseph A. Zizzi, Sr., M.D.
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Non-Voting Board Representatives Present:	Jody L. Lomeo Michael Hoffert	Kevin Prantikoff, M.D.
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Also Present:	Mark C. Barabas Donna Brown Richard Cleland Anthony Colucci, III, Esq. Leslie Feidt Susan Gonzalez John Fudyma, MD Susan Ksiazek Joseph Kowalski, MD	Kathleen O'Hara Thomas Quatroche, Ph.D. Rita Hubbard-Robinson Michael Sammarco Janet Bulger, CSEA Karen Horlacher, NYSNA Rosanne Herman, NYSNA Karen Ziemianski
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I. CALL TO ORDER

Chair Kevin M. Hogan, Esq. called the meeting to order at 4:37 P.M.
Mr. Hogan introduced and welcomed Karen Ziemianski as Acting Director of Nursing.

II. APPROVAL OF MINUTES OF THE MARCH 27, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Richard F. Brox and seconded Frank B. Mesiah to approve the minutes of the March 27, 2012 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. Resolution of the Board of Directors Abolishing Positions

Moved by Dietrich Jehle, M.D. and seconded by Michael Seaman.

Motion approved unanimously. Copy of resolution is attached

B. Resolution of the Board of Directors Granting of a Right of Entry to Time Warner Cable Inc.

Moved by Richard Brox and seconded by Frank Mesiah.

Motion approved unanimously.

C. Resolution Adopting MWBE Participation Goals Pursuant to Executive Order

Moved by Richard Brox and seconded by Frank Mesiah

Motion approved unanimously. Copy of resolution is attached.

D. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments of April 3, 2012

Moved by Dietrich Jehle, M.D. and seconded by Frank Mesiah.

Motion approved unanimously. Copy of resolution is attached

IV. BOARD COMMITTEE REPORTS

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

Motion approved unanimously.

V. PRESENTATION BY KATHLEEN O'HARA, VICE PRESIDENT HUMAN RESOURCES LABOR

Ms. O'Hara explained in detail the ECMCC hiring process and the impact of New York's Civil Service Law. The presentation is available upon request.

VI. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. President & Chief Operating Officer:
- C. Chief Financial Officer:
- D. Sr. Vice President of Operations:
- E. Sr. Vice President of Operations:
- F. Chief Medical Officer Report:
- G. Associate Medical Director Report:
- H. Senior Vice President of Nursing:
- I. Vice President of Human Resources:
- J. Chief Information Officer:
- K. Sr. Vice President of Marketing & Planning:

L. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

- Mr. Lomeo's report is available for review in the Board book.
- Behavioral Health HEAL Grant Update –A letter from the DOH stated \$1.8 billion in requests were received with only \$450 million available. It will take 6-8 weeks to receive a response.
- Great Lakes Health – A Behavioral Health strategy as well as a cardiovascular strategy is currently being worked on. Approval from the DOH to develop a single GVI-based cardiovascular program servicing both the ECMC and BGMC sites has been received.
- On April 19, Great Lakes Health hosted administrators, board members and physicians from Jones Memorial. We are working on a potential affiliation to provide support to Jones Memorial and the Wellsville community.
- Dr. Ahmed from Niagara County will be providing service two days a week for the Medical Oncology practice.
- We continue to work with the County and CSEA on a new contract for CSEA employees.
- Lifeline Foundation – The Springfest Gala will take place on Saturday, May 12, 2012. Seventeen tables have been purchased and donated to employees who otherwise would be unable to attend.
- The Buffalo Bills and ECMCC will partner, resulting in ECMC becoming the official healthcare provider for the Buffalo Bills.
- The next phase of the ECMCC marketing campaign is underway and the Board has been asked for feedback.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through March 31, 2012 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Bishop Michael Badger and seconded by Richard Brox to receive and file the March 2012 reports as presented by the Corporation's Management.

The motion was approved unanimously.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

Moved by Douglas Baker and seconded by Anthony Iacono to enter into Executive Session at 5:55 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

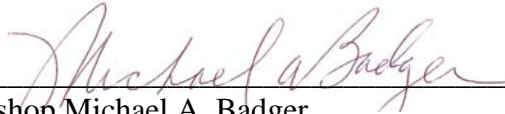
VIII. RECONVENE IN OPEN SESSION

Moved by Bishop Michael Badger and seconded by Richard Brox to reconvene in Open Session at 6:35 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Anthony Iacono and seconded by Dietrich Jehle, MD to adjourn the Board of Directors meeting at 6:36 P.M.



Bishop Michael A. Badger
Corporation Secretary

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

Approved: April 24, 2011

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 has reviewed this matter and recommends 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, the following positions are abolished:

Supervising Medical Office Assistant	Position # 5100883
Senior Clerk Typist	Position # 51004589
Senior Clerk Typist	Position # 8519
Senior Clerk Typist	Position # 51007909
Senior Clerk Typist	Position # 8561
Senior Clerk Typist	Position # 4806
Senior Clerk Typist	Position # 8529
Senior Clerk Typist	Position # 8571
Senior Clerk Typist	Position # 51004304

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

3. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors Authorizing
the Grant of a Right of Entry to Time Warner Cable Inc.**

Approved April 24, 2012

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] owns real property and improvements located at 462 Grider Street, Buffalo, New York [the Premises"]; and

WHEREAS, the Corporation leases certain portions of the Premises to various tenants; and

WHEREAS, certain tenants of the Corporation desire to have hybrid fiber-coaxial cable television and digital service [the "HFC System"] installed by Time Warner Cable Inc. ["Time Warner"] on the Premises; and

WHEREAS, in order to install, maintain and service the HFC System and related equipment for the tenants, Time Warner Cable Inc. ["Time Warner"] requires a right of entry.

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

1. The Chief Executive Officer with the advice and approval of the General Counsel to the Corporation is authorized to negotiate and enter into a right of entry agreement with Time Warner for the purpose set forth above.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution Adopting MWBE Participation
Pursuant to Executive Order**

Approved April 24, 2012

WHEREAS, since its inception, the Corporation has recognized the need to encourage minority and women owned business enterprises to contract with the Corporation or otherwise provide goods and services to the Corporation and on its own and in accordance with New York State regulations, the Corporation has previously established MWBE participation goals; and

WHEREAS, the New York State governor has, in turn, issued a directive requiring state agencies work to reach MWBE participation of at least 20 percent; and

WHEREAS, the Corporation desires to participate in goal setting consistent with other New York State public agencies and consistent with the guidance and direction received from the Governor of the State of New York;

NOW, THEREFORE, the Corporation resolves as follows:

1. The Corporation hereby adopts the goals directed by the Governor of the State of New York requiring overall MWBE participation of at least 20 percent.
2. The Corporation's management is directed and authorized to implement practices intended to meet this level of MWBE participation and adopt an amended procurement plan intended to meet this goal in the procurement of commodities and services, construction, construction-related professional services, and non-construction-related professional services.
3. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
April 3, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman (teleconference)
David G. Ellis, MD (ex officio) Richard E. Hall, DDS PhD MD FACS
Gregg I. Feld, MD Andrew J. Stansberry, RPA-C
Brian M. Murray, MD (ex officio) Philip D. Williams, DDS

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist Emilie Kreppel, Practice Evaluation Specialist
Susan Ksiazek, R.Ph., Director of Medical Staff Elizabeth O'Connor, Reappointment Specialist
Quality and Education

Guests:

Howard I. Davis, MD, Chief of Anesthesiology James Turner RN, VP Surgical Services
Bonnie Glica RN, Sr. VP of Nursing Ann Victor-Lazarus RN, VP Patient Advocacy
Cameron Schmidt RN, Nurse Educator, Critical Care

Members Not Present (Excused *):

Timothy G. DeZastro, MD * Yogesh D. Bakhai, MD (ex officio) *
Joseph M. Kowalski, MD (ex officio) * Dietrich V. Jehle, MD (ex officio) *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of March 6, 2012 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 / overall action.

- A. Deceased: Zale P. Bernstein, MD
- B. Application Withdrawn – None
- C. Resignations:
 - Diane Szarafin, ANP Emergency Medicine as of March 3, 2012
 - Christopher Conners, MD Radiology - *Teleradiology* as of March 26, 2012
 - Desiree J. Harding, ANP Family Medicine as of March 29, 2012

Collaborating MD: Dr. David Eubanks

Carlene A. Schultz, FNP* Psychiatry

**this practitioner left the CD service 4Q11. As per standard process, a letter was sent asking for an update of status with ECMCC and if current, the name of new collaborating physician. Practitioner responded intent to remain on*

ERIE COUNTY MEDICAL CENTER CORPORATION
the medical-dental staff, but named a non-member physician as collaborator. It remains the opinion
of the
Credentials Committee that AHP membership is contingent on service to ECMCC patients and
designation of an MD
who is on staff at ECMCC. A letter will be sent by the Credentials Chair.

CHANGE IN STAFF CATEGORY

Internal Medicine

Evan Calkins, MD

continue Courtesy Staff, Refer and Follow
(follow up from the February 2012 meeting)

CHANGE IN DEPARTMENT

Chanda Agro, FNP

Surgery to **Plastic & Reconstructive Surgery**

Collaborating MD: Dr. Thom Loree

Carly Gerretson, FNP

Surgery to **Plastic & Reconstructive Surgery**

Collaborating MD: Dr. Thom Loree

CHANGE IN COLLABORATING/SUPERVISING PHYSICIAN

Psychiatry

V. Thomas Chapin, MSN PNP

Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Rajendar D. Badgaiyan (receipt of paperwork in process)

PRIVILEGE ADDITION/REVISION

Cardiothoracic Surgery

Brian M. Hill, RPA-C

Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Stephen Downing

- Closing of routine incisions

Orthopaedic Surgery - Podiatry

Joseph M. Anain, DPM

- Podiatry Level I Procedural Privileges
- Podiatry Level II Procedural Privileges
- Podiatry Level II Procedural Privileges
- Decompression / Neurolysis intermetatarsal nerve w/wo endoscope (Fluoroscopy)
- Small Fragment Set/ AO-Osteosynthesis, forefoot
- Ambulatory Wound Care

Orthopaedic Surgery

Andrew G. Cappuccino, MD

INCISION – REMOVAL

- Needle biopsy of bone
- Incision of superficial soft tissue abscess secondary to osteomyelitis
- Sequestrectomy for osteomyelitis or bone abscess
- Removal of metal band, plate, screw or nail

EXCISION OF BONE

- Coccygectomy

FRACTURES

SPINE AND TRUNK

- Coccyx, simple, not requiring reduction. Compound or complicated

NERVE BLOCKS

- Lumbar
- Sacral
- Coccygeal
- Sciatic

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

ERIE COUNTY MEDICAL CENTER CORPORATION

A. Initial Appointment Review (7)

B. Reappointment Review (16+1)

Seven initial appointment, sixteen reappointment, and one dual department 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 (7)

Family Medicine:

Mercedes Barber, ANP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. David A. Eubanks

Christine Hartnett, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Stephen J. Evans

Theresa Mellas, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Antonia J. Redhead

Kristen F. Parker, ANP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. David A. Eubanks

Internal Medicine:

Jack P. Freer, MD Active Staff

Nalini B. Packianathan, MD Active Staff

Cary Sisti, ANP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Dominic R. Lipome

**FOR OVERALL
ACTION**

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (16)

Cardiothoracic Surgery

Mohammad H. Ashraf, MD Associate Staff

Internal Medicine

Dominic R. Lipome, MD Active Staff

Carol A. Miller, ANP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Dominic R. Lipome

Stacy J. Zeches, ANP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Jenia Sherif

Orthopaedic Surgery - Podiatry

Joseph M. Anain, DPM Active Staff

Orthopaedic Surgery

Karen G. Baetzhold, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Paul Paterson

Andrew G. Cappuccino, MD Associate Staff

Jacqueline A. Lex, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Paul Paterson

John M. Marzo, MD Associate Staff

Christopher E. Mutty, MD Active Staff

Paul D. Paterson, MD Active Staff

Andrew C. Stoeckl, MD Active Staff

Radiology - Teleradiology

Phoebe H. Dann, MD Active Staff

Carl W. Hardin, MD Active Staff

Rehabilitation Medicine- Chiropractic

Peter J. Guzinski, DC Allied Health Professional (Chiropractor)

Surgery

- C. **Dual Reappointments (1)**
Cardiothoracic Surgery and Internal Medicine
 Brian M. Hill, RPA-C Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Stephen Downing, MD & Dr. Neil Dashkoff, respectively

**FOR OVERALL
ACTION**

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

As required by the bylaws, the Credentials Committee and the respective Chiefs of Service are reviewing Provisional Staff members for movement to the PERMANENT STAFF. Candidates shall be presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years.

Any individual not recommended to PERMANENT appointment by the Chief of Service shall require specific written documentation of deficiencies with a recommendation to the Executive Committee for the revocation and termination of clinical privileges based on standards imposed by Part Three of the Credentialing Procedure Manual. Members not recommended, if any, are presented to the Executive Committee sessions for discussion and action.

The following members of the Provisional Staff from the 2011 period are presented for movement to the Permanent Staff in 2012 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

April 2012 Provisional to Permanent Staff Expires	Provisional Period
Cardiothoracic Surgery	
Lico, Serrie, C., MD 04/04/2012	Active Staff
Emergency Medicine	
Donnelly, Megan, C., RPA-C 04/04/2012	Allied Health Professional
<i>Supervising MD: Dr. David Hughes</i>	
Family Medicine	
Azadfard, Mohammad, Reza, MD 04/04/2012	Active Staff
Holynski, Camille, M., MSN ANP 04/04/2012	Allied Health Professional
<i>Collaborating MD: Dr. David A. Eubanks</i>	
Internal Medicine	
Kothari, Nimit, D., MD 04/04/2012	Active Staff
Orthopaedic Surgery	
Salvamoser, Kristen, RPA-C 04/04/2012	Allied Health Professional
<i>Supervising MD: Dr. Lawrence Bone</i>	
Plastic and Reconstructive Surgery	

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in July 2012		Last Reappointment Date
Neurosurgery		
Walter Grand, MD	Courtesy, Refer & Follow	4/1/2012
Orthopaedic Surgery		
Stefani J. Hagglund, RPA-C	Allied Health Professional	7/1/2012
<i>Supervising MD: Dr. Andrew C. Stoeckl</i>		

Reappointment Expiration Date: July 1, 2012
Planned Credentials Committee Meeting: April 3, 2012
Planned MEC Action date: April 23, 2012
Last possible Board confirmation by: May 22, 2012
Subsequent Board Meeting: June 26, 2012
FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in August 2012	For information only	Last Board Approval Date
Family Medicine		
Murak, Daniel, J., MD	Courtesy Staff, Refer & Follow	08/01/2012
Internal Medicine		
Izzo Jr., Joseph, L., MD	Active Staff	08/01/2012
Patterson, Joel, R., RPA-C	Allied Health Professional	08/01/2012
<i>Supervising MD: Dr. Joseph Zizzi, Jr.</i>		
Orthopaedic Surgery		
Moy, Owen, James, MD	Associate Staff	08/01/2012
Smolinski, Robert, J., MD	Active Staff	08/01/2012
Rehabilitation Medicine		
Polisoto, Thomas, D., MD	Active Staff	08/01/2012
Wang, Gary, G., MD	Active Staff	08/01/2012

Reappointment Expiration Date: August 1, 2012
Planned Credentials Committee Meeting: May 1, 2012
Planned MEC Action date: May 21, 2012
Last possible Board confirmation by: June 25, 2012
Subsequent Board Meeting: July 31, 2012

FOR INFORMATION ONLY

OLD BUSINESS

Plastic & Reconstructive Surgery

The appointment of Nestor R. Rigual, MD was deferred in November of 2011 pending clarification of his liability insurance coverage. Due to the amount of time that has lapsed, he has been asked to complete a new application and to confirm anticipated activity at ECMC. Upon receipt of the updated paperwork, the matter will be referred to Administration and Risk Management to assess if a letter will be obtained from Roswell Park as was done for another provider, confirming their insurance coverage of his anticipated limited activity at ECMC.

Brain Death Determination Credentialing

The updated Brain Death Determination policy and accompanying materials were distributed to all practitioners possessing the privilege and will continue to be sent to any practitioner applying for the privilege. Signed attestations will continue to be kept in the provider's credentials file as well.

Laser Lead Removal

ERIE COUNTY MEDICAL CENTER CORPORATION

The MDSO was notified by the EP Lab that the laser lead removal equipment has been returned to the vendor. No further word on adding this procedure to the IM cardiology privilege form. The committee will close this item from the open issues log and re-visit if so requested.

Pre-intubation Sedation Training

The results of the pharmacotherapy exam given to the Exigence midlevels involved in MICU coverage have been received. A copy was filed in each provider’s record and so completes the second of the two portions of the training and competency documentation agreed upon with Anesthesia and the Internal Medicine Chief of Service. Though this demonstrates due diligence to patient safety in the MICU, it serves to remind of the need to more formalize the credentialing for deep sedation.

Cardiology Coverage by Hospitalist Midlevels

Since the last meeting, there has been progress made with regard to liability insurance coverage and designation of supervising cardiologists. The committee will keep this item on the agenda until successfully brought to closure.

Temporary Privilege expirations during Pending Initial Applications

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

**OVERALL ACTION
REQUIRED**

NEW BUSINESS

ECMCC BLS-ACLS Requirements

The Credentials Committee hosted a discussion of stakeholders regarding ECMCC’s policies governing BLS-ACLS requirements for the Medical-Dental Staff, Nursing and Midlevels. .

The Department of Nursing has had a long standing policy for BLS-ACLS certification for all registered nurses at ECMC. The question was posed as to whether this would apply to CRNAs, who are credentialed members of the medical-dental staff. At present, the Department of Anesthesia requires only current ACLS for the CRNAs, same as for the physicians in the department. This metric has been tracked for the past 2 years in their departmental OPPE, but not explicitly listed as a criterion for departmental appointment. In an effort to protect against ACLS certification lapsing between re-appointments, the ACLS requirement has been added to both the anesthesiologist and CRNA forms. In addition to internal departmental tracking by Anesthesia, the MDSO will track ACLS certification as an expirable. The Chief of Anesthesiology opined that as airway management plus basic cardiac care are part of everyday practice and a core anesthesia competency, CRNAs should be excluded from the nursing policy requiring current BLS. This request led to a more global conversation regarding BLS and ACLS requirements for all members of the medical-dental staff.

The V.P. for Surgical Services expressed concern from a patient safety perspective regarding the level of training and current competence held by staff members that might respond to Code Reds. While Anesthesiology and Nursing demonstrate ACLS certification, many surgical specialties and their associated mid-level practitioners may not. The question arises as to what should be appropriate for various circumstances.

The Sr. V.P. for Nursing and Nurse Educator, Critical Care advocated for requiring current ACLS competence for all physicians who might be directing nurses during a Code Red situation. They added that although current BLS is not required to maintain ACLS, it is strongly encouraged.

The V.P. for Patient Advocacy (Risk Management) offered input and suggested that levels of competency which are inherent based upon the level of education and training be taken into consideration. Specialties such as Cardiothoracic, Trauma Surgery and Emergency Medicine could justify a level of experience and knowledge which would speak to competency in the code situation.

ERIE COUNTY MEDICAL CENTER CORPORATION

The Director of Medical Staff Quality and Education offered for discussion that an informal survey of area hospitals identified that current BLS/ACLS was not required above the level of house staff unless their clinical privileges necessitated. She volunteered to also contact top hospitals for additional benchmarking of best practices. She suggested that additional dialogue could be had at the April Chiefs of Service meeting. This input would be helpful in assessing current policy and next steps.

While the Credentials Committee and MDSO are willing to propose criteria and track specific privileging for situations involving ACLS skills, the basic definitions of the extent of care management need to be clarified through consensus beyond our level. The concept of code management in different settings and equivalent competence needs to be explored. Following policy direction from the “organized medical staff”, and ECMCC rules, regulations and bylaws, the Medical Executive Committee would present the Credentials Committee with the appropriate charge.

Expired Credential Documents

The committee was presented with a practitioner who has not responded to multiple written attempts to request for expired documents. Given that there are likely extenuating circumstances, the Director of Medical Staff Quality and Education offered to reach out to the Chief of Service and practice plan manager on behalf of the Credentials Committee.

Fluoroscanner Credentialing Procedure

Following consultation with the Department of Radiology and Radiation Physicist, the following changes to the Fluoroscanner credentialing procedure are recommended:

Description: Following this credentialing process, the physician will be permitted to operate the Fluoroscanner System (mini C-arm) to image patients without the presence of a licensed radiologic technologist. This process applies only to the Fluoroscanner Unit in the OR and the Hologic Fluoroscanner Unit in the Emergency Department and does not credential the physician to operate other fluoroscopic equipment without a radiologic technologist present.

This is a supplemental privilege request for Active and Associate Medical Staff members in the Departments of Emergency Medicine, Orthopaedic Surgery, General Surgery and future departments as appropriate and only upon formal approval. Clinical privileges are not granted to Courtesy Staff members – Refer and Follow only. All requirements must be met and all designated signoffs are to be completed before privileges are granted. Temporary privileging will not be granted until all criteria are completed.

Procedure:

- 1) Upon requesting fluoroscanner privileges, the Medical and Dental Staff Office (MDSO), 898-5773/3130 will issue written materials and a post test for the applicant to complete. These materials are also available on the ECMC Intranet Medical-Dental Staff page.
- 2) The applicant is to sign boxes 1+2 of this form, and return it and the completed exam to the MDSO (fax number 898-3108) for processing.
- 3) If a passing score as defined as 80% or greater has been achieved, the MDSO will document such in box 3 and notify the Radiologic Technologist at (716) 898-4815 to contact the practitioner and schedule the hands-on portion of the training. If a passing score is not achieved, the applicant will be notified to re-review the materials and submit another post test until a score of ≥ 80% is achieved.
- 4) The radiologic technologist instructor will certify the results of this training in box 4. Questions regarding the training material or radiation safety in general may be directed to the Radiation Physicist, Daniel R. Bednarek, PhD at (716) 898-4193 or bednarek@buffalo.edu.

1. Request (Applicant)
I request to be credentialed to use the Fluoroscanner System for patient care at ECMC. I will abide by the rules set forth by the Radiation Safety Committee and I understand that failure to do so may result in revocation of respective Medical-Dental Staff privileges.

Signature (Applicant) _____ **Date** _____

2. Certification (Applicant)
I have read and understand the In-Service training material provided to me and I request that I be allowed to take the credentialing exam and in-service training.

Signature (Applicant) _____ Date _____

3. Exam (from Radiation Physicist)
The above named physician has taken the credentialing examination and has ___/ has not___ passed with a score of ___% (80% minimum required to pass).

Scorer's Name (print) _____

Scorer's Signature (with Radiation Technologist notification) _____ Date _____

Applicant: Sign boxes 1 & 2 above and return the completed exam to the Medical Dental Staff Office (MDSO fax number 898-3108) for processing.

4. Training (Radiologic Technologist)
The above named physician has participated in a hands-on training session with the Fluoroscan.

Name (print) _____

Signature (Radiologic Technologist) _____ Date _____

Occupational Health

It was brought to the attention of the MDSO that the midlevles currently staffing the Occupational Health Service under Dr. David Hughes no longer cross cover in the Emergency Department. The question was posed as to whether the Occupational Health section of the ED midlevel privilege form should be expanded to describe in greater detail the patient care activities exercised. A list of these privilege delineations is currently being compiled with the assistance of the involved practitioners and will be forwarded to Dr. Hughes and Dr. Manka for review and endorsement of form revisions.

Office Efficiencies

As per current policy, the date of re-appointment is calculated from the date of initial re-appointment. As there are seasonal variations in the number of applications for initial appointment received, this leads to considerable fluctuations in the number of reappointments processed each month. As the total number of the medical-dental staff has substantially increased over the last 5 years, the ability of the MDSO to keep pace with those high volume months has become more challenging. To ensure complete and accurate application processing and maintenance of full accrediting/regulatory compliance, the Director of Medical Staff Quality and Education proposed to the Credentials Committee that it endorse approval by the MEC and BOD to afford discretion to the assignment of the date of the initial re-appointment. JC standards, ECMCC medical-dental staff bylaws and credentials procedures all delineate a maximum interval (2 years), but do not restrict to any minimum interval. It is suggested that with new appointments to the medical-dental staff, the initial re-appointment date be scheduled for a low volume month closest to the actual re-appointment date, then every 24 months thereafter. The scheduling will be coordinated by the re-appointment specialist of the MDSO. The above has been reviewed with ECMCC legal counsel, who concurred. The Credentials Committee supported the advancement of this recommendation to the MEC and BOD for approval.

OVERALL ACTION REQUIRED

OTHER BUSINESS

FPPE-OPPE Report

FPPE (Focused Professional Practice Evaluation)

FPPEs were successfully completed in the following departments:

- Cardiothoracic Surgery (1 MD)
- Internal Medicine (1 MD)

ERIE COUNTY MEDICAL CENTER CORPORATION

OB/GYN (3 MDs)

Ophthalmology (2 MDs)

As a follow up to the matter reviewed at the March credentials meeting, the hospitalist group will have those midlevels not engaged in coverage of the Rehabilitation Medicine service voluntarily withdraw their previously submitted and approved requests for departmental privileges in Rehabilitation Medicine.

OPPE (Ongoing Professional Practice Evaluation)

At the March Credentials Committee meeting, it was reported that one radiologist and one neurosurgery OPPE were outstanding. Both were subsequently completed.

Emergency Medicine OPPE is complete (5 DOs, 17 MDs, 1 ACNP, 1 FNP and 12 RPA-Cs). OPPEs were not returned for 1 FNP and 1 RPA-C despite multiple attempts to obtain*. Both practitioners have limited activity at ECMC.

Family Medicine OPPE is complete (1 DO, 13 MDs, 2 ANPs, 1 MSN, NP and 2 RPA-Cs). OPPEs were not returned for 2 MDs despite multiple attempts to obtain*. Both practitioners have limited activity at ECMC.

*Though all attempts to remediate these outstanding OPPE's have been duly documented, and the respective COSs are aware, in an effort to demonstrate due diligence, another outreach in the name of the departmental chiefs of service was issued.

Family Medicine, Family Choice OPPEs are complete (16 ANPs and 3 FNPs).

Orthopaedic Surgery and Urology OPPEs are in process.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:20 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee



Executive Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
 MINUTES OF THE FINANCE COMMITTEE MEETING
 APRIL 17, 2012
 ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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

I. CALL TO ORDER

The meeting was called to order at 8:30 A.M., by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of March 20, 2012.

III. MARCH, 2012 FINANCIAL STATEMENT REVIEW

Michael Sammarco provided a summary of the financial results for March, 2012, which addressed volume, income statement activity and key financial indicators.

Total discharges were over budget by 8.5% for March. Acute care discharges were over budget by 9.7% and topped 1,000 for the month, which is the most since April of 2009.

Observation cases were slightly under budget at 131 for the month, and average daily census was ahead of the prior year at 338, due to volume.

Average length of stay was 5.9 for March compared to a budget of 6.0. Non-Medicare case mix was 2.33 for the month compared to a budget of 2.20, and Medicare case mix was 1.59 compared to a budget of 1.89 for the same period.

Inpatient surgical cases were under budget by 8, and 24 over the prior year. Outpatient surgical cases were above budget by 37, and 109 less than the prior year.

Emergency Department visits were under budget by 1.3%, but 7.0%, or 1,000 visits over the prior year.

Hospital FTEs were 2,355 for the month, and 2,388 year-to-date, compared to a year-to-date budget of 2,365. Home FTEs were 328 for the month, and 343 year-to-date.

Net patient service revenue for the Hospital was under budget by \$1.4 million, due to Medicare case mix and outpatient volume. Hospital expenses were under budget by \$1.6 million, due primarily to salary and fringe benefit expenses. The Hospital experienced an operating surplus of \$33,000 for the month and the Home experienced an operating loss of \$78,000 for the same period.

The consolidated, year-to-date operating loss was \$2.6 million compared to a budgeted loss of \$2.2 million and a prior year loss of \$8.1 million.

Days operating cash on hand was 43.4 in March, compared to 73.6 at December 31st.

V. ADJOURNMENT:

The meeting was adjourned at 9:10 a.m. by Michael Seaman, Chair.

Minutes from the



QI /Patient Safety Committee Meeting

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MAY 8, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL A. BADGER, CHAIR RON CHAPIN MICHAEL HOFFERT	JODY L. LOMEO FRANK B. MESIAH
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BOARD MEMBERS EXCUSED:	JOSEPH ZIZZI, SR., M.D. RICHARD F. BROX
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ALSO PRESENT:	KATHLEEN O'HARA CARLA DICANIO-CLARKE JANET BULGER	MARK BARABAS KAREN HORLACHER NANCY TUCKER
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I. CALL TO ORDER

Chair Bishop Michael A. Badger called the meeting to order at 10:10 a.m.

II. RECEIVE & FILE

Moved by Bishop Michael A. Badger and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the March 13, 2012 meeting.

III. CSEA NEGOTIATIONS

Carla DiCanio-Clarke reported that the negotiations team met with CSEA at the end of March and again in April. The next scheduled meeting is May 14th. Proposals were exchanged and priced out. Health insurance, wages, holidays and lunch hours are being negotiated. Discussion ensued regarding how to reduce health insurance costs.

IV. NYSNA NEGOTIATIONS

Kathleen O'Hara stated that negotiations with the Certified Registered Nurse Anesthetists have concluded. Negotiations with NYSNA for the general contract have not begun as of yet.

V. AFSCME

AFSCME demanded impact negotiations regarding the role of Community Mental Health Worker IIIs. Labor and Management met at the end of March where the duties of Community Mental Health Worker IIIs were discussed.

VI. BENEFITS AND WELLNESS

Nancy Tucker reported that National Walk at Lunch Day was held on April 25, 2012. Participation was up 10 % from last year.
ECMCC also participated in the United Way Baby Shower where various new baby items were donated by employees.
Plans are underway for Open Enrollment which will take place mid-October.
The fitness center will tentatively be completed by June/July.

ERIE COUNTY MEDICAL CENTER CORPORATION

VII. TRAINING

Mandatory Customer Service training through the Employee Assistance Program is continuing to be offered throughout 2012. If employees cannot attend a live session, recordings have been loaded into Medworxx.

Kathleen O'Hara presented a training entitled "Taylor Law and Civil Service" to managers.

VIII. WORKERS COMPENSATION UPDATE

The TPA has been moved from Corvel to Travelers.

The workers compensation report was distributed. Total number of incidents reported is trending with 2011 data. Discussion was held regarding the increase in calendar days away. It was mentioned that the reason could be re-injuries.

Safe Patient Handling Training was talked about. Bed lifts and new housekeeping carts are amongst the improvements to reduce injuries. Michael Hoffert made a request for data showing a decrease in injuries due to new equipment.

IX. ERIE COUNTY HOME

A report submitted by Nancy Curry was distributed. It outlines various activities that are taking place leading up to the move to the Grider Street Campus.

X. NURSING TURNOVER RATES

March Hires – 4.5 FTES – 2.5 FTES Med/Surg, 1 FTE Behavioral Health & 1 FTE Critical Care
25.5 FTES hired YTD. (2.5 LPN FTES hired, 2 FTES Med/Surg, .5 FTE Hemo. 9.5 LPN FTES hired YTD)

March Losses – 6 FTES - .5 FTE Med/Surg (became a NP), 1 FTE Behavioral Health (retired), 2 FTES ED (1 FTE retired, 1 FTE new job), 2 FTES Critical Care (1 FTE terminated, 1 FTE retired), .5 FTE OR. (12 FTES lost YTD)

Turnover Rate .8% (.4% without retirees)

Quit Rate - .4% (.26% without retirees)

Turnover Rate YTD – 1.59% (1.06% without retirees) 1.19% 2011

Quit Rate YTD – 1.32% (1.06% without retirees) .79% 2011

April Hires – 18.5 FTES – 12.5 FTES Med/Surg, 4 FTES Behavioral Health and 2 FTES Critical Care. 46 FTES hired YTD. (6.5 FTES hired, 3 FTES Med/ Surg, 1 FTE Behavioral Health, 2.5 FTES Hemo. 16 FTES hired YTD)

Recruitment Activities

Attended GCC Job Fair with Peggy Cieri 3/8/12

Attended Trocaire Job Fair 3/14/12

Attended D'Youville job Fair with Shirley Csepegi 4/11/12

XI. RETIREE RECEPTION

Administration and Management of ECMCC will host a dessert reception for retirees on June 22 at 2pm in the Staff Dining Room.

XII. INFORMATION/OTHER

An employee turnover report was distributed.

XII. ADJOURNMENT

Moved by Bishop Michael A. Badger to adjourn the Human Resources Committee meeting at 11:15am.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
MAY 29, 2012

Hope everyone is doing well. We are entering into the “busy season” time of the year for ECMC. We are always very proud of the care that our clinicians provide for our Trauma patients. Over the past few weeks, we have been very busy and I would like to acknowledge their hard work. Our community has seen a number of shootings and other unfortunate tragedies that have been brought to our campus. To date, we have treated 57 gunshot victims compared to 36 last year. We also have an increase in emergency rooms visits from 16,589 last year to 20,650 this year. We thank all involved in our emergency services for the work that they do and caring for our community.

OPERATIONAL PERFORMANCE

As I stated last month, we continue to be in a much better financial position going into “trauma season” than we were at this point last year. We continue to realize and participate in revenue enhancements that have taken effect in the last 12-18 months. We also continue to address our expense reduction plan and continue to be extremely focused on finding efficiencies. We are never happy with an operating loss; however, we must note that in April we realized a significant increase in overtime as well as a loss in revenue (surgical volume) due to the number of vacations that were taken during the Easter holiday. With that being said, our discharges are ahead of last year and May has started off extremely busy and we are now in full summer “trauma season” and the hospital continues to see the commensurate increase in activity.

BEHAVIORAL HEALTH

We continue to anticipate a decision from the DOH regarding our HEAL application. As I mentioned in my last report, it was thought that we would have seen a response in early May. We are now hearing it will be late May or early June. As we have discussed in the past, this HEAL award and our regional approach to Behavioral Health, with our partners at Kaleida, will provide our patients and our community a more efficient program for all of Western New York. I will continue to keep you informed on any news that we hear from the DOH and I remain cautiously optimistic.

ORTHOPEDIC/OR EXPANSION

As you know, and was reported in the past month, we have submitted the CON application to the DOH for approval of additional operating suites in our new building. We are confident that we will get approval due to the fact that we need this expansion with the volume increases in our breast reconstructive surgery, orthopedic and transplant programs. I will continue to keep you apprised of any news we hear from the DOH.

PRIMARY CARE UPDATE

Dr. Howard Sperry continues to see an increase in volume for the Primary Care Practice on the ECMC campus and the David K. Miller Building. We are thrilled that many of our employees have utilized Dr. Sperry for their primary care needs and we continue to encourage them to encourage others to use his services as well. We also have two additional primary care practices that will be up and running in Hamburg and Orchard Park.

We are proud to announce that on May 24th we officially opened the ECMC Grider Family Health Center. With the truly professional staff and access to the full resources of ECMC, Grider Family Health Center is well equipped to care for the entire family and provide continuity of care through our Medical Center. The Grider Family Health Center further addresses the primary care needs of the residents of this community, and we are thankful to have Dr. Redhead join us as the lead physician at the Health Center.

RURAL STRATEGY

We have worked closely with our partners at Kaleida under the GLH umbrella to potentially affiliate with some of the rural hospitals throughout the region. As I mentioned last month, we hosted Jones Memorial Hospital for a tour of ECMC. Since our last Board meeting, we have made an additional presentation to Wyoming Hospital. Many of the rural hospitals have looked to potentially affiliate/partner/collaborate with the larger hospital systems. I am optimistic that we can partner with both Jones Memorial and Wyoming Hospital to enhance the care in those communities. We believe we will hear a decision from their Boards sometime in the near future.

MEDICAL ONCOLOGY

Dr. Bernstein's practice, the Jonas Center, is fully operational, and we have made a seamless transition as an ECMC practice for patients and staff. I would like to thank the staff of the Jonas Center for their support and continued passion for caring for those patients in the manner in which Dr. Bernstein established. We are pleased to announce that we hired Dr. Ahmed, a Medical Oncologist from Niagara County, to help support our program and the patients at ECMC. We are also continuing to discuss a relationship with Roswell Park to help coordinate care in this practice and provide physician coverage for the program. I will continue to keep you informed as to how those discussions are going.

TRANSPLANT AND KIDNEY DIALYSIS

The Center of Excellence in Transplantation and Kidney Care continues to gain momentum. At the end of April, we had done 27 transplants compared to 7 at this time last year and we have performed 6,733 dialysis treatments as compared to 4,976 last year.

GREAT LAKES HEALTH UPDATE

We are working with our partners at Kaleida on a number of initiatives and collaborations. As you know, we are currently working with Kaleida on the Behavioral Health Strategy and the Cardiovascular Strategy. We have put together a process with physician involvement so we can develop one Cardiovascular Program that will be servicing both the ECMC and GVI sites. Recently, approval was received from the DOH to develop one Gates Vascular Institute Cardiovascular Program servicing both the ECMC and BGMC sites. The process will develop how we will coordinate care at the ECMC campus and ensure that the patients of ECMC receive the highest quality of care. We will be examining the full spectrum of care and develop a program that meets the needs of the patients. Finally, I continue to be involved in discussions with the leadership of GLH, Kaleida Health, Roswell Park and UB to collaborate and organize our services. On May 24th each group will be meeting the Commissioner of Health, Dr. Nirav Shah, to apprise him of progress that has been made and also discuss with him any concerns he may have.

MAMMOGRAPHY BUS

The mammography bus has arrived. The bus arrived on May 22nd and is larger and more impressive than even we imagined. We are currently undergoing training for the bus, installing the technology, and will be "wrapping" the exterior of the bus with graphics shortly. We are targeted to have

the bus at the Juneteenth Festival being held mid June in Buffalo. We continue to receive calls about the bus and are very proud of the reaction that the community has given to this endeavor. A special thank you to our friends at the Buffalo Sabres Alumni Foundation and the First Niagara Bank Foundation for believing in ECMC and our mission to take care of women who otherwise would not be screened.

LIFELINE FOUNDATION

I would like to personally thank all of you who attended and supported the Springfest Gala on May 12th. It was a magical evening with nearly 1,300 people. As I mentioned that evening, the most rewarding and impressive part of the evening for me was that nearly 300 of our employees from across the hospital were able to attend and celebrate ECMC. A special thank you to Sue Gonzalez and her team for all of their work. It was the single largest fund raising event in the history of ECMC by both dollars raised as well as the number of people attending.

In closing, I appreciate all your support, guidance and wisdom as we continue to grow and transform our organization. We will continue to be creative and move in a direction that benefits our community as well as our patients.

Jody L. Lomeo



President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
MARK C. BARABAS, PRESIDENT AND CHIEF OPERATING OFFICER
MAY 29, 2012

COLLABORATION WITH VNA

Enclosed is a copy of an activity chart dated back to 2010 that indicates the assistance that VNA has given us in placing patients since that time. The increased in activity is impressive rising from almost 40 patients per month to over 100 per month. Our working relationship has been extremely positive.

NIAGARA HEALTH QUALITY COALITION BOARD TO VISIT REGIONAL TRANSPLANT CENTER

On Wednesday, November 23rd the Board of the Niagara Health Quality Coalition will visit our Regional Center for Transplantation and hold its monthly board meeting in one of our conference rooms on the 10th floor. The Niagara Health Quality Coalition is comprised of members from local hospitals in the business community.

CERTIFICATE OF OCCUPANCY OF PARKING DECK

A copy of our Certificate of Occupancy for our new parking deck is attached. The deck opened the first week in May. The deck has helped us accommodate parking for physicians and employees displaced during our Phase I Parking Initiatives in lots A through D. While the deck is open we continue to make weekly parking adjustments to accommodate our transition plan in Phase I upgrading each parking lot and the drive lanes in front of the hospital. The project should be complete by the first week in December. It can be characterized by "short term pain for long term gain."

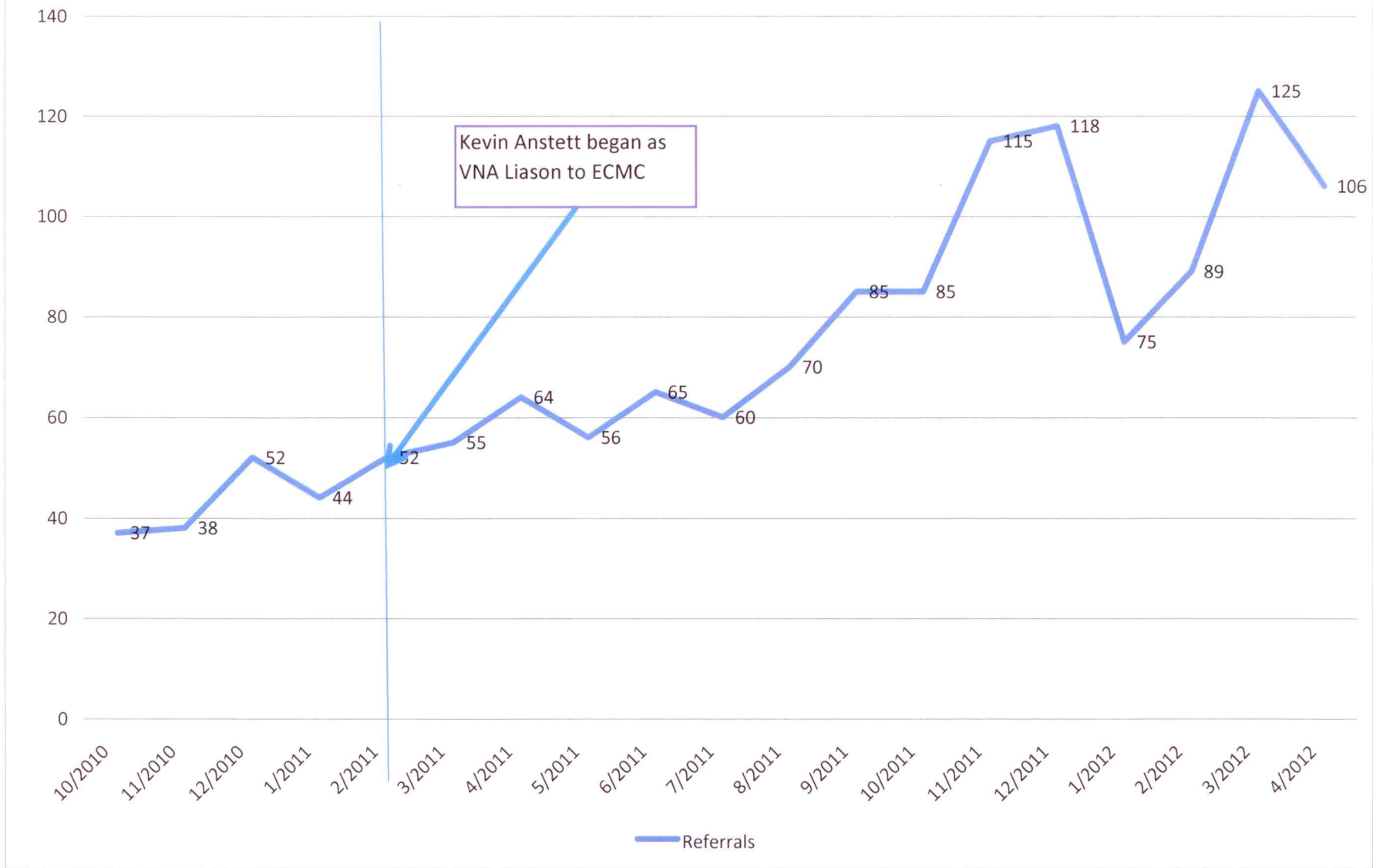
VHA QUARTERLY STATEMENT

The quarterly statement for 12-31-11 was received from VHA. Our yearend total for their rebate program was nearly \$315,000.00

DENTAL RESIDENCY DISCUSSIONS

Discussions continue with the Dean of the Dental School, his staff and ECMC related to the accommodation that ECMC is making during the next training year for the dental residents displaced by the closure of Sheehan Hospital. The plan calls for ECMC to absorb the dental schools residents into our own residency for one year while continuing discussions related to consolidating the programs.

ECMC Referrals to VNA of WNY



Referrals

10/2010	37
11/2010	38
12/2010	52
1/2011	44
2/2011	52
3/2011	55
4/2011	64
5/2011	56
6/2011	65
7/2011	60
8/2011	70
9/2011	85
10/2011	85
11/2011	115
12/2011	118
1/2012	75
2/2012	89
3/2012	125
4/2012	106



ERIE COUNTY MEDICAL CENTER CORPORATION

This notice indicates that a

**CERTIFICATE OF
OCCUPANCY**

has been issued for the

Parking Garage

at the

**Erie County Medical Center
462 Grider Street
Buffalo, NY 14215**

Having been inspected and found to conform substantially to applicable laws, ordinances, rules or regulations, said structure(s) is/are hereby certified for occupancy. This certificate is issued subject to the limitations herein specified and is valid unless automatically voided by unauthorized renovations or use. The granting of this Certificate does not presume to give authority to violate or cancel any other: local, county, state or federal; laws, codes, regulations etc., in effect.

Special notes (if any): none

Permission is hereby granted to occupy the Parking Garage, constructed as set forth in documents now on file with the Code Compliance Manager.

Permit #: **BP-09084A.1**
Permit Date: **August 1, 2010**
Certificate of Occupancy Date: **May 4, 2012**

Occupancy Class: **S-2**
Project Type: **New Construction**
Number of Stories: **5**
Construction Type: **1-B**
Fire Hazard: **Low-Storage**

Francisco Hidalgo

DIGITALLY SIGNED BY:
Francisco Hidalgo,
Code Compliance Manager, ECMCC

ARCHITECT'S LETTER OF CERTIFICATION

May 4, 2012

Bureau of Architectural and Engineering Facility Planning
New York State Department of Health
433 River Street, 6th Floor
Troy, New York 12180-2299

Re: Erie County Medical Center Parking Garage
Erie County
DOH # 101053c
Cannon Design Project #003503.00
Buffalo, New York

Buffalo
Baltimore
Boston
Calgary
Chicago
Houston
Los Angeles
Mumbai
New York
Phoenix
St. Louis
San Francisco
Shanghai
Toronto
Vancouver
Victoria
Washington DC

This is to certify that under the terms of my contract for the above-named facility to provide services to design, prepare working drawings and specifications, and during construction to make periodic visits to the site and to perform such other required services to familiarize myself with the general progress, quality, and conformance of the work, I have ascertained that to the best of my knowledge, information, and belief, this project has been designed and will be constructed in compliance with the provisions of the construction sections of the State Hospital Code, which is in effect at the time this application is being submitted.

I also certify that the drawings are consistent with schematic and design development drawings previously approved and are in compliance with the applicable provisions of 10 NYCRR 710.7 and all applicable local codes, statutes, and regulations.



Architect's Signature

021127

New York State License Number

2170 Whitehaven Road, Grand Island, NY 14072

Business Address

xc: Doug Flynn (ECMC)
Richard Cleland (ECMC)

2170 Whitehaven Road
Grand Island, New York
14072
T: 716.773.6900
F: 716.773.5909
www.cannondesign.com

ARCHITECT'S LETTER OF CERTIFICATION FOR CONSTRUCTION

May 4, 2012

Bureau of Architectural and Engineering Facility Planning
New York State Department of Health
433 River Street, 6th Floor
Troy, New York 12180-2299

Re: Erie County Medical Center Parking Garage
Erie County
DOH # 101053c
Cannon Design Project #003503.00
Buffalo, New York

Buffalo
Baltimore
Boston
Calgary
Chicago
Houston
Los Angeles
Mumbai
New York
Phoenix
St. Louis
San Francisco
Shanghai
Toronto
Vancouver
Victoria
Washington DC

This is to certify that under the terms of our contract for the above-named facility to provide services to design, prepare working drawings and specifications, and during construction to make periodic visits to the site and to perform such other required services to familiarize ourselves with the general progress, quality and conformance of the work. I have ascertained that to the best of my knowledge, information, and belief, based upon review of all final reports addressing applicable inspections and certifications of building systems and any onsite architectural inspections conducted that I determined were necessary for this project, the design and final construction which is an Occupancy S-2 (low hazard storage) and 1b construction type, meets all applicable local codes including, but not limited to: 2010 New York State Building Code and 2006 National Fire Protection Association (NFPA) 101 – Life Safety Code.



Architect's Signature

021127
New York State License Number

2170 Whitehaven Road, Grand Island, NY 14072

Business Address

xc: Doug Flynn (ECMC)
Richard Cleland (ECMC)

2170 Whitehaven Road
Grand Island, New York
14072
T: 716.773.6800
F: 716.773.5909
www.cannondesign.com

Certificate of Substantial Completion

PROJECT:
(Name and address)
ECMC Parking Garage
462 Grider Street
Buffalo, NY 14215

PROJECT NUMBER: 03503.01/
CONTRACT FOR:
CONTRACT DATE:

OWNER:
ARCHITECT:
CONTRACTOR:
FIELD:
OTHER:

TO OWNER:
(Name and address)
Erie County Medical Center
462 Grider Street
Buffalo, NY 14215

TO CONTRACTOR:
(Name and address)
LP Ciminelli
2421 Main Street
Buffalo, NY 14215

PROJECT OR PORTION OF THE PROJECT DESIGNATED FOR PARTIAL OCCUPANCY OR USE SHALL INCLUDE:

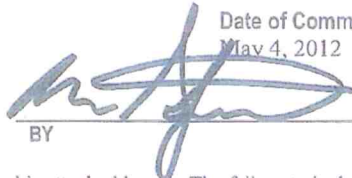
ECMC Parking Garage

The Work performed under this Contract has been reviewed and found, to the Architect's best knowledge, information and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the Owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated above is the date of issuance established by this Certificate, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below:

Warranty
ALL

Date of Commencement
May 4, 2012

Cannon Design



May 4, 2012

ARCHITECT

BY

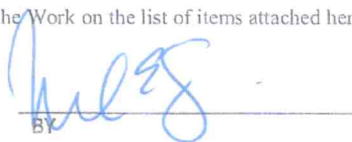
DATE OF ISSUANCE

A list of items to be completed or corrected is attached hereto. The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment.

Cost estimate of Work that is incomplete or defective: \$0.00

The Contractor will complete or correct the Work on the list of items attached hereto within Zero (0) days from the above date of Substantial Completion.

LP Ciminelli



5/4/12

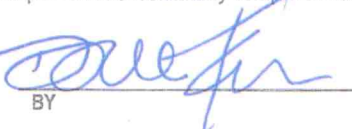
CONTRACTOR

BY

DATE

The Owner accepts the Work or designated portion as substantially complete and will assume full possession at (time) on May 4, 2012 (date).

Erie County Medical Center



05/04/2012

OWNER

BY

DATE

The responsibilities of the Owner and Contractor for security, maintenance, heat, utilities, damage to the Work and insurance shall be as follows:

(Note: Owner's and Contractor's legal and insurance counsel should determine and review insurance requirements and coverage.)



**Contract
Drilling
and
Testing**

BUFFALO OFFICE
5167 South Park Avenue
Hamburg, NY 14075
Phone: 716-649-8110
Fax: 716-649-8051

DAILY WORK REPORT

Project: ECMC PARKING RAMP		5/1/2012			
Location: BUFFALO N,Y,		Report No.:	Project No.: BT-10-335C		
Client: ECMC					
Name of Employee:		Last CARTONIA	First JOHN		
Services Performed: <input checked="" type="checkbox"/> In Place Density <input type="checkbox"/> Concrete Testing <input type="checkbox"/> Coring <input type="checkbox"/> Non-Destructive Testing <input type="checkbox"/> Sand Cone <input type="checkbox"/> Cylinder Pick-up <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Radiography <input type="checkbox"/> Nuclear <input type="checkbox"/> Sample Pick-up <input type="checkbox"/> Concrete <input type="checkbox"/> Mag. Particle <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Asbestos <input type="checkbox"/> RHII <input type="checkbox"/> RHIII <input type="checkbox"/> Project Monitor <input type="checkbox"/> Other (explain): firestopping					
Work Performed / Observations / Remarks:					
Travel Time to Site:		Arrive Site Time: 7:00			
Return Travel Time:		Leave Site Time: 8:00			
Total Mileage		Lunch:			
Total Billable Travel:		Total Billable Site Time:	1		
VERIFICATION OF CLIENT'S REPRESENTATIVE (IF CLIENT AVAILABLE) I hereby verify that SJB SERVICES, INC. personnel performed on site services as stated above: _____ Signature of Client's Representative		INVOICING (OFFICE USE ONLY)			
		Billable Hours Reg.:	Units	Rate	Subtotal
		Billable Hours OT:			
		Billable Mileage:			
		Tolls:			
		Lodging (per diem):			
		Meals:			
		Troxler Rental:			
		Equipment Charge:			
		Film:			
Other:					



SJB SERVICES INC.

INSPECTOR'S DAILY REPORT

Project: ECMC PARKING RAMP

Date: 5-1-2012

Client: ECMC

Contractor: RODEMS

Project No.: BT-10-335C

Report No.: _____

S	M	T	W	TH	F	SA	
		X					
Sunny		Clear		Overcast x		Rain X	Snow
To 32		32 to 50		50 to 70 X		70 to 85	85 +
Still		Moderate x		High			

OBSERVATIONS: THIS SJB SERVICES INC TECHICIAN WAS PRESENT AT THE ABOVE SITE TO OBSERVER ONGOING CONSTRUTION: THE FOLLOWING WAS NOTED:

Contractor constructed Hilti firestop assemble FS-One firestop as per submittal that was provided. In corridor 106 and electrical room

Technician: JOHN CARTONIA

Time On Site: 7:00-8:00

Respectfully Submitted,
SJB SERVICES, INC.



Erie County Medical Center Corporation

	Quarter Ending			Year-to-Date	
	3/31	6/30	9/30	12/31	2011
Patron Purchases through:					
Supplier Contract Purchases	\$10,700,380.05	\$12,793,852.91	\$10,648,461.54	\$10,800,866.68	\$44,943,561.18
Other Purchases	\$0.00	\$22,907.01	\$10,311.51	\$10,311.51	\$43,530.03
Total Patron Purchases	\$10,700,380.05	\$12,816,759.92	\$10,658,773.05	\$10,811,178.19	\$44,987,091.21
Cash Value					
Administrative Fees Collected from Suppliers	\$227,258.67	\$271,030.65	\$207,550.45	\$214,477.23	\$920,317.00
Standardization Program Rebates	\$9,089.35	\$11,824.00	\$16,752.00	\$20,246.39	\$57,911.74
Subtotal Revenue Collected	\$236,348.02	\$282,854.65	\$224,302.45	\$234,723.62	\$978,228.74
Core Supply Chain Charge	(\$132,962.00)	(\$154,004.00)	(\$132,424.00)	(\$134,002.00)	(\$553,392.00)
Year-End Cooperative Cash Distribution	\$0.00	\$0.00	\$0.00	\$1,765.52	\$1,765.52
Core Supply Chain Return	\$103,386.02	\$128,850.65	\$91,878.45	\$102,487.14	\$426,602.26
<i>Percent of Core Supply Chain Return to Revenue Collected</i>	44%	46%	41%	44%	44%
Core Regional Network Charge	(\$30,441.00)	(\$30,441.00)	(\$30,441.00)	(\$30,439.00)	(\$121,762.00)
Core National Network Charge	(\$11,250.00)	(\$11,250.00)	(\$11,250.00)	(\$11,250.00)	(\$45,000.00)
Fees and Payments net of VHA Core Charges	\$61,695.02	\$87,159.65	\$50,187.45	\$60,798.14	\$259,840.26
Additional Cash Paid by VHA					
Partial Redemption of Patrons' Equity for Cash	\$0.00	\$0.00	\$0.00	\$3,230.00	\$3,230.00
Regional Cash	\$0.00	\$0.00	\$0.00	\$1,849.00	\$1,849.00
Special Incentives - Cash Payment	\$0.00	\$0.00	\$0.00	\$100,671.00	\$100,671.00
Subtotal Additional Cash Paid by VHA	\$0.00	\$0.00	\$0.00	\$105,750.00	\$105,750.00
Cash Value Previously Paid or Credited					
Manufacturer Rebates - Supplier Direct to Members	\$7,640.61	\$6,447.12	\$1,358.04	\$19,665.11	\$35,110.88
Failure to Supply Program - Distributor Credit	\$396.79	\$1,298.11	\$2,113.42	\$3,943.81	\$7,752.13
Special Incentives - Resources	\$5,770.72	\$0.00	\$0.00	\$0.00	\$5,770.72
Subtotal Cash Value Previously Paid or Credited	\$13,808.12	\$7,745.23	\$3,471.46	\$23,608.92	\$48,633.73
Total Cash Value	\$75,503.14	\$94,904.88	\$53,658.91	\$190,157.06	\$414,223.99
Payment from VHA					
Fees and Payments net of VHA Core Charges	\$61,695.02	\$87,159.65	\$50,187.45	\$60,798.14	\$259,840.26
Partial Redemption of Patrons' Equity for Cash	\$0.00	\$0.00	\$0.00	\$3,230.00	\$3,230.00
Regional Cash	\$0.00	\$0.00	\$0.00	\$1,849.00	\$1,849.00
Special Incentives - Cash Payment	\$0.00	\$0.00	\$0.00	\$100,671.00	\$100,671.00
Custom VHA Services Purchased	\$0.00	(\$19,079.80)	(\$10,311.51)	(\$10,311.51)	(\$39,702.82)
GHX Payment Adjustment	\$0.00	\$0.00	(\$5,462.50)	(\$5,462.50)	(\$10,925.00)
Subtotal Payment from VHA	\$61,695.02	\$68,079.85	\$34,413.44	\$150,774.13	\$314,962.44
Total Payment from VHA	\$61,695.02	\$68,079.85	\$34,413.44	\$150,774.13	\$314,962.44



Chief Financial Officer



**ERIE COUNTY MEDICAL CENTER
CORPORATION**

Internal Financial Reports
For the month ended April 30, 2012

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet

April 30, 2012 and December 31, 2011

(Dollars in Thousands)

	April 30, 2012	Audited December 31, 2011	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 14,804	\$ 38,222	\$ (23,418)
Investments	25,073	46,306	(21,233)
Patient receivables, net	36,810	39,217	(2,407)
Prepaid expenses, inventories and other receivables	60,228	57,500	2,728
Total Current Assets	136,915	181,245	(44,330)
Assets Whose Use is Limited:			
Designated under self-insurance programs	55,819	52,200	3,619
Designated by Board	53,361	52,226	1,135
Restricted under debt agreements	75,304	93,412	(18,108)
Restricted	29,129	23,354	5,775
	213,613	221,192	(7,579)
Property and equipment, net	198,130	163,015	35,115
Deferred financing costs	3,196	3,233	(37)
Other assets	3,481	1,873	1,608
Total Assets	\$ 555,335	\$ 570,558	\$ (15,223)
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 4,249	\$ 4,249	\$ -
Accounts payable	38,368	39,138	(770)
Accrued salaries and benefits	14,560	17,908	(3,348)
Other accrued expenses	40,123	59,398	(19,275)
Estimated third party payer settlements	27,757	28,211	(454)
Total Current Liabilities	125,057	148,904	(23,847)
Long-term debt	186,390	187,290	(900)
Estimated self-insurance reserves	51,419	47,700	3,719
Other liabilities	93,106	88,566	4,540
Total Liabilities	455,972	472,460	(16,488)
Net Assets			
Unrestricted net assets	88,513	87,248	1,265
Restricted net assets	10,850	10,850	0
Total Net Assets	99,363	98,098	1,265
Total Liabilities and Net Assets	\$ 555,335	\$ 570,558	\$ (15,223)

Erie County Medical Center Corporation

Statement of Operations

For the month ended April 30, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 31,632	\$ 31,105	\$ 527	\$ 29,653
Less: Provision for bad debts	(1,815)	(1,755)	(60)	(1,806)
Adjusted net patient revenue	29,817	29,350	467	27,847
Disproportionate Share/IGT Revenue	4,702	4,702	-	3,850
Other Revenue	1,916	2,118	(202)	2,726
Total Operating Revenue	36,435	36,170	265	34,423
Operating Expenses:				
Salaries / Wages / Contract Labor	13,159	12,802	(357)	12,519
Employee Benefits	8,810	8,716	(94)	8,468
Physician Fees	4,260	4,063	(197)	3,873
Purchased Services	2,764	2,670	(94)	2,768
Supplies	5,516	4,853	(663)	4,463
Other Expenses	565	689	124	806
Utilities	425	619	194	677
Insurance	514	537	23	599
Depreciation & Amortization	1,469	1,467	(2)	1,238
Interest	433	440	7	442
Total Operating Expenses	37,915	36,856	(1,059)	35,853
Income (Loss) from Operations	(1,480)	(686)	(794)	(1,430)
Non-operating gains (losses):				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	275	172	103	1,383
Non-operating Gains(Losses), net	275	172	103	1,383
Excess of (Deficiency) of Revenue Over Expenses	\$ (1,205)	\$ (514)	\$ (691)	\$ (47)

Erie County Medical Center Corporation

Statement of Operations

For the four months ended April 30, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 124,050	\$ 125,121	\$ (1,071)	\$ 115,671
Less: Provision for bad debts	(7,369)	(7,281)	(88)	(7,153)
Adjusted net patient revenue	116,681	117,840	(1,159)	108,518
Disproportionate Share/IGT Revenue	18,808	18,808	-	15,401
Other Revenue	7,262	8,472	(1,210)	10,282
Total Operating Revenue	142,751	145,120	(2,369)	134,201
Operating Expenses:				
Salaries / Wages / Contract Labor	51,274	51,425	151	50,914
Employee Benefits	34,124	34,835	711	33,634
Physician Fees	16,847	16,348	(499)	15,488
Purchased Services	10,189	10,765	576	10,332
Supplies	20,492	19,471	(1,021)	18,751
Other Expenses	2,362	2,754	392	2,784
Utilities	1,937	2,630	693	2,732
Insurance	2,058	2,146	88	2,409
Depreciation & Amortization	5,795	5,870	75	4,954
Interest	1,745	1,758	13	1,769
Total Operating Expenses	146,823	148,002	1,179	143,767
Income (Loss) from Operations	(4,072)	(2,882)	(1,190)	(9,566)
Non-operating Gains (Losses)				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	5,596	687	4,909	3,405
Non Operating Gains (Losses), net	5,596	687	4,909	3,405
Excess of (Deficiency) of Revenue Over Expenses	\$ 1,524	\$ (2,195)	\$ 3,719	\$ (6,161)

Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and four months ended April 30, 2012</p>

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ (1,205)	\$ 1,524
Other Transfers, Net	(66)	(259)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	(1,271)	1,265
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	(1,271)	1,265
Net Assets, Beginning of Period	100,634	98,098
NET ASSETS, End of Period	\$ 99,363	\$ 99,363

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and four months ended April 30, 2012

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ (1,271)	\$ 1,265
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,469	5,795
Provision for bad debt expense	1,815	7,369
Net Change in unrealized (gains) losses on Investments	275	5,596
Transfer to component unit - Grider Initiative, Inc.	66	259
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(2,263)	(4,962)
Prepaid expenses, inventories and other receivables	(645)	(2,728)
Accounts payable	(3,793)	(770)
Accrued salaries and benefits	(579)	(3,348)
Estimated third party payer settlements	(70)	(454)
Other accrued expenses	(2,510)	(19,275)
Self Insurance reserves	730	3,719
Other liabilities	1,134	4,540
Net Cash Provided by (Used in) Operating Activities	<u>(5,642)</u>	<u>(2,994)</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(6,918)	(36,725)
Routine capital	(1,843)	(4,148)
Decrease (increase) in assets whose use is limited	2,920	7,579
Purchases (sales) of investments, net	5,573	15,637
Investment in component unit - Grider Initiative, Inc.	(66)	(259)
Change in other assets	-	(1,608)
Net Cash Provided by (Used in) Investing Activities	<u>(334)</u>	<u>(19,524)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(225)	(900)
Capital contribution to/from Erie County	-	-
Net Cash Provided by (Used in) Financing Activities	<u>(225)</u>	<u>(900)</u>
Increase (Decrease) in Cash and Cash Equivalents	(6,201)	(23,418)
Cash and Cash Equivalents, Beginning of Period	<u>21,005</u>	<u>38,222</u>
Cash and Cash Equivalents, End of Period	<u>\$ 14,804</u>	<u>\$ 14,804</u>

Erie County Medical Center Corporation

Key Statistics			
Period Ended April 30, 2012			

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
893	908	-1.7%	870	3,664	3,629	1.0%	3,484
142	110	29.1%	108	503	422	19.2%	414
26	32	-18.8%	30	104	129	-19.4%	143
181	192	-5.7%	193	802	775	3.5%	779
41	33	24.2%	22	143	120	19.2%	116
1,283	1,275	0.6%	1,223	5,216	5,075	2.8%	4,936
Patient Days:				Patient Days:			
5,382	5,430	-0.9%	5,623	23,084	21,706	6.3%	21,943
391	461	-15.2%	373	1,599	1,768	-9.6%	1,446
541	601	-10.0%	597	2,028	2,424	-16.3%	2,688
2,665	2,613	2.0%	2,419	10,678	10,547	1.2%	10,223
841	829	1.4%	490	3,267	3,033	7.7%	2,764
9,820	9,934	-1.1%	9,502	40,656	39,478	3.0%	39,064
Average Daily Census:				Average Daily Census:			
179	181	-0.9%	187	191	179	6.3%	183
13	15	-15.2%	12	13	15	-9.6%	12
18	20	-10.0%	20	17	20	-16.3%	22
89	87	2.0%	81	88	87	1.2%	85
28	28	1.4%	16	27	25	7.7%	23
327	331	-1.1%	317	336	326	3.0%	326
Average Length of Stay:				Average Length of Stay:			
6.0	6.0	0.8%	6.5	6.3	6.0	5.3%	6.3
2.8	4.2	-34.3%	3.5	3.2	4.2	-24.1%	3.5
20.8	18.8	10.8%	19.9	19.5	18.8	3.8%	18.8
14.7	13.6	8.2%	12.5	13.3	13.6	-2.2%	13.1
20.5	25.1	-18.3%	22.3	22.8	25.3	-9.6%	23.8
7.7	7.8	-1.8%	7.8	7.8	7.8	0.2%	7.9
SNF Days				SNF Days			
4,022	3,676	9.4%	3,980	16,211	15,375	5.4%	15,752
134	123	9.4%	133	134	127	5.4%	131
Occupancy:				Occupancy:			
59.5%	60.2%	-1.1%	57.6%	62.7%	59.3%	5.6%	59.2%
78.1%	79.2%	-1.4%	74.7%	82.4%	78.1%	5.6%	75.5%
79.6%	79.2%	0.5%	76.1%	84.0%	78.1%	7.7%	78.8%
Case Mix Index:				Case Mix Index:			
1.75	2.04	-14.4%	2.01	1.77	1.89	-6.1%	1.85
2.00	2.21	-9.5%	2.17	1.97	2.20	-10.3%	2.15
124	150	-17.3%	138	493	603	-18.2%	553
399	396	0.8%	374	1,608	1,557	3.3%	1,452
604	660	-8.5%	640	2,498	2,693	-7.2%	2,631
26,524	29,557	-10.3%	27,790	111,700	121,130	-7.8%	114,305
5,223	5,365	-2.6%	4,948	20,650	20,995	-1.6%	19,371
35.9	40.0	-10.3%	49.7	35.9	40.0	-10.3%	49.7
5.9%	5.8%	2.5%	6.4%	6.2%	6.0%	3.1%	6.5%
2,423	2,391	1.3%	2,398	2,397	2,380	0.7%	2,416
3.18	3.19	-0.4%	3.21	3.15	3.34	-5.5%	3.23
\$ 12,987	\$ 12,752	1.8%	\$ 12,236	\$ 12,749	\$ 12,783	-0.3%	\$ 11,918
\$ 15,878	\$ 15,514	2.3%	\$ 15,185	\$ 15,454	\$ 15,579	-0.8%	\$ 15,299
Erie County Home:				Erie County Home:			
10,302	10,326	-0.2%	13,412	42,997	42,498	1.2%	55,527
343	333	3.1%	447	355	351	1.2%	463
58.6%	56.8%	3.1%	76.3%	60.6%	59.9%	1.2%	79.0%
338	335	0.9%	415	343	335	2.4%	419



**Sr. Vice President of
Operations
- Richard Cleland -**

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
SENIOR VICE PRESIDENT OPERATIONS
MAY 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

Construction of the new nursing home is going very well. We are looking at an end of December 2012 completion with a “tentative” move in date by February 1, 2013;

The Long Term Care Steering Committee is overseeing, planning and carrying out:

- Remaining downsizing initiative(currently we are down to 339 beds at the Erie County Home and total bed census of 474);
- The new care delivery model(person-centered care);
- Operational components (labor, new positions, policy & procedures etc.);
- The move of 390 patients into the new facility;
- Impact negotiation session (AFSCME, CSEA, NYSNA)follow-up items;
- Appropriate exit(clear out and clean up)of the EC Home;
- Implementation of EMR and integration of the nursing home on ECMC Campus;
- FFE & technology initiatives;

Meetings are held weekly and an aggressive agenda is covered;

We have selected Linda Yohn, RN as Director of Nursing of the new LTC facility. Linda is currently the Director of Nursing at the EC Home;

The LTC Resident Planning Committee “Driving Us Home” has selected the naming of the neighborhoods in the new LTC facility. The theme is “Everything Buffalo” and the breakdown goes as follows:

Floor Theme: Individual Neighborhoods(24 residents per neighborhood)
“The Parks” Delaware Park, Cazenovia Park, Schiller Park, Front Park;
“Harbor Side” Naval Park, LightHouse, Erie Basin Marina, Canal Side;
“The Square” Niagara Square, Roosevelt Square, Lafayette Square, Ellicott Square;
“Architectural Landmarks” Central Terminal, Botanical Gardens, Kleinhans, Albright;

There is one Neighborhood that is on the first floor that will be named – “Kensington Heights”;

BEHAVIORAL HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP,
CD OUTPATIENT CLINIC):

The Behavioral Health Steering Committee has continued to meet monthly and bring about great improvement to the overall programs and services that we provide;

Renovation to relocate the CPEP-EOB beds to the 4th floor started in April. The unit will be open by the end of July;

ERIE COUNTY MEDICAL CENTER CORPORATION

The renovation of the CPEP Fast Track Triage started in April. This should be up and operational by end of July;

The relocation of the EOB beds to the 4th floor and the Fast Track Triage will add about 4,500 square feet to CPEP(almost doubling the current size);

Three new physicians will be joining University Psychiatric Practice Plan in July. This will help with CPEP volumes and insure that construction changes noted above will have sufficient physician coverage;

ECMC/Kaleida will be closely monitoring the DOH HEAL-21 awards which should be known by end of March. \$25 million has been requested to consolidate programs and services here at ECMC to create the Behavioral Health Center of Excellence;

The Outpatient Chemical Dependency Redesign Committee is very close to completing its mission in insuring that the clinics continue, operate efficiently This report identifies specific actions that have taken place or will take place in 2012 that will improve operational efficiencies. This includes:

- Onsite drug testing and referring all lab work to ECMC labs;
- Developing a Suboxone program;
- Technology improvements(electronic patient registration, scheduling and bar code billing);
- Consolidation of DTC(1280 Main Street)onto one floor;
- Increasing referrals from ECMC to our outpatient clinics;
- Streamlining work processes and job/task redesign;
- Productivity and quality measures;

The committee has about 2-3 more meetings. Last task is to determine whether DTC should stay at 1280 Main Street or find a new location;

REHABILITATION SERVICES:

Dr. Mark Livecchi has been appointed Clinical Director of Rehabilitation Services. Starting date in July 1, 2012;

Outpatient clinic has expanded physician hours and schedules to meet patient demands and to insure continuum of care;

HYPERBARIC/WOUND CENTER (HWC):

The center continues to slowly and incrementally grow volumes. We currently are running full day schedules Monday through Friday. A third HBO chamber is on the horizon;

We are planning on holding a Hyperbaric/Wound Symposium in November. More details forthcoming;

Monthly score card includes:

ERIE COUNTY MEDICAL CENTER CORPORATION

- 34 new referrals;
- 76 HBO Segment treatments;
- 68% healed;
- 32 days to heal(at benchmark);
- 95% Press Gainey(benchmark);
- 357 encounters;

TRANSITIONAL CARE UNIT (TCU):

Jenifer Cronkhite, Director of Nursing SNF has been appointed TCU Project Champion;

Dr. Arthur Orlick has been names as Medical Director of the TCU;

TCU Steering Committee developed and will be meeting twice monthly to insure TCU is up and operational by end of October;

CON modification was sent to DOH in Albany so that they approve the site change and the lower bed size of the TCU;

FOOD AND NUTRITIONAL SERVICES:

Brian Haley is working very closely with Donna Brown and the Customer Experience Committee. The focus is on modifying menus, providing healthy meals, and meeting patient's requests and reducing complaints;

Steve Foreman has been appointed Head Chef of the operations. Steve comes to us with a vast amount of restaurant experience and is the right person to make the needed changes in the customer menu areas;

Morrison is submitting proposal to extend current agreement. This proposal will include up to \$2 million dollars of capital that they would invest into ECMC as part of the agreement;



ERIE COUNTY HOME

A division of the
Erie County Medical Center
Healthcare Network

Diane Gianadda
5060 Elmcroft Ct.
Clarence, New York 14031

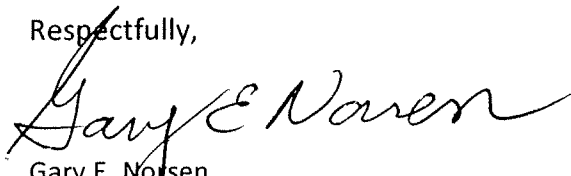
May 7, 2012

Dear Ms. Gianadda,

I am in receipt of your letter praising the staff on unit B. I am deeply touched by your expression of gratitude and that our staff was mentioned in the intentions at your mother's funeral mass, and that you will continue to remember them in your prayers.

Please accept my condolences on the passing of your mother. May God bless you and keep you in good health.

Respectfully,



Gary E. Narsen
Associate Administrator

Cc: Richard C. Cleland
Jody Lomeo

11580 Walden Avenue
Alden, New York
14004
Phone: 716.937.5690
Fax: 716.937.5723
www.ecmc.edu

Erie County Medical Center
Erie County Home
Family Health Centers
Bailey
Cleve-Hill
Egbertsville
Dr. Matt Gajewski
Human Services Center

Dear Friends at the Erie County Home,

This is just a note to thank you all for taking such good care of my mother, Rita Eberle. You have spent the last nine years with her knowing a sweet little lady. I wish that you could have known her when she was a devoted wife, mother, grandmother, aunt, and friend. My dad, Roy, was able to be there for my mother, which was a wonderful thing, for her as well as for him. When he passed, I wanted to take his place. Life's circumstances did not allow me to get there for my mother nearly as much as I wanted. I have been very saddened by that fact. I am so glad that she was in good hands.

I would like you to know that at her mass, there was an intention said for all those who took care of Rita. I also pray for all of you every night. You are very special people to do all you do for your patients. I will continue to pray that God blesses you for your dedication. I wish the best for each and every one of you.

I have made my special cookies to share with you. They are addicting and delicious if I say so myself. I am on a diet so I couldn't even taste the batter. I hope that you enjoy them as a small token of my appreciation. I am sure that my father thanks you too. There are three packages, one for each shift of the day. Enjoy!

Please know that your kindness will never be forgotten. Take care and may God's peace be with you.

Love,

Diane Gianadda



**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
May 29, 2012

TRANSPLANTATION & KIDNEY CARE CENTER – JOHN HENRY

The Outpatient Dialysis Center continues to see positive trends in both number of treatments and patient visits compared to 2011. We have reached 57% capacity enrollment for chronic outpatient dialysis patients. The growth continues to be grown in line with the Center's staffing and total treatments are on a trajectory to exceed 20,000 for FY 2012 v. 15,879 in FY 2011.

We have seen significant growth in our volume of pre-transplant evaluations from 145 evaluations per month to 202 last month. We have moved to a model of evaluating a patient in total in a single day visit format v. multiple visits to see the various members of the multidisciplinary team. This is the most efficient way to evaluate candidacy and deliver care with top customer service to get these patients on the active waiting list.

April was our best month in 2012 for deceased donor transplants with seven completed. We also completed three living donor transplants bringing our monthly total to 10 transplants. Through April 2012 we have completed twenty-four transplants (8 living donors, 15 deceased and 1 pancreas). We are scheduled for living donor surgeries through mid-July at this time. It is the time when most donors prefer to have their surgery scheduled. The OR continues to work with us to accommodate our needs and will add a second day/week for living transplants when necessary

The completion of the balance of the 10North 11 beds is on schedule for a June 4th opening. The final Department of Health inspection is Friday June 1st.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services (DPS) continues its work in support of the mid June CPOE go-live in the Emergency Department. Pharmacy will take the lead with physician education related to medication order entry. This will require two pharmacists 24-7 for approximately one week during go-live and then ongoing for support.

The DPS is also working with the outpatient oncology department as we transition the preparation and billing of chemotherapeutics to Pharmacy. This initiative has large financial implications, increasing the DPS entire drug spend by nearly 50%. All regimens must be built in Meditech and staff competencies developed prior to this move. A pilot with a single regimen is slated to begin within this month and full implementation is predicted for July.

Pharmacy continues supporting the inpatient transplant team as well as providing care to its patients in clinic and supporting research. This has been an exciting endeavor and has required significant staff development. The DPS Clinical Coordinator will be accompanying the transplant team at the American Transplant Congress meetings.

IMAGING – ERIC GREGOR

APRIL 2012 Radiology Volumes:

2012 APRIL STATS ***FINAL***						
Compared to April 2011						
MODALITY	Inpatient PROC	Inpatient %	Outpatient PROC	Outpatient %	TOTAL PROC	TOTAL %
ANGIO	5	8.77%	-19	-20.88%	-14	-9.46%
CT	176	13.06%	181	11.96%	357	12.47%
Diagnostic	147	4.19%	323	6.57%	470	5.58%
Mammography	-1	-50.00%	16	11.19%	15	10.42%
MRI	-3	-2.33%	19	9.31%	16	4.80%
Nuclear Medicine	9	12.00%	52	19.77%	61	18.05%
Ultrasound	16	9.30%	31	10.06%	47	9.79%
TOTALS:	349	6.59%	603	8.11%	952	7.48%

Through April:

Radiology Denials have decreased by **\$8,310** or **21.21%** from 2011.

Radiology Late Charges have decreased **\$77,039.88** or **.4%** from 2011.

Radiology Staff Productivity is **7.17%** better than the Industry Average.

Saturn Radiology, PLLC in an effort to improve billing performance and collections has researched and chosen a new firm (Medical Billing & Management Services) to provide professional billing services for Saturn Radiology PLLC, ECMC's contracted Radiology Group. Services will transfer on July 1st, 2012.

LABORATORY – JOSEPH KABACINSKI

We received favorable correspondence from the New York State Clinical Lab Evaluation Program (CLEP) regarding our in-house BK virus quantification PCR test needed for the transplant program and other interested clinicians. The in-house assay will provide substantial savings when compared with the cost of send-out to a reference lab. We anticipate rollout in June. As requested by our Transplant physicians, we are implementing a new in-house assay for everolimus, a new immunosuppressant drug prescribed for post-transplant patients.

Laboratory testing activity is up significantly with increased surgical pathology, the demands of the transplant program, and increased testing for Lab outreach clients. New urine buprenorphine and ethanol assays were launched in early May in response to the demands of clinicians; in addition to new point-of-care Urine HCG and Qualitative Urine assays. A new CMV PCR assay is in development and plans are to make this assay available at the same time as the BK virus quantification PCR assay becomes available.

ENVIROMENTAL SERVICES – JUAN SANTIAGO

Jerry Krull, the Director of EVS has recently resigned. Joe D'Amore to assume responsibilities on interim basis until new director is chosen.

Picker scores have been steadily rising. Several new initiatives have started including visiting all new admissions within 24 hours. Patients are given a greeting card by the management staff in EVS. This card contains all contact information and welcomes the patient to the hospital. The Housekeeping Department is also reviewing restructuring existing scheduling to improve services to the patients.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

**REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
MAY 2012**

UNIVERSITY AFFAIRS

GMEC

Approved the transfer of 2 ENT residents from the VAMC to Sisters (1 resident) and ECMC (1 resident) because of the lack of faculty and adequate cases. Committee agreed to review this issue if the VAMC was successful in recruiting new faculty and caseload increased.

Recently we were notified by the GME office that a surgical resident who was removed from the program in 2006 and who sued UB has been reinstated by the court under "probationary status". This matter will need to be reviewed by the Committee in executive session as the GME Office is asking if ECMC is willing to accept the resident back into the institution so he can satisfy his training requirements.

PROFESSIONAL STEERING COMMITTEE

Next meeting is scheduled for June 2012.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	February	March	April	YTD vs.2011
Discharges	852	999	891	up 4.9%
Observation	130	136	124	down 5.1%
LOS	6.9	6.1	5.8	up 1.30%
CMI	1.99	2.10	1.87	down 1.2%
Surgical Cases	793	831	789	up 3.1%
Readmissions (30d)	14.0%	11.9%		

NEW CLINICAL CHIEF FOR REHABILITATION MEDICINE

I am glad to report that Dr Mark LiVecchi, currently Director of Rehabilitation medicine at Unity Hospital in Rochester New York has accepted the position of Chief of Rehabilitation Medicine and will be starting in July. Dr LiVecchi's CV is attached.

CMS MODIFIES CONDITIONS OF PARTICIPATION

On May 16, 2012, the Centers for Medicare & Medicaid Services (CMS) published a final rule, "Reform of Hospital and Critical Access Hospital Conditions of Participation." This final rule was developed through a retrospective review of existing regulations called for by President Obama's January 18, 2011 Executive Order 13563, to "modify, streamline, or repeal" regulations which impose unnecessary burdens, including on hospitals and other providers that must comply with requirements under Medicare.

The CoPs are federal health and safety requirements ensuring high quality care for all patients. Hospitals and CAHs must meet these conditions to participate in the Medicare and Medicaid programs. The final rule is designed to reduce the regulatory burden on hospitals by the following:

- Requiring that all eligible candidates, including APRNs and PAs, must be reviewed by the medical staff for potential appointment to the hospital medical staff and then allowing for the granting of all the privileges, rights, and responsibilities accorded to appointed medical staff members.
- Supporting and encouraging patient-centered care, through such changes such as allowing a patient or his or her caregiver/support person to administer certain medications (both those brought from the patient's home and those dispensed by the hospital), and by allowing hospitals to use a single, interdisciplinary care plan that supports coordination of care through nursing services.
- Encouraging the use of evidence-based pre-printed and electronic standing orders, order sets, and protocols that ensure the consistency and quality of care provided to all patients by allowing nurses the ability to implement orders that are timely and clear.
- Allowing hospitals to determine the best ways to oversee and manage outpatients by removing the unnecessary requirement for a single Director of Outpatient Services.
- Increasing flexibility for hospitals by allowing one governing body to oversee multiple hospitals in a single health system.
- Allowing CAHs the flexibility to affiliate with other providers, as well as using temporary entities, to address efficiencies and alleviate work force shortages so that they can provide safe and timely delivery of care to their patients.

The final rule will be effective on July 16, 2012.

Attached to this report is a summary by VHA of some key provisions that will impact us as we look towards JCAHO recertification next year.

HHS Releases Final Rules on Modifications to Medicare Conditions of Participation for Hospitals and Critical Access Hospitals

On May 10, 2012, the Department of Health and Human Services released new hospital and critical access hospital Medicare Conditions of Participation (CoP) rules. The new CoPs reduce the regulatory burden on hospitals through the following changes:

- Allowing hospitals to have one governing body to oversee multiple hospitals in a single system.
- Allowing CAHs to partner with other providers to be more efficient and still ensure the safe and timely delivery of patient care.
- Removal of the requirement for a single Director of Outpatient Services by allowing hospitals to determine the oversight and management needed in outpatient care.
- Support and encouragement of patient centered care through regulatory changes, such as allowing a patient or their caregiver/support person to administer certain medications from home and the hospital.
- Allowing hospitals to use a single interdisciplinary plan that supports care coordination through nursing services.
- Requirement for all advanced practice nurse and physician assistant candidates to be reviewed by the medical staff for potential appointment to the hospital medical staff and then granting all the privileges, rights and responsibilities accorded to appointed medical staff members.
- Elimination of the hospital infection control log as hospitals are required to monitor their infections through other electronic surveillance approaches.
- Allowing drugs and biologicals to be prepared and administered upon the orders of practitioners (other than a doctor), in accordance with hospital policy and State law, and allowing orders for drugs and biologicals to be documented and signed by practitioners (other than a doctor), in accordance with hospital policy and State law.
- Removal of the requirement that hospitals must report deaths that occur while a patient is only in soft, 2-point wrist restraints with a requirement that hospitals must maintain a log (or other system) of all such deaths. This log must be made available to CMS immediately upon request and the name of the practitioner responsible for the care of the patient may be used in the log in lieu of the name of the attending physician if the patient was under the care of a non-physician practitioner and not a physician.
- Allowing podiatrists to be responsible for the organization and conduct of the medical staff. This change will allow podiatrists to assume a new leadership role within hospitals, if hospitals opt to allow this.
- Flexibility for hospitals to use standing orders and requirement that medical staff, nursing and pharmacy approve written and electronic standing orders, order sets and protocols. Orders and protocols must be based on nationally-recognized and evidence-based guidelines and recommendations.
- Elimination of the requirement for authentication of verbal orders within 48-hours with deference to applicable State law to establish authentication time frames.

- All orders, including verbal orders, must be dated, timed and authenticated by either the ordering practitioner or another practitioner responsible for the care of the patient and authorized to write orders by hospital policy in accordance with State law.

Curriculum Vitae

Mark A. LiVecchi, DMD, MD

OBJECTIVE: An administrative and clinical medical position enabling me to utilize by broad clinical skills along with my leadership and organizational experience on a regional and local level in health care affairs.

EDUCATION

- 2010 – Present University of Massachusetts
MBA with concentration in Medical Management
Anticipated completion spring 2012
- 1990 – 1994 SUNY at Brooklyn Downstate College of Medicine
Brooklyn, NY.
Degree: MD (5/1994)
- 1986 – 1990 University of Kentucky College of Dentistry
Lexington, KY
Degree: DMD (5/1990)
- 1981 – 1985 University of Dayton
Dayton, OH
Degree: BS Pre-Medicine (4/1985)

PROFESSIONAL EXPERIENCES

- 2006 – Present ► Medical Director, Acute Rehabilitation and Brain Injury Program,
Unity Health System-Rochester, NY
► Faculty appointment at University of Rochester
Department of Orthopedic and Rehabilitation Medicine
- 2000 – 2004 Officer in Charge of Physical Examination and Standards at NY
Air/National Guard Base at Hancock Field, Syracuse, NY
- 1998 – 2005 ► Medical Director, Acute Rehabilitation Unit, Geneva General Hospital
► Associate Medical Director, Transitional Care Unit, Geneva Living
Center South
- 1995 – 1998 Physical Medicine and Rehabilitation Residency Program
University of Rochester, Strong Memorial Hospital, Rochester, NY
Chief Resident 1998
- 1994 – 1995 Internship, Internal Medicine at Highland Hospital, Rochester, NY
- 1992 – 1994 Medical school class representative for campus wide clinical
Pathophysiology Conferences
- 1988 – 1990 ► Chosen as Basic Sciences Tutor for Dental School in Biochemistry,
Physiology and Histology
► Designed study comparing the effects of Triazolam to Diazepam as
pre-medication for oral surgery
- 1983 – 1985 Tutor for Organic Chemistry, University of Dayton

HONORS AND AWARDS

2001 NY State Medal of Freedom for active duty after September 11 tragedy

2000 Medical Director of the Year-Specialty Rehabilitation Group

1996 – 1997 Journal publication on Hypoxic Brain Injury

1990 Block Drug National Dental Student Essay Award for paper on the complications of local anesthetics with epinephrine

1981 – 1985 Graduated Cum Laude in Pre-Medicine, University of Dayton
Awarded Honors Pin, Pre-Medicine, University of Dayton
Dean's List each semester, University of Dayton

BOOK CHAPTERS and REVIEWS

LiVecchi, MA "Spinal Cord Injury" in Continuum, A Program of the American Academy of Neurology, in press 2011.

PROFESIONAL ORGANIZATIONS

2006 Board Certification in Spinal Cord Medicine

1998 – Present ► Diplomat Member, American Board of Physical Medicine and Rehabilitation, Board Certified
► Fellow Member American Academy of Physical Medicine and Rehabilitation

1994 – Present American Medical Association

1995 Successful completion of USMLE Steps 1, 2 and 3

1990 Successful completion of National Board Dental Examination

1990 – Present American Dental Association

PERSONAL INFORMATION:

Home Address: 57 Bosworth Field, Mendon, NY 14506

Home Telephone: 585-582-3030

Page: 585-323-0050

Date of Birth: 07/22/63

Social Security:

Marital Status: Married

Email: maldmdmd@aol.com



Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHL, MD, ASSOCIATE MEDICAL DIRECTOR
MAY 21, 2012

CLINICAL ISSUES

Trauma Center Verification by the ACS

New York State will no longer be performing Trauma Center verifications and is expecting this to be done by the American College of Surgeons. The application process with the ACS has been started. We anticipate that we will need to clarify trauma activation guidelines, guidelines for admission to off service vs. trauma service, address backup OR issue, compile research activities, improve documentation of physician response, and consider a program (SBIRT) for alcohol related injuries.

Clinical Documentation Initiative

The physician response rate has remained high - 100% this past month - agreement rate of 93% (240 Queries).

ALC (Alternative Level of Care) Patients

The total numbers of ALC days were up significantly in the beginning of this year, which negatively impacts on length of stay and hospital profitability. We are partnering with nursing homes with lower occupancy rates for potential solutions. We made significant improvements in April, averaging 9.2 ALC patients per day; however, this has crept up to 12.9 per day for May.

Emergency Department Throughput

Total ED visits have increased by 6.3% for 2012 year to date and hospital admissions from the emergency department are up by 4.2% compared with 2011.

Operating Room Utilization

The operating room volume for 2012 year to date is up by 3.1% compared to 2011 (despite running one room short of 2011 due to renovations). In order to improve room turnover to goal of under 25 minutes (national average) we are changing the approach to room turnover from "hard stop" to "hard go" from the recovery room 20 minutes after "wheels out" of prior case.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the April 8th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.



Senior Vice President of Nursing

ERIE COUNTY MEDICAL CENTER CORPORATION

**Report to the Board of Directors
Karen Ziemianski, RN, MS
Acting Director of Nursing
Assistant Director of Nursing, Medical/Surgical**

May, 2012

May 1, 2012 - ECMC Educational Program for Emergency Medical Service Providers

Presenters included Dr. Anthony Billitiere, Dr. Mark Anders and Karen Beckman, RN, MS. A keynote address was given by our CEO, Jody Lomeo.

May 1, 2012 - Outstanding Staff Nurse Award

The Nursing Department received notification from the Professional Nurses Association of WNY, District One, that Julie Reinhardt, RN, Charge Nurse on 7 zone 2, has been selected as the winner of the "Outstanding Staff Nurse" Award. The award will be presented to Julie at a banquet to be held on June 5th at Salvatore's Italian Gardens.

May 5, 2012 - National Nurses' Week Community Event

ECMC sponsored a National Nurses' Week Informational Display and Table at the Walden Galleria Mall. Participants were Paula Quesinberry, RN, for Stroke Awareness, Andy Grzeskowiak, RN for Diabetic Teaching, and Karen Beckman, RN, MS for Emergency Room Nursing.

May 9, 2012 - Daemen College Celebration

Daemen College held a reception to celebrate their first graduating class in the Doctor of Nursing Practice Program. The function was attended by ECMC Nurse Management staff, as well as nursing faculty from the various colleges of nursing in the region.

May 12, 2012 - ECMC Collaboration with Mt. Olive Baptist Church

The ECMC Nursing Department has collaborated with the Mount Olive Baptist Church in hosting a 16-week comprehensive weight loss and health promotion for 52 congregation participants. This initiative is being referred to as, "The Biggest Loser". ECMC nurses Karen Beckman, RN, MS, Paula Quesinberry, RN and Andy Grzeskowiak, RN will be providing health education to the participants.

ERIE COUNTY MEDICAL CENTER CORPORATION

May 15, 2012 - Annual Critical Care Nursing Conference

The 3rd Annual Critical Care Nursing Conference was held at Salvatore's Italian Gardens. This year's topic was, "Basing Your Practice on the Evidence." Conference faculty included Dr. Jan Powers, who holds a PhD in Nursing and is a Fellow of Critical Care Medicine, and was attended by over 150 guests. The following nurses and staff from the Inservice Department and critical care specialties were represented on the Planning Committee, chaired by Cameron Schmidt, RN:

Lindsey Blair, RN
Peggy Cramer, RN
Audrey Hoerner, RN
Jeremy Hoover
Timothy Kline, RN
Melinda Lawley, RN

Ginny Leyh, RN
Cheryl Nicosia, RN
Julianne Peleckis, RN
Linda Schwab, RN
Elizabeth Tona, RN

May 18, 2012 - Nursing Department Email "Go-Live"

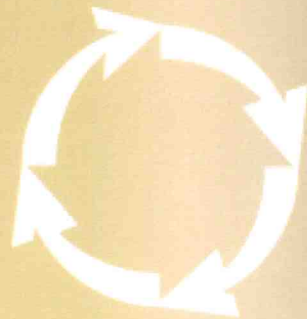
The Nursing Department went live with connection to the Email System, piloted by Judy Haynes, RN, 7 zone 1 Unit Manager, in collaboration with John Cumbo and Leslie Feidt of the Information Technology Department.

2012

GET WITH THE GUIDELINES[®]

HEART FAILURE

GOLD



American
Heart
Association

American
Stroke
Association[®]

The American Heart Association and American Stroke Association recognize this hospital for achieving at least two years of 85% or higher adherence to all Get With The Guidelines[®] program quality indicators to improve quality of patient care and outcomes.

ACHIEVEMENT



The American Heart Association proudly recognizes
ERIE COUNTY MEDICAL CENTER

On this date, April 8, 2012 as a
Get With The Guidelines – Heart Failure
GOLD Achievement Award Hospital
Recognition valid from April 2012 to April 2013

The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Heart Failure Achievement indicators for two or more consecutive 12 month intervals to improve quality of patient care and outcomes.

Nancy Brown
Chief Executive Officer,
American Heart Association

Lee H. Schwamm, MD, FAHA
Chairperson: Get With The Guidelines®
Steering Committee

Gordon F. Tomaselli, MD, FAHA
2011-2012 President,
American Heart Association



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, MAY 8, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	BISHOP MICHAEL A. BADGER, CHAIR RON CHAPIN MICHAEL HOFFERT	JODY L. LOMEO FRANK B. MESIAH
--	--	----------------------------------

BOARD MEMBERS EXCUSED: JOSEPH ZIZZI, SR., M.D.
RICHARD F. BROX

ALSO PRESENT: KATHLEEN O’HARA MARK BARABAS
CARLA DICANIO-CLARKE KAREN HORLACHER
JANET BULGER NANCY TUCKER

I. CALL TO ORDER

Chair Bishop Michael A. Badger called the meeting to order at 10:10 a.m.

II. RECEIVE & FILE

Moved by Bishop Michael A. Badger and seconded by Frank Mesiah to receive the Human Resources Committee minutes of the March 13, 2012 meeting.

III. CSEA NEGOTIATIONS

Carla DiCanio-Clarke reported that the negotiations team met with CSEA at the end of March and again in April. The next scheduled meeting is May 14th. Proposals were exchanged and priced out. Health insurance, wages, holidays and lunch hours are being negotiated. Discussion ensued regarding how to reduce health insurance costs.

IV. NYSNA NEGOTIATIONS

Kathleen O’Hara stated that negotiations with the Certified Registered Nurse Anesthetists have concluded. Negotiations with NYSNA for the general contract have not begun as of yet.

V. AFSCME

AFSCME demanded impact negotiations regarding the role of Community Mental Health Worker IIIs. Labor and Management met at the end of March where the duties of Community Mental Health Worker IIIs were discussed.

VI. BENEFITS AND WELLNESS

Nancy Tucker reported that National Walk at Lunch Day was held on April 25, 2012. Participation was up 10 % from last year.
ECMCC also participated in the United Way Baby Shower where various new baby items were donated by employees.
Plans are underway for Open Enrollment which will take place mid-October.
The fitness center will tentatively be completed by June/July.

ERIE COUNTY MEDICAL CENTER CORPORATION

VII. TRAINING

Mandatory Customer Service training through the Employee Assistance Program is continuing to be offered throughout 2012. If employees cannot attend a live session, recordings have been loaded into Medworxx.

Kathleen O'Hara presented a training entitled "Taylor Law and Civil Service" to managers.

VIII. WORKERS COMPENSATION UPDATE

The TPA has been moved from Corvel to Travelers.

The workers compensation report was distributed. Total number of incidents reported is trending with 2011 data. Discussion was held regarding the increase in calendar days away. It was mentioned that the reason could be re-injuries.

Safe Patient Handling Training was talked about. Bed lifts and new housekeeping carts are amongst the improvements to reduce injuries. Michael Hoffert made a request for data showing a decrease in injuries due to new equipment.

IX. ERIE COUNTY HOME

A report submitted by Nancy Curry was distributed. It outlines various activities that are taking place leading up to the move to the Grider Street Campus.

X. NURSING TURNOVER RATES

March Hires – 4.5 FTES – 2.5 FTES Med/Surg, 1 FTE Behavioral Health & 1 FTE Critical Care
25.5 FTES hired YTD. (2.5 LPN FTES hired, 2 FTES Med/Surg, .5 FTE Hemo. 9.5 LPN FTES hired YTD)

March Losses – 6 FTES - .5 FTE Med/Surg (became a NP), 1 FTE Behavioral Health (retired), 2 FTES ED (1 FTE retired, 1 FTE new job), 2 FTES Critical Care (1 FTE terminated, 1 FTE retired), .5 FTE OR. (12 FTES lost YTD)

Turnover Rate .8% (.4% without retirees)

Quit Rate - .4% (.26% without retirees)

Turnover Rate YTD – 1.59% (1.06% without retirees) 1.19% 2011

Quit Rate YTD – 1.32% (1.06% without retirees) .79% 2011

April Hires – 18.5 FTES – 12.5 FTES Med/Surg, 4 FTES Behavioral Health and 2 FTES Critical Care. 46 FTES hired YTD. (6.5 FTES hired, 3 FTES Med/ Surg, 1 FTE Behavioral Health, 2.5 FTES Hemo. 16 FTES hired YTD)

Recruitment Activities

Attended GCC Job Fair with Peggy Cieri 3/8/12

Attended Trocaire Job Fair 3/14/12

Attended D'Youville job Fair with Shirley Csepegi 4/11/12

XI. RETIREE RECEPTION

Administration and Management of ECMCC will host a dessert reception for retirees on June 22 at 2pm in the Staff Dining Room.

XII. INFORMATION/OTHER

An employee turnover report was distributed.

XII. ADJOURNMENT

Moved by Bishop Michael A. Badger to adjourn the Human Resources Committee meeting at 11:15am.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

May 2012

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

Disaster Recovery Vendor Selection. Through the request for proposal (RFP) process, ECMC has selected Tri-Delta as our Information Systems' disaster recovery vendor. The following systems/processes have been identified as phase 1 of this initiative: Meditech C/S (inpatient), Allscripts Enterprise (ambulatory EHR) and Merge (PACS; picture archiving and communications system). The team will be working with the vendor and ECMC business owners over the next several months to develop business continuity plan and begin initial testing.

Clinical Automation: ED Computerized Physician Order Entry (CPOE). The team is preparing for a June 19th, 2012 go live for ED department. This includes performing system integrated/parallel testing, preparing radiology and pharmacy order catalog, training and communication program and development of support program. Successful completion of this project will fulfill the CPOE objective placed by the ARRA Meaningful Use Stage 1.

ARRA Meaningful Use Inpatient Report Card. ECMC continues to strive toward completing Meaningful Use Stage 1 by July 1st, 2012. This involves the completion of CCD record development and testing, workflow for patients to review an electronic copy of their patient discharge instructions and medical record. This will allow the organization to attest on for completion of MU Stage 1 for inpatient on October 1, 2012.

Working with the business owner, we are preparing for attestation for Clevehill Family Practice and Grider Health Family Practice for attestation for MU Stage 1 on October 1, 2012.

Microsoft Exchange System (Email) Upgrade. The team completed the nursing roll out pilot to ensure that the process for communication, training and login was appropriately defined. Next steps will include roll out to entire nursing staff.

Departmental Operational Efficiencies. The HIS department has developed and begun supporting an online service request system providing a mechanism for our customers to submit requests in lieu of submitting paper or verbal requests. This will allow our organization to better track, prioritize and manage all requests and work being performed for our customers.



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
May 29, 2012

Marketing

“True Care” and “Expansion” marketing campaign for 2012 in market
Mammography Bus expected to start June 1 and marketing underway

Planning and Business Development

Meeting held with Orthopedic physicians to discuss renovation of orthopedic floor and clinic space
Operation Room expansion filed and initial questions answered
Coordinating Accelero Orthopedic and General Surgery margin initiative
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings
Working with Professional Steering Committee and assisting all subcommittees
Managing CON processes
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Dr. Howard Sperry practice has over 1500 patients and ancillary business has had significant referrals
Two large Southtown primary care physicians underway
Another large primary care practice in development
In discussions with four large specialty practices looking to affiliate with ECMC
Presentations made to two rural hospitals for affiliations, second meeting with Wyoming held
New Oncologist, Dr. Muhammad Ahmed, started in May

Media Report

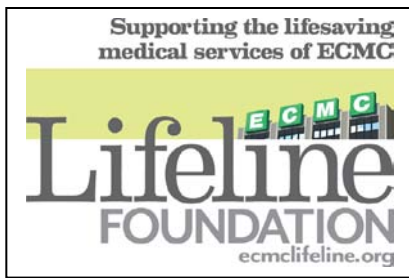
- **WGRZ-TV, Channel 2: Local Woman Donates a Kidney to a Stranger, Gains a Lifelong Friend.** Channel 2 follows the story of both the donor and the recipient from first contact to the completed successful surgery.
- **NY Daily News; NY Times; United Press International; Scientific America: Obese drivers not buckling up, at greater risk of dying in car crashes.** A study from the University of Buffalo, conducted by Professor Dietrich Jehle, said that very overweight drivers faced an increased risk of death in a severe crash and that they were 67 percent less likely to be wearing seat belts. Dr. Dietrich Jehle, Associate Medical Director, is quoted.
- **WKBW-TV, Channel 7; Buffalo YNN: The Commodores make stop at ECMC gala.** Erie County Medical Center and the ECMC Lifeline Foundation welcomed Motown legends, The Commodores to the 2012 Springfest Gala.
- **Buffalo Business First: Billittier joins D’Youville as dean.** Anthony Billittier, emergency physician at Erie County Medical Center, will become dean of the School of Health Professions at D’Youville College.
- **Buffalo Business First: Erie County Medical Center is considering a \$15 million operating room expansion.** The new space would complement the 12 existing operating rooms on campus.
- **WIVB-TV, Channel 4: Teens using hand sanitizer to get drunk.** Dr. Anthony Billittier, who works in the emergency department at ECMC, says it’s a concern across the country.

Community and Government Relations

Campaign for employees, community agencies, and community members completed for HEAL grant
Meetings held with various community groups regarding mammography bus and events scheduled
Great Lakes Health meeting held with Hispanic community
Preparing for Corporate Challenge



Executive Director, ECMC Lifeline Foundation



ECMC Lifeline Foundation Report For ECMCC Board of Directors May 29, 2012

Submitted by
Susan M. Gonzalez, Executive Director

Campaign to Support Regional Center of Excellence for Transplantation and Kidney Care

- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes continue biweekly and monthly Campaign Cabinet Member meetings are scheduled. Tours and meetings with prospective donors and campaign cabinet members are being scheduled.

Grant Initiatives

- Lifeline Foundation continues to collaborate with various hospital departments to apply for grants to assist with securing goods and services not currently funded through hospital departmental budgets. Applications completed since last meeting include:
 NYSDOT - grant for wheelchair accessible van for SNF
 Christopher Reeves Foundation – technology grant for patients with spinal cord injuries
 Maria Love Foundation –dialysis and transplant patient medical & transportation expenses
 Genentech – support for Shanor Memorial Transplant Fund

Event News

▪ **Springfest Gala 2012**

The Lifeline Foundation Board of Directors & staff wish to thank the entire ECMC community for their generous support of the Gala. The evening was a tremendous celebration of ECMC and its dedicated employees. With over 1250 guests the Gala was the Hospital’s most well attended fundraiser to date. Almost 200 attendees were employees and their guests afforded the opportunity to attend through “Outstanding ECMC Employee Sponsorships”

Financials to date:

Sponsorship	\$420,400
In-kind	\$ 69,733
Cash other (tickets, donations)	\$ 28,810
	<u>\$518,543</u>

▪ **Shanor Memorial Golf Tournament – Monday, July 23, 2012 at River Oaks**

The 10th annual tournament will fund the Rick & Genelle Shanor Memorial Transplant Fund which will now benefit the Regional Center of Excellence for Transplantation & Kidney Care at ECMC through Lifeline. This fund has benefitted the Kaleida Foundation in the past and now Lifeline is pleased to be working on this event with our Transplant Physician Team to provide additional resources for our program.

▪ **Tournament of Life Golf Classic – Monday, August 13, 2012 at Park Country Club**



Sponsorship & Underwriting opportunities are available at various levels including afternoon flight foursomes. Morning flight foursome reservations are also being accepted by calling the Lifeline Foundation at 898-4478.

NEW BUSINESS

**OLD
BUSINESS**



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, APRIL 23, 2012 AT 11:30 A.M.**

Attendance (Voting Members):

Y. Bakhai, MD	C. Gogan, DDS	
W. Belles, MD	R. Hall, MD, DDS	
G. Bennett, MD	J. Izzo, MD	
N. Dashkoff, MD	J. Kowalski, MD	
H. Davis, MD	M. Manka, MD	
S. Downing, MD	K. Pranikoff, MD	
N. Ebling, DO	J. Reidy, MD	
G. Feld, MD (Assoc. Radiology)	R. Venuto, MD	
R. Ferguson, MD		
W. Flynn, MD		

Attendance (Non-Voting Members):

K. Ziemianski, RN	M. Barabas	R. Krawiec
J. Fudyma, MD	L. Feidt	R. Cleland
D. Jehle, MD	R. Gerwitz	S. Gonzalez
B. Murray, MD	C. Ludlow, RN	C. Gazda, RN
J. Lomeo	M. Sammarco	
S. Ksiazek, RHP	A. Victor-Lazarus, RN	

Excused:

D. Amsterdam, PhD	T. Loree, MD	
A. Arroyo, MD	J. Lukan, MD	
A. Chauncey, PA	K. Malik, MD	
S. Cloud, DO	R. Schuder, MD	
R. Desai, MD	P. Stegemann, MD	
T. DeZastro, MD	J. Woytash, MD	

Absent:

None.		

I. CALL TO ORDER

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

II. MEDICAL STAFF PRESIDENT'S REPORT – J. Kowalski, MD

- A. The Seriously Delinquent Records report was included as part of Dr. Kowalski's report.
- B. Dr. Kowalski requested a moment of silence at the passing of Dr. Zale Bernstein. He made great contributions to the hospital and to the field of oncology and hematology. He will be greatly missed.

- C. The Committee welcomes Dr. Feld, Associate Director of Radiology, attending for Dr. DeZastro and Karen Ziemianski, Interim Director of Nursing.

III. UNIVERSITY REPORT – Dean Cain, MD

- A. No report this month. See Chief Medical Officer for University updates.

IV. THROUGHPUT UPDATE – John Fudyma, MD; Arthur Orlick, MD

- A. An update was provided by Drs. Manka, Orlick and Fudyma on the progress of the throughput initiative. Dr. Manka reports steady progress on his work with the orthopedic group. Dr. Orlick advised he is working on scheduling and telemetry transport is a big issue so a program is being developed to limit unnecessary ordering of telemetry. Issues related to rounding and discharges prior to noon are being reviewed. An improvement with discharge orders being written and placed in the chart prior to noon is already being realized though time out of the hospital still lags likely due to transportation and patient home care provider issues. Details on all initiatives were provided to the committee.

V. SUSPENSION OF HOSPITAL PRIVILEGES FOR RESIDENTS – J. Izzo, MD

- A. Dr. Izzo raises concern regarding adverse resident behavior and the role of the Chief of Service versus the Program Director. Dr. Murray provided clarification of the Bylaws and who grants privileges to the residents. He outlined that this is not executed by the Medical Executive Committee. The matter was then referred to Executive Session.

V. CEO/COO/CFO BRIEFING

A. CEO REPORT - Jody Lomeo

- a. **CHANGE IN ADMINISTRATION** – Mr. Lomeo advised that Bonnie Glica is no longer with ECMC as the Director of Nursing and Karen Ziemianski has stepped into the role on an interim basis.
- b. **CARDIOVASCULAR SERVICES (Great Lakes Health)** – Mr. Lomeo reminded the committee that it was agreed to administer one cardiac program under GLH with two sites, Global Vascular Institute and ECMC. Pursuit of the needed approval from the DOH is underway. Initial meetings have commenced with providers to outline the details and address the needs of the programs.
- c. **NYS HEAL GRANT OUTCOME** –It is expected to receive a response in about 8 weeks due to the number of requests for the funds.

- d. **OUTPATIENT OPERATING SUITES** – No update at this time. Still awaiting approval of the CON from the State.
- B. PRESIDENT’S REPORT – Mark Barabas, President and COO**
- a. **TRANSPLANT INPATIENT UNIT** – The 10th floor renovations are on target and the additional 11 private rooms should be open by June.
 - b. **PARKING** – Phase I of the parking renovation will be underway shortly. Reassignment of parking spaces in front of the DK Miller Building will be placed on the second floor of the new parking deck.
- C. FINANCIAL REPORT – Michael Sammarco, CFO**
- a. **VOLUMES/FINANCIAL REPORT** – Discharges were very high with over 1,000 acute care discharges for the month. Average LOS was 5.9 which is an improvement. Financially the hospital had a \$100,000 surplus with a consolidated gain of \$33,000 with the Erie County Home. While this is a small gain, a more significant loss was expected. YTD financials reflect a \$2.6 operating loss which is an improvement over previous year of an \$8 million loss.

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

A. UNIVERSITY AFFAIRS

The matter concerning the Neurology resident on the consult service will be revisited at this month’s GMEC meeting on Tuesday April 17th. I will provide an update. A letter of great distress at this move will be drafted by the President of the Medical Staff and signed by the Medical Executive Committee and submitted to the Dean of the University.

B. PROFESSIONAL STEERING COMMITTEE

Next meeting is scheduled for June 2012.

C. CLINICAL ISSUES

UTILIZATION REVIEW	January	February	March	YTD vs.2011
Discharges	919	852	999	up 6.0%
Observation	108	130	136	down 19.0%
LOS	6.8	6.9	6.1	up 6.0%
CMI	1.95	1.99	2.10	up 2.2%
Surgical Cases	843	793	831	up 4.8%
Readmissions (30d)	14.0%	14.0%		

D. ICD-10 DEADLINE PUSHED BACK ONE YEAR.

Washington Federal health officials are using an administrative simplification rule to propose delaying by one year the" ICD-10 deadline. HHS estimates that cutting red tape for health professionals and plans will save them up to \$4.6 billion in administrative costs during the next decade. According to HHS Secretary Kathleen Sebelius, "these important simplifications will mean doctors can spend less time filling out forms and more time seeing patients."

E. DISTINGUISHED MEDICAL STAFF NEWS

Dr. Joseph Izzo is named the 2012 recipient of the prestigious American Society of Hypertension's Clinical Hypertension Award, to be presented May 21 in New York City. <http://www.ash-us.org/>

Also in May, **Dr. Anne Curtis** will receive the Heart Rhythm Society's Distinguished Service Award in recognition of her outstanding contributions to the Heart Rhythm Society. <http://www.hrsonline.org/>

F. MEDICARE SPENDING PER BENEFICIARY REPORT

CMS recently released the first version of this report which provides information on individual hospital's performance on the Medicare Spending Per Beneficiary (MSPB) Measure that CMS intends to make public on the *Hospital Compare* website. CMS expects to include this measure in future years of the Hospital Value-Based Purchasing (VBP) program. The Hospital VBP program is designed to improve the efficiency and quality of care by providing financial incentives to hospitals based on their performance on selected quality measures. As part of the Hospital VBP Program, the MSPB Measure assesses Medicare Part A and Part B payments for services provided to a Medicare beneficiary during a spending per beneficiary episode that spans from three days prior to an inpatient admission to 30 days after discharge. The payments included in this measure are price-standardized and risk-adjusted to remove sources of variation not directly related to hospitals' decisions to utilize care. Detailed measure specifications, including exclusions, the payment standardization methodology, and an MSPB Measure calculation example, can be found at:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772053996>

G. TEXTING ON CELL PHONES

Caution regarding use of texting and HIPAA violations were discussed. A solution regarding use of cell phones with patient information is being reviewed by IT and Leslie Feidt to address privacy issues.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

A. CLINICAL ISSUES

a. Transfer Center

We will start marketing the transfer center information to outlying hospitals – cards completed and being printed.

b. Smoking Policy for Patients

We have adopted a new smoking policy for our patients. We will need to work on enforcement, smoking cessation counseling and provision of drug treatment of nicotine withdrawal (patch).

c. Clinical Documentation Initiative

The physician response rate has remained high - 99% this past month - agreement rate of 95% (over 200 Queries).

d. ALC (Alternative Level of Care) Patients

The total numbers of ALC days were up significantly in the beginning of this year, averaging approximately 20 ALC patients per day. This negatively impacts on length of stay and hospital profitability. We are partnering with nursing homes with lower occupancy rates for potential solutions. We have made significant improvements in April, averaging 9.2 ALC patients per day.

e. Emergency Department Throughput

Total ED visits have increased by 6.9% for 2012 year to date and hospital admissions from the emergency department are up by 4.3% compared with 2011.

f. Operating Room Utilization

The operating room volume for 2012 year to date is up by 2.4% compared to 2011 (despite running one room short of 2011 due to renovations).

B. PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the April 10th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

VIII. ASSOC. MED DIRECTOR REPORT – John Fudyma, MD

- A. Dr. Fudyma provided report at the Medical Staff Meeting on April 18, 2012 and therefore has no report for this meeting.

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

- A. **HONORING ZALE BERNSTEIN, MD** – A chair has been dedicated to Dr. Bernstein in the Smith Auditorium.
- B. **COMPUTERIZED PHYSICIAN ORDER ENTRY (Care Plans Committee)** – Sue provided an update on the work of this group. The go-live for the ED portion is slated for about mid-June and additional work is underway regarding review of order sets in preparation of CPOE throughout the hospital. A physician-based order set committee will be coordinated to review order sets prior to input into the system. The final sets will be submitted to the Medical Executive Committee as a monthly standing item for approval.

X. LIFELINE FOUNDATION – Susan Gonzalez

- A. Written report received and filed. A brief update on the Capital Campaign Committee was provided.
- B. **SPRINGFEST, Saturday, May 12, 2012 – Buffalo Convention Center** – Support is requested for the event and a new option to sponsor an employee table at a reduced rate was announced. The “Commodores” will be playing a 90 minute show as part of the event. Over 1,000 guests are expected with a projection of \$450,000 in revenue.
- C. **GOLF OUTING** – Please submit reservations as the event sells out quickly.

XI. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: March 26, 2012	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of April 3, 2012	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 Meeting: Minutes of, 2012	Received and Filed
	1. Discharge Planning Acknowledgement Form	Reviewed and Approved
	2. Patient Health Questionnaire*	Reviewed and Approved
	3. Telemetry Admit Order Revision*	Reviewed and Approved
D.	P & T COMMITTEE – Minutes of April 4, 2012	Received and Filed
	1. Antiinfective Subcommittee Minutes - Approve	Reviewed and Approved
	2. Ticagrelor (Brilinta®)- add to Formulary, restricted to Cardiology & prior therapy.	Reviewed and Approved
	3. Naltrexone extended Release (Vivitrol®)-Add to Formulary, restricted to Outpatient Use Only	Reviewed and Approved

	4. Chlordiazepoxide – add Alcohol Rehab and Age <65 to current restrictions	Reviewed and Approved
	5. Doxercalciferol oral – restrict to Outpatient Dialysis	Reviewed and Approved
	6. TI-05 Statins – Approve revision	Reviewed and Approved
	7. TI-52 Carisoprodol – Approve Policy	Reviewed and Approved
	8. TI-53 Oxymorphone – Approve Policy	Reviewed and Approved
	9. TI-54 Doxercalciferol IV to PO – Approve Policy	Reviewed and Approved
	10. TI-55 Oral Vitamin D Anaologs – Approve Policy	Reviewed and Approved

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

B. NEW BUSINESS AND ADDITIONAL ITEMS

- a. MOTION to approve POLICY- Security Measures with Inpatients from Correctional Facilities/Jail.**

MOTION UNANIMOUSLY APPROVED

- b. MOTION to approve POLICY- Visitor Hours.**

MOTION UNANIMOUSLY APPROVED

- c. MOTION to NOMINATE and APPOINT Dr. Dietrich Jehle, Interim Chair of the Transfusion Committee, replacing Dr. Bernstein.**

MOTION UNANIMOUSLY APPROVED

- d. MOTION to SUPPORT Nurses Week Luncheon in the amount of \$5,000 from the Medical Dental Staff Treasury with our sincere appreciation of our hard-working nursing staff.**

MOTION UNANIMOUSLY APPROVED

- e. MOTION, in response to urgent patient need, to revise the Erie County Medical Center Medical Dental Staff Rules and Regulations, Part I as follows:**

I.H. CONSULTATIONS (CONT'D NEXT PG)

3. Qualifications and Report. A consultant must be qualified to give an opinion in the field in which his or her opinion is sought based upon his or her delineation of privileges. The consultant shall write and sign a report of findings, opinions and recommendations that reflects an actual examination of the patient and the patient's medical record. The consultant's report shall be completed and included in the patient's medical record within twenty-four (24) hours of the request for such a consultation. If the report has been dictated, but not recorded in the patient's chart, a brief note must be placed in the chart at the time of the evaluation to that effect and a note summarizing the consultant's findings must be made in the chart within the twenty-four (24) hour time period.

(add) - 4. *In limited circumstances where it may be impractical or not clinically required to provide the consultative service within 24 hours, the timeframe for the completion of the consult can be at the discretion of the Chief Medical Officer or designee.*

MOTION UNANIMOUSLY APPROVED

XIII. OLD BUSINESS

A. NONE

XIV. NEW BUSINESS

A. Dr. Bennett raised the issue of cardiovascular needs at the hospital, as the program is merged with Kaleida. Dr. Murray responded that a group is established to review the issues.

MOTION to form an advisory group to establish a needs assessment regarding one program, two site cardiac model at ECMC. The advisory group will be formed by and report to the Medical Executive Committee.

Moved by Dr. Bennett and seconded by Dr. Venuto. Discussion ensued.

**VOTE: 0- Yes; 5- No; 6-Abstained
MOTION FAILED.**

XV. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 1:40 p.m.

Respectfully submitted,



Timothy DeZastro, M.D., Secretary
ECMCC, Medical/Dental Staff

Reading Material



**From the
Chief Executive Officer**



Local Woman Donates A Kidney To A Stranger, Gains A Lifelong Friend

9:32 AM, May 15, 2012 | comments

Written by
Scott Brown

FILED UNDER
Top Story

Buffalo, N.Y. - For the last 18 months, Mitch and Cheryl Stone of Jamestown have been looking for, and praying for, an angel.

Not an angel like Clarence, from the movie "It's A Wonderful Life," but a real angel.

And that's because Mitch Stone's once wonderful life has been slowly ebbing away, his kidneys are dying.

"It's really draining. I'm tired all the time," said Mitch.

Mitch can no longer do all the things he loved- travel with Cheryl, go to Bills games with his sons, or get on the floor and play with his five grandchildren.

Mitch Stone: "I think the thing that bothers me the most is seeing my nine year old granddaughter worrying about me.

Cheryl Stone: "That's been the hardest thing, when my kids look at their dad, or the grandkids."

Two summers ago, Mitch placed his profile on the Western New York Kidney Connection, a website for people who are in need of a donor, but he never received any responses.

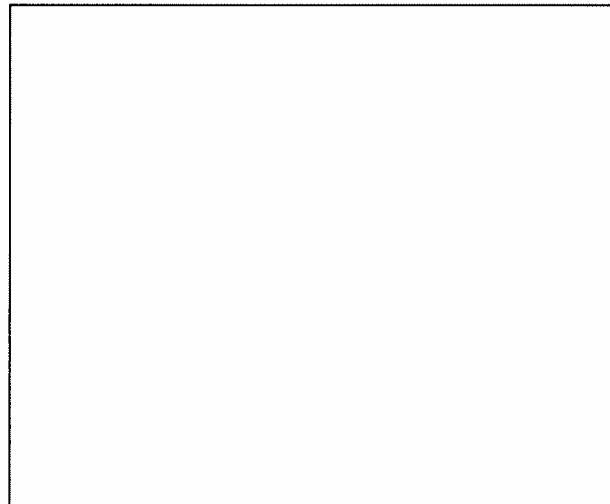
Then about three months ago, Mitch and Cheryl were watching TV when they saw our 2 On Your Side's story about a guy from North Tonawanda, Greg Emminger, who donated one of his kidneys to a complete stranger- a stranger whose profile he found on the Kidney Connection.

Scott Brown: "When you saw the story on TV what was your reaction?"

Mitch Stone: "I actually cried, it was very heart warming, it was a miracle, just a miracle that there's people out there like that."

Cheryl Stone: "It gave us hope because

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Greg was a stranger and you don't hear many of those stories. So when we walked away from that we said we still do have hope and there still is good people out there, so we just prayed everyday and every night."

It turns out that they wouldn't have to pray for very much longer.

And that's because about 45 minutes away, Diane Bookhagen of Springville was also watching TV that night. She saw our story as well.

Diane Bookhagen: "It was incredibly moving, and I started thinking about what obstacles would be in the way that would prevent me from doing something similar and I couldn't come up with good reasons."

And so the very next day Diane went to the Kidney Connection website and came across Mitch's profile.

Scott Brown: "What was it about Mitch's profile that moved you?"

Diane Bookhagen: "On Mitch's profile he had this awesome family portrait. I come from a big family and I imagine all those people in that great portrait were concerned about him."

Within a day, Diane e-mailed Mitch: "Dear Mr. Stone, I read your profile on Kidney Connection and was quite moved, I've considered becoming a living donor for quite some time."

Scott Brown: "Were you surprised when she

e-mailed you?"

Cheryl Stone: "Oh, tremendously. It was the morning, the morning or two after Greg's story. So that was like unbelievable that it could happen so quick."

From there, Mitch and Cheryl and Diane started e-mailing back and forth, and although Diane didn't tell the Stones right away, she had already decided to become Mitch's donor, that angel they had been waiting for.

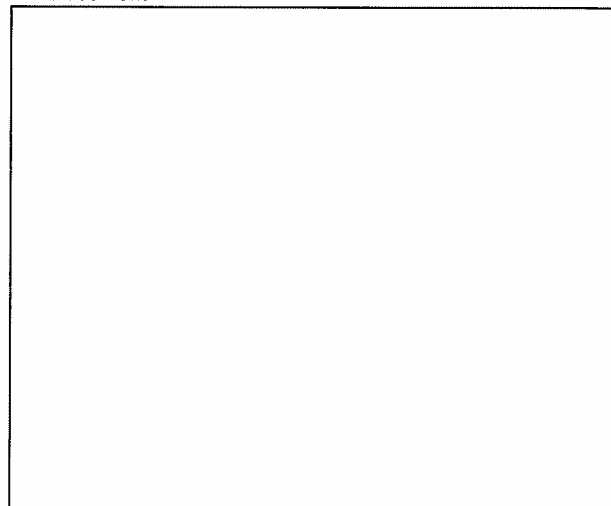
The e-mails revealed that Diane and her husband Bruce and Mitch and Cheryl all shared a deep faith.

Cheryl Stone: "We just figured God had a plan for us."

Diane Bookhagen: "I believe this is part of His plan for me, I can relax and let it happen, so for me it's been very comforting and it's connected us."

And although they all felt very connected,

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they still hadn't actually met.

But that all changed one week before surgery, when Mitch and Diane happened to be scheduled for their final tests at the same time at ECMC, and saw each other in the waiting room.

And it was there that all of the anticipation, the praying, and the waiting came together in the hug to end all hugs.

Scott Brown: "What's it like to meet this guy?"

Diane Bookhagen: "It's amazing, just amazing I'm so excited, so happy to meet him, we feel like we know each other through e-mail already. It's awesome to see him in the flesh it's wonderful very exciting."

Mitch Stone: "Very emotional, very excited, just elated, just wonderful, hard to put into words, hard to put into words."

From there, the Mitch and his angel went through their final tests in adjoining rooms.

Then a last hug and a kiss and the surgery that will connect Diane and Mitch forever is all set.

It's the morning of the transplant.

Mitch is prepped and ready to go, Diane has already been in surgery for a few hours.

Scott Brown: "Are you anxious, nervous, confident, how do you feel?"

Mitch Stone: "Confident, not nervous at all. I'm at peace, not worried at all, very relaxed."

Dr. Mark Laftavi is the surgical director of the transplant program at ECMC.

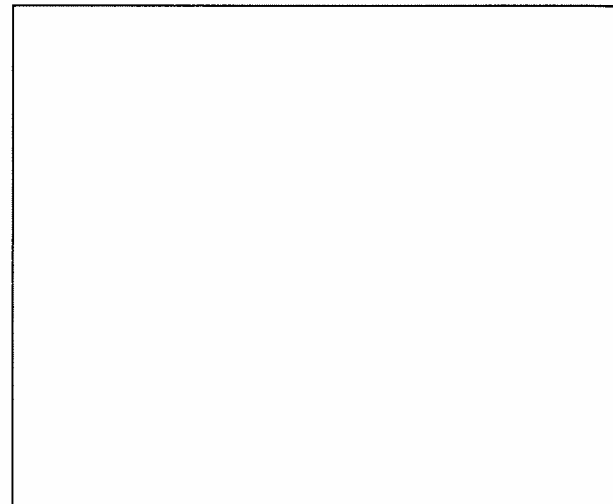
ECMC is the new transplant center for Western New York. Because both the hospital and the two families want to increase awareness about living donors, they allowed us into the operating rooms for the actual transplant.

While Diane's kidney is being removed in one O.R., Mitch is being operated on in the room next door as Dr. Laftavi prepares him to receive Diane's kidney.

The less time the a donor kidney is without oxygen, the better the chance that the transplant will be successful.

Dr. Mark Laftavi: "The beauty of the kidney transplant from the living donor as you see that they are done simultaneously so the kidney's out and comes into this patient

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immediately."

The actual removal of Diane's kidney takes just one minute. Dr. Laftavi walks by us with Diane's kidney, and Mitch's future, in his hands. He places it in an ice filled tray and then the doctor walks next door into Mitch's operating room.

It will take about an hour for the transplant, Mitch's virtually worthless kidneys will be left in his body.

As soon as the transplant is complete, Diane's kidney begins to work immediately in Mitch's body.

Dr. Mark Laftavi: "So that is different than what we get from a deceased donor where the kidney might now work right away. Therefore the quality of the kidney is less than what you get from a living donor. If the kidney works on the table, normally they do much better long term. Getting a kidney from a living donor is like getting a brand newcar compared to a used car."

A few hours later, Mitch is closed up and the transplant is finished.

Dr. Mark Laftavi: "So far everything looks very good, I'm very happy with the result."

Mitch's family gets the great news from the doctor just a few minutes later.

Cheryl Stone: "He told us that Mitch did great, Diane did great, he's producing urine, that's the number one priority and we're just all so happy."

Eight days later, Mitch's angel, now minus one kidney, gets to see him for the first time since the surgery.

They embrace once again.

Diane Bookhagen: "Oh, it's so good to see you again. Look at your pink cheeks!"

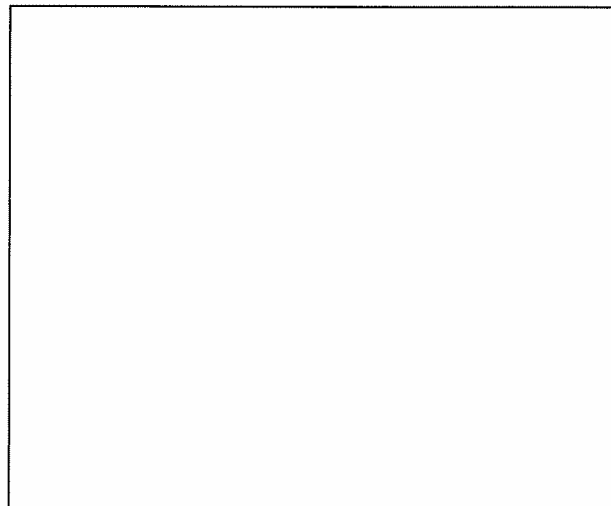
And then man whose cheeks are now once again full of life, gives Diane a pin that signifies that they are now forever joined.

One half of the pin says "I gave the gift of life," the other half, that Mitch will wear says "I received the gift of life."

And even though it was Diane who helped to save Mitch's life, she tells Mitch that she's writing him a letter to thank him for how he's changed hers.

Diane Bookhagen: "I need to get you that letter because you need to know what I've gotten out of this. You have given me a lot, you have given me a lot. And some of it you can't put a price tag on and I'll remember it

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all my life."

Mitch Stone: I still can't believe someone I didn't know donated me a kidney and now that person is no longer a stranger, she's a close friend."

Diane Bookhagen: "Just because we didn't know each other, we're all put here to take care of each other and it was my privilege to do that."

Scott Brown: "If a friend of yours said I'm thinking about donating, what would you tell them?"

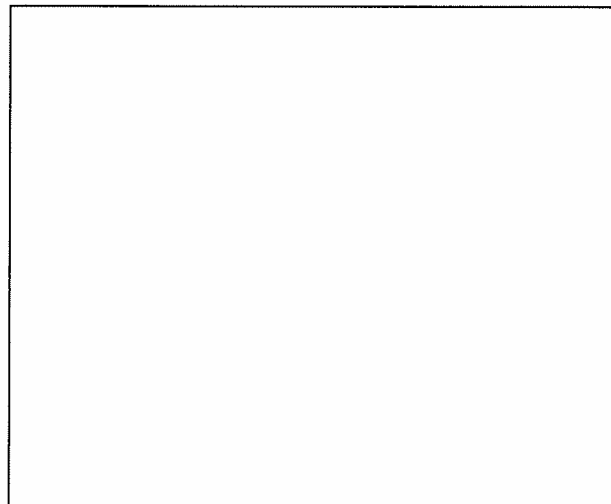
Diane Bookhagen: "I would totally encourage them 100 percent. It's something beyond my wildest dreams, I'd do it again tomorrow.

In the end, it turns out that Mitch and Diane are now not only joined by a kidney, but by the hearts as well.

If you're interested in learning more here's the Kidney Connection website:

<http://wnykidneyconnection.org/>

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DAILY NEWS

Obese drivers not buckling up, at greater risk of dying in car crashes: study

People with 'normal' weight 67% more likely to wear a seatbelt than a morbidly obese driver

NEW YORK DAILY NEWS

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Obese drivers are refusing to buckle up and paying it with their lives, according to new research.

A study from the University of Buffalo in New York, to be presented May 10 at the Society for Academic Emergency Medicine in Chicago, has found that obese drivers are far less likely to wear seatbelts than drivers with a normal weight.

The study suggested that a normal weight individual is 67% more likely to wear a seatbelt than a morbidly obese driver, after studying over 300,000 accidents held in a US government database.

Interestingly, Professor Dietrich Jehle's team found that the relationship was linear -- the more obese a person is, the less likely they were to wear a seatbelt.

The same research team found two years ago that a morbidly obese person faces a risk of fatality in a crash that's increased by 56% -- for those moderately obese, the risk of death is increased by 21%.

Interestingly, underweight and normal-sized drivers were slightly more likely to die in a crash than drivers defined as just 'overweight', ostensibly because they often sit too close to the steering wheel and don't have added mass for protection.

Back then, the researchers called for seats to be made more adjustable to accommodate different sizes of people, as well as for manufacturers to start using obese dummies in crash tests -- a call likely to be repeated in this week's report.

With obesity levels in many developed countries rising (one third of the US population is estimated to be obese), the study is likely to prompt new approaches to buckling up.

"The question is: Is there something we can do to cars to make them safer for the obese? How can we make it more likely for people, including the overweight or obese, to wear seatbelts?" commented Jehle.

Another solution, of course, would be for the population in developed countries to begin to slim down, and not just for the safety benefits.

IS WEIGHT-LOSS SURGERY RIGHT FOR YOU?

Research conducted in 2006 by the University of Illinois suggested that in the U.S., drivers consume at least a billion gallons more gas than they would if the population was as trim as it was in the 1960s.

For every additional pound (0.45 kg) of weight, the US uses up another 39 million gallons (136 million liters) of fuel -- enough to make anybody get out and walk.

AFP/Relaxnews

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TOP STORIES

05/12/2012 11:06 PM

The Commodores make stop at ECMC gala

By: Antoinette Bryant

BUFFALO, N.Y. - Motown legends stopped in Buffalo Saturday to swoon the crowd at a hospital fundraiser.

The Commodores, minus Lionel Richie, were at the Convention Center for Erie County Medical Center's Springfest Gala. During the gala, two clinicians were honored with Distinguished Service Awards for their services at ECMC.

All proceeds from the event benefit the hospital's medical services and patient care, as well as a new pink mammography bus that will offer free breast screenings.

Organizers hope to have raised more than half a million dollars Saturday.

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This was printed from Business First

Billittier joins D'Youville as dean

Business First by Allissa Kline, Buffalo Business First Reporter

Date: Monday, April 30, 2012, 11:10am EDT

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The former Erie County Department of Health commissioner is set to begin a new post at D'Youville College this week.

[Anthony Billittier IV](#) will become dean of the School of Health Professions, effective May 1, according to a news release. He will oversee five departments — chiropractic, dietetics, occupational therapy, physical therapy and physician assistant — and the development of course quality, program and curriculum development, department budgets, accreditation activities and collaborative relationships.

Billittier, a physician who specializes in emergency medicine, was appointed county health commissioner in 2000 by then-County Executive [Joel Giambra](#) and the New York State Health Commission. He left the position this year when new County Executive [Mark Poloncarz](#) appointed [Gale Burstein](#), a pediatrician at Women and Children's Hospital of Buffalo, to the job.

Billittier will continue, on a part-time basis, as an emergency physician at [Erie County Medical Center](#). He is a graduate of SUNY Geneseo and the [University at Buffalo](#) School of Medicine and Biomedical Sciences, where he is an associate professor.

Allissa Kline covers financial services, accounting and public companies

From the Business First

:<http://www.bizjournals.com/buffalo/print-edition/2012/04/27/ecmc-mulls-15m-or-expansion.html>

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ECMC mulls \$15M OR expansion

Business First by Tracey Drury, Buffalo Business First Reporter

Date: Friday, April 27, 2012, 6:00am EDT

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Erie County Medical Center is considering a \$15 million operating room expansion.

The hospital filed plans this week with the state Department of Health to build two operating rooms within the new medical office building on campus that also houses the Regional Center of Excellence for Transplantation & Kidney Care.

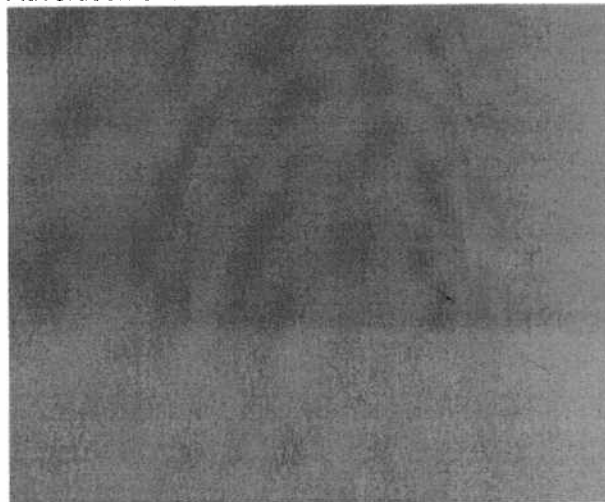
The new space would complement the 12 existing operating rooms on campus.

The plan calls for using space on the second floor of the facility for two operating rooms, specifically for outpatient orthopedics procedures. ECMC will build out space for four operating rooms, though two will be "shelled" for future ...

Tracey Drury covers health/medical, nonprofits and insurance

Teens using hand sanitizer to get drunk

Advertisement



Updated: Wednesday, 25 Apr 2012, 5:44 PM EDT
 Published : Wednesday, 25 Apr 2012, 5:44 PM EDT

- Ed Drantch
- Posted by: Eli George

BUFFALO, N.Y. (WIVB) - A warning for parents: Are your children going to a new extreme to get drunk? Teenagers looking for a buzz are drinking hand sanitizer to get drunk and ending up in the hospital.

Because the alcohol content is so high in hand sanitizer, kids are hitting the pump, rather than hitting the bottle. The antiseptic, germ-killing gel has more than 60-percent alcohol inside.

Dr. Anthony Billittier works in the emergency department at Erie County Medical Center and says it's a concern across the country.

"Intoxication has a whole spectrum of effects all the way from minimal to death. Hand sanitizer, in order for it to be effective, if it contains alcohol, it needs to contain a lot of alcohol," explained Dr. Billittier.

The LA Times is reporting kids are mixing hand sanitizer with one item found in any kitchen: salt. It separates out the alcohol and becomes a very potent brew.

Dr. Billittier stated, "Some of them contain up to 85 percent alcohol, which is almost pure alcohol. That would be 170 proof."

"Is it dangerous? Absolutely. And is it really going to hurt somebody? Absolutely," said Jodie Altman.

She sees first hand the problems with alcohol and other drugs. Altman works to rehabilitate kids with addiction problems at the Renaissance House in West Seneca.

"The issue with adolescents is by nature they're risk takers. They want the new hot thing. They want whatever's out there that someone says, 'Here, try this.' They try it. Regardless of the fact that it's poisonous, regardless of the fact that it's not good for them, they're going try it," she said.

Despite the new teen craze, few, if any, cases have been reported locally. The label itself warns of inhaling or ingesting the substance, saying it is only to be used on your hands.

If someone does drink hand sanitizer, you're urged to call Poison Control.

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