

BOARD OF DIRECTORS

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

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, November 27, 2012

2:30 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
healthcare and true care™



AGENDA FOR THE
REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION

TUESDAY, NOVEMBER 27, 2012

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	APPROVAL OF THE MINUTES OF THE NOVEMBER 9, 2012 SPECIAL MEETING OF THE BOARD OF DIRECTORS.	29-30
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III.	RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON NOVEMBER 27, 2012.	
IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
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	QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN	----
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Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS
TUESDAY, OCTOBER 30, 2012
ECMCC STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq., Chair Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin	K. Kent Chevli, M.D. Kevin E. Cichocki, D.C. Sharon L. Hanson Dietrich Jehle, M.D. Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	Anthony M. Iacono Thomas P. Malecki, CPA	Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Jody L. Lomeo Ronald Bennett	Michael Hoffert Kevin Pranikoff, M.D.
Also Present:	Mark C. Barabas Donna Brown Richard Cleland Anthony Colucci, III, Esq. Janique Curry Leslie Feidt William Flynn, MD John Fudyma, MD Susan Gonzalez Joseph Kowalski, MD	Ronald Krawiec Susan Ksiazek Charlene Ludlow Kathleen O'Hara Michael Sammarco Karen Ziemianski Janet Bulger, CSEA Karen Horlacher, NYSNA

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES OF THE SEPTEMBER 25, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Bishop Michael Badger and seconded Richard Brox to approve the minutes of the September 25, 2012 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. A Resolution Supporting the Level I Trauma Designation

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

Motion Approved Unanimously. Copy of resolution is attached.

B. A Resolution Authorizing the First Amendment to the 2009 Settlement Agreement with the County of Erie

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

Motion Approved Unanimously. Copy of resolution is attached.

C. A Resolution Authorizing the Corporation to Abolish Positions

Moved Richard Brox and seconded by Douglas Baker.

Motion Approved Unanimously. Copy of resolution is attached.

D. A Resolution Authorizing the Issuance of a Negative Declaration for the Behavioral Health Center of Excellence Project

Moved Bishop Michael Badger and seconded by Richard Brox.

Motion Approved Unanimously. Copy of resolution is attached.

E. A Resolution Authorizing Certain Standardized Equipment and Related Components Pursuant to General Municipal law §103(5)

Moved Richard Brox and seconded by Bishop Michael Badger.

Motion Approved Unanimously. Copy of resolution is attached.

F. A Resolution Authorizing Discretionary Purchase from Minority or Women-Owned Business Enterprise

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

Motion Approved Unanimously. Copy of resolution is attached.

G. A Resolution Authorizing Certain Standardized Equipment and Related Components Pursuant to General Municipal Law §103(5)

Moved Sharon L. Hanson and seconded by Frank Messiah.

Motion Approved Unanimously. Copy of resolution is attached.

H. A Resolution Authorizing Discretionary Purchase from Minority and Women-Owned Business Enterprise – Proximity Cards

Moved Bishop Michael Badger and seconded by Richard Brox.

Motion Approved Unanimously. Copy of resolution is attached.

I. A Resolution Authorizing Naming of the New Long Term Care

Moved Douglas Baker and seconded by Richard Brox.

Motion Approved Unanimously. Copy of resolution is attached.

J. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments October 2, 2012

Moved Bishop Michael Badger and seconded by Richard Brox.

Motion Approved Unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

Moved by Douglas Baker and seconded by Frank Mesiah 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. 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:
- A. 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

- The disaster team did a phenomenal job preparing for Hurricane, and ultimately Superstorm, Sandy. Fortunately, the weather cooperated and did not affect the Western New York area.
- A Strategic Planning Retreat will take place on Tuesday, November 27th to discuss the future vision of ECMC in five years.
- We successfully attested to completion of Stage 1 of "Meaningful Use." ECMC will receive \$3.4 million in funding, as a result.
- A consultant from Chicago has been brought in to evaluate, and better secure, the ECMCC campus.
- NYSNA negotiations will begin October 30, 2012.
- Russell Salvatore has donated almost \$200,000 to purchase flatscreen televisions for every patient room. A press event will take place later in November.
- The Sabres Wine Festival event is November 14, 2012. The money raised directly funds the mammography bus.
- KC and the Sunshine Band will be the entertainment at Springfest 2013.
- Lifeline currently has open nominations for their Board of Directors.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through September 30, 2012 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Richard Brox and seconded by Douglas Baker to receive and file the September 30, 2012 reports as presented by the Corporation's Management.

The motion was approved unanimously.

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

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

Motion approved unanimously.

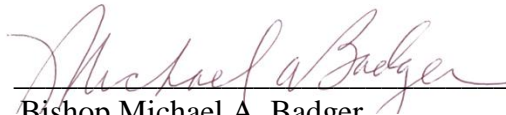
VIII. RECONVENE IN OPEN SESSION

Moved by Richard Brox and seconded by Kevin Cichocki, D. C. to reconvene in Open Session at 6:40 P.M.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Bishop Michael Badger and seconded by Sharon L. Hanson to adjourn the Board of Directors meeting at 6:40 P.M.



Bishop Michael A. Badger
Corporation Secretary

A Resolution Supporting the Level I Trauma Designation

Approved October 30, 2012

WHEREAS, the Erie County Medical Center was initially designated as a Regional Trauma Center by the New York State Department of Health in 1994; and

WHEREAS, the Erie County Medical Center has and continues to provide emergency, specialty and subspecialty clinical trauma services as well as professional and public education, injury prevention research and performance improvement programs; and

WHEREAS, the Erie County Medical Center will continue to meet all of the requirements and criteria associated with a Level I Trauma Center designation and desires to obtain formal designation as a Level I Trauma Center;

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

1. The Board of Directors of the Erie County Medical Center Corporation fully supports the designation and maintenance of Erie County Medical Center as a Level I Trauma Center.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution Approving the First Amendment to
The 2009 Settlement Agreement with the County of Erie**

Approved October 30, 2012

WHEREAS, the Corporation and the County of Erie, New York (the "County") entered into a Settlement Agreement dated December 30, 2009 (the "Settlement Agreement") in an effort to resolve certain outstanding issues between these two governmental entities in the best interests of the citizens of Erie County; and


WHEREAS, since executing of the Settlement Agreement, the County and the Corporation have identified several issues that remain outstanding between them and believe it is in the continued best interests of the citizens of Erie County to amend the Settlement Agreement to resolve some of those issues; and

WHEREAS, since 2004, the County has been obligated to pay several million dollars for workers compensation benefits for former employees of the ECMC Healthcare Network, and likewise, the Corporation has incurred both expenses and liabilities for retiree health costs for persons previously in the employ of the County;

WHEREAS, the Corporation has negotiated in good faith with the County and has agreed to a First Amendment to the Settlement Agreement that creates an increased EOS credit in favor of the County while obligating the County to annually repay the Corporation for retiree health costs commencing in 2015;

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

1. The First Amendment to the Settlement Agreement executed by the Corporation's Chief Executive Officer and attached to this resolution is hereby ratified and approved.
2. Following approval of the First Amendment by the Erie County Legislature, the Corporation shall apply to New York State Supreme Court, County of Erie, for an order approving the First Amendment.
3. This resolution shall take effect immediately.


Bishop Michael A. Badger
Corporation Secretary

**A Resolution Authorizing
the Corporation to Abolish Positions.**

Approved: October 30, 2012

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:

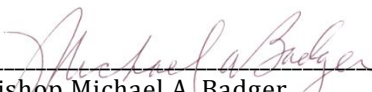
1. Based upon the review and recommendation of the Chief Executive Officer, the following positions are abolished:

Mammography Technician
Mammography Technician

Position RPT #6352
Position # 51003815

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 Issuance of a Negative Declaration for the Behavioral Health Center of Excellence Project.

Approved October 30, 2012

WHEREAS, Erie County Medical Center Corporation (the "Corporation") was created by New York Public Authorities Law Article 10-C, Title 6 (the "Act") and is authorized and empowered by Section 3630(3) of the Act to enter into contracts for the planning, design and construction of health facilities; and

WHEREAS, the Corporation has determined that it is appropriate and in the public interest that the Corporation enter into contracts for the design, planning and construction of a new Behavioral Health Center of Excellence, which project is referred to as the Erie County Medical Center Corporation Behavioral Health Center of Excellence (the "Action"); and

WHEREAS, the Corporation determined that it would serve as Lead Agency pursuant to the State Environmental Quality Review Act ("SEQRA") with respect to the Action; and

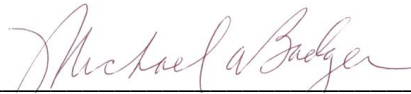
WHEREAS, the Corporation, as Lead Agency, in making a Determination of Significance with respect to the Action, has considered the Action, has examined the completed Environmental Assessment Form and has reviewed and discussed each criterion for determining significance set forth in Part 617.7 of the SEQRA Regulations.

NOW THEREFORE, BE IT RESOLVED:

1. Based upon a consideration of the Action, an examination of the completed Environmental Assessment Form, a review and discussion of each criterion for making a Determination of Significance set forth in Part 617.7 of the SEQRA regulations, and such further investigation of the Action and its environmental impacts, if any, the Corporation has deemed appropriate, the Corporation makes the following findings with respect to the Action:
 - a. No potentially large impacts on the environment from the Action are identified in the Environmental Assessment Form.
 - b. The Action is not expected to trigger any significant adverse impacts, including those examples of impacts listed in Part 617.7 of the SEQRA Regulations.
2. Based upon the foregoing investigation of the potential environmental impacts of the Action and considering both the magnitude and importance of each potential environmental impact, the Corporation makes the following determinations:

ERIE COUNTY MEDICAL CENTER CORPORATION

- a. The Action will not have a significant adverse impact on the environment and an environmental impact statement will not be prepared with respect to the Action; and
 - b. The Corporation hereby authorizes the preparation of a Notice of Determination of Non-Significance (“Negative Declaration”) and the filing of such Negative Determination and ENB Notice Publication Form in accordance with the requirements of SEQRA and the SEQRA regulations.
3. This resolution shall take effect on November 2, 2012.



Bishop Michael A. Badger, Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution Authorizing Certain Standardized Equipment and Related Components Pursuant to
General Municipal Law §103(5)**

Approved October 30, 2012

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] was created by New York Public Authorities Law Article 10-C, Title 6 [the "Act"] and is subject to General Municipal Law Section 103; and

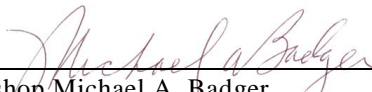
WHEREAS, pursuant to General Municipal Law Section 103(5), for purposes of efficiency and economy the Corporation may adopt a standardization resolution pursuant to which particular makes, models and brand named items may be specified in bid documents; and

WHEREAS, in connection with the behavioral health center of excellence project, the Corporation will purchase and install additional parking lot lighting fixtures, which the Corporation desires to be compatible with existing lighting fixtures installed in ECMCC's recently renovated parking lots; and

WHEREAS, the Corporation has determined that, for purposes of economy and efficiency, it is in the best interests of the Corporation to standardize the procurement of the Corporation's parking lot lighting fixtures to the Gardco/Gullwing make.

NOW THEREFORE, BE IT RESOLVED:

1. The uniformity and compatibility of the Corporation's exterior parking lot lighting fixtures is important to the efficient and economical operation of the health care facilities located at the Corporation's Grider Street campus.
2. To ensure that the parking lot lighting systems and equipment to be purchased and installed on the campus in the future are compatible with and similar to existing systems and equipment, the Gardco/Gullwing make of exterior lighting fixtures shall be specified in the competitive bidding process.
3. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors Authorizing Discretionary Purchase from
Minority or Women-Owned Business Enterprise**

Approved October 30, 2012

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] is a public benefit corporation subject to Article 15A of the Executive Law ["Participation by Minority Group Members and Women with Respect to State Contracts"] and Section 2879 of the Public Authorities Law ["PAL"]; and

WHEREAS, the Corporation has established an overall annual goal of 20% of eligible expenditures to be directed to New York State certified minority and women-owned business enterprises ["MWBEs"]; and

WHEREAS, pursuant to PAL Section 2879(3)(b), where commodities or services are available from New York State certified minority and women-owned business enterprises ["MWBEs"], upon the approval of the Board of Directors, a purchase not exceeding the discretionary procurement threshold of two hundred thousand dollars (\$200,000) may be made from an MWBE without a formal competitive bidding process; and

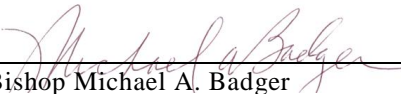
WHEREAS, the Corporation intends to award several contracts for commodities and services related to the new long-term care facility, the value of which are not expected to exceed the discretionary purchase threshold; and

WHEREAS, the Corporation has received quotes for commodities and services from the vendors listed in Exhibit A, which quotes are reasonable and below the discretionary purchase threshold; and

WHEREAS, the Board of Directors wishes to authorize the award of the contracts for the services and commodities listed in Exhibit A to the MWBE vendors listed in Exhibit A without issuing formal competitive bids.

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

1. The Corporation hereby authorizes the purchase of the services and commodities listed in Exhibit A from the NYS certified MWBE vendors listed in Exhibit A without formal competitive bidding.
2. This Resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

EXHIBIT A
DISCRETIONARY MWBE PURCHASES

MWBE Vendor	Services or Commodities to be Purchased	Reasonableness of Price	Estimated Expenditure
Ziske-Kraftwerks Inc.	Material Handling equipment and shelving	Quotes solicited	Under \$50,000
A Plus Moving Services Inc.	Moving services and supplies from Erie County Home to new Long Term Care Facility	Quotes solicited	Under \$50,000

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution Authorizing Certain Standardized Equipment and Related Components Pursuant to
General Municipal Law §103(5)**

Approved October 30, 2012

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] was created by New York Public Authorities Law Article 10-C, Title 6 [the "Act"] and is subject to General Municipal Law Section 103; and

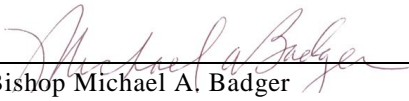
WHEREAS, pursuant to General Municipal Law Section 103(5), for purposes of efficiency and economy the Corporation may adopt a standardization resolution pursuant to which particular makes, models and brand named items may be specified in bid documents; and

WHEREAS, in connection with the behavioral health center of excellence project, the Corporation may be required to purchase and install certain equipment and systems that are required to be pre-approved by the Office of Mental Health ["OMH"]; and

WHEREAS, for purposes of efficiency and economy, with respect to the behavioral health center of excellence project and other future projects that require procurement and installation of OMH approved products, it is in the best interests of the Corporation to standardize to those products that are listed in the OMH manual of pre-approved products for use in behavioral health facilities (OMH Patient Safety Standards, 8th Edition, July 31, 2012, as may be superseded by later editions), so that such products may be specified in bidding documents issued by the Corporation.

NOW THEREFORE, BE IT RESOLVED:

1. The uniformity, compatibility and OMH approved status of products procured for and installed in the behavioral health center of excellence and facilities under OMH jurisdiction is important to the efficient and economical operation of the health care facilities located at the Corporation's Grider Street campus.
2. To ensure that the products to be purchased and installed in the behavioral health center of excellence and other facilities under OMH jurisdiction are compatible with and similar to existing systems and comply with OMH requirements, the makes and models listed in the OMH manual of pre-approved products for use in behavioral health facilities (OMH Patient Safety Standards, 8th Edition, July 31, 2012, as may be superseded by later editions) may be specified in the competitive bidding process.
3. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors Authorizing Discretionary Purchase from
Minority or Women-Owned Business Enterprise**

Approved October 30, 2012

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] is a public benefit corporation subject to Article 15A of the Executive Law ["Participation by Minority Group Members and Women with Respect to State Contracts"] and Section 2879 of the Public Authorities Law ["PAL"]; and

WHEREAS, pursuant to PAL Section 2879(3)(b), where commodities or services are available from New York State certified minority and women-owned business enterprises ["MWBEs"], upon the approval of the Board of Directors, a purchase not exceeding the discretionary procurement threshold of two hundred thousand dollars (\$200,000) may be made from an MWBE without a formal competitive bidding process; and

WHEREAS, the Corporation intends to install new parking and access control systems that utilize proximity card reader technology; and


WHEREAS, in conjunction with the implementation of the new parking and access control systems, the Corporation intends to award a purchase contract for proximity cards, the value of which is not expected to exceed the discretionary purchase threshold; and

WHEREAS, the Corporation has received a quote for the proximity cards from Systems Management Planning, Inc., a qualified MWBE vendor, which quote is reasonable, below state contract pricing and below the discretionary purchase threshold; and

WHEREAS, the Board of Directors wishes to authorize the award of the contract for proximity cards to Systems Management Planning, Inc. without issuing a formal competitive bid.

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

1. The Corporation hereby authorizes the award of the purchase contract for proximity cards to Systems Management Planning, Inc., a certified MWBE vendor, without formal competitive bidding.
2. This Resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

A Resolution Naming the New Long Term Care Facility

Approved October 30, 2012

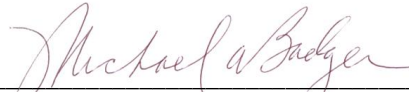
WHEREAS, the Corporation is authorized by law to own and operate a long term care facility and has operated the Erie County Home for many years; and

WHEREAS, the Corporation has been engaged in the development of land adjacent to Erie County Medical Center for the purpose of providing a new long term care facility for residents of the existing Erie County Home; and

WHEREAS, the Corporation sought input from current residents of the Erie County Home for purposes of naming the new long care facility and a recommendation has been received and has been considered by the Board of Directors;

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

1. The new long term care facility shall be named the "Terrace View Long Term Care Facility"
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
October 2, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman
Timothy G. DeZastro, MD
Susan Ksiazek, R.Ph., Director of Medical Staff Quality and Education
David G. Ellis, MD (ex officio)

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist
Elizabeth O'Connor, Reappointment Specialist
Emilie Kreppel, Practice Evaluation Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *
Richard E. Hall, DDS PhD MD FACS *
Joseph M. Kowalski, MD (ex officio) *
Andrew J. Stansberry, RPA-C *
Gregg I. Feld, MD *
Dietrich V. Jehle, MD (ex officio) *
Brian M. Murray, MD (ex officio) *
Philip D. Williams, DDS *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of September 4, 2012 were reviewed and accepted with the following changes:

Family Medicine

*Marcia Shiel, FNP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Stephen Evans

was presented to the Credentials Committee on September 4, 2012 for reappointment anticipating action by the Medical Executive Committee on September 24, 2012. The applicant subsequently submitted notice of a voluntary resignation effective September 19, 2012. (See below)

**Subsequent to the meeting, MDSO was notified that above listed practitioner was joining another practice affiliated with RCMCC/ECH. Resignation rescinded; membership and privileges active.*

Two staff members were slated for automatic conclusion at the August Medical Executive Committee to occur at the end of their appointments on November 1, 2012.

Internal Medicine

John C. Corbelli, MD Active Staff:

Grzegorz P. Rozmus, MD Associate Staff:

As of the September meeting, neither physician had submitted re-appointment packets, and therefore listed as pending conclusions as of November 1st. Subsequent to the September meeting, the paperwork was received and processed for the October meeting (refer to re-appointment section) and scheduled for approval by the Board of Directors at its October meeting.

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.

Deceased – None

Application Withdrawn – None

Resignations:

Scott J. Belote, MD

Emergency Medicine

as of September 19, 2012

ERIE COUNTY MEDICAL CENTER CORPORATION

Susan McLanahan, RPA-C
Julian L. Ambrus, Jr., MD

Internal Medicine
Internal Medicine

as of September 29, 2012
as of October 1, 2012

APPLICATION PROCESSING CONCLUSION

Plastic and Reconstructive Surgery

Paul Tomljanovich, MD

Applied, Active Staff

After multiple information and documentation requests, the 180 day window for application processing defined in the Credentials Manual has been exceeded. The committee recommends conclusion of application processing.

CHANGE IN STAFF CATEGORY

Neurosurgery

James G. Egnatchick, MD

Courtesy, Refer and Follow to Active Staff

CHANGE IN SUPERVISING PHYSICIAN

Family Medicine

Julia Szafranski, RPA-C

from Dr. David Eubanks to Dr. Stephen Evans

Orthopaedic Surgery

Kristen M. Salvamoser, RPA-C

from Dr. Lawrence Bone to Dr. Philip Stegemann

PRIVILEGE ADDITION

Anesthesiology

Renee M. Mapes, DO

- Anesthesia For: - Cardiac Surgery
- Supervision of Cardiopulmonary bypass
- Trans Esophageal Echocardiography

Amy Kortman, CRNA

Placement of Intra-Arterial Catheter:

- Femoral
- Brachial

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (11)

B. Reappointment Review (11)

Eleven initial appointment and eleven 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 (11)**

Emergency Medicine

Jennifer Pugh, MD

Active Staff

Family Medicine

Pamela A. Eaton, ANP

Allied Health Professional

Collaborating Physician: Charles W. Yates, MD

Shaikh Manzoor, MD

Active Staff

The applicant does not possess Board Certification and is not board eligible. Recruitment efforts for Family Medicine applicants at the Erie County Home have been difficult. The committee advises the Chief of Service to petition the Medical Executive Committee for a waiver and defers action until received. Place on Consent Calendar for discussion.

Internal Medicine

ERIE COUNTY MEDICAL CENTER CORPORATION

Kelly Marotta, FNP Allied Health Professional

Collaborating MD: Nancy C. Ebling, DO

Kaunteya Reddy, MD Active Staff

The committee anticipates imminent receipt of medical licensure documentation necessary for and followed by medical liability insurance approval documentation prior to October MEC and BOD meetings. {Rec'd}

Roslyn Romanowski, MD Active Staff

The applicant does not possess current Board Certification but is eligible and reportedly is reapplying. The committee endorses the application with notification by the chair to inform the applicant of the bylaws requirement to provide documentation to the committee from the specialty board of the status of the current eligibility process AND to achieve board certification within four (4) years of the date of appointment to the Medical-Dental Staff.

Oral & Maxillofacial Surgery

Tara Halliwell-Kemp, DDS, MD Active Staff

Plastic & Reconstructive Surgery

Toan Nguyen, MD Active Staff

Psychiatry

Annemarie Mikowski, DO Active Staff

Rehabilitation Medicine

Christopher Radziwon, PhD Allied Health Professional

Surgery

Karee Chella, ANP Allied Health Professional

Collaborating Physician: Richard O. Bloomberg, MD

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (11)

Anesthesiology

Renee M. Mapes, DO Active Staff

Amy J. Kortman, CRNA Allied Health Professional

Family Medicine

Charles W. Yates, MD Active Staff

Internal Medicine

John C. Corbelli, MD Active Staff

Entela Pone, MD Active Staff

Grzegorz P. Rozmus, MD Associate Staff

Orthopaedic Surgery – Podiatry

John P. Hurley, DPM Active Staff

Psychiatry

Mark J. Sokoloff, PhD Allied Health Professional

Radiology/Imaging Services – Teleradiology

Kate T. Doyle, MD Active Staff

Michael L. Hynes, MD MBA Active Staff

Rehabilitation Medicine

Kimberly A. Pierce, ANP Allied Health Professional

Collaborating Physician: Dr. Mary R. Welch

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

ERIE COUNTY MEDICAL CENTER CORPORATION

presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years. (An alternate option includes DEFERRAL and EXTENSION for up to one year to acquire additional data.)

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.

October 2012 Provisional to Permanent Staff	Provisional Period Expires
Cardiothoracic Surgery	
Regan, Brian, C., MS ANP	Allied Health Professional
<i>Collaborating Physician: Dr. Stephen W. Downing</i>	
Dentistry	
Jones, Damian, K., DDS	Active Staff
Emergency Medicine	
Switzer, Christa, RPA-C	Allied Health Professional
<i>Supervising Physician: Dr. Dietrich V. Jehle</i>	
Family Medicine	
Green, Merry, Lyn, ANP	Allied Health Professional
<i>Collaborating Physician: Dr. Steven Evans</i>	
Gynecology-Obstetrics	
Dolensek, Christian, B., DO	Active Staff
Mauricio, Arminda, MD	Active Staff
Internal Medicine	
Ahmad, Misbah, MD	Active Staff
Ammerman, Crystal, M., RPA-C	Allied Health Professional
<i>Supervising Physician: Dr. Nirmil D. Kothari</i>	
Pankewycz, Oleh, George, MD	Active Staff
Neurology	
Pereira, Lorianne, E., DO	Active Staff
Neurosurgery	
Levy, Elad, I., MD	Active Staff
Siddiqui, Adnan, H., MD PhD	Active Staff
Snyder, Kenneth, V., MD PhD	Active Staff
Ophthalmology	
Jung, Hoon, Chung, MD	Active Staff
Orthopaedic Surgery	
Hooper, Jason, D., RPA-C	Allied Health Professional
<i>Supervising Physician: Dr. Andrew C. Stoeckl</i>	
Jones, Joshua, MD	Active Staff
Sherban, Ross, DO	Active Staff
Plastic and Reconstructive Surgery	
Agro, Chandra, G., MS BSN FNP	Allied Health Professional

ERIE COUNTY MEDICAL CENTER CORPORATION
Collaborating Physician: Dr. Thom R. Loree

Psychiatry

Adelaja, Abiola, Oladapo, MD	Active Staff	10/31/2012
	<i>Current liability insurance verification vs. change in staff category to Courtesy, Refer and Follow in pursuit.</i>	

Antonius, Daniel, PhD	Allied Health Professional	10/03/2012
Oliveira, Maria, L., MD	Active Staff	10/31/2012

Surgery

Laftavi, Mark, Reza, MD	Active Staff	10/31/2012
Patel, Sunil, MD	Active Staff	10/31/2012

Urology

Tisdale, Britton, Edgett, MD BScPhm	Active Staff	10/31/2012
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FOR OVERALL

ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

None

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in February 2013		Last Board Approval Date
Anesthesiology		
Werth, Christopher, E., MD	Active Staff	02/01/2011
Family Medicine		
Singh, Ranjit, MD	Active Staff	02/01/2011
Internal Medicine		
Grandhi, Jayasree, MD	Active Staff	02/01/2011
Reed, Pamela, Diane, MD	Active Staff	02/01/2011
Rzepakowski, Neal, R., MD	Active Staff	02/01/2011
Ophthalmology		
Pfohl, George, W., MD	Courtesy Staff, <i>Refer & Follow</i>	02/01/2011
Oral Maxillofacial Surgery		
Campbell, John, H., DDS MD	Active Staff	02/01/2011
Orthopaedic Surgery		
Treanor, Joseph, A., RPA-C	Allied Health Professional	02/01/2011
<i>Supervising Physician : Dr. Philip Stegemann</i>		
Otolaryngology		
Simpson II, George, T., MD	Active Staff	02/01/2011
Psychiatry		
Cheruvu, Sreekrishna, MD	Active Staff	02/01/2011
Tan III, Alfonso, R., MD	Active Staff	02/01/2011
Radiology/Imaging Services		
Feld, Gregg, I., MD	Active Staff	02/01/2011

Reappointment Expiration Date: February 1, 2013
Planned Credentials Committee Meeting: November 6, 2012
Planned MEC Action date: November 19, 2012
Planned Board confirmation by: November 27, 2012
Last possible Board confirmation by: January 2013

FOR INFORMATION ONLY

OLD BUSINESS

Anoscopy Privileges

ERIE COUNTY MEDICAL CENTER CORPORATION

Dr. Sulaiman submitted the required evidence of supervised training for the above listed privilege. FPPE is satisfied via external review, with documentation filed in his credentials dossier.

Update on the ECH Medical Director

The designation of permanent medical leadership remains in process. Interim assignments shall remain in place until the transition is complete.

Cardiology Coverage by Hospitalist Midlevels

No update. 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.

Dr. Henry Reyes' Resignation

Follow-up to August Credentials Committee minutes: Dr. Reyes has not responded to additional outreach from the Medical-Dental Staff Office; Dr. Reyes is therefore considered resigned in good standing.

Privilege Form Revisions

INTERNAL MEDICINE

Work continues on a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) Form.

UROLOGY

A rough draft has been submitted to the Chief of Service for review and revision.

ORTHOPAEDICS

The Chief of Service has identified a preferred template design. A draft is in process, with the goal of presenting to the Credentials Committee at its November meeting.

ANESTHESIOLOGY

A final draft of the Anesthesiology privilege form was reviewed by the Chief of Service is attached below and is recommended to the Medical Executive Committee and Board of Directors for approval.

Employed Medical-Dental Staff List

HR recently resumed its employed Medical-Dental Staff list, which will be updated minimally every six months. This, partnered with the electronic physician on-boarding tool, should assist Risk Management and the Medical-Dental Staff Office with assuring that each practitioner has the appropriate liability insurance coverage.

Delegated Credentialing Audits

Due to fiscal constraints, the annual WellCare delegated credentialing review will be carried out this year and the next via desk audit. This necessitated the forwarding of electronic documents and copying of 16 (8 initial appointments and 8 re-appointments) for the home office in Tampa, Florida. Care is being taken to avoid privacy breaches, both of personal and professional information.

The annual on-site audit for Fidelis Care New York, is scheduled for November 14, 2012. The Credentials Committee acknowledged the Medical-Dental Staff Office for accommodating these insurance audits in a prompt and customer friendly manner.

Provisional to Permanent

At the August meeting, the Credentials Committee requested additional information from a physician slated for movement from Provisional to Permanent status. The documentation was received, reviewed by the Credentials Committee and found to satisfactorily meet the requirements outlined in the bylaws. The documentation was forwarded for filing in the practitioner's dossier.

On-boarding Update

The electronic on-boarding tool has been launched. It was designed as a performance improvement initiative to assist with real time communication between all stakeholder departments as new applicants for appointment to the Medical-Dental Staff are processed.

Cardiothoracic Nurse Practitioner Chest Tube Credentialing Criteria

At the September Credentials meeting, the committee entertained a request from the Chief of Service to waive the ACLS requirement for advanced practice (Nurse Practitioner) level Chest Tube privilege in lieu of greater than 10 years of

ERIE COUNTY MEDICAL CENTER CORPORATION

experience. The committee’s assessment was that for logistical and procedural reasons, credentialing criteria must be uniformly applied to all clinical departments and for patient safety reasons, should be consistently enforced. As well, length of experience does not necessarily equate with current competence.

The committee reviewed the response from the Chief of Service, citing that ACLS does not cover chest tube placement. The committee however notes that ACLS is a valuable skill to manage the complications of chest tube insertion and is viewed as a measurable marker of current knowledge and maintenance of advanced practice skills across affected departments.

As a comparison, current competency requirements have been defined by the SUNY Medial Consortium Guidelines and lists (three) 3 certified, supervised procedures plus ACLS for resident privileging.

The Credentials Committee again therefore opined that the existing criteria for current ACLS to maintain the privilege of Chest Tube Placement remains appropriate, and should continue to be applied for all midlevel requests for this and the other currently delineated advanced practice privileges.

To solve this dilemma, which also may involve cross institution credentialing of Allied Health Professionals, the committee recommends discussion and harmonization at the Great Lakes Steering Committee level. Service chiefs of the involved departments (Surgery, Cardiothoracic, Emergency Medicine, Internal Medicine, et. al.) could help define consistent requirements for mid-level practitioners for such inter-department advanced practice procedures.

Child Abuse Allegation Registry

The Office of Mental Health continues to seek verification in credentialing files that every Psychiatrist has been validated in the Child Abuse Allegation Registry. The Medical-Dental Staff Office has reached back to Behavioral Health to ensure this outstanding item has been completed. Awaiting the remaining documentation for the credentials files.

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 attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Wound Care Center Program Director

The Credentials Committee noted the announcement of the new program director for the Wound Care Center, Gigi Chen.

Dr. Agnes Pataki

The Medical-Dental Staff Office is readying packets for upcoming re-appointments. A letter was requested from the chair to the applicant to address a possible change in staff category, due to the absence of patient care activity and evidence of current liability insurance coverage.

Meeting Schedule for 2013

The Credentials Committee meeting schedule for 2013 was presented; dates shall remain the first Tuesday of every month at 3 P.M, with the exception of January. Due to the New Year’s holiday, the January 2013 meeting shall be held on the 8th.

Open Issues (Correspondence) Tracking

Open issues reviewed and noted, with follow up assigned.

OVERALL ACTION REQUIRED

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- Family Medicine (1 MD)
- Internal Medicine (2 MDs, 1 NP)

ERIE COUNTY MEDICAL CENTER CORPORATION

- Plastic and Reconstructive Surgery (1 FNP)

OPPE (Ongoing Professional Practice Evaluation)

- Neurology OPPE was successfully completed for 1 DO, 6 MDs and 1 PhD.
- Chiropractic OPPE was successfully completed for 8 DCs.
- OPPE for the department of Cardiothoracic Surgery has been successfully completed for 1 ANP, 1 FNP, 10 MDs and 5 RPA-Cs.
- Chemical Dependency OPPE has been successfully completed for 2 FNP, 8 MDs, 1 RPA-C and 1 WNP.
- Teleradiology OPPE has been successfully completed for 1 DO, 1 DVM, DO and 44 MDs.
- Internal Medicine OPPE second notices have been sent.
- Data has been received from the department of Plastic and Reconstructive Surgery.
- The Chief of Service for the department of Rehabilitation Medicine identified measures to be used for OPPE; data collation in process. All required mailings have been completed.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:15 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Att.

Minutes from the



Special Board Meeting

MINUTES OF THE SPECIAL BOARD TELECONFERENCE MEETING
FRIDAY, NOVEMBER 9, 2012
BOARD OF DIRECTORS CONFERENCE ROOM

Voting Board Members Present or Attending by Conference Telephone:	Kevin M. Hogan, Esq., Chair Sharon L. Hanson Douglas H. Baker Ronald A. Chapin K. Kent Chevli, M.D	Kevin E. Cichocki, D.C. Dietrich Jehle, M.D. Frank B. Mesiah Michael A. Seaman Thomas P. Malecki
Voting Board Members Excused:	Richard F. Brox Anthony M. Iacono	Joseph A. Zizzi, Sr., MD
Non-Voting Board Representatives Present:	Michael Hoffert	Jody L. Lomeo
Also Present:	A. J. Colucci, III, Esq.	

I. CALL TO ORDER

The Chair, Kevin M. Hogan, called the meeting to order at 4:05 p.m.

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

Entered into Executive Session at 4:05 P.M. to consider a matter made confidential by law, involving a personnel decision.

Motion approved unanimously.

VIII. RECONVENE IN OPEN SESSION

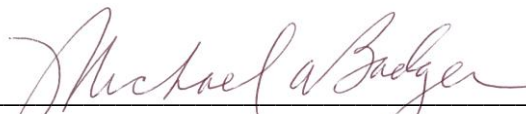
Reconvened in Open Session at 5:10 P.M.

Moved by Douglas Baker and seconded by Thomas Malecki that the Chair of the Board and General Counsel are authorized to offer an opportunity to the affected employee to resign in an expeditious manner.

Motion approved unanimously.

IV. ADJOURNMENT

Moved by Douglas Baker and seconded by Michael Seaman to adjourn the Board of Directors meeting at 5:10P.M.



Bishop Michael A. Badger,
Corporation Secretary

MINUTES OF THE SPECIAL BOARD TELECONFERENCE MEETING
WEDNESDAY, NOVEMBER 14, 2012

Voting Board Members Present or Attending by Conference Telephone:	Kevin M. Hogan, Esq., Chair	Sharon L. Hanson
	Bishop Michael A. Badger	Anthony M. Iacono
	Douglas H. Baker	Dietrich Jehle, M.D.
	Ronald A. Chapin	Thomas P. Malecki
	K. Kent Chevli, M.D	Frank B. Mesiah
	Kevin E. Cichocki, D.C.	Michael A. Seaman

Voting Board
Member Excused: Richard Brox

Non-Voting Board
Representatives Present: Kevin Pranikoff
Jody L. Lomeo

Also
Present: Anthony Colucci, III, Esq.

I. CALL TO ORDER

The Chair Kevin M. Hogan, called the meeting to order at 11:00am.

II. EXECUTIVE SESSION

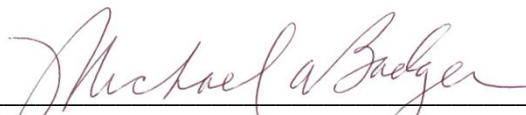
Upon motion duly made and seconded, the board moved into Executive Session to receive an update concerning a personnel matter.

III. RECONVENE IN OPEN SESSION

Upon motion duly made (Hanson) and seconded (Cichocki), the board appointed Richard Cleland as Chief Operating Officer of the Corporation.

III. ADJOURNMENT

Moved by Douglas Baker and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 11:25 p.m.



Bishop Michael A. Badger, Corporation Secretary



Executive Committee

Minutes from the



Finance Committee

BOARD OF DIRECTORS
 MINUTES OF THE FINANCE COMMITTEE MEETING
 OCTOBER 23, 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

THOMAS P. MALECKI, CPA
 DIETRICH JEHLE, MD

VOTING BOARD MEMBERS
 EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

JODY LOMEQ
 MARK R. BARABAS
 MICHAEL SAMMARCO
 ANTHONY J. COLUCCI, III

RICHARD CLELAND
 RONALD KRAWIEC
 JOHN EICHNER
 PAUL HUEFNER

NON-VOTING MEMBERS
 EXCUSED:

I. CALL TO ORDER

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

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of September 24, 2012.

III. SEPTEMBER, 2012 FINANCIAL STATEMENT REVIEW

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

Total discharges were under budget by 101 for the month of September. Year-to-date discharges were over budget by 52 and 700 over the prior year. Acute discharges were under budget by 135 for the month, under budget by 252 year-to-date, and 310 over the prior year.

Observation cases were 149 for the month, and the average daily census was 339. Average length of stay was 6.8 for September, compared to a budget of 6.0 and 6.4 the prior year. Non-Medicare case mix was 2.37 for the month compared to a budget of 2.29, and Medicare case mix was 1.85, compared to a budget of 1.96.

Inpatient surgical cases were 32 under budget for the month, 16 under budget year-to-date and 298 over the prior year. Outpatient surgical cases were under budget by 108 for the month, under budget by 577 year-to-date, and 231 less than the prior year.

Emergency Department visits were under budget for the month by 478, 1,957 under budget year-to-date and 1,974 over the prior year.

Hospital FTEs were 2,441 for the month, compared to a budget of 2,492. Home FTEs were 297 for the month, compared to a budget of 315.

The Hospital had an operating loss of \$251,000, compared to a budgeted surplus of \$1.8 million and a surplus of \$938,000 the prior year. The Home had an operating loss of \$476,000 for the month, which was primarily due to decreased patient days.

The consolidated, year-to-date operating loss was \$4.7 million compared to a budgeted loss of \$695,000 and a prior year loss of \$7.0 million. Days operating cash on-hand was 41.8. Days in accounts receivable were 41.3, compared to a budget of 40.0.

IV. MANAGED CARE UPDATE:

Mr. Sammarco reported that negotiations are moving along with the 3 major payors, Univera, Independent Health and Blue Cross. We have supplied, and have received counter offers from Univera and IHA, and are meeting with each of them later this week. The Department of Corrections contract has been extended until March 31, 2013.

V. ADJOURNMENT:

The meeting was adjourned at 9:45 a.m. by Michael Seaman, Chair.

Minutes from the



Human Resources Committee

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

TUESDAY, SEPTEMBER 11, 2012

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS

PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL HOFFERT

JODY L. LOME0

BOARD MEMBERS EXCUSED:

JOSEPH ZIZZI, SR., M.D.
RICHARD F. BROX

FRANK MESIAH
BISHOP MICHAEL
BADGER, CHAIR

ALSO PRESENT:

CARLA DICANIO-CLARKE
JANET BULGER

RICH CLELAND
ROSANNE HERMAN
BEN LEONARD

I. CALL TO ORDER

Acting Chair Michael Hoffert called the meeting to order at 9:45 a.m.

II. RECEIVE & FILE

Moved by Michael Hoffert and seconded by Ben Leonard to receive the Human Resources Committee minutes of the September 11, 2012 meeting.

III. CSEA NEGOTIATIONS

The employers are filing for impasse with the New York State Public Employment Relations Board. A mediator will be assigned. .

IV. NYSNA NEGOTIATIONS

The parties met on October 30, 2012 to exchange proposals. The next scheduled session is November 28, 2012.

V. BENEFITS AND WELLNESS

Labor Management Healthcare Fund is purchasing 2 scales and exercise DVDs for the fitness center.

Open Enrollment is currently taking place and will end November 16, 2012. It is a passive enrollment which means employees only have to take part if they are changing something or re-enrolling in Flexible Spending Accounts.

VI. TRAINING

Customer Service Workshops are scheduled through 2012. They are presented by Palladian EAP. The training is mandatory and available on Medworxx. Approximately 900 employees have completed the training.

Mary Travers Murphy, Executive Director of the Family Justice Center has conducted several lunch and learns regarding Domestic Violence.

Reorientation is conducted annually. There are also trainings for managers as well as Workplace Violence training.

VII. WORKERS COMPENSATION

ERIE COUNTY MEDICAL CENTER CORPORATION

The Workers Compensation Report was distributed. Sprains/strains are the highest category of injuries. Ben Leonard reported that Travelers, ECMCC's Workers Compensation provider came into the building to assess high risk areas.

VIII. ERIE COUNTY HOME AND SNF TRANSITION

An independent person was brought in to help with the transition.

An employee communication committee has been formed and meets every other week to address concerns of employees in relation to the transition. Newsletters are written to keep employees informed. Janet Bulger and Rosanne Herman requested copies of the newsletters.

By mid-December all positions should be in place and then training will commence.

IX. NURSING TURNOVER RATES

September Hires – 9 FTES & 6 PT, 4 FTES & 6 PT Float Pool Med/Surg, 5 FTES Behavioral Health. 89.5 FTES, 2 Per Diem & 6 PT hired YTD. (1 LPN FTE hired Med/Surg, 24 LPNS hired YTD)

September Losses – 4.5 FTES, 1.5 FTE Behavioral Health (.5 resigned in lieu or term, 1 FTE resigned), 1 FTE Hemo (retired), 1 FTE Critical Care (resigned) and 1 FTE OR (removed). 41.5 FTES lost YTD

Turnover Rate .6% (.46% without retirees)

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

Turnover Rate YTD 5.41% (3.83% without retirees) 7.05% 2011

Quit Rate YTD 4.17% (2.53% without retirees) 5.73% 2011

October Hires – 3 FTES & 3 PT, 1 FTE & 3 PT Med/Surg, 2 FTES Behavioral Health. 92.5 FTES, 2 Per Diem & 9 PT hired YTD. (1 LPN FTE hired Hemo, 25 LPN FTES hired YTD)

October Losses – 2.5 FTES, 1 FTE Critical Care (resigned), .5 FTE Clinics (resigned, new job) & 1 FTE OR (retired). 44 FTES lost YTD

Turnover Rate .33% (.2% without retirees)

Quit Rate .33% (.2% without retirees)

Turnover Rate YTD 5.74% (4.03% without retirees) 7.51% 2011

Quit Rate YTD 4.5 % (2.73% without retirees) 6.19% 2011

November Hires – 8.5 FTES & 2 PT, 4.5 FTES & 2 PT Med/Surg, 1.5 FTES Behavioral Health, 2 FTES ED & .5 FTE Clinics. 100.5 FTES, 2 Per Diem & 11 PT hired YTD. (2 LPN FTES hired Med/Surg, 27 LPNS hired YTD)

X. EEO REPORT

The 2012 EEO report was distributed.

XI. NEW INFORMATION

Jody Lomeo announced that the 1st survey for Trauma certification will take place on the 1st Sunday of January.

XII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:10am.



ECMCC Management Team



Chief Executive Officer



Chief Financial Officer



The Culture of Care

Internal Financial Reports
For the month ended October 31, 2012

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet October 31, 2012 and December 31, 2011

(Dollars in Thousands)

	October 31, 2012	Audited December 31, 2011	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 7,904	\$ 38,222	\$ (30,318)
Investments	36,905	46,306	(9,401)
Patient receivables, net	46,670	39,217	7,453
Prepaid expenses, inventories and other receivables	36,221	57,500	(21,279)
Total Current Assets	127,700	181,245	(53,545)
Assets Whose Use is Limited:			
Designated under self-insurance programs	91,039	79,426	11,613
Designated by Board	25,000	25,000	0
Restricted under debt agreements	43,199	93,412	(50,213)
Restricted	30,449	23,354	7,095
	189,687	221,192	(31,505)
Property and equipment, net	240,640	163,015	77,625
Deferred financing costs	3,117	3,233	(116)
Other assets	3,302	1,873	1,429
Total Assets	\$ 564,446	\$ 570,558	\$ (6,112)
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 6,793	\$ 4,249	\$ 2,544
Accounts payable	32,740	39,138	(6,398)
Accrued salaries and benefits	15,631	17,908	(2,277)
Other accrued expenses	37,967	59,398	(21,431)
Estimated third party payer settlements	27,318	28,211	(893)
Total Current Liabilities	120,449	148,904	(28,455)
Long-term debt	183,576	187,290	(3,714)
Estimated self-insurance reserves	56,727	47,700	9,027
Other liabilities	99,916	88,566	11,350
Total Liabilities	460,668	472,460	(11,792)
Net Assets			
Unrestricted net assets	92,928	87,248	5,680
Restricted net assets	10,850	10,850	0
Total Net Assets	103,778	98,098	5,680
Total Liabilities and Net Assets	\$ 564,446	\$ 570,558	\$ (6,112)



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The Culture of Care

Erie County Medical Center Corporation

Statement of Operations

For the month ended October 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 35,341	\$ 33,053	\$ 2,288	\$ 30,554
Less: Provision for bad debts	(2,108)	(2,026)	(82)	(1,860)
Adjusted net patient revenue	33,233	31,027	2,206	28,694
Disproportionate Share/IGT Revenue	5,413	4,702	711	5,734
Other Revenue	2,513	2,701	(188)	2,244
Total Operating Revenue	41,159	38,430	2,729	36,672
Operating Expenses:				
Salaries / Wages / Contract Labor	13,277	13,419	142	12,713
Employee Benefits	9,166	8,808	(358)	8,425
Physician Fees	4,846	4,191	(655)	3,837
Purchased Services	2,502	2,926	424	2,549
Supplies	5,738	5,565	(173)	5,241
Other Expenses	986	698	(288)	693
Utilities	443	649	206	552
Insurance	1,924	537	(1,387)	586
Depreciation & Amortization	1,446	1,467	21	1,363
Interest	447	440	(7)	457
Total Operating Expenses	40,775	38,700	(2,075)	36,416
Income (Loss) from Operations	384	(270)	654	256
Non-operating gains (losses):				
Interest and Dividends	334	-	334	338
Grants - HEAL 21/NYSERDA	1,148	-	1,148	-
Unrealized Gains/(Losses) on Investments	(44)	172	(216)	3,260
Non-operating Gains(Losses), net	1,438	172	1,266	3,598
Excess of (Deficiency) of Revenue Over Expenses	\$ 1,822	\$ (98)	\$ 1,920	\$ 3,854



The Culture of Care

Erie County Medical Center Corporation

Statement of Operations

For the ten months ended October 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 327,629	\$ 327,180	\$ 449	\$ 303,252
Less: Provision for bad debts	(19,394)	(20,261)	867	(18,579)
Adjusted net patient revenue	308,235	306,919	1,316	284,673
Disproportionate Share/IGT Revenue	48,440	47,019	1,421	46,059
Other Revenue	19,671	23,513	(3,842)	24,472
Total Operating Revenue	376,346	377,451	(1,105)	355,204
Operating Expenses:				
Salaries / Wages / Contract Labor	130,543	131,922	1,379	125,862
Employee Benefits	88,155	86,669	(1,486)	84,594
Physician Fees	43,165	41,322	(1,843)	39,950
Purchased Services	26,994	27,128	134	25,976
Supplies	54,164	53,313	(851)	48,712
Other Expenses	7,078	6,928	(150)	7,315
Utilities	4,887	6,698	1,811	6,356
Insurance	6,780	5,366	(1,414)	5,966
Depreciation & Amortization	14,474	14,674	200	12,759
Interest	4,401	4,396	(5)	4,475
Total Operating Expenses	380,641	378,416	(2,225)	361,965
Income (Loss) from Operations	(4,295)	(965)	(3,330)	(6,761)
Non-operating Gains (Losses)				
Interest and Dividends	3,441	-	3,441	3,040
Grants - HEAL 21/NYSERDA	1,148	-	1,148	-
Unrealized Gains/(Losses) on Investments	6,149	1,718	4,431	(1,583)
Non Operating Gains (Losses), net	10,738	1,718	9,020	1,457
Excess of (Deficiency) of Revenue Over Expenses	\$ 6,443	\$ 753	\$ 5,690	\$ (6,315)



Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and ten months ended October 31, 2012</p>
--

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 1,822	\$ 6,443
Other Transfers, Net	(95)	(763)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	1,727	5,680
<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	1,727	5,680
Net Assets, Beginning of Period	102,051	98,098
NET ASSETS, End of Period	\$ 103,778	\$ 103,778



Erie County Medical Center Corporation

Statement of Cash Flows

For the month and ten months ended October 31, 2012

(Dollars in Thousands)

	Month	Year-to-Date
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 1,727	\$ 5,680
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,446	14,474
Provision for bad debt expense	2,108	19,394
Net Change in unrealized (gains) losses on Investments	(1,104)	(7,297)
Transfer to component unit - Grider Initiative, Inc.	95	763
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(4,678)	(26,847)
Prepaid expenses, inventories and other receivables	(5,320)	21,279
Accounts payable	13	(6,398)
Accrued salaries and benefits	(599)	(2,277)
Estimated third party payer settlements	96	(893)
Other accrued expenses	1,953	(21,431)
Self Insurance reserves	2,458	9,027
Other liabilities	1,135	11,350
	(670)	16,824
Net Cash Provided by (Used in) Operating Activities		
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(5,755)	(82,000)
Routine capital	(649)	(9,983)
Decrease (increase) in assets whose use is limited	(27)	31,505
Purchases (sales) of investments, net	(21,437)	16,698
Investment in component unit - Grider Initiative, Inc.	(95)	(763)
Change in other assets	139	(1,429)
	(27,824)	(45,972)
Net Cash Provided by (Used in) Investing Activities		
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(45)	(1,170)
Capital contribution to/from Erie County	-	-
	(45)	(1,170)
Net Cash Provided by (Used in) Financing Activities		
	(28,539)	(30,318)
Cash and Cash Equivalents, Beginning of Period	36,443	38,222
Cash and Cash Equivalents, End of Period	\$ 7,904	\$ 7,904



Erie County Medical Center Corporation

Key Statistics

Period Ended October 31, 2012

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,020	1,022	-0.2%	912	9,473	9,726	-2.6%	9,054	
140	112	25.0%	110	CD - Detox	1,300	1,050	23.8%	1,031
23	24	-4.2%	23	CD - Rehab	265	300	-11.7%	303
209	194	7.7%	195	Psych	2,066	1,931	7.0%	1,941
48	41	17.1%	27	Rehab	395	392	0.8%	296
1,440	1,393	3.4%	1,267	Total Discharges	13,499	13,399	0.7%	12,625
Patient Days:				Patient Days:				
6,244	6,113	2.1%	6,198	59,495	58,179	2.3%	58,982	
430	470	-8.5%	374	CD - Detox	4,144	4,404	-5.9%	3,588
476	461	3.3%	555	CD - Rehab	4,909	5,630	-12.8%	5,994
2,734	2,640	3.6%	2,988	Psych	26,617	26,281	1.3%	26,697
967	1,007	-4.0%	678	Rehab	8,516	9,871	-13.7%	7,104
10,851	10,691	1.5%	10,793	Total Days	103,681	104,365	-0.7%	102,365
Average Daily Census:				Average Daily Census:				
201	197	2.1%	200	195	191	2.3%	194	
14	15	-8.5%	12	CD - Detox	14	14	-5.9%	12
15	15	3.3%	18	CD - Rehab	16	18	-12.8%	20
88	85	3.6%	96	Psych	87	86	1.3%	88
31	32	-4.0%	22	Rehab	28	32	-13.7%	23
350	345	1.5%	348	Total ADC	340	342	-0.7%	337
Average Length of Stay:				Average Length of Stay:				
6.1	6.0	2.3%	6.8	6.3	6.0	5.0%	6.5	
3.1	4.2	-26.8%	3.4	CD - Detox	3.2	4.2	-24.0%	3.5
20.7	19.2	7.7%	24.1	CD - Rehab	18.5	18.8	-1.3%	19.8
13.1	13.6	-3.9%	15.3	Psych	12.9	13.6	-5.3%	13.8
20.1	24.6	-18.0%	25.1	Rehab	21.6	25.2	-14.4%	24.0
7.5	7.7	-1.8%	8.5	Average Length of Stay	7.7	7.8	-1.4%	8.1
4,154	3,597	15.5%	4,115	SNF Days	40,913	36,865	11.0%	40,090
134	120	11.8%	133	SNF ADC	134	121	11.0%	132
Occupancy:				Occupancy:				
63.6%	62.7%	1.5%	63.3%	% of acute licensed beds	62.7%	62.2%	0.7%	61.2%
79.6%	82.5%	-3.6%	86.8%	% of acute available beds	82.4%	81.9%	0.7%	78.1%
82.9%	82.5%	0.5%	87.7%	% of acute staffed beds	84.0%	81.9%	2.7%	81.5%
Case Mix Index:				Case Mix Index:				
1.73	1.91	-9.2%	1.86	Medicare	1.75	1.90	-8.3%	1.85
2.31	2.19	5.5%	2.13	Non-Medicare	2.19	2.19	0.1%	2.14
177	123	43.9%	106	Observation Visits	1,414	1,406	0.6%	1,196
489	446	9.6%	438	Inpatient Surgeries	4,369	4,342	0.6%	4,020
669	680	-1.6%	566	Outpatient Surgeries	6,294	6,882	-8.5%	6,422
29,503	30,439	-3.1%	27,736	Outpatient Visits	291,492	303,922	-4.1%	282,775
5,406	5,518	-2.0%	5,094	Emergency Visits Including Admits	54,074	56,143	-3.7%	51,788
43.4	40.0	8.5%	45.8	Days in A/R	43.4	40.0	8.5%	45.8
6.1%	6.3%	-2.6%	6.3%	Bad Debt as a % of Net Revenue	6.1%	6.4%	-3.9%	6.4%
2,439	2,436	0.1%	2,344	FTE's	2,408	2,424	-0.6%	2,381
2.90	3.22	-9.9%	3.00	FTE's per adjusted occupied bed	3.05	3.17	-3.5%	3.12
\$ 12,549	\$ 12,679	-1.0%	\$ 12,622	Net Revenue per Adjusted Discharge	\$ 12,769	\$ 12,846	-0.6%	\$ 12,447
\$ 14,801	\$ 15,287	-3.2%	\$ 15,366	Cost per Adjusted Discharge	\$ 15,158	\$ 15,326	-1.1%	\$ 15,307
Erie County Home:				Erie County Home:				
8,836	9,647	-8.4%	12,010	Patient Days	99,718	102,242	-2.5%	132,606
285	311	-8.4%	387	Average Daily Census	327	335	-2.5%	436
289	304	-5.0%	377	FTE's	319	324	-1.5%	398
5.8	5.6	3.7%	5.8	Hours Paid per Patient Day	5.6	5.5	1.0%	5.2



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

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
CHIEF OPERATING OFFICER
NOVEMBER 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

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

- Remaining downsizing initiative (currently we are down to 279 beds at the Erie County Home and 131 beds in the SNF for a total bed census of 410);
- 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 (February 9, 2013 + February 10, 2013);
- 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;

The name for our new LTC is “Terrace View”;

Currently equipment and furnishings are starting to arrive for installation. Major items such as beds, TV’s, fixed equipment have already or will shortly be delivered.

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

Great Lakes Health “Center of Excellence in Behavioral Health” HEAL-21 project’s Certificate of Need (CON), was submitted on August 3, 2012. It was approved by NYS Department of Health on November 15, 2012 and by OMH on November 16, 2012. Construction is estimated to be starting by mid January (estimated);

ECMCC is currently assisting Buffalo General Medical Center (BGMC) with management of their behavioral health program. We are utilizing an extension of our Horizon Health management agreement and providing both interim management (full-time site director) and specialty support (consultants). This will continue as we consolidate and integrate service and programs here on ECMCC campus;

The chemical dependency outpatient clinics are in process of implementing recommendations outlined in the Redesign Committee’s report. This is including modifying all patient admission, registration and billing systems. This modification includes converting to an electronic system similar to the hospital. This will increase productivity and reduce inefficient processes. Volumes continue to incrementally increase and financial performance improve. Both NEC and DTC are operating with positive contribution margins (through June 30, 2012).

ERIE COUNTY MEDICAL CENTER CORPORATION

REHABILITATION SERVICES:

Marie Johnson-Director of Outpatient Services is interviewing candidates for Supervisor of Outpatient Services;

Dr. Livecchi is leading the clinical end of the department. The volume on the inpatient side have been averaging 32 ADC. Outpatient volumes continue to lag and are under budget. Marie will be addressing this once Supervisor candidate is selected. Marketing to individual physicians is needed and should help to increase volumes.

HYPERBARIC/WOUND CENTER (HWC):

Healogic has appointed Gigi Chen as director of the center. Gigi comes to ECMCC with a vast amount of executive experience and includes previous position as director of the United Memorial hyperbaric and wound center;

Healogic/ECMCC held a Hyperbaric/Wound Symposium on November 3, 2012. The event was well attended by many physicians and wound specialty professionals. I would like to thank Gigi Chen, Dr. David Davidson, Sue Ksiazek, and the Lifeline Foundation for all the work that they did to make this such a success.

TRANSITIONAL CARE UNIT (TCU):

Molly Shea, RN has been named as Director of Nursing (Unit Manager) for the TCU;

TCU Steering Committee developed and will be meeting twice monthly to insure TCU is up and operational by March 1, 2013;

Construction on the TCU started on November 5, 2012.

Implex Partners consultants have been retained to help ECMCC put finishing touches on the TCU. ECMCC has an agreement which will require a 6-8 month engagement. This assistance will insure that the TCU is fully operational and ready to open in March 2013 (modified date-originally January).

FOOD AND NUTRITIONAL SERVICES:

Morrison has submitted proposal to extend current agreement (expires in 2014). This proposal will include up to \$2 million dollars of capital investment from Morrison into ECMC operations (cafeteria and food preparation areas). We are currently reviewing proposal and to insure that this will meet ECMC's needs. The proposal calls for a (5) year extension with a (3) year extension. Work and negotiations are still in the works.



**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
November 27, 2012

NYS HOSPITAL-MEDICAL HOME GRANT

NYS Department of Health has accepted and approved ECMCC's grant request to be part of the demonstration project to transform outpatient primary care resident training sites into high quality Patient-Centered Medical Homes. The award is pending formal CMS approval of the NYS waiver request. The grant is for \$961,315 over three years and has specific detailed milestones that need to be achieved. We had applied to implement the program in the Cleve Hill Clinic and the hospital based Internal Medicine Clinic. We are collaborating with the University of Buffalo Schools of Family Medicine and Internal Medicine on this grant. There is a requirement to reach NCQA 2011 standards of Patient Centered Medical Home by December 31, 2013. This is a huge lift and requires us to fully implement an effective and certified EMR in the clinics sooner than originally expected. We will utilize much of the first year of the grant to fund the resources necessary to achieve the NCQA EMR standards. The grant aims to improve the delivery of care and requires us to chose a number of patient centered improvements in coordination, continuity, and quality of care that have specific measurable milestones tied to the funding.

In addition, NYS OMH has asked ECMC to be designated as one of only two (2) "Innovator Sites" in NYS for integration of Behavior Health into Primary Health Care. This status will provide additional free training to providers and staff as part of our PCMH Grant.

TRANSPLANTATION & KIDNEY CARE CENTER – JOHN HENRY

MIQS (electronic medical record) continues to be very well received by the staff as an end-user product. The LPN's particularly appreciate the automated data capture the system provides directly from the dialysis machines. There were initial pharmacy issues with medication stock & dispensing developed that were resolved with some significant interface work arounds. The systems automated charge capture feature indicated an estimated charge increase of \$250,000 within a two week snapshot.

The Home Dialysis Programs are beginning to reach projected first year growth parameters. Specifically, the peritoneal dialysis program now has six enrolled patients with two more patients in training (goal is 8 patients by year-end). The Home Hemodialysis program is slowly progressing towards formal launch. We have completed a new set of policies and procedures and minor training room reconfigurations are being completed this month.

We have completed 64 transplants (18 living donor, 43 deceased donor and 3 pancreas) through October. The annualized projections are for 80 transplants this year at ECMC. This is encouraging when compared to the 27 transplants completed here last year but below our initial target volume. As noted last month, the reason for the decrease is due to lack of deceased donor organs from the WNY region. The decreased volume of local deceased donors represents approximately 20–30 additional transplants. We have interfaced with UNYTS leadership with our concern about this trend and to assist in the development of an enhanced donor programs. We continued to move towards full participation in a Paired Kidney Exchange program on a national level. This will provide opportunity for living donors that may not match with their loved one to match with another recipient. This creates a chain of living donors / recipients nationwide. We have begun a training program for Dr. Patel to earn his certification as a Laparoscopic Living Donor nephrectomy surgeon, a requirement of the KPD programs.

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Drug recalls and shortages: In October the Department of Pharmaceutical Services (DPS) reported a concern that the issues identified at various compounding pharmacies could result in a significant worsening of the ongoing drug shortages. This concern has been proven valid. The DPS is once again struggling with a number of critical drug shortages. As chair of the VHA Empire-Metro Pharmacy Council, I promoted an effort to pool the regional resources and developed a communication mechanism to facilitate the movement of vitally needed medications within the membership. The membership now shares critical needs with each other and when possible those members with sufficient supplies make arrangements to loan product to others in greater need. The DPS continues to utilize two wholesalers and direct accounts with the manufacturers to shelter the ECMC physicians and patients from as many drug shortages as possible.

Omnicell Upgrades: The DPS is pleased to announce a hospital-wide upgrade to our existing Omnicell cabinets. This upgrade allows for the use of biometric identification via fingerprint scanning, thereby ensuring positive identification of users accessing the medication cabinets. This greatly improves medication security. All outpatient areas serviced by Omnicell machines will be updated in January of 2013. The Omnicell Server will be updated in December of 2012 to provide an additional patient safety enhancement of printing patient specific labels for products removed from Omnicell machines.

AMBULATORY SERVICES – PAUL MUENZNER

The Medical Director of the Immunodeficiency /HIV Clinic has resigned effective 12/30/12. Academic Medicine has begun the recruitment process to replace Dr. Sulaiman. Dr. Neal Rzepkowski has accepted a new position of Assistant Medical Director and will act as the Medical Director until the new Medical Director is in place.

Centralized Scheduling – Currently the following clinics have been moved to centralized appointment scheduling: ENT, Podiatry, Grider Family Health, Neurosurgery and Pulmonology. On November 1, 2012 the four sub-specialty clinics within IMC (Coumadin, Endocrinology, Rheumatology and Renal) added centralized scheduling. On December 1, 2013 the Cleve-Hill Clinic will go live with IMC following on February 1, 2013.

Clinic administration has been working with the Finance Department to develop a PinPoint program providing a new clinic dashboard to show patient visits, charges, collections (professional and technical), P&L Statement, phone log, denials and late charges by clinic. The new monthly reports and metrics will form the basis to help manage and improve both financial and clinical direction of the clinics.

LABORATORY – JOSEPH KABACINSKI

On Friday, October 26, the New York State Laboratory Accreditation program held a surprise inspection of our Patient Service Center for Specimen Collection in the David K. Miller Building. The inspection went well and there were no deficiencies.

During the recent East Coast disaster due to Hurricane Sandy, the Lab assisted in several areas. The Buffalo Psychiatric Center was unable to ship their Lab specimens to the downstate contract Lab that processes BPC Lab testing. They asked for our assistance in processing their patients' Lab specimens on the Monday after the storm hit the East Coast. We processed all their Lab test requirements for that day to insure no lapse in patient care. We also processed all ECMCC Dialysis Lab testing on both Monday and Tuesday after the weekend storm. Specimens could not be shipped to Spectra Labs in New Jersey. We processed and reported all dialysis testing to insure timely patient care. This also results in additional revenue for the Lab and ECMCC.

Effective Thursday, October 22, the Lab began providing additional phlebotomy and specimen collection coverage to assist at the Cleve-Hill Family Health Center as required by new physician staffing patterns.

The next UNYTS blood drive will be held on Thursday, December 6.

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Jody Lomeo
Chief Executive Officer
Erie County Medical Center
462 Grider Street
Buffalo, New York 14215

Dear Administrator,

As part of the most recent extension to the Partnership Plan 1115 Waiver, the New York State Department of Health (the Department) received approval from the Centers for Medicare and Medicaid Services (CMS) for up to \$325 million in support to conduct the Hospital-Medical Home (H-MH) Demonstration Program. The purpose of the program is to encourage teaching hospitals to improve coordination, continuity, and quality of care for Medicaid beneficiaries by transforming their outpatient primary care training sites into high quality Patient-Centered Medical Homes, as well as other improvements as specified in the 1115 Waiver Special Terms and Conditions.

According to the 1115 Waiver Special Terms and Conditions, award funds will be distributed based on the successful completion and documentation of program milestones. The award will be divided into four payments pending milestone achievement. Funding beyond December 31, 2013 is contingent upon the hospital achieving the NCQA recognition as a level 2 or 2 Patient Centered Medical Home (2011 Standards) at all sites participating in the Demonstration.

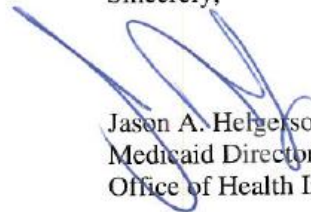
The Department has reviewed and approved your application for participation in this initiative. Your estimated award amount for the Demonstration period is \$961,315. The first year will total \$388,915. **Please note that the award amount is still pending CMS approval** and once approved, if necessary, you will be notified of any changes. Pending CMS approval, initial distribution of award funds should be made by December 31, 2012 through your entity's weekly Medicaid cycle check. The amount will be itemized on the Remittance Statement and a notification will be e-mailed one week prior to the distribution. Please remember, as noted in the reimbursement schedule in the Special Terms and Conditions, the initial distribution will be 25% of the first year funding. The balance of the year one award will be made after completion of the applicable milestones.

Page Two

A set of instructions and template of the work plan is available as of Wednesday, October 3, 2012 on the Hospital-Medical Home Demonstration website (<http://hospitalmedicalhome.ipro.org>). Sign in to the website in the same manner in which you completed the application. You will see your status page and when you press the 'Continue' button you will see an overview of the work plan. Click the 'Continue' Button on this page and it will take you to the body of the work plan. The work plan will be due **to the Department by November 15, 2012**. A web conference for Demonstration participants to review the work plan will be held on **Wednesday, October 3, 2012 from 10:00 am -12:00 pm. Details will be available on the H-MH website above.**

Thank you for your participation. Questions related to your award should be directed to Jacqueline Dorosz at (518) 474-1673 and questions related to your work plan to Laura Graham at (518) 486-9315.

Sincerely,



Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

cc: Foster Gesten



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
NOVEMBER 2012

UNIVERSITY AFFAIRS

The GME office has installed a new tracking system, through the E-Value system, to better calculate resident work hours. As part of this system, program directors are required to sign an attestation that they will adhere to the ACGME work hour rules and use the system to monitor compliance. When violations are noted, the matter will be addressed with the department and will also be reported up through the Resident Work Hour Sub-Committee at the University.

PROFESSIONAL STEERING COMMITTEE

Next meeting will be in December.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	August	September	October	vs. 2011 YTD
Discharges	989	885	1020	up 4.6%
Observation	162	156	184	down 16.4%
LOS	6.4	6.2	6.7	no change
CMI	2.14	2.18	2.29	up 0.4%
Surgical Cases	849	942	957	up 4.0%
Readmissions (30d)	12.4%	12.6%		

Significant increase in volumes both inpatient and also in surgeries..
Acute LOS remained high driven primarily by the discharge of two long stay cases (742 and 557 days). Welcome increase in CMI..

NEW MATERIAL

Antiplatelet guidelines updated

The Society of Thoracic Surgeons has updated its clinical practice guidelines on use of antiplatelet drugs during heart surgery. The new guideline, published in the November 2012 issue of *The Annals of Thoracic Surgery*, takes into account newly available

antiplatelet therapies, new scientific information, and a broader use of antiplatelet drugs such as before lung and vascular procedures.

CMS ISSUES 2013 MEDICARE PHYSICIAN SCHEDULE

On July 6, 2012, The Centers for Medicare and Medicaid Services (CMS) released the proposed 2013 Medicare Physician Fee Schedule. This proposed rule addresses changes to the physician fee schedule and other Medicare Part B payment policies and serves to implement certain components of the *Affordable Care Act* (ACA).

Overall, this proposed rule has a significant focus on improving the payments for “primary care”, defined in a broader sense—not specific to the medical specialties eligible for the current Primary Care Incentive Payment program, but rather focused on certain *services* that are more likely to be provided by primary care clinicians, but could also be delivered by other clinicians that are not typically defined as “primary care”. A notable section of the rule related to primary care services is CMS’ proposal to create a new post discharge transition care management service code. The proposed rule also includes a discussion of current primary care and care coordination initiatives, and seeks guidance for how CMS could begin to recognize and pay appropriately for the services provided in primary care patient-centered medical homes (PCMH).

In addition, the rule includes proposed changes to the 2013 Physician Quality Reporting System (PQRS), the Electronic Prescribing (eRx) Incentive Program, and the Physician Compare website; and further outlines the implementation of the Physician Value-Based Payment Modifier (VBPM) program.

A summary of this proposed rule can be found at

http://www.acponline.org/running_practice/payment_coding/medicare/mpfs13.pdf.



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**

November, 2012

CRRT (Continuous Renal Replacement Therapy)

A day-long conference was held on October 30th on the topic of Continuous Renal Replacement Therapy. All critical care units were represented.

Discharges Before 12 noon

Nursing units 12 zone 2 and 12 zone 3 were recognized this month for having a score of 30% discharges before 12 noon, year-to-date. Congratulations to Unit Managers Beth Moses and Sonja Melvin and their staff for their accomplishment!

Nursing Education Update

Lynn Whitehead, Nursing Inservice Educator, recently participated on the Advisory Boards of three of our local Schools of Nursing: SUNY at Buffalo, Niagara Community College, and Niagara University. ECMC benefits from the shared knowledge obtained by this community participation.

Pastoral Care Week Recognition

During the recent 19th Annual Observance of Pastoral Care Week, ECMC Clinical Patient Advocate Sandra Lauer was honored.

American Nurses Credentialing Center

Karen Ziemianski, Acting Director of Nursing, along with key nurse managers, will be attending a 2-day Exam Review Course on November 14th and 15th. The course is in preparation for the certification exam to qualify for "Nurse Executive" designation in the American Nurses Credentialing Center.

Nursing Leadership Excellence Award

Kathleen Fay, RN, Night Shift Charge Nurse in our MICU, has been selected to receive the "Brigadier General Beverly Lindsey Nursing Leadership Excellence Award" given by the United States Air Force. This honor is awarded annually to a nurse that most exemplifies nursing leadership.

Wound Care Symposium Conference

A wound care symposium was recently held at Erie County Medical Center regarding innovative technology and evidence based practice for wound healing. The multidisciplinary team included Lynn Kordasiewicz MSN, ANP, WOCN - ECMC's wound care nurse practitioner, whom collaborated with a team of physicians and presented wound care treatment modalities to the community. Ms Kordasiewicz discussed the diagnosis and treatment of pressure ulcers. The entire team was well received by the audience and the program was a great success.

Lifeline Foundation Nursing Certification Support Program

Due to the generous support of The Lifeline Foundation, registered nurses at ECMC can receive full reimbursement for successfully obtaining certification through the passing of a certification exam. The first two staff members to receive their certification are Rebecca Lippner, RN of the Outpatient Hemodialysis Unit, and Lynn Kordasiewicz, Wound Care Nurse Practitioner.

ECMCC Nursing Newsletter

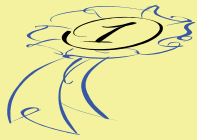
The first edition of the Nursing Newsletter is due out this month, according to Editor Nicole Derenda, RN. The paper will contain informative articles on topics important to the nursing profession, be a forum for nursing input, as well as a place to showcase upcoming events and goings-on.



ECMCC Nursing News

Volume 1, Issue 1

November 2012



CONTEST!

Please help us name the Nursing Newsletter!

Deadline for name submissions is

November 30, 2012.

The winner will receive a \$10 Tim Hortons Gift Card

Please email your submissions to nderenda@ecmc.edu

Welcome to the inaugural issue of our Nursing Newsletter!

I have often thought about what common tool could bring our different disciplines together - a resource that would benefit us all, while paying attention to our various areas of expertise.

I hope that our Newsletter will serve this purpose for you— to inform you, to enlighten you, and most of all, to bond you.

We all work in different capacities, each of our roles being just as important as the other. My hope is that this Newsletter will be a forum for your input, and a place where questions are raised & answers are sought.

We will showcase goings-on, upcoming events & show you what we are up to!

Feel free to email me with any comments, ideas, & events! I value your opinion.

Have a wonderful day!



Nicole DeRenda
RN BSN, NCC

~Nicole

Inside this issue:

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Purposeful Rounding Benefits Both Patients & Staff

ECMCC Nursing has begun a purposeful rounding initiative aimed at increasing **patient satisfaction**, which is a patient's perception & expectation of all hospital services

The HCAHPS (Hospital Consumer Assessment of Health-care Providers & Systems) lists patient expectations as follows:

- Good medical care
- Good nursing care
- Personal attention
- Courteous behavior
- Less waiting time
- Excellent Hospitality
- Affordable charges
- Cleanliness
- Good coordination
- Discipline
- Communication & information among all staff



What makes a doctor or a nurse of a hospital "GREAT" in the mind of the patient?

- Having a human connection & compassion
- Listening & paying attention to concerns
- Personal engagement/ interest
- Knowing what's going on
- Physical needs of the patient are met
- Random acts of kindness
- Healing surroundings
- Competent medical care

Purposeful Rounding, continued on next page

Do you have any ideas for our newsletter?

Do you have a nursing question you would like us to answer?

Please email
Nicole DeRenda, NCC at
nderenda@ecmc.edu



We are using green mail!





The 4 P's of Purposeful Rounding:

PAIN—How is your pain on a scale of 0-10?

POSITION— Would you like help with changing your position ?

POTTY — Do you need help to go to the bathroom?

POSSESSIONS — Make sure the call light, telephone, TV remote, bedside table, glasses, water, trash & tissues are within patient's reach. Fill the patient's water pitcher as directed.

"Is there anything else I can do for you? I will return in one hour (from 6am to 10pm, & every two hours 10pm to 6am)"

These guidelines have multiple positive implications. Utilizing purposeful rounding provides a patient with an increased sense of security that their needs are being addressed & met by nursing staff.

By utilizing the facets of Purposeful Rounding, a nurse can clearly establish a "gameplan" with their patients— developing a rapport & laying out a plan for their time on duty. It has been shown that patients who feel listened to have increased confidence in their caregivers. Caregiver confidence enhances trust and decreases patient anxiety. It has been shown that patients who place trust in their nurse often reveal more important information in the patient history, which allows for more accurate assessments & treatment plans

(Olshansky, Journal of Professional Nursing, 2011)

Patients want to feel that their needs are met, and that their nurse is keen to these needs. Having a stronger routine helps increase organization of tasks which then boosts nursing productivity & also enhances nursing job satisfaction.

Is it not true that a smoothly run shift makes us feel better about our work-day? I think we would be hard pressed to find a nurse that would prefer disordered chaos to a more controlled work day.

Read this Link!! [Nursing as the Most Trusted Profession:Why This Is Important](#)

Study: Universal treatment reduces ICU bloodstream infections

Bloodstream infections dropped 44% when all ICU patients were bathed in antibacterial agents rather than just screened for MRSA, researchers from the University of California, Irvine School of Medicine, told the IDWeek 2012 conference. Researcher Dr. Susan Huang said the study prompted Hospital Corporation of America to switch to the universal treatment policy in ICUs at all of its 160 hospitals. [MedPage Today](#)



Mortality rates fall significantly for 5 top diseases

The mortality rates for five out of the 15 main causes of death in the U.S. fell significantly from 2010 to 2011, The average life expectancy remained at 78.7 years, according to a new CDC report. The rate of deaths from heart disease and cancer, which make up 47% of all U.S. deaths, dropped as well as deaths due to stroke, Alzheimer's and kidney-related diseases. [WebMD](#)



Links to Keep you Learning!

Did you notice?

The articles presented directly above can be read online by placing your mouse over the underlined website links above on this page, then...

Just press CTRL & click the mouse to be taken to the journal article that this informational snip-it is based on!

By distributing a newsletter that is "green" - wide email distribution with minimal printed copies, we can provide online links such as this & minimize paper use.

American Nurses Association

- www.nursingworld.org

Journal of Professional Nursing

- www.professionalnursing.org

AACN Website: American Assoc. of Critical-Care Nurses

- www.aacn.org

AACN Chapter Meetings:

- **Nov 8**—[Renal Failure](#) with Dr. Kristin Matteson @ Classics V
- **Dec 13**—[Crucial Conversations](#) with Mike Ackerman @ Pearl St Brewery
- **Jan 10**— [Pulmonary/Vents/ARDS](#) with Dr. Michael Gough @ Chef's Restaurant



Transforming Care at the Bedside—ECMCC's award-winning efforts

TCAB is an Aligning Forces for Quality—Robert Wood Johnson Foundation initiative whose objectives are to increase front line staff engagement in improving medical-surgical units. **The goals of TCAB are met through systematic work in four domains.** The first domain is **Safety and Reliability** in which patients are cared for in a safe, reliable, effective and equitable manner. Domain two, **Team Vitality**, focuses on continually striving for excellence when staff works in supportive environments that nurture professional training and career development. Domain three, **Patient-Centered Care**, honors the whole person and family and respects individual choices. The final domain, **Value Added Care**, focuses on processes that are free of waste and promote continuous flow. TCAB engages nurses and other staff in testing innovations or ideas that can lead to improvements of processes that are more consistent, safe, and patient-centered care

In March 2009, 12 Zone 3 embarked on a journey that would lead them down a new path of nursing practice. The frontline staff was challenged to improve patient outcomes, increase staff satisfaction, and increase the efficiency of their nursing practice with TCAB as their guide. They

are able to address the challenges health-care is faced with every day and initiate innovations to modify their practice. The ability to adapt, adopt, or abandon their ideas gave them the freedom to test their ideas and implement different strategies of problem solving to discover the best solutions. TCAB has empowered the front line staff to carry out our mission to provide our patients with the highest quality care.

Innovations have stemmed from the needs of the patients, staff, and the hospital. The staff has approached many different innovations in the last three years, ranging from decreasing the incidence of pressure ulcers; infection control with lancets, initiating the family initiated rapid response improving patient safety to recycling, printer cartridge changes, and the way we order paper. Many successes have been achieved by the front line staff through the TCAB process. Some innovations have been spread hospital wide and some have stayed on the unit. The staff learned on their journey that initiatives could be tailored to the needs of each specific unit.

In 2010, four units, 7 zone 2, 7zone 3, 7 zone 4 and 4 zone 4, joined 12 zone 3 in their quest for improving patient-centered

care, staff vitality, and efficiency of their nursing practice through the Regional TCAB program. TCAB fosters the practice of "shamelessly stealing" initiatives from other units and hospitals. **The further TCAB spreads to other areas, the amount of initiatives will increase significantly due to the different perspectives each individual brings to the table. The collaborative efforts of these TCAB teams have positively impacted the manner in which we practice.**

In the beginning, TCAB was a process and tool utilized to make improvements by front line staff to improve health care and address issues that are increasingly changing the way we practice. The TCAB teams have found along the way that this isn't a process. **TCAB is a culture of change, ownership, and engagement among the staff to create an environment that is safe and reliable, focuses on team vitality and maintains and improves patient-centered care.**

~ As contributed by Sonja Melvin, Unit Manager 12 zone 3 and Shawn Ehrig, Charge RN 12 zone 3

E-mail VS E-discovery...What are the risks? ~Ann Victor-Lazarus, VP Patient Advocacy, Risk Mgmt

In today's changing world of instant communication & the demands to provide information rapidly to/about our patients, it is "time to exercise caution and take heed to the following tips from the American Medical Association". The following are considerations & tips when utilizing email to communicate with other providers and administrators:

- Email is an everyday tool to communicate thoughts, ideas & opinions, and is becoming more like conversation
- Consider legal hold policies for archiving of email



- Email often contains info that can be detrimental to a medical malpractice case
- Send email to as few people as possible
- Avoid emails when a phone call or a meeting would be more appropriate
- Try to avoid expressing an opinion on liability unless you are asked to do so
- Assume that inconsistencies & ambiguities can be misinterpreted

Simple techniques make a big difference in documentation. Always document your actions, discussion & treatments in the EMR/Medical Record.

If you don't document it, you didn't do it.

Quantros line: 898-4749

Most importantly, if it is not legible, it cannot be interpreted so be sure to date, time & legibly sign all your entries.

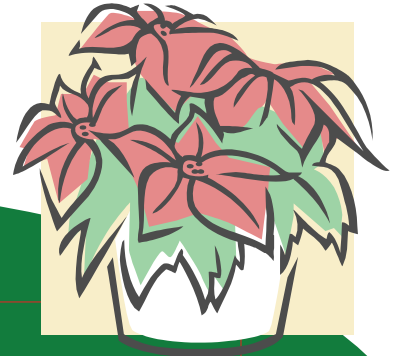
Clinicians/Practitioners at times engage in a practice called "chart wars". It is believed that document inefficiency is in the best interest of the provider, but in fact it can lead to discoverability.

Therefore, **be sure to document factual information regarding the patient's condition & response to treatment ONLY.**

Tools to address inefficiencies are in place & require verbal review & an incident report to the Quantros system.

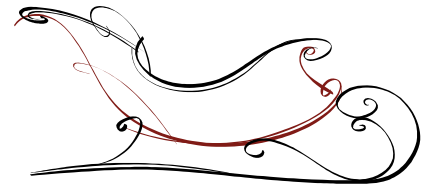
Please include as much detail as possible & use your SBAR skills (Situation-Background-Assessment & Recommendation)

For further assistance, please call Patient Advocacy/Risk Mgmt at: X3260 or pager 642-1454



Samaritan's Purse Christmas Shoebox Program

The Volunteer Office will be accepting shoeboxes filled, wrapped & labeled either "Boy" or "Girl" on Mon Nov 5 through Thurs Nov 8. Gift boxes will be distributed globally to children in need. Restricted items include war toys, liquids (i.e. - shampoo), & chocolate. Our shopper elves will be happy to accept donations of money and/or individual items & fill boxes for you. Drop off will be in the Volunteer Office G42. Be sure they are wrapped in such a way that the lids can be opened. For more info please call ext 3266 or visit: www.samaritanpurse.org



Lifeline Foundation Supports Nursing Certification at ECMCC

Announcing an exciting new program to support nursing certification at ECMCC!

Due to the generous effort of The Lifeline Foundation, registered nurses at ECMC can receive FULL reimbursement for successfully obtaining certification through the passing of a certification exam. Increasing the number of certified nurses has been shown to have a positive effect on patient outcomes.

The guidelines for RNs interested are as follows:

- Must have been employed at ECMCC for at least 1 year.
- Time & attendance and job performance must be in good standing.



- Must show documentation of passing the certification program, as well as payment for the exam.
- Certification must be a recognized as a legitimate certification program (ie: ANCC, AACN,, ENA).
- Certification must be relevant to the individual's position at ECMCC.



What a great opportunity to expand your professionalism & develop your knowledge base.

Becoming certified is also an excellent way of developing expertise in your field of practice.



Reimbursements Available!

**START WHERE YOU ARE.
USE WHAT YOU HAVE.
DO WHAT YOU CAN.**

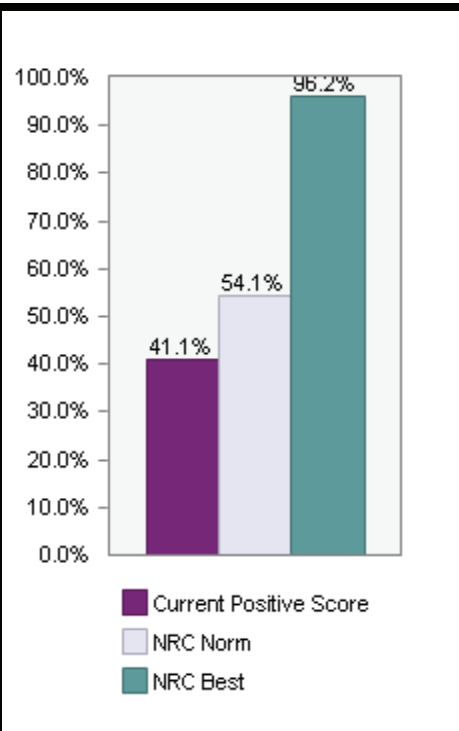
- ARTHUR ASHE

R.E.S.T. Initiative to begin in the halls of ECMCC

It is not uncommon to receive patient experience feedback including comments such as, "I was impressed with the care, but I needed more rest," or "I was awakened too often for medication and routine things," or "Something should be done about the noise and allow the patient to get some sleep!"

Noise is one of the major contributing factors to sleep deprivation in hospitalized patients (Hedges & Albano, 2007; Topf, 1992). Sleep is a basic need required for survival much like that of food and water. Fatigue is one of the most common and distressing symptoms experienced by patients, yet caregivers may not recognize its significance. Fatigue and pain are highly correlated and, together, may add to the number and severity of additional symptoms experienced by the patient. Higher levels of fatigue are correlated with a high level of pain intensity and duration, and interference with mood and ability to perform self-care.

Controlling hospital environment noise levels, especially at night, can play a significant role in meeting the patients' needs in the area of physical comfort.



Our current patient satisfaction score is 41.1%. This means that less than half of our patients find the hospital quiet at night while 54.1% is the national average and the best hospitals are at 96.2%.

Noise resulting from staff activities (opening of doors, conversation), rather than technology (e.g. alarms), were the source of the majority of actual sound-induced sleep disruptions, while patient complaints included all disruptive, irritating interferences.

At ECMC, the nursing department is working on the implementation of "REST"- which stands for **Restoring health by Encouraging Sleep Time**. A dedicated group of nurses who know the nighttime routine are defining what ECMC can do to reduce noise on the units by proactively working with all departments to identify specific interruptions and minimize them. These include noisy carts, hallway lighting, monitors, IVAC alarms, and medication administration to name just a few. The committee is also identifying ways they can each manage their "own noise" while providing care at night.

A formal process is being identified at the committee meetings for implementation in the near future. Meetings are held monthly at 0200...please leave a message with Liz Weiss at x6285 if you want to join our committee!

~ Dawn Keleher Walters MS
RN, VP of Nursing & Rehab Services

Did You Know?

- Walt Whitman's service as a nurse during the American Civil War inspired many of his poems, including Memoranda During the War
- Florence Nightingale, the most famous nurse in modern history, was only a nurse for three years of her life
- There are more nurses than any other workers in the health profession.



Assessment Tip: A patient with a significant amount of drainage from a wound (ie: from surgery, etc.) needs to be monitored. Simply outline the outer perimeter where the drainage ends with a marker.

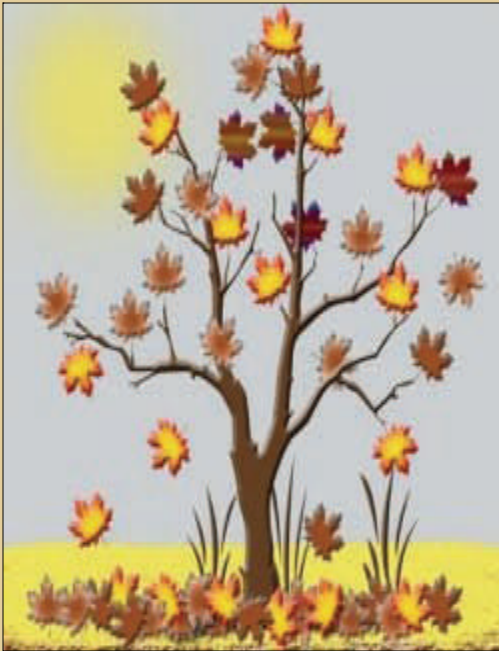
This should occur each time you assess the wound/dressing, and as needed. Please remember to time & initial any drainage, so that the team can note the progression over time.



HR News to Remember:

Flexible Spending Account Information: Open Enrollment began on Monday 10/15 and continues through 11:59 PM on Friday, 11/16/12. Again this year, enrollment is passive, meaning employees only need to process enrollment if they are changing the medical plan they are enrolled in, electing or opting out of dental coverage, changing who they cover (adding/deleting dependents) or enrolling or re-enrolling in one of the **Flexible Spending Account Plans**. *Per the IRS regulations, Flexible Spending Account participants must re-enroll each year.* Changes made will be effective January 1st and reflected in the first payroll of January 2013. Enrollment kits and information are available in Human Resources. Questions can be direct to the Enrollment Support Line 898-5731.

VALIC 457b Deferred Compensation representative Robert Petrillo is available to meet with employees by appointment on Tuesdays at his office located in the Finance suite. To reach Bob, call 1-585-227-2601 or Robert.Petrillo@valic.com. As a reminder, the 457b Plan is a Retirement Saving Plan that allows you to invest your money tax-deferred into various investment accounts. It is similar to the for profit 401(k) and not-profit 403(b) accounts that many employees may be familiar with.



The Nursing Department would like to wish all of our staff a healthy & happy Autumn and a joyous Holiday Season!

Your efforts are always appreciated & never go unnoticed. Thank you for your caring service to our patients. We are proud to have you on our team!



2012 Employee Wellness Incentive Program

If you are an active employee and enrolled in one of the ECMCC health insurance plans with BlueCross BlueShield of Western New York, **you are eligible to receive a \$50.00 debit card** to be used to offset medical, dental, vision and prescription drug related expenses. **HOW?** It's easy! Stop by Human Resources to pick up a kit, complete the necessary forms, visit your physician for an annual physical and submit the forms! If your spouse is the plan, he/she is eligible for \$50.00 as well. If you complete various wellness related activities and accumulate the necessary points, you can even earn another \$50.00.



Please be sure to check your expiration on certifications such as BLS, PMCS, PALS, & ACLS. Remember to schedule early!



ER Nurses were recognized for their hard work & dedication with a luncheon from the UEMS group to celebrate ER Nurses' Day on October 11th! Official ER Nurses' Day was October 10, 2012. Congrats to all!

Nurse of the Month Recipients:

Sept— Patty Palma, RN 8-North
Oct— Gail Washington, RN Hemo
Nov— Jen Brinkworth, UM 4 zone 1
Dec— Jody Nazzarett, RN team leader, vascular access center

Congratulations to you!

Attention LPNs & HAs

If you do not wish to be phoned every 3 days for wheel rotation, please come to the Nursing Staffing Office, #G-50 & fill out the appropriate form.

Thanks!

Stocking Stuffer Sale !!



ECMC
Coffee Sleeve
\$2.25



Contact Teresa Arquette at tarquett@ecmc.edu or x5311 or Nicole DeRenda on the night shift at x3201 or nderenda@ecmc.edu to buy!

Caps
White or
Green
\$8





Vice President of Human Resources

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

TUESDAY, SEPTEMBER 11, 2012

ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS

PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL HOFFERT

JODY L. LOMELO

BOARD MEMBERS EXCUSED:

JOSEPH ZIZZI, SR., M.D.
RICHARD F. BROX

FRANK MESIAH
BISHOP MICHAEL
BADGER, CHAIR

ALSO PRESENT:

CARLA DICANIO-CLARKE
JANET BULGER

RICH CLELAND
ROSANNE HERMAN
BEN LEONARD

I. CALL TO ORDER

Acting Chair Michael Hoffert called the meeting to order at 9:45 a.m.

II. RECEIVE & FILE

Moved by Michael Hoffert and seconded by Ben Leonard to receive the Human Resources Committee minutes of the September 11, 2012 meeting.

III. CSEA NEGOTIATIONS

The employers are filing for impasse with the New York State Public Employment Relations Board. A mediator will be assigned. .

IV. NYSNA NEGOTIATIONS

The parties met on October 30, 2012 to exchange proposals. The next scheduled session is November 28, 2012.

V. BENEFITS AND WELLNESS

Labor Management Healthcare Fund is purchasing 2 scales and exercise DVDs for the fitness center.

Open Enrollment is currently taking place and will end November 16, 2012. It is a passive enrollment which means employees only have to take part if they are changing something or re-enrolling in Flexible Spending Accounts.

VI. TRAINING

Customer Service Workshops are scheduled through 2012. They are presented by Palladian EAP. The training is mandatory and available on Medworxx. Approximately 900 employees have completed the training.

Mary Travers Murphy, Executive Director of the Family Justice Center has conducted several lunch and learns regarding Domestic Violence.

Reorientation is conducted annually. There are also trainings for managers as well as Workplace Violence training.

VII. WORKERS COMPENSATION

ERIE COUNTY MEDICAL CENTER CORPORATION

The Workers Compensation Report was distributed. Sprains/strains are the highest category of injuries. Ben Leonard reported that Travelers, ECMCC's Workers Compensation provider came into the building to assess high risk areas.

VIII. ERIE COUNTY HOME AND SNF TRANSITION

An independent person was brought in to help with the transition.

An employee communication committee has been formed and meets every other week to address concerns of employees in relation to the transition. Newsletters are written to keep employees informed. Janet Bulger and Rosanne Herman requested copies of the newsletters.

By mid-December all positions should be in place and then training will commence.

IX. NURSING TURNOVER RATES

September Hires – 9 FTES & 6 PT, 4 FTES & 6 PT Float Pool Med/Surg, 5 FTES Behavioral Health. 89.5 FTES, 2 Per Diem & 6 PT hired YTD. (1 LPN FTE hired Med/Surg, 24 LPNS hired YTD)

September Losses – 4.5 FTES, 1.5 FTE Behavioral Health (.5 resigned in lieu or term, 1 FTE resigned), 1 FTE Hemo (retired), 1 FTE Critical Care (resigned) and 1 FTE OR (removed). 41.5 FTES lost YTD

Turnover Rate .6% (.46% without retirees)

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

Turnover Rate YTD 5.41% (3.83% without retirees) 7.05% 2011

Quit Rate YTD 4.17% (2.53% without retirees) 5.73% 2011

October Hires – 3 FTES & 3 PT, 1 FTE & 3 PT Med/Surg, 2 FTES Behavioral Health. 92.5 FTES, 2 Per Diem & 9 PT hired YTD. (1 LPN FTE hired Hemo, 25 LPN FTES hired YTD)

October Losses – 2.5 FTES, 1 FTE Critical Care (resigned), .5 FTE Clinics (resigned, new job) & 1 FTE OR (retired). 44 FTES lost YTD

Turnover Rate .33% (.2% without retirees)

Quit Rate .33% (.2% without retirees)

Turnover Rate YTD 5.74% (4.03% without retirees) 7.51% 2011

Quit Rate YTD 4.5 % (2.73% without retirees) 6.19% 2011

November Hires – 8.5 FTES & 2 PT, 4.5 FTES & 2 PT Med/Surg, 1.5 FTES Behavioral Health, 2 FTES ED & .5 FTE Clinics. 100.5 FTES, 2 Per Diem & 11 PT hired YTD. (2 LPN FTES hired Med/Surg, 27 LPNS hired YTD)

X. EEO REPORT

The 2012 EEO report was distributed.

XI. NEW INFORMATION

Jody Lomeo announced that the 1st survey for Trauma certification will take place on the 1st Sunday of January.

XII. ADJOURNMENT

Moved by Michael Hoffert to adjourn the Human Resources Committee meeting at 10:10am.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

November 2012

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

ARRA Meaningful Use - Inpatient and Outpatient Report Card. In addition to the confirmed Medicare reimbursement, we have received confirmation from Medicaid reimbursement as well. We will be monitoring status of payment delivery over the next 4-6 weeks. .

Physician Computer Order Entry/Med Reconciliation. Continue to standardize and clean up procedure dictionaries, complete workflow analysis and begin developing a desktop/device strategy that will support the additional needs of the physicians. In addition, working with the physician workgroup, identified the need for a physician order set management tool. Two vendors have been identified and will move through product selection process. Kick off of the Clinical Steering Committee and Physician workgroup will be scheduled by the end of the year.

Allscripts Ambulatory Clinic Electronic Medical Record. Working with Ambulatory and Clinical Leadership to support the 1115 Waiver Program. This includes adjusting our EMR go live date for Internal Medicine and four sub-specialty clinics to March 2012. Critical success factors include resource management and staff re-alignment, system upgrade to version 11.2.3, interface development of Radiology and transcribed reports and a training plan. In addition, recently went live with the 'Laboratory Order Results Queue' interface. This allows all laboratory test results from Meditech to automatically populate into the Allscripts EHR; eliminating one to two hours of manually nursing effort per day per each clinic.

Security System – Access Control. I.T. has been working closely with Plant Operations, Human Resources, Hospital Police and others to define new access control technologies and standards for the ECMC campus. In the coming months, campus access control will transition to the new Honeywell ProWatch security system. The system will be integrated with existing access controls in order to support those areas of the hospital awaiting upgrade, as well as the parking access and revenue control system (PARCS). As a first step in these initiatives, I.T. has begun collecting demographic data from all workforce members. To date the initiative has been very successful, garnering roughly 2900 responses. Further outreach efforts for this data-gathering initiative are in motion, including an enhancement to our public Internet site for remote data collection.

HEAL NY Phase 10 and 17. We are currently working with CTG to support the Heal NY Phase 10 and 17 initiatives by providing them with historical electronic dialysis and transplant data. We will continue to work with CTG and Dr. Murray on an as needed basis.

Operational Improvements. Our technical team upgraded the organizations virtual storage system for ancillary services allowing for improved resiliency and performance.



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
November 20, 2012

Marketing

Bills “Official Healthcare Provide” sponsorship being leveraged for branding efforts
New media campaign around Bill’s partnership launched
Next iteration of True Care campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway

Planning and Business Development

Operation room expansion CON filed and expected to be approved soon.
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings
Working with Professional Steering Committee
Managing CON processes
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Dr. Howard Sperry’s practice has incrementally increased in patient numbers and ancillary business has had significant referrals
Two large Southtown primary care practices underway and seeing approximately 300 patients per week
In discussions with large specialty and primary care practices looking to affiliate with ECMC

Media Report

- **equities.com: Erie County Medical Center Selects iCONNECT® for Enterprise-Wide Image Interoperability.** “Our enterprise-wide imaging strategy builds on our longtime relationship with Merge and will extend our image sharing and interoperability capabilities across our entire health system.” Leslie Feidt, CIO, is quoted.
- **Buffalo Business First: Decision near on ECMC psych unit plan.** On November 15th, State officials, specifically the committee on establishment and project review of the Public Health and Health Planning Council, considered the project to consolidate Buffalo General Medical Center’s psychiatric services on the Erie County Medical Center campus.
- **The Buffalo News: ECMC deal may help county on payments.** ECMC and Erie County amend agreement. Anthony J. Colucci, III is quoted.
- **The Buffalo News: Erie County Legislature approves new arrangement with ECMC.** A deal to allow Erie County to spread our payments into the future for care at Erie County Medical Center and its nursing home passed the County legislature with little discussion.

Community and Government Relations

Lifeline Foundation Mobile Mammography Unit screening patients and has 500 women screened and 1,300 scheduled to be screened
Meetings held with various community groups regarding mobile mammography unit and events scheduled
Several tours held with community leaders and potential donors
Continuing to work with other PBC hospitals on legislation and advocacy efforts
Developing strategy around NYS Medicaid waiver



Executive Director, ECMC Lifeline Foundation



ECMC Lifeline Foundation Report For ECMCC Board of Directors November 27, 2012

Submitted by
Susan M. Gonzalez, Executive Director

Event News

- **ECMC Springfest Gala 2013**
SAVE THE DATE – Saturday, May 11, 2013
Buffalo Niagara Convention Center
Entertainment by KC & The Sunshine Band
Sponsorship Packages and tables are now available

ECMC Employee Giving Campaign/United Way Campaign

- Our ECMC Employee Giving Campaign/United Way Campaign kicked off on November 8th with an 18 hour marathon of giving. **Over \$44,000 was raised the first day.** The campaign continues through November 30th. Pledge forms may be sent to the Lifeline office for either campaign.
- For those of you who make your Lifeline annual fund gift through United Way payroll deduction and donor designate your contribution to Lifeline please utilize the following information. **Please note our Lifeline agency designation number is #657387. You may write this number or our agency name “ECMC Lifeline Foundation” on your form.**

Thank you for your consideration.

Foundation Business

- The Foundation Board will be approving a new slate of officers and 6 new Directors to start terms in January 2013. We are pleased to announce Mike Hoffert will be the ECMCC Board representative to the Foundation.

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 the hospital budget. Applications completed/awarded since last meeting include:

NYSDOT - grant for wheelchair accessible van - pending
Patrick Lee Foundation for Behavioral Health - \$3,000,000 letter of intent stage
Low Reed Spinal Cord Injury Fund – Zonco Mobile Arm Valet - \$2,000 pending
Kelly For Kids – Pediatric Kindergarten Boot Camp - \$2,500 pending

Hospital Contributions Update

- The response to the \$10,000 gift allocated for Nursing Certification Scholarships has been tremendous. In just 6 weeks 12 nurses have applied to sit for credentials exams in 5 areas of expertise.

NEW BUSINESS

**OLD
BUSINESS**



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, OCTOBER 22, 2012 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	W. Flynn, MD	
Y. Bakhai, MD	C. Gogan, DDS	
W. Belles, MD	R. Hall, MD, DDS	
G. Bennett, MD	J. Kowalski, MD	
S. Cloud, DO	K. Malik, MD	
H. Davis, MD	R. Makdissi, MD	
R. Desai, MD	M. Manka, MD	
T. DeZastro, MD	K. Prantikoff, MD	
S. Downing, MD	P. Stegemann, MD.	
N. Ebling, DO	R. Venuto, MD	
R. Ferguson, MD		

Attendance (Non-Voting Members):

K. Ziemianski, RN	M. Sammarco	A. Colucci, Esq.
J. Lomeo	A. Victor-Lazarus, RN	
S. Ksiazek	R. Krawiec	
M. Barabas	R. Cleland	
L. Feidt	C. Gazda, RN	
C. Ludlow, RN	S. Siskin	

Excused:

A. Arroyo, MD	R. Schuder, MD	
N. Dashkoff, MD	J. Woytash, MD	
J. Izzo, MD	R. Gerwitz	
T. Loree, MD		

Absent:

J. Lukan, MD		
M. Azadfard, MD		
A. Chauncey, PA		

I. CALL TO ORDER

- A. Dr. Richard Hall, President-Elect, 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. Please direct your staff to complete reports timely.

III. UNIVERSITY REPORT – Dean Cain, MD

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

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT

- a. **BOARD STRATEGIC PLAN** – Mr. Lomeo advised that much has been accomplished with the existing strategic plan and a new strategic plan will be devised at the next Board retreat scheduled in the coming months. Mr. Lomeo will continue to keep this body informed.
- b. **CAMPUS UPDATE** – Campus projects are progressing and are scheduled to be completed within projected timelines.

B. PRESIDENT’S REPORT – Mark Barabas, President and COO

- a. **AMBULATORY SURGERY CENTER** – Mr. Barabas advised that renderings are already completed and a Spring start date on construction for the new center is expected.
- b. **PARKING** – Construction/revamping of the parking areas is near completion and is expected to be completed well before the winter season.
- c. **CARDIOVASCULAR SERVICES** – Staffing management has begun and the merging of these services is progressing as expected.

C. FINANCIAL REPORT – Michael Sammarco, CFO

- a. **VOLUMES/FINANCIAL REPORT** – Mr. Sammarco reported a small gain for the hospital in September with a consolidated (with Erie County Home) loss of \$4.6 million year to date. While volumes were up, increased labor costs effects the revenue streams. With reduction in payments, timely discharges are extremely important.

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

A. UNIVERSITY AFFAIRS

Dean Cain presented his State of the School address on Friday, October 19th, 2012. Topics covered included the new agreement with New York State that provides financial support for the new medical school and an improved financial model which allows UB to retain more of its income, administrative restructuring, plans for the new Medical School and recent recruitment achievements.

UB has also announced upcoming opportunities for faculty to meet with President Tripathi and Provost Zukoski

Faculty Meetings with President Tripathi and Provost Zukoski. **Clinical Faculty are invited to the meeting on November 16, 2012, 8:30-10:00 a.m., in the 5th**

floor conference room of the CTRC Building, 875 Ellicott Street. Please RSVP by November 14 (Clinical) to Debbie Kelsch (dlkelsch@buffalo.edu (829-2775) if you plan to attend.

B. CLINICAL ISSUES

UTILIZATION REVIEW	July	August	September	vs. 2011 YTD
Discharges	1004	989	885	up 3.8%
Observation	133	162	156	down 11.7%
LOS	5.8	6.4	6.2	down 1.3%
CMI	2.14	2.18	2.29	up 0.3
Surgical Cases	849	942	856	up 0.3%
Readmissions (30d)	11.3%	12.4%		

Volumes were soft. Bright spots include chemical dependency, detox and psychiatry discharges and lower ALC days. For the second consecutive month a long-stay discharge (this time 827 days) pushed acute ALOS over 7. Surgical volume and ED/CPEP visits lower than expected; however, CPEP admissions strong.

C. PALLIATIVE CARE SERVICE

Hospice and Palliative Care services at ECMC will now be provided through Hospice Buffalo. Referrals may be made to the service via their call number which is attached and instruction is located on the "Consult Page" under Hospice/Palliative care.

The service can provide both referral to Hospice care and Palliative consults provided by Ms. Helen Doemland, PA and Dr. Katie Grimm.

D. MEANINGFUL USE STAGE 1 COMPLETE

Erie County Medical Center Corp. has successfully attested for Stage 1 of Meaningful Use. This attestation will allow ECMC to collect a significant amount of money available under the HITECH act. Our reporting period to CMS was 6/24/12 - 9/24/12 during which we collected data on CPOE, active medications and allergies, as well as several other data elements, and tested immunization and summary of care interfaces to outside organizations. This has been a long road and I want to extend my sincere gratitude to everyone who helped make this possible. I look forward to working with all of you on Stage 2 over the next year. Thank you again!

E. “Ghost Surgeries”

The *Chicago Tribune* recently examined lawsuits and complaints filed against hospitals over "ghost surgeries" in which a prominent physician promised to perform a procedure but instead delegated it to a colleague or resident.

The *Tribune* notes that unexpected physician changes can occur for legitimate reasons, such as medical emergencies.

However, some patients allege that they have been misled or ill informed about the circumstances of their care. Moreover, some of them blame poor outcomes on the unexpected switch to a less experienced surgeon.

The *Tribune* details several examples of "ghost surgeries" that resulted in lawsuits or patient complications, including:

- Denyse Richter decided to undergo an elective surgery that would cure her cardiac arrhythmia. She selected a triple board-certified cardiologist who allegedly agreed to conduct the procedure himself. However, because of scheduling and another medical appointment that ran long, the procedure was performed by the cardiologist's associate, a less experienced surgeon. Richter was not notified of the change and says she would not have let the associate perform the surgery.
- An orthopedic surgeon in 2004 filed a lawsuit against a physician group and a Chicago-based hospital for illegally billing Medicare for surgeries that unsupervised medical residents had performed.
- Mary Ann Bart says a Chicago-based urologist verbally and contractually promised to perform her kidney-stone removal surgery, but he allegedly left the procedure to his urology fellows. Bart had to be resuscitated twice during the surgery due to complications.

According to the **American College of Surgeons'** guidelines, it is unethical to mislead patients about the identity of the physician conducting an operation.

However, it also asserts that a "surgeon may delegate part of the operation to associates or residents under his or her personal direction." The guidelines add patients should be made aware if a resident will take part in a surgery under a physician's supervision.

Joanne Conroy, chief health care officer for the **Association of American Medical Colleges**, notes that efforts to ensure informed consent have improved significantly over the years. "We have been much more granular about talking about [student] involvement [in patient care] and talking to patients about their presence," she says.

Advocates encourage patients to carefully review consent forms with enough time to ask questions about who will be involved in the procedure (Shelton, [Chicago Tribune](#), 9/23).

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD

A. No report.

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

A. **MOTION:** Andrew Stansberry, PA has resigned from his seat on the Credentials Committee. Dr. Kothari, Exigence, is nominated to complete Mr. Stansberry’s term. Many thanks to Mr. Stansberry for his excellent service to the committee.

MOTION to accept interim replacement of Dr. Kothari to the Credentials Committee.

MOTION UNANIMOUSLY APPROVED.

IX. LIFELINE FOUNDATION – Susan Gonzalez

A. No report.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: September 24, 2012	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of October 2, 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
	- Exception – candidate is not board eligible: - Shaikh Manzoor, MD – Erie County Home	Reviewed and Approved (see MOTION below)
C.	HIM Committee Meeting: - Minutes of September 27, 2012	Received and Filed
	1. Anticoagulation Clinic (ACS) Referral Request	Reviewed and Approved
	2. Insulin SQ Orders	Reviewed and Approved
	3. Chronic/Annual CAPD/CCPD Orders	Reviewed and Approved
	4. CAPD/CCPD Training and Outpatient Peritoneal Dialysis Orders	Reviewed and Approved
D.	P & T Committee Meeting – Minutes of October 3, 2012	Received and Filed
	1. Michael Ackerman, DNS, RN – approve appointment to Committee	Reviewed and Approved
	2. Calcitonin-containing drugs – keep nasal spray and injection on the Formulary	Reviewed and Approved
	3. F-07 Adverse Drug Reactions – approve review	Reviewed and Approved
	4. F-22 Patient’s Own Medication / Non-Formulary Supplements – approve review	Reviewed and Approved
	5. F-23 Recombinant Factor VIIa (NovoSeven®, rFVIIa) – approve review	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	6. TI-03 Intravenous H2 Receptor Antagonists – approve review	Reviewed and Approved
	7. TI-06 Automatic Dose Correction For Ciprofloxacin – approve review	Reviewed and Approved
	8. TI-09 - Peripherally Selective Antihistamines – approve review	Reviewed and Approved
	9. Rasburicase – add to Formulary, restricted to hematology-oncology approval	Reviewed and Approved
	10. Rivaroxaban 20, restricted to patients with a CrCl > 50 – add to Formulary	Reviewed and Approved
	11. Cefixime - delete from Formulary	Reviewed and Approved
	12. Interferon Alfa-2b 3 MU/0.5 mL vial – delete from Formulary	Reviewed and Approved
	13. Coccidioidin 1:100 1 mL vial – delete from Formulary	Reviewed and Approved
	14. IV-03 Med. Admin by RN in CC areas – approve revision	Reviewed and Approved
	15. Request an appropriate Committee/Team to look into developing a definition for multi-acuity care beds for 10Z4.	Reviewed and Approved
	16. F-09 Automatic Stop & Review Orders – approve revision	Reviewed and Approved
	TI-05 Statins – approve revision	Reviewed and Approved
	TI-07 Haemophilus b Conjugate Vaccines – approve revisions	Reviewed and Approved
E.	UTILIZATION REVIEW COMMITTEE – Minutes of September 18, 2012	Received and Filed
F.	TRAUMA ADVISORY COMMITTEE – Minutes of September 10, 2012	Received and Filed

1. EXTRACTION: CREDENTIALS COMMITTEE

As presented by the Credentials Committee, Dr. Manzoor's appointment and lack of board eligibility was discussed. MOTION to accept the exception for appointment.

MOTION UNANIMOUSLY APPROVED.

X. CONSENT CALENDAR, CONTINUED

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

MOTION UNANIMOUSLY APPROVED.

XI. NOMINATING COMMITTEE – David Ellis, MD

A. PROFESSIONAL STEERING COMMITTEE ELECTION

The following nominees were brought forth by the Nominating Committee for election to the Professional Steering Committee for a two (2) year term, November 2012-October 2014.

- i. Yogesh Bakhai, MD
- ii. Joseph Kowalski, MD
- iii. Neil Dashkoff
- iv. Gregory Bennett, MD

All voting members were provided a ballot which was then collected in an anonymous fashion. After tallying the votes as per Medical Dental Staff Bylaws, the following members were elected:

1. Yogesh Bakhai, MD
2. Joseph Kowalski, MD
3. Gregory Bennett, MD

MOTION to appoint Yogesh Bakhai, MD, Joseph Kowalski, MD and Gregory Bennett, MD to the Professional Steering Committee for the term November 2012 to October 2014 with our gratitude.

MOTION UNANIMOUSLY APPROVED.

XII. OLD BUSINESS

A. NONE

XIII. NEW BUSINESS

- A. **POLICY: Interfacility Transfer Policy.** A corrected version of the policy was distributed for review. The responsibility of the physician was clearly outlined prior to approval of the motion. **MOTION** to accept the policy as presented.

MOTION UNANIMOUSLY APPROVED.

- B. **RESOLUTION** of the Medical Executive Committee Supporting the Level I Trauma Designation for Erie County Medical Center Corporation presented by President Kowalski. Resolution was distributed and reviewed and is received and filed for the record. **MOTION** to accept the resolution made by Dr. Timothy DeZastro, seconded by Dr. Samuel Cloud.

MOTION UNANIMOUSLY APPROVED.

XIV. ADJOURNMENT

There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:40 p.m.

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**

Erie County Medical Center Selects iCONNECT(R) for Enterprise-Wide Image Interoperability

Solutions Provide Anywhere, Any Time Access to Images and Enterprise-Wide Image Archive GlobeNewswire

CHICAGO, Nov. 13, 2012 (GLOBE NEWSWIRE) -- Merge Healthcare Incorporated (Nasdaq:MRGE), a leading provider of clinical systems and innovations that seek to transform healthcare, today announced that Erie County Medical Center (ECMC) has selected Merge Healthcare's iConnect® Enterprise Archive and iConnect® Access to provide real-time access to images and information.

"Our enterprise-wide imaging strategy builds on our longtime relationship with Merge and will extend our image sharing and interoperability capabilities across our entire health system," said Leslie Feidt, CIO, ECMC. "We believe this approach will deliver real return as we eliminate departmental silos, improve workflow for our physicians and, ultimately, enhance patient care with anywhere, any time access to images."

"Now that Meaningful Use Stage 2 rules include image-enabling the EHR as a menu set measure, customers like ECMC are looking to quickly and easily image-enable their EHR and entire enterprise," added Jeff Surges, CEO, Merge Healthcare. "Now ECMC physicians, regardless of specialty and affiliation, will have access to images for enhanced patient care directly via their MEDITECH electronic health record."

Merge's iConnect® Enterprise Clinical Platform is the industry's only comprehensive solution for collecting, archiving, viewing, sharing and exchanging any type of image, anywhere, any time. It includes iConnect Access*, a zero-download DICOM image and XDS server, iConnect Share, a gateway for image sharing across the enterprise and iConnect Enterprise Archive, a vendor-neutral archive to create an enterprise imaging strategy. It works with existing applications, leveraging widely-used web and healthcare technology standards, to provide a vendor neutral interoperable environment.

Merge's iConnect Enterprise Archive is the number one vendor neutral archive in the world and has been successfully integrated with over seventy-five PACS vendors and specialty workstations at over 350 sites across the United States. In over half of iConnect Enterprise Archive implementations, Merge's customers have integrated third-party PACS systems.

*iConnect Access is not FDA-cleared for diagnostic use on mobile devices.

About Merge Healthcare

Merge is a leading provider of clinical systems and innovations that seek to transform healthcare. Merge's enterprise and cloud-based solutions for image intensive specialties provide access to any image, anywhere, any time. Merge also provides health stations, clinical trials software and other health data and analytics solutions that engage consumers in their personal health. With solutions that are used by providers and consumers and include more than 20 years of innovation, Merge is helping to reduce costs and improve the quality of healthcare worldwide. For more information, visit merge.com.

The Merge Healthcare logo is available at

<http://www.globenewswire.com/newsroom/prs/?pkgid=10757>

Cautionary Notice Regarding Forward-Looking Statements

The matters discussed in this news release may include forward-looking statements, which could involve a number of risks and uncertainties. When used in this press release, the words "will,"

"believes," "intends," "anticipates," "expects" and similar expressions are intended to identify forward-looking statements. Actual results could differ materially from those expressed in, or implied by, such forward-looking statements. Except as expressly required by the federal securities laws, the Company undertakes no obligation to update such factors or to publicly announce the results of any of the forward-looking statements.

CONTACT: Media Contact: Lesley Weisenbacher Vice President, Marketing 312.540.6623 |
lesley.weisenbacher@merge.com
Source: Merge Healthcare

From the Business First

:<http://www.bizjournals.com/buffalo/news/2012/11/12/decision-near-on-ecmc-psych-unit-plan.html>

Decision near on ECMC psych unit plan

Business First by Tracey Drury, Buffalo Business First Reporter

Date: Monday, November 12, 2012, 11:06am EST



Tracey Drury

Buffalo Business First Reporter- Business First

Email

State officials will consider final approval Thursday for a project to consolidate **Buffalo General Medical Center's** psychiatric services on the **Erie County Medical Center** campus.

The \$25.4 million project calls for consolidating inpatient and outpatient psych and rehabilitation/detoxification units of ECMC with Buffalo General's through the creation of a new Regional Behavioral Health Center on Grider Street.

The committee on establishment and project review of the Public Health and Health Planning Council will consider the project at its Nov. 15 meeting in Albany. It has been recommended for approval by Department of Health staff, contingent on meeting several financial and regulatory provisions. Pending approval by the committee, it will go before the full council for approval on Dec. 6.

Project details filed with the state call for creating a new 36,350-square-foot comprehensive psychiatric emergency program (CPEP) and outpatient behavioral health facility; consolidation of community-based outpatient programs; ownership transfer of outpatient clinic sites in Buffalo and Lancaster; and consolidation of the inpatient psych and rehab/detox units to ECMC. Additional detail on the project was reported by Business First in August, and can be found [here](#).

The goal of the project is to eliminate duplication while gaining operational efficiencies, as well as providing lower cost care and enhanced access in the region.

Funding includes a \$15 grant from the state through the Health Care Efficiency and Affordability Law of New York; as well as \$5 million apiece from ECMC and Kaleida Health, Buffalo General's parent.

Monday November 19, 2012

[The Buffalo News.com \(/\)](http://TheBuffaloNews.com/)

City & Region

Poloncarz gets tentative agreement on spreading costs into future to lessen budget impact

ECMC deal may help county on payments

BY: [Denise Jewell Gee \(mailto:djgee@buffnews.com\)](mailto:djgee@buffnews.com)

Published: October 30, 2012, 09:00 PM

Updated: October 31, 2012, 08:30 AM

Erie County Executive Mark C. Poloncarz has struck a tentative deal with Erie County Medical Center that would spread higher-than-expected payments that the county must make on behalf of the hospital and its nursing home into the future.

The deal is expected to address a financial concern that Poloncarz had warned in July was one of the chief threats to the county budget.

Poloncarz cautioned then that the county could owe “tens of millions of dollars of unbudgeted health care payments” this year and in future years, for its share of the cost of caring for uninsured and underinsured patients at the hospital and its nursing home.

So far this year, that prediction has not come true, in part, because \$15.3 million of those payments required by the state and federal governments have been deferred until January. Instead, the county so far has paid about \$1.1 million more than what it budgeted for the ECMC payments.

But the potential for the payments to remain well above the \$16.2 million that the county budgets each year remains a significant concern during the next few years, and hospital and county officials believe the latest agreement would help the county manage those costs.

County officials describe the agreement as a way to stabilize the impact on the county budget of those federally required hospital payments during the next three years, as they await more changes in federal health care.

“When the Affordable Care Act takes effect, the payments should go down significantly, if not even potentially be eliminated outright,” said Timothy Callan, the county’s deputy budget director.

The county payments for the hospital are calculated by the state and federal governments to help pay for the “disproportionate share” of low-income patients the hospital serves and for care at its nursing home. They are debited directly from the county’s bank accounts with a few weeks notice when they come due, making it difficult for the county to budget for them if they increase dramatically.

The proposed agreement would set up a credit system that would allow the county to seek up to \$28 million in reimbursements from ECMC for annual hospital payments it makes above \$16.2 million. The county then would pay back that money to ECMC in annual installments of \$2 million starting in 2015.

The new deal, if approved by the County Legislature and a State Supreme Court justice, would amend a 2009 agreement struck by then-County Executive Chris Collins that sought to define the county’s obligations to the hospital, which spun off from the county as a public benefit corporation in 2004.

At the time, the two entities sought to resolve a number of outstanding issues, including a lawsuit over how much the county should subsidize the hospital. Among other items, the 2009 agreement eliminated a requirement that the county pay for all operating losses at the hospital and paved the way for construction of a new nursing home on the ECMC campus that will replace the Erie County Home in Alden.

The proposed amendment to the 2009 agreement also would address two other outstanding issues between the hospital and the county over the amounts paid since 2004 for workers’ compensation costs and retiree health care expenses. The agreement acknowledges that ECMC

has paid \$34.7 million for retiree health care for workers who were county employees before 2004 and that the county has paid \$29.7 million for workers' compensation for people employed by the hospital before 2004.

Those two figures were used to draw up the \$28 million credit that will be available to the county starting this year.

"What we tried to do is compromise in a fair manner for everyone," said ECMC attorney Anthony J. Colucci III.

The proposed agreement is expected to ease the impact of the hospital payments on the county's budget during the next three years, but other factors also have lessened the impact on the 2012 budget.

Marci Natale, a spokeswoman for the state Department of Health, said a \$15.3 million payment has been deferred until January.

In addition, the county has not yet had to pay back \$5.3 million in federal funds that county officials earlier this year had been told the county would have to return.

At the time of the county's midyear budget hearings, the county expected those payments to come due in 2012.

"This could have been a horrible, horrible year," said County Budget Director Robert Keating.

Higher-than-budgeted payments for the county hospital had the potential to eat into the county's fund balance this year.

"We had nothing indicating that we'd have any relief from those," Keating said. "Now we have some relief."

email: djgee@buffnews.com

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City & Region

Erie County Legislature approves new arrangement with ECMC

BY: [Denise Jewell Gee \(mailto:djee@buffnews.com\)](mailto:djee@buffnews.com)

Published: November 8, 2012, 06:09 PM

Updated: November 8, 2012, 08:21 PM

A deal to allow Erie County to spread out payments into the future for care at Erie County Medical Center and its nursing home passed the County Legislature on Thursday with little discussion.

County and hospital officials expect the agreement will help the county better manage payments to the hospital that have sharply risen in recent years and have the potential to grow well beyond what the county budgets.

“What it does is it helps us balance and adjust that cost,” said Legislator Timothy Hogues, a Buffalo Democrat who is chairman of the Legislature’s Finance and Management Committee.

The Legislature on Thursday voted unanimously to ratify the proposed agreement, but spent no time discussing the proposal since it had previously been vetted in committee.

County Executive Mark C. Poloncarz warned earlier this year that the hospital payments were one of the biggest financial concerns facing the county because it could owe “tens of millions of dollars” more than it budgets for the expense each year.

Under the agreement with ECMC, the county would still make the payments, as required by federal law but could seek a reimbursement for higher-than-budgeted amounts from the hospital up to \$28 million through a credit system. The county would then pay that money back to the hospital in annual installments of \$2 million starting in 2015.

“This is something that we’ve got to give a lot of credit to the folks over at ECMC for working with us on this,” said Legislator Kevin Hardwick, a City of Tonawanda Republican who also sits on the Legislature’s Finance and Management Committee. “They don’t have to do this, but they’re partners in this. They understand the county’s financial situation.”

The county budgets \$16.2 million for the hospital payments, but last year got billed by the state for \$40.4 million. An earlier credit system between the hospital and the county that helped offset those higher-than-expected amounts was used up last year.

While the amount the county must pay for the care of poor and underinsured patients at the hospital and its nursing home has increased in recent years, hospital officials expect those amounts to drop after changes in federal health care law take effect under the Affordable Care Act.

The new arrangement is an amendment to a 2009 agreement struck between the hospital and the county that sought to define the obligations between the two entities. Attorneys for ECMC and county government also plan to seek approval from a State Supreme Court justice who oversaw the implementation of the 2009 agreement.

email: djee@buffnews.com

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