

BOARD OF DIRECTORS

Sharon L. Hanson
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Vice Chair

Bishop Michael A. Badger
Secretary

Richard F. Brox
Vice Chair

Kevin M. Hogan, Esq.
Vice Chair

Michael A. Seaman
Treasurer

Douglas H. Baker
Ronald P. Bennett, Esq.
Ronald A. Chapin
K. Kent Chevli, M.D.

Michael H. Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.

Jody L. Lomeo
Thomas P. Malecki
Frank B. Mesiah
Kevin Prantikoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, October 4, 2011

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

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

AGENDA FOR THE
OCTOBER 2011 REGULAR MEETING OF THE
BOARD OF DIRECTORS

TUESDAY, OCTOBER 4, 2011

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Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION
MINUTES OF THE MARCH REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, AUGUST 30, 2011

ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin Sharon L.Hanson, Chair	Anthony M. Iacono Dietrich Jehle, M.D. Thomas Malecki, C.P.A. Frank B. Mesiah Michael A. Seaman
Voting Board Member Excused:	K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Kevin M. Hogan, Esq. Joseph A. Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald P. Bennett, Esq. Jody L. Lomeo	Michael H. Hoffert Kevin Prantikoff, M.D.
Also Present:	Mark C. Barabas Richard Cleland Anthony Colucci, III, Esq. Leslie Feidt John R. Fudyma, M.D. William Gajewski	James Kaskie Joseph Kowalski, M.D Ronald J. Krawiec Kathleen O'Hara Thomas Quatroche, Ph.D. Michael Sammarco Gaen Hooley, NYSNA

I. CALL TO ORDER

Chair Sharon L. Hanson called the meeting to order at 4:05 P.M.

II. APPROVAL OF MINUTES OF THE JULY 12, 2011 BOARD OF DIRECTORS REGULAR MEETING

Moved by Frank B. Mesiah and seconded by Douglas H. Baker to approve the minutes of the July 12, 2011 Board of Directors Regular meeting as presented.

Motion approved unanimously.

III. ACTION ITEMS

A Resolution of the Board of Directors Adopting a Revised Mission Statement and Vision Statement

Motion approved unanimously: Copy of resolution attached.

A Resolution of The Board of Directors Authorizing The Grant of an Easement to National Grid

Motion approved unanimously: Copy of resolution attached.

A Resolution of the Board of Directors Adopting a
Second Amendment to Affiliation Agreement

Motion approved unanimously: Copy of resolution attached.

Approval of July 5, 2011 Medical/Dental Staff
Appointments/Re-Appointments.

Motion approved unanimously: Copy of resolution attached.

Approval of August 2, 2011 Medical/Dental Staff
Appointments/Re-Appointments.

Motion approved unanimously: Copy of resolution attached.

IV. BOARD COMMITTEE REPORTS

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

Motion approved unanimously.

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:
- F. Chief Medical Officer Report:
- G. Associate Medical Director Report:
- H. Senior Vice President of Nursing:
- I. Vice President of Human Resources:
- J. Chief Information Officer:
- K. Sr. Vice President of Marketing & Planning:
- L. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

Mr. Lomeo reported on the following items:

- ECMCC closed on the Erie County loan (made in the form of a bond issuance by ECMCC to the county) in the amount of \$98 million on August 10, 2011
- The Head & Neck program continues to flourish and grow.
- A reception for the Board of Directors and Executive Management will follow today's board meeting aboard the Edward M. Cotter.

ERIE COUNTY MEDICAL CENTER CORPORATION

- The MRI Center Ribbon Cutting/Dr. George Alker dedication will take place on August 31, 2011. All are welcome to attend.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results from June 30, 2011 and July 31, 2011 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are included in the Board Book for review.

Moved by Frank B. Mesiah and seconded by Michael A. Seaman receive and file the June 30, 2011 and July 31, 2011 reports as presented by the Corporation's Management.

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

Moved by Anthony M. Iacono and seconded by Douglas H. Baker to enter into Executive Session at 4:35 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic matters and business plans.

Motion approved unanimously.

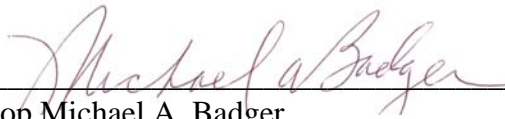
VII. RECONVENE IN OPEN SESSION

Moved by Richard F. Brox and seconded by Bishop Michael A. Badger to reconvene in Open Session at 5:30 P.M.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Richard F. Brox and seconded by Anthony M. Iacono to adjourn the Board of Directors meeting at 5:31 P.M.



Bishop Michael A. Badger,
Corporation Secretary

**A Resolution of the Board of Directors Authorizing
the Grant of an Easement to National Grid**

Approved August 30, 2011

WHEREAS, the Corporation became the fee owner of all real property interests at its Grider Street Campus in March 2010 pursuant to a certain Settlement Agreement with the County of Erie, New York; and

WHEREAS, the Corporation is undertaking a campus expansion initiative that includes the construction of several new buildings on its Grider Street Campus, including, a skilled nursing facility; and

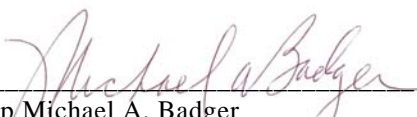
WHEREAS, National Grid is and has utilized an existing duct bank and pathway to provide additional service lines to the Corporation to support the campus expansion projects; and

WHEREAS, it has recently come to the attention of National Grid that the original easement granting National Grid the right to use the pathway cannot be located; and

WHEREAS, the Corporation wishes to enter into a new easement agreement with National Grid to memorialize the existing use of the pathway

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

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


Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution of the Board of Directors Regarding
the Corporation's Mission Statement**

Approved August 30, 2011

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] was created by New York Public Authorities Law ["PAL"] Article 10-C, Title 6 and is subject to PAL Section 2824-a, adopted under Chapter 506 of the Laws of 2009 [also known as "The 2009 Public Authorities Reform Act"]; and

WHEREAS, PAL Section 2824-a requires public authorities to develop and adopt a mission statement, provide a copy of its mission statement and performance measures to the Authorities Budget Office ["ABO"], annually review its mission statement and performance measures, maintain its mission statement and annual measurement report on its website, and to include its mission statement as part of the Annual Report required to be filed with the ABO pursuant to Section 2800 of Public Authorities Law; and

WHEREAS, in accordance with PAL Section 2824-a, the Corporation's Board of Directors conducted its annual reviewed the Corporation's mission statement and the Corporation desires to adopt an updated mission statement in the form presented to the Board of Directors and attached hereto as Exhibit A; and

WHEREAS, in addition to adopting an updated mission statement, the Board of directors discussed the Corporation's vision statement and core values;

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

1. The Corporation hereby adopts the Erie County Medical Center Corporation Mission Statement and Vision Statement and Core Values in the form attached hereto as Exhibit A.
2. This Resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

MISSION

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

VISION

ECMC will be a leader in and recognized for:

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

CORE VALUES

ACCESS

All patients get equal care regardless of their ability to pay or source of payment. We address the health care 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 is both as an organization and 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.

ERIE COUNTY MEDICAL CENTER CORPORATION

ERIE COUNTY MEDICAL CENTER CORPORATION

**A Resolution of the Board of Directors Adopting a
Second Amendment to Affiliation Agreement**

Approved August 30, 2011

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] entered into an Affiliation Agreement dated as of October 13, 2010 [the "Affiliation Agreement"] with Kaleida Health, Inc. ["Kaleida"] and the State University of New York at Buffalo [the "University"], as amended by the First Amendment to Affiliation Agreement dated March 18, 2011; and

WHEREAS, the Corporation, Kaleida, and the University have negotiated a Second Amendment to the Affiliation Agreement regarding student education, term and termination and standard New York State contract clauses; and

WHEREAS, the Corporation wishes to authorize the Chief Executive Officer to execute the Second Amendment to the Affiliation Agreement.

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

1. The Corporation hereby authorizes the Corporation's Chief Executive Officer to execute the Second Amendment to the Affiliation Agreement in substantially the form presented to the Board of Directors and to take any other action necessary to effectuate the foregoing.
2. This Resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

SECOND AMENDMENT TO AFFILIATION AGREEMENT

THIS SECOND AMENDMENT TO AFFILIATION AGREEMENT (this "Amendment") is made as of August _____, 2011 by and between KALEIDA HEALTH, INC., a New York not-for-profit corporation having its principal offices located at 726 Exchange Street, Suite 522, Buffalo, New York 14210 ("KALEIDA"); ERIE COUNTY MEDICAL CENTER CORPORATION, A New York public benefit corporation having its principal offices located at 4623 Grider Street, Buffalo New York 14215 ("ECMCC"); and THE STATE UNIVERSITY OF NEW YORK, an educational corporation, organized and existing under the laws of the State of New York and having its principal offices at State University Plaza, Albany, New York 12246, for and on behalf of UNIVERSITY AT BUFFALO ("UNIVERSITY").

WITNESSETH:

WHEREAS, KALEIDA, ECMCC and UNIVERSITY entered into an Affiliation Agreement dated as of October 13, 2010 ("Affiliation Agreement"); and

WHEREAS, KALEIDA, ECMCC and UNIVERSITY agree to amend the Affiliation Agreement regarding student education and term and termination.

NOW THEREFORE, in consideration of the mutual covenants hereinafter set forth and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto hereby covenant and agree as follows:

1. Paragraph 3 of the Affiliation Agreement is hereby amended to add a new paragraph 3.11 to read as follows:

3.11. **Learning Environment.** The KALEIDA, ECMCC and UNIVERSITY recognize the obligation of each to develop and nurture professional behavior among faculty, staff, medical students and residents by promoting a learning environment that provides opportunities in both formal and informal clinical education settings for the modeling and integration of appropriate professional attitudes and values.

2. Paragraph 14.1.1 of the Affiliation Agreement is amended as follows:

14.1.1. This Agreement shall be effective for five (5) years following the Effective Date ("Initial Term") and may be renewed for an additional five (5) year term ("Renewal Term") with the same terms and conditions as are specified herein except as may be modified hereinafter, by any party giving written notice to the other parties, in the manner set forth in Section 14.3, of its intention so to renew twelve (12) months prior to the end of the Initial Term.

3. Paragraph 14.12 of the Affiliation Agreement is amended as follows:

14.12. **Standard Contract Clauses.** The New York State Standard Contract Clauses, updated on April 1, 2011, are annexed hereto and made a part of this Agreement as **Exhibit I**.

4. Except as expressly modified herein, the Affiliation Agreement remains in full force and effect according to its terms.

ERIE COUNTY MEDICAL CENTER CORPORATION

IN WITNESS WHEREOF, the parties hereto have caused this Second Amendment to the Affiliation Agreement to be duly executed as of the date first above written.

Agency Certification

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

ERIE COUNTY MEDICAL CENTER CORPORATION APPROVED AS TO FORM:

By: _____
Jody L. Lomeo
Chief Executive Officer

By: _____
Anthony J. Colucci, III
ECMCC Counsel

Date: _____

Date: _____

KALEIDA HEALTH

By: _____
James R. Kaskie
President and Chief Executive Officer

Date: _____

UNIVERSITY AT BUFFALO
THE STATE UNIVERSITY OF NEW YORK

By: _____
Satish K. Tripathi, PhD.
President

Date: _____

THE STATE UNIVERSITY OF NEW YORK

By: _____
Kathleen Preston
Interim Vice Chancellor for Financial
Services and Hospital Affairs

Date: _____

ACKNOWLEDGEMENT

STATE OF NEW YORK }
COUNTY OF ERIE } SS:

On the _____ day of _____, in the year 2011, before me personally appeared **JODY L. LOMELO**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 6150 Walnutcreek Road, East Amherst, New York, County of Erie, State of New York; and further that

[Check One]

If an individual: __he executed the foregoing instrument in his/her name and on his/her own behalf.

If a governmental entity: he is the Chief Executive Officer of Erie County Medical Center Corporation, the governmental entity described in said instrument; that, by his authority he is authorized to execute the foregoing instrument on behalf of Erie County Medical Center Corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of said Erie County Medical Center Corporation.

If a partnership: __he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he/she is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public

ERIE COUNTY MEDICAL CENTER CORPORATION

ACKNOWLEDGEMENT

STATE OF NEW YORK }
COUNTY OF ERIE } SS:

On the _____ day of _____, in the year 2011, before me personally appeared **JAMES R. KASKIE**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 46 Penhurst Park, Buffalo, New York, County of Erie, State of New York; and further that

[Check One]

If an individual: __he executed the foregoing instrument in his/her name and on his/her own behalf.

If a governmental entity: __he is the _____ of _____, the governmental entity described in said instrument; that, by his/her authority she is authorized to execute the foregoing instrument on behalf of _____ for purposes set forth therein; and that, pursuant to that authority, __he executed the foregoing instrument in the name of said _____.

If a corporation: he is the President and Chief Executive Officer of Kaleida Health, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he/she is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

Notary Public

ERIE COUNTY MEDICAL CENTER CORPORATION

ACKNOWLEDGEMENT

STATE OF NEW YORK }
COUNTY OF ERIE } SS:

On the _____ day of _____, in the year 2011, before me personally appeared **SATISH K. TRIPATHI**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at _____, _____, County of Erie, State of New York; and further that

[Check One]

If an individual: __he executed the foregoing instrument in his/her name and on his/her own behalf.

If a governmental entity: he is the Provost and Executive Vice President for Academic Affairs of University at Buffalo, The State University of New York, the governmental entity described in said instrument; that, by his authority he is authorized to execute the foregoing instrument on behalf of the University at Buffalo for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of said University at Buffalo.

If a partnership: __he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he/she is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public

ERIE COUNTY MEDICAL CENTER CORPORATION

**Kaleida/ECMCC/UB Affiliation Agreement
EXHIBIT I (Section 14.12)
Standard SUNY Contract Clauses**

SUNY Standard Contract Clauses, Exhibits A and A-1 follow this page.

ERIE COUNTY MEDICAL CENTER CORPORATION

Standard Contract Clauses
State University of New York

EXHIBIT A

April 1, 2011

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a Contractor, licensor, licensee, lessor, lessee or any other party):

1. **EXECUTORY CLAUSE.** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. **PROHIBITION AGAINST ASSIGNMENT** Except for the assignment of its right to receive payments subject to Article 5-A of the State Finance Law, the Contractor selected to perform the services herein are prohibited in accordance with Section 138 of the State Finance Law from assigning, transferring, conveying, subletting or otherwise disposing of its rights, title or interest in the contract without the prior written consent of SUNY and attempts to do so are null and void. Notwithstanding the foregoing, SUNY may, with the concurrence of the New York Office of State Comptroller, waive prior written consent of the assignment, transfer, conveyance, sublease or other disposition of a contract let pursuant to Article XI of the State Finance Law if the assignment, transfer, conveyance, sublease or other disposition is due to a reorganization, merger or consolidation of Contractor's its business entity or enterprise and Contractor so certifies to SUNY. SUNY retains the right, as provided in Section 138 of the State Finance Law, to accept or reject an assignment, transfer, conveyance, sublease or other disposition of the contract, and to require that any Contractor demonstrate its responsibility to do business with SUNY.

3. **COMPTROLLER'S APPROVAL.** (a) In accordance with Section 112 of the State Finance Law, Section 355 of New York State Education Law, and 8 NYCRR 316, if this contract is for (i) materials; (ii) equipment and supplies, including computer equipment; (iii) motor vehicles; (iv) construction; (v) construction-related services; (vi) printing or (vii) goods for state university health care facilities, including contracts for goods made with joint or group purchasing arrangements, approval by the New York State Office of the Comptroller ("OSC") shall not be required.

(b) OSC approval is required for all other services contracts where (i) the contract is not listed in Section (3)(a) above and is made by a State University campus or health care facilities certified by the Vice Chancellor and Chief Financial Officer and the contract's value exceeds \$250,000; (b) the contract not listed in Section (3)(a) above and is made by a State University campus not certified by the Vice Chancellor and Chief Financial Officer and the contract's value exceeds \$50,000; (c) the contract not listed in Section (3)(a) above and is made by a health care facilities not certified by the Vice Chancellor and Chief Financial Officer and the contract's value exceeds \$75,000; (d) if this is an amendment for any amount to a contract not listed in Section (3)(a) above and as so amended, exceeds the statutory amounts, (e) if, by this contract, the State agrees to give something other than money, when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon SUNY until it has been approved by the State Comptroller and filed in the Comptroller's office.

4. **WORKERS' COMPENSATION BENEFITS.** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. **NON-DISCRIMINATION REQUIREMENTS.** To the extent required by Article 15 of the Executive Law (also known as the Human Rights

Law), and all other State and Federal statutory and constitutional non-discrimination provisions, Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. **WAGE AND HOURS PROVISIONS.** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by SUNY of any SUNY-approved sums due and owing for work done upon the project.

7. **NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based on the submission of competitive bids, Contractor affirms, under penalty of perjury, and each person signing on behalf of Contractor, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered it to SUNY a non-collusive bidding certification on Contractor's behalf.

8. **INTERNATIONAL BOYCOTT PROHIBITION.** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor

agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2 NYCRR 105.4).

9. **SET-OFF RIGHTS.** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State, its representatives, or the State Comptroller.

10. **RECORDS.** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as SUNY and its representatives and entities involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. SUNY shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate SUNY official, in writing, that said Records should not be disclosed; and (ii) said Records shall be sufficiently identified; and (iii) designation of said Records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, SUNY's or the State's right to discovery in any pending or future litigation.

11. **IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.**

(a) **Federal Employer Identification Number and/or Federal Social Security Number.** All invoices or New York State standard vouchers submitted for payment for the sale of goods or services or the lease of real or personal property to SUNY must include the payee's identification number, i.e., the seller's or lessor's identification number. The number is either the payee's Federal employer identification number or Federal

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social security number, or both such numbers when the payee has both such numbers. Failure to include this number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or New York State standard voucher, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification.

(1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to SUNY is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law.

(2) The personal information is requested by the purchasing unit of SUNY contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in New York State's Central Accounting System by the Director of Accounting Operations, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

(a) In accordance with Section 312 of the Executive Law, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then:

(1) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(2) at SUNY's request, Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein; and

(3) Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(b) Contractor will include the provisions of "1", "2" and "3", above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State; or (iii) banking services, insurance policies or the sale of securities. The State shall consider compliance by a contractor or sub-contractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. SUNY shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, SUNY shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Governor's Office of Minority and Women's Business Development pertaining hereto.

13. **CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Exhibit A, the terms of this Exhibit A shall control.

14. **GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. **LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. **NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized) but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. **SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. **PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165 (Use of Tropical Hardwoods), which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State. In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in Section 165 of the State Finance Law. Any such use must meet with the approval of the State, otherwise, the bid may not be considered responsive. Under bidder certification, proof of qualification for exemption will be the responsibility of the Contractor to meet with the

approval of the State.

19. **MacBRIDE FAIR EMPLOYMENT PRINCIPLES.** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that Contractor and any individual or legal entity in which the Contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the Contractor either (a) have no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165(5) of the State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992.

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St., 7th Floor
Albany, NY 12245
Tel: 518-292-5250
Fax: 518-292-5884
<http://www.empire.state.ny.us>

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
30 South Pearl St., 7th Floor
Albany, NY 12245
Tel: 518-292-5250
Fax: 518-292-5880
<http://www.empire.state.ny.us>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to SUNY;

(b) The Contractor has complied with the Federal Equal Employment Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Search Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that SUNY may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with SUNY in these efforts.

21. RECIPROCITY AND SANCTIONS

PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 and 2000 amendments

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(Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. Contact the NYS Department of Economic Development, Division for Small Business, 30 South Pearl Street, Albany, New York 12245, for a current list of jurisdictions subject to this provision

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental health and mental health services, accounting, auditing, paralegal, legal or similar services, then in accordance with Section 163(4-g) of the State Finance Law, the Contractor shall timely,

accurately and properly comply with the requirement to submit an annual employment report for the contract to SUNY, the Department of Civil Service and the State Comptroller.

24. PURCHASES OF APPAREL AND SPORTS EQUIPMENT. In accordance with State Finance Law Section 165(7), SUNY may determine that a bidder on a contract for the purchase of apparel or sports equipment is not a responsible bidder as defined in State Finance Law Section 163 based on (a) the labor standards applicable to the manufacture of the apparel or sports equipment, including employee compensation, working conditions, employee rights to form unions and the use of child labor; or (b) bidder's failure to provide information sufficient for SUNY to determine the labor conditions applicable to the manufacture of the apparel or sports equipment.

25. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in

accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

26. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS. To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the Contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or SUNY discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if SUNY determines that such action is in the best interests of the State.

THE FOLLOWING PROVISIONS SHALL APPLY ONLY TO THOSE CONTRACTS TO WHICH A HOSPITAL OR OTHER HEALTH SERVICE FACILITY IS A PARTY

27. Notwithstanding any other provision in this contract, the hospital or other health service facility remains responsible for insuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, state and local statutes, rules and regulations. In the foregoing sentence, the word "service" shall be construed to refer to the health care service rendered by the hospital or other health service facility.

28. (a) In accordance with the 1980 Omnibus Reconciliation Act (Public Law 96-499), Contractor hereby agrees that until the expiration of four years after the furnishing of services under this agreement, Contractor shall make available upon written request to the Secretary of Health and Human Services, or upon request, to the Comptroller General of the United States or any of their duly authorized representatives, copies of this contract, books, documents and records of the Contractor that are necessary to certify the nature and extent of the costs hereunder.

(b) If Contractor carries out any of the duties of the contract hereunder, through a subcontract having a value or cost of \$10,000 or more over a twelve-month period, such subcontract shall contain a clause to the effect that, until the expiration of four years after the furnishing of such services pursuant to such subcontract, the subcontractor shall make available upon written request to the Secretary of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, copies of the subcontract and books, documents and records of the subcontractor that are necessary to verify the nature and extent of the costs of such subcontract.

(c) The provisions of this section shall apply only to such contracts as are within the definition established by the Health Care Financing Administration, as may be amended or modified from time to time.

CREDENTIALS COMMITTEE MEETING
July 5, 2011

Committee Members Present:

Robert J. Schuder, MD, Chairman	David G. Ellis, MD (ex officio)
Brian M. Murray, MD (ex officio)	Timothy G. DeZastro, MD
Richard E. Hall, DDS PhD MD FACS	

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey	Emilie Kreppel
Susan Ksiazek, R.Ph.	Elizabeth O'Connor

Members Not Present (Excused *):

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

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of June 7, 2011 were reviewed and accepted.

RESIGNATIONS

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

- A. Deceased
 - Dr. Josephina Tienzo Internal Medicine 3/20/1955 - 6/26/11
- B. Application Withdrawn
- C. Resignations

Theresa A. Weremblewski, FNP	Family Medicine	As of February 7, 2011
Melanie A. Comstock, FNP	Internal Medicine	As of February 25, 2011
Jamil Sarfraz, MD	Radiology - <i>Teleradiology</i>	As of March 24, 2011
Beth L. Vaccarelli, ANP	Family Medicine	As of May 10, 2011
Brandon M. Coburn, ANP	Internal Medicine	As of June 3, 2011
Levi O. Sokol, MD	Radiology - <i>Teleradiology</i>	As of June 6, 2011
Tara L. Edmiston, RPA-C	Internal Medicine	As of June 11, 2011
Dana L. Drummond, MD	Family Medicine	As of June 16, 2011
Subhajt Datta, MD	Cardiothoracic Surgery	As of June 17, 2011
Andrea L. de Rosas, MD	Internal Medicine	As of June 20, 2011
Zohair Abbas, MD	Internal Medicine	As of June 20, 2011
William A. Holley, DPM	Orthopaedics - <i>Podiatry</i>	As of June 22, 2011
Vilasini M. Shanbhag, MD	Internal Medicine	As of June 28, 2011
Roland A. Honeine, MD	Internal Medicine	As of July 1, 2011
Anumeha Singh, MD	Emergency Medicine	As of July 17, 2011
- D. Membership Conclusion
 - See Automatic Conclusion section below.

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CHANGE IN STAFF CATEGORY

Dentistry

Margaret E. O’Keefe, DDS
Follow Staff

From: Courtesy, Refer &

To: Associate Staff

Orthopaedic Surgery

Robert M. Lifeso, MD

From: Associate Staff

To: Courtesy, Refer &

Follow Staff

Committee discussion followed regarding the bylaws requirement for Associate Staff to not exceed 20 patient contacts per year and the anticipated volume levels. When contacts exceed the 20 level, Active Staff will be recommended.

CHANGE IN DEPARTMENT

Carol A. Miller, ANP

Collaborating MD: Dr. Dominic R. Lipome

From:

Family Medicine

To:

Internal Medicine

CHANGE IN COLLABORATING / SUPERVISING PHYSICIAN

Internal Medicine

Sherria M. Lewis, RPA-C

Allied Health Professional

Supervising MD: Dr. Mark Fisher

Sara Hines Nash, RPA-C

Allied Health Professional

Supervising MD: Dr. Nancy Ebling

Jennifer Wollaber Rankie, RPA-C

Allied Health Professional

Supervising MD: Dr. Yahya Hashmi

Jessica L. Schmidt, RPA-C

Allied Health Professional

Supervising MD: Dr. Mark Fisher

Mark D. Wronecki, RPA-C

Allied Health Professional

Supervising MD: Dr. Dan Brockman

Kimberly A. Pierce, ANP

Allied Health Professional

Collaborating MD: Dr. Jenia Sherif

Joseph M. Rasnick, ANP

Allied Health Professional

Collaborating MD: Dr. Muhammad Achakzai

PRIVILEGE ADDITION/REVISION

Internal Medicine

Brian M. Hill, RPA-C

Allied Health Professional

Supervising MD: Dr. Jenia Sherif

- Privileges requested for the Cardiac Care Unit (CCU)*

Christopher P. John, RPA-C

Allied Health Professional

Supervising MD: Dr. Nancy Ebling

- Privileges requested for the Cardiac Care Unit (CCU)*

** The above listed privilege requests were made pursuant to the transition of cardiac care services. The committee awaits final definition of the scope and location of these services, at which time the IM privilege form will be revised accordingly. Both practitioners currently possess medical intensive care privileges. The completion of FPPE will be determined based on the above.*

OVERALL ACTION REQUIRED

PRIVILEGE WITHDRAWAL

Emergency Medicine

William H. Dice, MD Active Staff
 - Skin Grafting
 - Skull Trephination-Perimortem

Internal Medicine

Kenneth L. Gayles, MD Active Staff
 - Nuclear Cardiology

**OVERALL ACTION
REQUIRED**

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (3)
- B. Reappointment Review (31+1)

Three initial appointments and thirty-two (31 single, 1 dual department) reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

The following applicants are endorsed by the Credentials Committee for initial provisional appointment to the Medical-Dental Staff:

- A. **Initial Appointment Review (3)**

Internal Medicine

Sandeep Dhindsa, MD Active Staff
 Harry E. McCrea, III, MD Active Staff

Plastic & Reconstructive Surgery*

Carly Ann Gerretsen, FNP Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Thom Loree

** The Nurse Practitioner privilege form for the Department of Plastic and Reconstructive Surgery is currently in development. Privileges under the Department of Surgery are endorsed until such time as the NP form for Plastics is approved and implemented.*

OVERALL ACTION REQUIRED

REAPPOINTMENT APPLICATIONS

- B. **Reappointment Review (31)**

Anesthesiology

Carole D. Brock, CRNA Allied Health Professional (Nurse Practitioner)
 Howard I. Davis, MD Active Staff

Dentistry

Steven T. Braunstein, DDS Courtesy, Refer & Follow
 Mary Elizabeth Dunn, DDS Courtesy, Refer & Follow
 Margaret E. O'Keefe, DDS Associate Staff

Emergency Medicine

Prashant Joshi, MD Associate Staff

Internal Medicine

Karuna Ahuja, MD Active Staff

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Nancy C. Ebling, DO

Active Staff

Daniel J. Ford, RPA-C

Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Jenia Sherif

Kenneth L. Gayles, MD

Active Staff

Nasir Mahmood Khan, MD

Active Staff

Karen S. Konikoff, NP

Allied Health Professional (Nurse Practitioner)

Collaborating MD: John Fudyma, MD

Shahid Mehboob, MD

Active Staff

Larisa Meras, MD

Active Staff

Bonnie A. McMichael, MD

Associate Staff

Archana Mishra, MD

Active Staff

Dhiren K. Shah, MD

Active Staff

Edward A. Stehlik, MD

Courtesy, Refer & Follow

Adel S. Sulaiman, MD

Active Staff

Rocco C. Venuto, MD

Active Staff

Jai G. Wadhvani, MD

Active Staff

Kenneth S. Zimmerman, MD

Courtesy, Refer & Follow

Gynecology / Obstetrics

Armando Arroyo, MD

Active Staff

Oral Maxillofacial Surgery

William S. Boyczuk, DDS, MD

Active Staff

Fred J. Rodems, DDS

Active Staff

Orthopaedic Surgery

Robert K. Brown, MD

Associate Staff

Allison M. Fout, RPA-C

Allied Health Professional (Physician Assistant)

Supervising MD: Dr. William Wind

James J. Kelly, DO

Active Staff

Robert M. Lifeso, MD

Courtesy, Refer & Follow

Christopher A. Ritter, MD

Active Staff

Radiology - Teleradiology

Christopher J. Connors, MD

Active Staff

Dual Reappointments (1)

Internal Medicine and Rehabilitation Medicine

Jennifer Anzalone-Kieta, RPA-C

Allied Health Professional (Physician Assistant)

Internal Medicine Supervising MD: Dr. Nancy Ebling

Rehabilitation Medicine Supervising MD: Dr. Mary Welc

OVERALL ACTION

REQUIRED

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

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

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

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Planned Credentials Committee Meeting: July 5, 2011

Planned MEC Action date: July 25, 2011

Last possible Board confirmation by: August 2, 2011

Next Board Meeting: September 6, 2011 too late

**OVERALL ACTION
REQUIRED**

FUTURE MEMBERSHIP CONCLUSION, PLANNED

The following members may have not responded as of 7/5/2011 to requests for reappointment applications, information, privilege requests and/or credentials, are slated for future membership conclusion and will automatically not be reappointed at the end of their current appointment period.

Requests for reappointment applications are distributed to applicants six months before the end of their current appointment period to allow time for return of the application and processing. After three requests for return and no response, little time is left for processing, submission to the Chiefs of Service, submission to the Credentials Committee, submission to the Medical Executive Committee and then Board of Directors, each of which takes a month. **The members below must be ready at the latest for the August 2011 Credentials Committee meeting to allow time for approval by the Board before reappointment expiration.**

The Medical and Chiefs of Service will be informed of this pending action before the Medical Executive Committee meeting and have been asked to encourage a response.

The planned membership conclusion letters will be sent from the Medical Director and Officers to the member with copies to the respective Chiefs of Service regretting the need for conclusion and with thanks for service to ECMCC.

Department	Staff Category	Reappt. Expiration Date
Anesthesiology		
Pedro A. Perez-Cartagena, MD	Active Staff	10/01/2011
Cardiothoracic Surgery		
Zachary A. Swanson, RPA-C	Allied Health Professional (Physician Assistant)	10/01/2011
	<u>Cardiothoracic Surgery Supervising MD: Dr. Stephen</u>	
	<u>Emergency Medicine Supervising MD: Dr. David Hughes</u>	
Downing		
Family Medicine		
Lorne R. Campbell, MD	Active Staff	10/01/2011
Attaullah A. Syed, MD	Active Staff	10/01/2011
Internal Medicine		
Helen B. Doemland, RPA-C	Allied Health Professional (Physician Assistant)	10/01/2011
	<u>Supervising MD: Dr. Nancy Ebling</u>	
Lynn M. Fries, RPA-C	Allied Health Professional (Physician Assistant)	10/01/2011
	<u>Internal Medicine Supervising MD: Dr. Yahya Hashmi</u>	
	<u>Rehabilitation Medicine Supervising MD: Dr. Mary Welch</u>	
Lynn M. Gruzca, MS, ANP	Allied Health Professional (Nurse Practitioner)	10/01/2011
	<u>Supervising MD: Dr. Adel Sulaiman</u>	
Sandra Sauvageau, FNP	Allied Health Professional (Nurse Practitioner)	10/01/2011
	<u>Supervising MD: Dr. Yahya Hashmi</u>	
Linda S. Weisenborn, RPA-C	Allied Health Professional (Physician Assistant)	10/01/2011
	<u>Supervising MD: Dr. Pamela Reed</u>	
Stephanie H. Weldy, ANP	Allied Health Professional (Nurse Practitioner)	10/01/2011
	<u>Supervising MD: Dr. Nancy Ebling</u>	

Neurology

Robert N. Sawyer Jr., MD

Active Staff

10/01/2011

Planned Credentials Committee Meeting: August 2, 2011

Planned MEC Action date: August 22, 2011

Last possible Board confirmation by: September 6, 2011

*Next Board Meeting: October 4, 2011
too late*

PRESENTED FOR INFORMATION ONLY

OLD BUSINESS

New Plastic and Reconstructive Surgery Department

Assembled with input of the Credentials Committee, the respective Chiefs of Service and Chief Medical Officer, minor formatting changes were made subsequent to last month's meeting. The final draft of the privilege delineation form for the new "Plastic and Reconstructive Surgery" department was presented and approved at the June 27, 2011 Medical Executive Committee meeting, with final approval of the Board of Directors slated for its July 12th meeting.

Joint Credentialing Software Platform under Great Lakes Health

The committee was updated on the timeline for training and software implementation. All indications from testing performed to date suggest that the software conversion will be completed in August.

Physician On-boarding Update

A new administrative mechanism has been implemented to encourage the recruitment and integration of new and potential physician staff members for ECMCC. Communication and teamwork are essential for smooth on-boarding. IT is developing an electronic tracking system to facilitate smooth movement of MD and Practice Plan applicants from recruitment to final appointment. are thus informed regarding the specific needs in the affected department. In this spirit of coordination, the Medical-Dental Staff Office has stepped forward to facilitate the initiation of the IT access, badges, parking processes.

Podiatry Member Status

A letter of voluntary resignation has been received from a Podiatry division member.

Leave of Absence Follow Up

A Leave of Absence letter template has been composed and has been sent to a staff member requesting medical leave.

Open Issues Tracking Form

The committee still awaits a response from certain applicants for a request for the documentation of completion of credential requirements. The tracking form will be reviewed by the Credentials Committee on a monthly basis, and recommend additional action when deemed warranted.

NYS Mandated Child Abuse Identification Training

S.Ksiazek reported to the committee the information gathered from the New York State Education Department regarding the law enacted in 1989 for the above listed requirement. Proof of a two hour course in Mandated Child Abuse Identification Training or an exemption request is required for **initial licensure**. If a licensee who previously completed an exemption subsequently becomes engaged in practice involving patients under the age of 18, the course is to be completed and submitted to NYS. The Credential Committee's determination is that the need for child abuse recognition training resides within a requirement for licensure. Therefore, the committee recommends that the ECMCC adopt the approach of our fellow Great Lakes Health Partner, Kaleida, and not track specific abuse training requirements for physicians caring for patients under the age of 18.

Temporary Privilege Tracking Form

ERIE COUNTY MEDICAL CENTER CORPORATION

A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The current tracking matrix was reviewed by the committee and is attached.

INFORMATION ONLY

NEW BUSINESS

Noted with Sadness

It is with sadness that the committee noted the death of Dr. Josefina Tienzo, Associate Professor of Medicine University at Buffalo Attending, Nephrology, Erie County Medical Center, on Sunday, June 26, 2011. A Memorial Service was held on Thursday, June 30th, 2011 in the Smith Auditorium, Erie County Medical Center, with _____ family _____ present.

Endocrinology

Temporary privileges for urgent patient care continue to be utilized to ensure adequate endocrinology coverage. Three practitioners have participated in a rotational coverage, with one of the practitioners endorsed at this meeting for membership appointment, and the other two anticipated to be presented to the Credentials Committee at its August meeting.

Telemedicine Credentialing

The recent revisions, effective this date, to the CMS guidelines for the credentialing of telemedicine practitioners were presented. The benefits of enlisting the distant site entity to perform the credentialing were discussed. Information was solicited from our current teleradiology vendor as to how this could be effectuated. Further research will be conducted, and a formal recommendation made to this committee at its next meeting. S.Ksiazek noted for the group that the current version of the Credentials Manual allows for this option to be exercised, so no revisions will be necessary if it is determined to move forward.

D. Ellis raised a potential analogous issue regarding telemedicine support from Children’s Hospital for emergency deliveries and cardiac arrests. The option of abiding by the distant site (Kaleida) credentialing vs. the granting of temporary privileges for urgent patient care needs was discussed. No formal recommendation was made by the Credentials Committee pending the provision of additional volume information by Dr. Ellis.

Medicine C Changes

The recent changes in the coverage of cardiology patients were reviewed. The addition of new providers to the medical-dental staff and the revision of privileges for existing members are anticipated.

Dr. Prashant Joshi - Emergency Medicine Privilege Form Changes

Under the previous Bylaws, a physician in the “Consulting” category completed a generic one page “Consulting” privilege form. With the 2010 Bylaws revisions, the “Consulting” membership category was eliminated, hence making the one page generic form obsolete.

Dr. Joshi was previously in the “Consulting” category in the Department of Emergency Medicine, and based on the type and volume of service provided to the ED, accepted a category of “Associate” under the new bylaws. Now scheduled for re-appointment, the ED privilege form does not have a delineated privilege to cover the service provided. A revision to the form is warranted.

S.Ksiazek added that this issue could potentially be applicable across all clinical departments. It was therefore suggested that a line be delineated on each departmental form to allow for specialty consultations, or adopt the approval grid utilized by Kaleida for consultations. As both options possess merit, the matter will be further discussed at the August Credentials Committee meeting. In the interim, the following revision to the ED privilege form is endorsed by its Chief of Service:

PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES:

Enter " Y, Yes, +, x, or ✓" in Physician Request Column

(Please avoid sweeping vertical lines)

EMERGENCY MEDICINE, (cont'd.)

Chief of Service action:

EMERGENCY MEDICINE PROCEDURES,(cont'd)	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p.8
			YES	NO	
Toxicology Consultations					

Surgery Privilege Form

The following changes to the Department of Surgery privilege form have been requested by the Chief of Service, have been recommended by the Credentials Committee and are presented to the Medical Executive Committee.

Changes include the elimination of ACLS for Chest Tube insertion-

2010-2011 Appointments/Reappointments

DEPARTMENT OF SURGERY

for privileges expiring in 2012 or 2013

VII. ADVANCED PROCEDURES

Chest Tube Placement (Submit current ACLS certification.)

Addition of Placement of tissue expander and permanent implant. Per Dr. Flynn, this is not a new privilege and FPPE will be deferred.

R. Plastic and Reconstructive Surgery

Placement of tissue expander and permanent implant

Addition of Laparoscopic Liver resection/ablation. Dr. Flynn stated that he did not want FPPE waived, that it was a new privilege.

VI. Laparoscopic Procedures (performed by ACTIVE STAFF only)

Provide required documentation with initial request (See criteria page 14)

Laparoscopic Liver resection / ablation

Clarification of Critical Care Specialist credentialing criteria to interface with the Department of Plastic & Reconstructive Surgery requests:

_____ Units)

SICU, TICU, BICU BEDS (Surgical, Trauma and Burn Care

Critical Care Intensivist Specialist privileges
Approved residency AND Critical Care fellowship or equivalent training

Cardiothoracic Surgery Privilege Form

The following changes to the Department of Cardiothoracic Surgery privilege form have been requested by the Chief of Service, have been recommended by the Credentials Committee and are presented to the Medical Executive Committee.

Changes include the elimination of ACLS for Chest Tube insertion-

2010-2011 Appointments/Reappointments
DEPARTMENT OF CARDIOTHORACIC SURGERY

for privileges expiring in 2012 or 2013

III. ADVANCED PROCEDURES

Chest Tube Placement (~~Submit current ACLS certification.~~)

Discussion of ACLS Requirements

A committee discussion followed regarding ACLS requirements for Airway Maintenance and Endotracheal intubation for Surgery, Cardiothoracic Surgery and other surgical specialties. Given additional training requirements of select specialties, no consensus was reached. Additional information will be sought.

Orthopaedic Surgery, Emergency Medicine and General Surgery

The staff office has noted that many applicants neglect to complete the Fluoroscan portion of the privilege form. It is believed that this may be due to the Fluoroscan section's location on the form. In response, the following format change is recommended to emphasize the reappointment selection or rejection of Fluoroscan privilege requests:

ADDITIONAL PROCEDURES

Fluoroscan **reappointment** request (for an Initial Request see next page)

Medical-Dental Staff Office use: Original date initial privilege granted/criteria satisfied: _____

Department of Pathology

The Pathology Chief of Service has participated in the review and revision of the departmental privilege form, agreeing to adopt the format utilized by Kaleida. The committee recommends the form move forward for presentation to the Medical Executive Committee. Refer to attached.

Department Privilege Forms

Revisions to the IM privilege form, also modeled after the Kaleida format, consisting of separate sub specialty sections is in progress. Templates have been submitted by the Chiefs of Service of Anesthesiology and the Emergency Department. These too, will be revised shortly, in line with the harmonization under Great Lakes Health.

Department of Plastic and Reconstructive Surgery – Nurse Practitioner privilege form

Development of a new privilege form for Nurse Practitioners in the Department of Plastic and Reconstructive Surgery is in progress. A draft will be forwarded to the Chief of Service and presented back to the Credentials Committee at its August meeting.

**OVERALL ACTION
REQUIRED**

OTHER BUSINESS

Open Issues (Correspondence) Tracking

The committee is awaiting responses from two reappointment applicants and a Chief of Service.

FPPE-OPPE Report

FPPEs were successfully completed in the following departments:

- Anesthesiology (1 MD, 1 CRNA)
- Cardiothoracic Surgery (1 ACNP)
- Emergency Medicine (1 RPA-C)
- Family Medicine (1 FNP)

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Internal Medicine (2 MDs)
Ophthalmology (1 MD)
Orthopaedic Surgery (1 RPA-C)

OPPEs were successfully completed for the department of Laboratory Medicine (1 MD, and 1 PhD).

OPPE for the department of Orthopaedic Surgery is complete (1 DO, 6 DPMs, 30 MDs, and 12 RPA-Cs) with the exception of 3 providers who have not yet submitted their documents in their entirety. The Chief of Service has signed off on the completed OPPEs and will review and sign the final 3 when the paperwork is returned.

The department of Neurology OPPE is near completion, with 2 physicians outstanding.

The department of Pathology is awaiting a response from 1 physician. As soon as the final documents are returned, the Chief of Service will be contacted to sign off on all OPPEs.

With measures identified and a small mailing complete (awaiting responses); OPPE has been implemented for the department of Urology.

OPPE for the department of Psychiatry has begun.

OPPE for the Chemical Dependency department will begin after feedback regarding measures has been received of the Associate Chief of Service.

An email dialogue with the Chief of Service for the department of Anesthesiology, Dr. Howard Davis and Richard Skomra, CRNA has indicated the commencement of the second round of OPPE for the department.

Reappointment Reassurance

The Medical-Dental Staff Office remains vigilant to ensure that re-appointments are completed in accordance with regulatory and accrediting compliance. To minimize risk of human error, parallel checks are performed within the credentialing database, supplemented with an audit report designed by our IT liaison and a concurrent Q&A archive. Last month, the office staff conducted a manual review of all the active files. Based on the success of this exercise, it has been determined that this process will be performed minimally on an annual basis to supplement the automated reports generated from the credentialing system. It is hoped that this will raise reappointment accuracy to new heights.

ECMC Medical Staff Training Situations by External Physicians

The Medical-Dental Staff Office, Administration, and Risk Management received a request for temporary privileges of an out of state physician to proctor training of a member of the ECMCC medical-dental staff on a new procedure. As the training involved direct patient care, it was advised by our medical malpractice legal counsel as not appropriate to grant temporary privileges to the training physician. Participation may be permitted at a level similar to that of a vendor for this endeavor, with backup with an appropriately credentialed physician. Patient consent should also be strongly encouraged.

A question had previously been raised as to whether a physician not licensed in New York State could be granted temporary privileges for the purposes of emergency care or training. The above listed scenario has been determined to answer that question, and will be the opinion of the Credentials Committee until further such information is made available.

PRESENTED FOR INFORMATION ONLY

ADJOURNMENT

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

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "R. Schuder".

Robert J. Schuder, MD,
Chairman, Credentials Committee

CREDENTIALS COMMITTEE MEETING
August 2, 2011

Committee Members Present:

Robert J. Schuder, MD, Chairman	Timothy G. DeZastro, MD
Brian M. Murray, MD (ex officio)	Philip D. Williams, DDS
Gregg I. Feld, MD	

Medical-Dental Staff Office and Administrative Members Present:

Emilie Kreppel	Susan Ksiazek, R.Ph.
Elizabeth O'Connor	

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *	Jeanne Downey *
Richard E. Hall, DDS PhD MD FACS *	Dietrich V. Jehle, MD (ex officio) *
Joseph M. Kowalski, MD (ex officio) *	Andrew J. Stansberry, RPA-C *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of July 5, 2011 were reviewed and accepted.

RESIGNATIONS

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

- E. Deceased
- F. Application Withdrawn
- G. Resignations

Krishan Kartha, MD	Radiology	As of January 1, 2011
Amy L. Corcoran, RPA-C	Internal Medicine	As of May 27, 2011
Sherria Lewis, RPA-C	Internal Medicine	As of August 8, 2011
- H. Membership Conclusion
See Automatic Conclusion section below.

CHANGE IN STAFF CATEGORY

- Psychiatry**

Jonathan H. Holt, MD	From:	Active Staff
	To:	Courtesy, Refer &

Follow

Rajwinder S. Dhillon, MD	From:	Active Staff
	To:	Courtesy, Refer &

Follow

CHANGE IN DEPARTMENT

- Cardiothoracic Surgery**

Robert C. Gibson, ACNP	Former dual department association
<u>Collaborating MD: Dr. Stephen W. Downing</u>	with the Emergency Medicine Department

CHANGE IN COLLABORATING / SUPERVISING PHYSICIAN

None

PRIVILEGE ADDITION/REVISION

Cardiothoracic Surgery

Zachary A. Swanson, RPA-C

Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Downing

- Lumbar Puncture
- Abdominal Paracentesis

Waive FPPE, as these represent existing privileges in dual appointment department (ED)

Emergency Medicine

Cristine M. Adams, MD

Active Staff

- Swan-Ganz Catheter Insertion

Defer to Dr. Manka regarding FPPE

Internal Medicine

Lynn M. Gruzca, ANP

Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Sulaiman

- Peripheral IV Lines

Waive FPPE as core competency for nursing licensee

Joseph M. Rasnick, FNP

Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Achakzai

- Privileges requested for the Cardiac Care Unit (CCU)

Waive FPPE; under new cardiac care structure, these are an extension of existing intensive

care privileges

Jenia Sherif, MD

Active Staff

- Hospitalist ICU Admitting Privileges
- CCU Beds (Cardiac Care Unit)
- MICU Beds (Medical Intensive Care Unit)
- Other ICU Beds (as overflow)

Waive FPPE; possessed these privileges previously

Obstetrics & Gynecology

Faye Justicia-Linde, MD

Active Staff

- Vault Prolapse (Sacrospinous Fixation), Vagina
- LaForte (Vaginal Obliteration), Vagina
- Trachelectomy/Cervicectomy, Cervix
- Biopsy, Breast
- Incision and Drainage Abscess, Breast
- Urethroscopy, Uro-Gynecology
- Urethral Suspension, Uro-Gynecology
- Urethral Sling, Uro-Gynecology

Ophthalmology

Sangita P. Patel, MD

Active Staff

- Endophthalmitis

Orthopaedic Surgery

Lindsey D. Clark, MD

Active Staff

Fractures, Spine and Trunk

- Vertebral process, vertebral body; one or more not requiring reduction
- Sacrum, simple, not requiring reduction
- Coccyx, simple, not requiring reduction. Compound or complicated
- Clavicle simple, no reduction; simple closed reduction; compound, including uncomplicated soft tissue closure; simple or compound, open reduction.

Pathology

Federico Gonzalez-Fernandez, MD

Active Staff

PRIVILEGE WITHDRAWAL

Orthopaedic Surgery

Cameron Huckell, MD

Active Staff

- Arthroplasty - Plastic or reconstructive operation on joint, shoulder, elbow, wrist, finger. Hip, cup, replacement prosthesis, primary for fracture, secondary reconstruction, acetabulo-plasty. Knee, ankle, toe. Metatarsal-phalangeal joint, bunion operation. Club foot corrective procedure, medial release.
- Fasciotomy, Dupuytren's contracture
- Interthoracoscaphular amputation, Disarticulation of shoulder
- Interpelviabdominal amputation

OVERALL ACTION
REQUIRED

APPOINTMENTS AND REAPPOINTMENTS

B. Initial Appointment Review (11)

B. Reappointment Review (30+4)

Eleven initial appointments and thirty four (30 single, 4 dual department) reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

The following applicants are endorsed by the Credentials Committee for initial provisional appointment to the Medical-Dental Staff:

C. Initial Appointment Review (11)

Emergency Medicine

Joshua Lynch, DO

Active

Moderate Sedation requested, attestation

submitted

Family Medicine

Stella King, MD

Active Staff

Internal Medicine

Ziya Bilen, MD

Active Staff

Moderate Sedation requested, attestation and

training submitted

Brain Death Determination privileges requested,

Board Certified in Critical Care Medicine

Ajay Chaduri, MD

Active Staff

Antoine Makdissi, MD

Active Staff

Oral and Maxillofacial Surgery

Sanil Nigalye, MD

Active Staff

Moderate Sedation requested, attestation and NYS certificate submitted

Orthopaedic Surgery

ERIE COUNTY MEDICAL CENTER CORPORATION

Jennifer Gurske-Deperio, MD Active Staff

Psychiatry

Kathleen Quinlan, MD Active Staff

Urology

Kevin J. Barlog, MD Associate Staff

Moderate Sedation requested, attestation and training submitted.

Action deferred on requests for certain privileges pending documentation of current competence and privileging at an external institution.

John M. Roehmholdt, MD Associate Staff

Moderate Sedation requested, attestation and training submitted.

Action deferred on requests for certain privileges pending documentation of current competence and privileging at an external institution.

Christopher J. Skomra, MD Associate Staff

Moderate Sedation requested, attestation and training submitted.

Action deferred on requests for certain privileges pending documentation of current competence and privileging at an external institution.

**OVERALL ACTION
REQUIRED**

REAPPOINTMENT APPLICATIONS

D. Reappointment Review (30)

Anesthesiology

Gina B. Justis, MD Active Staff

Pedro A. Perez-Cartagena, MD Active Staff

Cardiothoracic Surgery

Janerio Aldridge, MD FACS Active Staff – *Currently on Leave of Absence(anticipated to return*

10/11)

Robert C. Gibson, ANP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Downing

Mark R. Jajkowski, MD Active Staff

Emergency Medicine

Cristine M. Adams, MD Active Staff

Jeffery G. Jurek, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Cloud

Suzanne Moscati, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Hughes

Jennifer E. Teluk, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Cloud

Family Medicine

Lorne R. Campbell, MD Active Staff

Khalid S. Malik, MD Active Staff

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Internal Medicine

Rajwinder S. Dhillon, MD
Lynn M. Gruzca, ANP

Courtesy, Refer & Follow
Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Sulaiman

Leonard A. Katz, MD
Glenn T. Leonard, MD
Linda S. Weisenborn, RPA-C

Courtesy, Refer & Follow
Associate Staff
Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Reed

Stephanie H. Weldy, ANP

Allied Health Professional

Collaborating MD: Dr. Ebling

Neurology

Robert N. Sawyer, Jr., MD

Active Staff

Obstetrics and Gynecology

Faye E. Justicia-Linde, MD

Active Staff

Ophthalmology

Federico Gonzalez-Fernandez, MD

Associate Staff

Sangita P. Patel, MD

Active Staff

Psychiatry

Ana Natasha Cervantes, MD

Active Staff

Michael T. Guppenberger, MD

Active Staff

Lisa A. Lynch, PNP

Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Cummings

Aimee L. Stanislawski, MD

Active Staff

Radiology - Teleradiology

Suzanne L. Aquino, MD

Active Staff

Kyle J. Henneberry, MD

Active Staff

Joseph J. Kavanagh, MD

Active Staff

Surgery

Jessie F. Donaldson, RPA-C

Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Flynn

William J. Flynn, Jr., MD

Active Staff

Dual Reappointments (4)

Cardiothoracic Surgery and Emergency Medicine

Zachary A. Swanson, RPA-C

Allied Health Professional

Internal Medicine Supervising MD: Dr. Downing

Emergency Medicine Supervising MD: Dr. Hughes

Internal Medicine and Rehabilitation Medicine

Helen B. Doemland, RPA-C - Flag

Allied Health Professional

Internal Medicine Supervising MD: Dr. Ebling

Rehabilitation Medicine Supervising MD: Dr. Fung

Lynne M. Fries, RPA-C - Flag

Allied Health Professional

Internal Medicine Supervising MD: Dr. Hashmi

Rehabilitation Medicine Supervising MD: Dr. Welch

Sandra J. Sauvageau, FNP - Flag

Allied Health Professional

Internal Medicine Collaborating MD: Dr. Hashmi

Rehabilitation Medicine Collaborating MD: Dr. Fung

**OVERALL ACTION
REQUIRED**

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

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shall be presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years.

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

The following members of the Provisional Staff from the 2010 period are presented for movement to the Permanent Staff in 2011 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

August 2011 Provisional to Permanent Staff

Family Medicine		Provisional Period Expires
Harding, Desiree, ANP	Allied Health Professional (Nurse Practitioner)	
	<u><i>Collaborating MD: Dr. David A. Eubanks</i></u>	08/03/2011
Lafferty, Caitlin, M., ANP	Allied Health Professional (Nurse Practitioner)	
	<u><i>Collaborating MD: Dr. David A. Eubanks</i></u>	08/03/2011
Internal Medicine		
Clark, Coleen, M., ANP	Allied Health Professional (Nurse Practitioner)	
	<u><i>Collaborating MD: Dr. Jenia Sherif - Internal Medicine</i></u>	08/03/2011
	<u><i>Collaborating MD: Dr. Mary R. Welch - Rehabilitation Medicine</i></u>	
Patterson, Joel, R., RPA-C	Allied Health Professional (Physician Assistant)	
	<u><i>Collaborating MD: Dr. Joseph A. Zizzi, Jr.</i></u>	08/03/2011
Neurology		
Fugoso, Leonardo, G., MD	Active Staff	08/03/2011
Orthopaedic Surgery		
Clark, Lindsey, MD	Active Staff	08/03/2011
Manohar, Leslie, M., MD	Active Staff	08/03/2011
Radiology		
Shah, Keyur, S., MD	Active Staff	08/03/2011
Surgery		
Brewer, Jeffrey, J., MD	Active Staff	08/03/2011

OVERALL ACTION

REQUIRED

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

The dossiers of the following member(s) remain incomplete as of 8/2/2011 to three or more requests for reappointment applications, information, privilege requests and/or credentials, or Chief of Service review are slated for membership conclusion and will automatically not be reappointed at the end of their current appointment period. Insufficient time remains for administrative processing.

The motion will be presented to the next Medical Executive Committee on 8/22/2011 for subsequent notification / action by the Board of Directors at its next meeting in August 30, 2011.

The Medical and Chiefs of Service have already been previously informed of this pending action before the Medical Executive Committee meeting and have been asked to encourage a response.

Clinical and admitting privileges and membership shall conclude at the end of the current appointment period. This action is considered a voluntary resignation will not be reportable to the National Practitioner Data Bank. A new application will be required for new Medical Staff membership.

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Department Date	Staff Category	Reappt.	Expiration
Family Medicine Attaullah A. Syed, MD	Active Staff		10/01/2011
		<i>Planned Credentials Committee Meeting: August 2, 2011</i> <i>Planned MEC Action date: August 22, 2011</i> <i>Last possible Board confirmation by: August 30, 2011</i> <i>Next Board Meeting: October 4, 2011</i>	

OVERALL ACTION

REQUIRED

FUTURE MEMBERSHIP CONCLUSION, PLANNED

The following members may have not responded as of 8/2/2011 to requests for reappointment applications, information, privilege requests and/or credentials, are slated for future membership conclusion and will automatically not be reappointed at the end of their current appointment period.

Requests for reappointment applications are distributed to applicants six months before the end of their current appointment period to allow time for return of the application and processing. After three requests for return and no response, little time is left for processing, submission to the Chief of Service, submission to the Credentials Committee, submission to the Medical Executive Committee and then Board of Directors, each of which takes a month. **The members below must be ready at the latest for the September 2011 Credentials Committee meeting to allow time for approval by the Board before reappointment expiration.**

The Medical and Chiefs of Service will be informed of this pending action before the Medical Executive Committee meeting and have been asked to encourage a response.

The planned membership conclusion letters will be sent from the Medical Director and Officers to the member with copies to the respective Chiefs of Service regretting the need for conclusion and with thanks for service to ECMCC.

Department	Staff Category	Reappt.	Expiration Date
Internal Medicine			
Nash-Hines, Sara, A., MS RPA-C	Allied Health Professional (Physician Assistant)		
	<u><i>Supervising MD: Dr. Ebling - Internal Medicine</i></u>		11/01/2011
	<u><i>Supervising MD: Dr. Welch - Rehabilitation Medicine</i></u>		
Radiology - Teleradiology			
Kim, Shwan, MD	Active Staff		11/01/2011
		<i>Planned Credentials Committee Meeting: September 6, 2011</i> <i>Planned MEC Action date: September 27, 2011</i> <i>Last possible Board confirmation by: October 4, 2011</i> <i>Next Board Meeting: November 1, 2011 too late</i>	

PRESENTED FOR INFORMATION ONLY

OLD BUSINESS

Plastic and Reconstructive Surgery – NP Form

The committee awaits the Chief of service review and approval of a revised Plastic Surgery- Nurse Practitioner privilege request form; contact will be made and further assistance offered.

Internal Medicine – Privilege forms by subspecialty

ERIE COUNTY MEDICAL CENTER CORPORATION

The committee has completed initial drafts of privilege delineation forms for Internal Medicine separated by subspecialty and incorporating a core procedure format with levels of privileging. These forms better harmonize with the Kaleida format and prepare for the future potential for privileging under Great Lakes Health. The forms await review with the Chief of Service. Meetings have been scheduled with the Credentials Chair, Chief of Service and Director of Medical Staff Quality and Education.

Credentialing Software Transition at Kaleida & ECMCC

Implementation is slated for August. On-site training will be conducted at ECMCC as a joint venture with Kaleida. The go-live is scheduled for August 22nd. A full report of the install will be presented to the Credentials Committee at next month's meeting.

Resignation Letters

Non-response to written in results in a substantial workload burden for the Medical-Dental Staff Office and opportunities for interruption of good customer service. One such example is the letter sent out for written confirmation of intent to remain on or resign from the medical-dental staff. To streamline workload for both the office and the practitioner, the standard letter template for the physicians as well as the mid-levels has been reworded to state that if we do not hear back from them within 30 days, we will take that as desire to voluntarily resign. The letters will continue to be sent certified return receipt to verify that they have been received.

Physician On-boarding

The IT contingent of the on-boarding team has taken on the challenge of converting the current paper form into an electronic tracker. It is hoped that this format will be more enthusiastically embraced by those involved in recruiting and be a more real-time communication tool for all of the departments invested in the process. Until IT can finalize the electronic process, the MDSO began in June issuing a monthly status report for all applications in process. Sue Ksiazek has also asked IT and HR to partner with the development of a systems access/name badge packet that can be sent to applicants as a customer service.

Temporary Privilege expirations during Pending Initial Applications

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

INFORMATION ONLY

NEW BUSINESS

Department of Dentistry

A draft of a new and expanded Department of Dentistry form has been completed and is under final review by the involved service chiefs. The form contains procedure offerings to be used in conjunction with the Department of Plastic and Reconstructive Surgery. The Credentials Committee endorsed the form moving forward upon clarification of one privilege with the Chiefs of Dentistry and Oral Maxillofacial Surgery (refer to attached).

Department of Emergency Medicine

The committee has completed a draft of a new privilege delineation form for the Department of Emergency Medicine modeled after the Kaleida format. Review by the ED Chief of Service is underway.

Cardiac Unit Transition – Exigence

The committee welcomes continuation of its proactive dialogue to discuss what paper form changes might be made to reflect the transitions in cardiac care/coverage. Migrating from the nomenclature “CCU” to “Intensive Care – Cardiac” has been entertained. The committee looks for the support and guidance of Administration and medical leadership as this model evolves.

Telemedicine Practitioner Credentialing

The revised CMS/JC guidelines have afforded the opportunity to allow the distant site to conduct the majority of the credentialing work on behalf of the originating site. This option is currently being explored with our Teleradiology vendor, vRad. This service is provided at no additional cost and will have a substantial impact on the workload burden to the Medical-Dental Staff Office.

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Electronic Mailings

In an effort to be least wasteful and contain costs, the Medical-Dental Staff office has transitioned from hard copy to electronic mailings for both new appointments and re-appointment packets. Elizabeth O'Connor is to be commended for taking the lead on setting up these processes.

Going Paperless?

Susan Ksiazek has begun exploring the move to a paperless MDSO. Contact has been made with a NYS hospital that has already made this conversion and with a consulting firm to assess the feasibility and return on investment from a workload and overall cost perspective. This will be more actively pursued once the new credentialing software is installed.

Dental Resident Training

The Department of Dentistry has been approached by a (semi)retired oral surgeon expressing an interest in helping with the training of the dental residents. He would be proctoring within the scope of a dentist, and so would apply for dental privileges. The endorsement of this request from the Chief of Oral Maxillofacial Surgery has been requested. Once received, the committee will review the usual membership requirements for training, experience and competence and make a recommendation to the Medical Executive Committee and Board of Directors.

Photo ID's

Joint Commission Standard MS 06.01.03, EP 5 requires proof that the identity of an applicant to the medical-dental staff be verified. A personal encounter with the Medical Staff Office is required. To ensure consistent compliance, arrangements have been made with Human Resources to notify the Medical-Dental Staff Office at the time an applicant requests a name badge as a means to ensure that we have made a copy of the original government issued photo ID, for the credentials file.

Re-scheduling of the Board Meeting

The August Board meeting has been re-scheduled for August 30th and there will be no Board meeting in the month of September. Both the July and the August Credentials Committee endorsements will be forwarded for Board of Directors on August 30th to ensure all re-appointments are approved within the required 2 year interval.

Delinquent Applicant Paperwork

The Medical-Dental Staff Office continues to be challenged with delinquent documents and unreturned re-appointment applications. Timely completion of application renewals are needed to avoid automatic conclusions. In recent months, it has been necessary to intervene on an administrative level. The committee endorsed changes to the wording of the cover letters that are issued with the re-appointment packets as an immediate intervention. It is hoped a long term solution is the ability to file re-appointment applications electronically via the soon to be installed software.

Midlevel Supervision

There is an apparent disconnect between the NYS regulations, liability insurance carriers and Medicaid with regard to the number of NP's and PA's a physician may supervise. The midlevel supervision list is updated by the Medical-Dental Staff Office monthly, and current physician assignments are all in full compliance with the NYS regulations, but not necessarily those of the insurance carriers. The matter has been an open item with the Risk Management Department and the committee looks for guidance as to where the responsibility lies with regard to adhering to the insurance based criteria.

Chemical Dependency

The committee was informed of the upcoming and well deserved retirement of Dr. Robert B. Whitney and all wish him well. Dialogue is underway as to how his clinical and midlevel supervisory role will be filled.

OVERALL

ACTION

REQUIRED

OTHER BUSINESS

FPPE-OPPE Report

FPPEs were successfully completed in the following departments:

ERIE COUNTY MEDICAL CENTER CORPORATION

Internal Medicine (2 MDs)
Internal Medicine, Exigence (1 MD, 1 RPA-C)
Ophthalmology (2 MDs)
Psychiatry, Chemical Dependency (1 MD, 1 PNP)
Rehabilitation Medicine (1 ANP, 6 RPA-C)

As Exigence is providing the mid-level coverage for Rehabilitation Medicine and as there is currently an interim Chief of Service for Rehabilitation Medicine, Dr. Ebling has signed off on the associated Rehabilitation Medicine FPPEs listed above. This process will be re-visited once a permanent Rehabilitation Medicine Chief of Service is named.

OPPEs were successfully completed for the department of Chemical Dependency (5 MDs, 1 PhD, 1 ANP, 1 FNP and 1 PNP).

The department of Neurology OPPEs have been successfully completed (8 MDs, 1 DO and 1 PhD).

The department of Pathology OPPEs have been successfully completed (5 MDs).

OPPEs were successfully completed for the department of Urology (8 MDs and 1 ANP).

OPPE for the department of Psychiatry is near completion, pending responses from 7 providers and feedback on internal data.

The department of Anesthesiology continues progress on their OPPE.

A meeting is scheduled with the Radiology Chief of Service to discuss measures for this cycle of OPPE. The Teleradiology OPPEs have been successfully completed and will be presented to the Credentials Committee with the entire department.

PRESENTED FOR INFORMATION ONLY

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



Executive Committee

Minutes from the



Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

First Floor Roofing Concerns

- Final draft of related bidding documents are being developed, with the intent of an autumn roofing replacement over the 1st floor Emergency and Radiology Departments.

Skilled Nursing Facility

- All subcontracts have been awarded, with excavation work in progress and foundation work set to begin this week. Parking Garage work scheduled to begin on or about September 1st.

Surgical Light & Gas Boom Replacements @ OR's 3 & 4

- Final Construction Documents to be completed by the end of August, with bid phase planned for September. Renovation to be completed in two phases, Phase 1 / OR3 scheduled for November thru January, Phase 2 / OR4 planned for February thru April.

Employee Fitness Center Project

- A/E contracts being prepared with Zaxis Architectural being the successful candidate. Design meeting planned to resume shortly.

ECMCC Guest House

- Next Committee scheduled for tomorrow, which is to include Representative of the Kevin Guest House. Current concept has the Guest Living Quarters conceptualized within 359 Grider Street Residence.

Restoration of Defunct Water Main @ Access Bridge

- On-going negotiations continue between ECMCC and Erie County in regards to the restoration of a defunct 12" water main that runs under the Kensington Ave Access Bridge.

MOB Fit-Out @ Dialysis Bldg

- Design efforts related to tenant occupancies postponed until the Orthopedic Center Option is selected, which is expected by the end of the month.

Furniture, Fixtures, & Equipment @ Capital Projects

- Dialysis & Transplant - all FF&E requirements have been bid, product review phase in progress.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Skilled Nursing Facility – Cannon Design has been selected as the FF&E Management Service Provider, contract execution in progress.
 - JL advised of a pending field trip to local Hospice House in an effort to understand their atypical approach DOH complaint furnishing procurement, i.e. post procurement certification process.
 - JL inquired if the current design had a designated location(s) or facility for entertaining younger visiting children, i.e. play room, gaming center, etc. DF to question design team accordingly.
 - JL, RB, and FM inquired on the status of color selections pursuant to pending FF&E selections color selection. It was suggested that the Buildings & Grounds Committee be afforded the opportunity to provide input on the color selection process.

Campus Site & Parking Modifications

- Clark Patterson Lee contract has been executed, with first task being the redesign of the Grider Street side of the campus.

Signage & Wayfinding Project

- AB Design – preliminary design related work in progress, at this stage limited to information and data collection.

UPDATE – IN PROGRESS CAPITAL PROJECTS

2009 Capital Projects – Lab Building / Phase 3

- UEMS / ED Locker Rooms - occupancy on-going. Former and vacant UEMS space to be temporarily occupied by ED staff displaced by the start of the Occupational Health Suite.

2009 Capital Projects - Surgical Department / Phase 2

- Womens Locker Room, occupancy planning in progress.

2009 Capital Projects – Emergency Department

- Phase 2 / Reception Desk postponed until Sept based on ED request (due to Trauma season).
- Phase 3 / Occupational Health Suite, renovation planned to begin mid next week.

2010 Capital Projects – Dialysis / Transplant

- Ext enclosure continues & interior framing continues, elevator work in progress. Temp Generator installed. 10/2 occupancy in progress, DOH inspection occurred 08/04/11, we are approved to occupy. 10/1 completion forecasted for mid September.

ERIE COUNTY MEDICAL CENTER CORPORATION

JC Statement of Conditions / Plans For Improvements

- 2010 PFI(s) / Ground floor sprinkler work complete, testing this week. Tunnel level storage area construction in progress. Dead End Corridor @ Radiology, detailed plans being prepared.

Skilled Nursing Facility

- Mass excavation in progress, foundation prep work to begin.

IV. PARKING STUDY

The first task will be the redesign of the Grider Street side of the campus.

V. WAYFINDING

The preliminary design related work is in progress. – AB Design. The Patient Experience committee has offered suggestions to AB Design.

VI. ADJOURNMENT

Moved by Richard F. Brox and seconded by Frank Mesiah to adjourn the Board of Directors Building and Grounds Committee meeting at 10:25 a.m.

Minutes from the



Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
AUGUST 23, 2011

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	KEVIN E. CICHOCKI, CHAIR DOUGLAS H. BAKER RICHARD F. BROX	DIETRICH JEHLE, MD KEVIN M. HOGAN, ESQ
VOTING BOARD MEMBERS EXCUSED:	MICHAEL A. SEAMAN	
ALSO PRESENT:	JODY L. LOMELO MARK R. BARABAS ANTHONY J. COLUCCI, III MICHAEL SAMMARCO	RICHARD CLELAND JOHN EICHNER PAUL HUEFNER THOMAS MALECKI BISHOP MICHAEL BADGER

I. CALL TO ORDER

The meeting was called to order at 8:40 A.M., by Chairman Kevin Cichocki.

II. RECEIVE AND FILE MINUTES

Motion was made by Chairman Cichocki and unanimously approved to accept the minutes of the Finance Committee meeting of July 26, 2011.

III. JULY 2011 FINANCIAL SUMMARY

Michael Sammarco provided a summary of the financial results through July 31, 2011, which addressed volume, income statement activity and key financial indicators.

Total discharges in the month of July were under budget by 119, and acute care discharges were 36 under budget. Total year-to-date discharges were 505 under budget and 107 under prior year. Year-to-date acute discharges were 171 under budget and 143 above prior year.

Observation cases were 116 for the month and 942 year-to-date. Average daily census was 353 for the month of July compared to 337 for June, and 332 year-to-date, compared to 356 year-to-date in July. Average length of stay was 6.8 for the month versus 6.1 budgeted. Non-Medicare case mix was 2.13 for the month, and 2.11 year-to-date, compared to a budget of 2.34. Medicare case mix dropped slightly to 1.79.

Inpatient surgical cases were 464 for the month, which was the highest number of monthly surgical cases performed in the last 8 years. Year-to-date inpatient cases were 75 under budget and 165 more than the prior year. Outpatient surgical cases were 607 for the month, 75 less than budget and 41 less than the prior year. Year-to date cases were 37 below budget and 148 over the prior year.

ERIE COUNTY MEDICAL CENTER CORPORATION

Emergency Department visits were 3.7% over budget for the month of July, 3% over budget year-to-date, and 3.7% over the prior year.

Hospital FTEs were at 2,395 for the month, compared to a budget of 2,417 and 2,418 in the prior year. Year-to-date FTEs were 2,393, compared to 2,383 in the prior year. Home FTEs were 396 for the month, compared to a budget of 424.

Net patient service revenue and operating expenses for the hospital were on budget for the month of July. The hospital experienced a \$710,000 operating surplus, compared to a budgeted loss of \$300,000 and a prior year loss of \$180,000. The Home experienced a \$251,000 operating loss in the month of July, attributable once again to the accelerated downsizing of the nursing units.

The consolidated operating surplus was \$460,000, compared to a \$300,000 budgeted loss and a \$200,000 prior year loss. The year-to-date consolidated operating loss was just under \$8 million. Net patient service revenue was under budget by \$15 million, or 6%, due to decreases in volume, case mix, and the Home downsizing.

Expenses were approximately \$4 million over budget, attributed primarily to salaries and physician fees.

Days cash on-hand was steady at 136.2, compared to 139.4 in the prior month and 156.0 at December 31, 2010. The decrease is related to capital expenditures. Days in accounts receivable were at 41.2, compared to 40.7 the prior month and 43.0 at December 31, 2010.

IV. PROJECT FINANCING UPDATE:

Mr. Sammarco reported that ECMC closed the bond transaction on August 11th, and the funds have been transferred to the current trustee, HSBC Bank. The bonds will be transferred to a new trustee in approximately 30 days, as HSBC transitions away from providing trustee services.

V. OTHER BUSINESS:

Mr. Lomeo reported on the community outreach efforts that he began in the last few weeks, discussing the new developments on our campus. The neighbors are excited about the changes, but concern was voiced about the additional traffic they anticipate in the neighborhood once the nursing home construction begins. The contractors will be notified of their concerns so that they make sure they use only the construction site entrances and exits, to cut down on traffic congestion.

VI. ADJOURNMENT

The meeting was adjourned at 9:30 AM by Chairman Cichocki.

Minutes from the



Audit Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Board of Directors
Minutes of the Audit Committee Meeting

Monday, May 2, 2011

ECMCC Board of Directors Conference Room

Voting Board Members Present or Attending by Conference Telephone: Kevin M. Hogan, Chair Thomas P. Malecki, CPA Frank B. Mesiah

Voting Board Members Excused: Kevin E. Cichocki, D.C. Bishop Michael A. Badger

Also Present: Mark C. Barabas Anthony J. Colucci, III John Eichner Paul Huefner Ronald Krawiec Jody L. Lomeo Michael Sammarco Kenneth Richmond

Guests: Maryann O'Brien, Corporate Compliance Officer Ann Victor Lazarus, Risk Manager Gary Ryan, PriceWaterhouse Coopers

I. Call to Order

Chairman Kevin M. Hogan, Esq. called the Audit Committee meeting to order at 7:35 a.m.

II. Receive and File Minutes

Motion was made by Kevin Hogan and unanimously approved to accept the minutes of the Audit Committee meeting of March 16, 2011.

III. Internal Audit Report - PriceWaterhouse, Coopers

Mr. Gary Ryan of PriceWaterhouse Coopers provided a status of internal audit projects completed and in-process, including Medicaid coding review, charge capture improvement, and patient access review.

The internal audit plans for 2011 include updating the original risk assessment and a review of the Information Technology (IT) Department internal controls.

IV. Compliance Update - Maryann O'Brien, Corporate Compliance Director

Director of Corporate Compliance, Maryann O'Brien provided a verbal update on Corporate Compliance audits to date, ECMCC 2010 Conflict of Interest forms pending review by legal counsel, distribution of the 2011 ECMCC Conflict of Interest forms and electronic NYS Commission on Public Integrity Financial Disclosure forms (*both due on 5/16/11*). Ms. O'Brien reminded the committee that question #16 on the NYS Financial Disclosure form should be accurately completed regarding investments, to ensure no conflict of interest exists.

ERIE COUNTY MEDICAL CENTER CORPORATION

Ms. O'Brien also provided information on:

- Corporate Compliance activities;
- Internal audits conducted;
- Corporate Compliance 2010 Survey results;
- Long Term Care Corporate Compliance Steering Committee activities;
- Corporate Compliance & Ethics Week 5/1-5/7/11;
- Pending revisions to ECMCC Corporate Compliance Program regarding PPACA (Patient Protection and Affordable Care Act) as well as FERA (Fraud Enforcement and Recovery Act of 2009).
- A review of RAC (Recovery Audit Contractor) activity to date.

V. Risk Update - Ann Victor-Lazarus, Director of Risk Management

Ann Victor-Lazarus, Vice President of Patient Advocacy/Risk Management gave a report on the Patient Advocacy/Risk Management Joint Commission Standard P1.1.10 that the hospital uses to monitor performance. Ms. Victor also reviewed patient events reported year-to-date, various performance monitoring reports, and ongoing loss prevention initiatives, and provided an update on workers compensation claims processing.

VI. Adjournment:

The meeting was adjourned at 8:40 AM by Chairman Hogan.

Minutes from the



Human Resources Committee

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

TUESDAY, SEPTEMBER 13, 2011
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

JODY L. LOMEIO
FRANK B. MESIAH
RICHARD F. BROX

BOARD MEMBERS EXCUSED:

JOSEPH ZIZZI, SR., M.D.

BISHOP MICHAEL A.
BADGER, CHAIR

CARLA CLARKE

CINDY HAKEEM

ALSO PRESENT:

ANN MARIE KOPF

I. CALL TO ORDER

Acting Chair Richard F. Brox called the meeting to order at 9:35 a.m.

II. RECEIVE AND FILE MINUTES OF MAY 10, 2011 MEETING

Moved by Richard F. Brox and seconded by Frank B. Mesiah to receive and file the Human Resources Committee minutes of the July 19, 2011 meeting.

III. CSEA NEGOTIATIONS

Carla DiCanio-Clarke reported that the parties' fact finding briefs are due September 30, 2011.

IV. NYSNA NEGOTIATIONS

NYSNA is not demanding negotiations despite the contract end date of 12/31/11. It was pointed out that NYSNA would like to wait until after their elections are over.

V. 2010 COMPETENCY COMPLETION RATES

2,207 employees subject to annual competencies per hospital policy:

Adjusted Base # including SNF*		Adjusted Base # excluding SNF*	
2,114		2,018	
1,704 Hospital	80.6% filed	1,659 Hospital	82.2% filed
410 SNF	19.4% filed	359 SNF	17.4% filed

- *numbers exclude LWOP, No LWOP, Yes Probation & Yes Temporary
- Joint Commission on Hospital Accreditation requires 90% compliance.
- Managers should be reminded that competencies are an important way to share information with employees on how their performance rates.

ERIE COUNTY MEDICAL CENTER CORPORATION

VI. TURNOVER RATES

August Hires – 5.5 FTES & 1 Per Diem, 2.5 Med/Surg, 3 FTES Critical Care & 1 Per Diem Staffing Office. 61 FTES hired YTD (3 LPN FTES hired, all Med/Surg, 29 LPN FTES hired YTD)

August Losses – 9 FTES, 4 FTES Med/Surg (1 FTE travel nsg, 1 FTE overwhelmed, 1 FTE relocation & 1 FTE returned to school), 3 FTES Critical Care (1 FTE travel nsg, 1 FTE relocation) 1 FTE ED (health problems) & 1 FTE Behavioral Health (overwhelmed) 44.5 FTES lost YTD.

Turnover Rate 1.2%

Quit Rate 1.2%

Turnover Rate YTD 5.92% (4.71% without retirees) 5.07% 2010

4.93% (3.71% without retirees) 4.44% 2010

September Hires – 4.5 FTES, 1.5 FTES Med/Surg, 2 FTES Behavioral Health & 1 FTE Critical Care. 65.5 FTES hired YTD. (2.5 LPN FTES hired, 1.5 FTES Behavioral Health & 1 FTE Med/Surg. 31.5 LPN FTES hired YTD.

VII. WELLNESS/BENEFITS UPDATE

Cindy Hakeem reported that on September 15, 2011 a seminar called “Heart Healthy for Life” will be held. A wellness table will also be set up in front of the cafeteria to increase employee participation in completing a survey from LMHF. If the employee completes the survey, they will be entered into a drawing to win a spot at a 1 week fitness camp at Beaver Hollow.

2012 Open Enrollment will begin October 14, 2011 through November 16, 2011.

The annual benefits fair will take place on October 6, 2011 at ECMC and October 13, 2011 at the Erie County Home. Both events will take place from 6am to 4pm.

Employees will be made aware of the availability of Dr. Sperry’s services at various benefits fairs, wellness tables, etc.

VIII. WORKERS COMPENSATION UPDATE

July incidents that have been reported are down from 2010. A chart was provided.

IX. TRAINING

Various customer service trainings through Palladian EAP has been taking place and seminars are scheduled through September. Seminars titled “Handling Customer Complaints” and “Professional Manners and Improved Customer Service” will be mandatory in 2012.

Carla DiCanio-Clarke has been providing focused manager training. She presented a training titled “How to Tame a Tiger”. This training focused on how to handle disruptive star performers and included a follow up session.

ERIE COUNTY MEDICAL CENTER CORPORATION

X. INFORMATION/OTHER

Ms. DiCanio-Clarke reported that the staffing plan for the new SNF facility is completed and that seminars with EAP will be scheduled to help employees transition to the new facility.

The new employee handbook is completed and being printed. It will be distributed to employees with a sign off to verify receipt.

Carla DiCanio-Clarke and AFSCME took part in triage arbitrations in July and August. Benefits are that the arbitrations are abbreviated; many can be handled in one day saving multiple arbitrators' fees for various days. 12 outstanding grievances were heard in July and 14 in August.

XI. ADJOURNMENT

Human Resources Committee meeting adjourned at 10:10am.

Minutes from the



Investment Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Moved by Michael A. Seaman and seconded by Kevin E. Cichocki, D.C. to replace the Fund Manager Loomis with the long duration Global Fixed-Income.

Motion Approved Unanimously.

IV. ADJOURNMENT

Moved by Kevin M. Hogan, Esq. and seconded by Michael A. Seaman to adjourn the Investment Committee meeting at 9:46 A.M.



ECMCC Management Team



Chief Executive Officer

Erie County Medical Center Corporation

Report to the Board of Directors
Jody L. Lomeo, Chief Executive Officer
October 4, 2011

I hope everyone had a wonderful summer and you are all happy and healthy as we enter into the fall season.

As we all know, the summer months are our busiest. We have seen increased volume this summer and that has resulted in our most positive months financially. I want to thank all of our physicians, nurses and staff who provide the highest quality of care and exemplify the “difference between health care and true care”.

At our board meeting, I will update you on the following topics:

Financials (Mike to give report)

- August a very good month.
- Volumes up, surgeries increased.
- Expenses at budget.

Behavioral Health

As you are aware we had an unfortunate attack on one of our nurses in CPEP. Our prayers go out to him and his family. Any incident is one too many. We must continue to strive for a safe environment for both our employees and patients. I am proud to say that we have joined our partners in labor (NYSNA, CSEA, and AFSCME) as well as our physicians, legislators and staff to say “Enough is enough”. We have a mental illness crisis in New York State and we want to solve this crisis as a community. New York State has instituted a damaging policy and cut reimbursement for mental health patients and those who serve them. We will advocate with our partners to find a solution. Rich will provide more information regarding our strategy and what the “team” has and will be working on.

Roswell Park

We continue to work with Roswell to find ways to collaborate and do business together. I am hopeful that we have come to an agreement on certain service lines and will update the Board on the specifics.

Recruitment

We have signed multiple confidentiality agreements with physicians, hospitals, etc. We are very close to completing some of these agreements. Our hope is to continue the work with our partners at Kaleida and advance further clinical integration and alignment. Our team continues to work together with a collaborative spirit.

Deloitte Study

We continue to make progress on further alignment with Kaleida. Both organizations have been focused on purchasing (supply chain) and we have realized millions of dollars of savings. Mike Sammarco will present more detail at the board meeting.

2012 Budget

Our administrative team has been working tirelessly on a 2012 budget. We will present to the board a responsible budget within the next 30 days. As state and federal cuts continue to impact the organization, we will be forced to respond with the closure of services as well as FTE reductions. We are analyzing all service lines and will continue to work with the Board of Directors to insure that our vision is being fulfilled. I will continue to work with HANYS as well as our local delegation to advocate against cuts that are harmful to our patients and our employees.

Thank you again for your support.

Jody



President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
MARK C. BARABAS, PRESIDENT AND CHIEF OPERATIONS OFFICER
OCTOBER 4, 2011

TRANSPLANT/DIALYSIS PROJECT

Occupancy of 10zone1 continues to be on schedule targeted for mid-October. This includes the inpatient dialysis and the Vascular Access Center. The medical office building will be fully enclosed within the next month and partitioning on the dialysis level for the new outpatient center is on target. The front entrance to the Miller building is temporarily closed until December 1st to allow for construction of the new drive entrances and parking (map enclosed). Excavation continues on the Skilled Nursing project.

U.B. ANNUAL PLAN FOR DISTRIBUTION OF RESIDENTS

We recently attended a meeting in the Dean's office to discuss the annual plan for resident allocation to ECMC and Kaleida. It was collaborative in nature and attended by representatives of all three organizations. The Annual Plan calls for ECMC to be allocated 163 resident lines from the various teaching programs. The process has improved each year I have participated in it. A copy of the Annual Plan is attached.

HEAL 11 GRANT

ECMC just received a HEAL distribution of over \$2 million toward the Transplant/Dialysis project from New York State. A copy of the correspondence is attached. A small balance remains in our HEAL 11 grant as most funds have been distributed to the hospital.

University at Buffalo
Office of Graduate Medical Education
Annual Plan Request for the Academic Year Ending June 30th, 2013

Department	PGY	TOTAL		Kaleida Health										ECMCC		Catholic Health						RPCI		VAWNYHS		NFMMC		OGH		WNY CPC / GRANT		POOL/GRANT				
		11-12 Approved	12-13 Request	Buffalo General		MF Gates		MF Suburban		WCHOB		Kaleida Total		11-12 Approved	12-13 Request	Mercy		Sisters		CHS Total		11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request			
				11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request			11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request													11-12 Approved	12-13 Request	
	6						1.00																													
Infectious Disease	4	4.00	4.00																																	
	5																																			
Medical Oncology	0	10.00																																		

University at Buffalo
Office of Graduate Medical Education
Annual Plan Request for the Academic Year Ending June 30th, 2013

Department	PGY	TOTAL		Kaleida Health								ECMCC		Catholic Health						RPCI		VAWNYHS		NFMMC		OGH		WNY CPC / GRANT		POOL/GRANT								
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				11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request			11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request															11-12 Approved	12-13 Request	11-12 Approved
Pediatrics	1																																					
	2	49.00	49.00							48.00	15.00	48.00	15.00																									
	3										14.00	-	14.00																									
	4										17.00	-	17.00																									
	5										2.00	-	2.00																									

University at Buffalo
Office of Graduate Medical Education
Annual Plan Request for the Academic Year Ending June 30th, 2013

Department	PGY	TOTAL		Kaleida Health										ECMCC		Catholic Health						RPCI		VAWNYHS		NFMMC		OGH		WNY CPC / GRANT		POOL/GRANT				
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				11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request			11-12 Approved	12-13 Request	11-12 Approved	12-13 Request	11-12 Approved	12-13 Request													11-12 Approved	12-13 Request	
Dental Programs:																																				
Kaleida Dental	1	10.00	6.00	10.00	6.00							10.00	6.00																							
Children's Dental <i>Requests additional resident with target of 12 residents</i>	1	10.00	12.00							10.00	7.00	10.00	7.00																							
	2										5.00		5.00																							
ECMCC Dental	1	8.00	8.00											8.00	8.00																					

September 1, 2011

Mark Barabas
President and CEO
Erie County Medical Center
462 Grider St
Buffalo, NY 14215-3098

Dear Mr. Barabas,

I have reviewed and approved the quarterly reports submitted for your Heal 11 Contract C-025911. This covers Q7 for the periods 4/1/11-6/30/11 for a total of \$2,281,448.82.

If you have any questions, please contact me at (518) 473-4700 or by mail at New York State department of Health, Division of Health Facility Planning; Bureau of HEAL, Workforce Development and Capital Investment; Empire State Plaza, Corning Tower Room 1084, Albany, NY 12237.

Sincerely,



Heather Pokrzywka

Bureau of HEAL, Workforce Development
and Capital Investment
hap03@health.state.ny.us



Chief Financial Officer



**ERIE COUNTY MEDICAL CENTER
CORPORATION**

Internal Financial Reports
For the month ended August 31, 2011

Prepared by ECMCC Finance

Erie County Medical Center Corporation
For the month ended August 31, 2011

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County Medical Center Corporation
Financial Dashboard
August 31, 2011

STATEMENT OF OPERATIONS:

	<u>Month</u>	<u>YTD</u>	<u>YTD</u> <u>Budget</u>
Net patient service revenue	\$ 33,226	\$ 242,497	\$ 258,642
Other	6,474	54,705	45,645
Total revenue	<u>39,700</u>	<u>297,202</u>	<u>304,287</u>
Salary and benefits	21,150	170,942	168,184
Physician fees	4,030	29,481	26,276
Purchased Services	2,685	20,703	22,241
Supplies and other	7,174	54,732	54,384
Depreciation and amortization	1,363	10,032	9,838
Interest	457	3,575	3,572
Bad Debt expense, net of recoveries	1,969	14,847	15,585
Total expenses	<u>38,828</u>	<u>304,312</u>	<u>300,080</u>
Operating income (loss)	872	(7,110)	4,207
Non-operating gains (losses)	(1,078)	924	1,869
Change in net assets	<u>\$ (206)</u>	<u>\$ (6,186)</u>	<u>\$ 6,076</u>
Operating margin	<u>2.2%</u>	<u>-2.4%</u>	<u>1.4%</u>

BALANCE SHEET:

<u>Assets:</u>	
Cash & short-term investments	\$ 37,429
Patient receivables	44,035
Assets whose use is limited	232,770
Other assets	<u>215,872</u>
	<u>\$ 530,106</u>
<u>Liabilities & Net Assets:</u>	
Accounts payable & accrued expenses	\$ 108,976
Estimate self insurance reserves	45,226
Other liabilities	88,293
Long-term Debt (including short-term borrowings)	194,014
Net assets	<u>93,597</u>
	<u>\$ 530,106</u>
Current ratio (target > 1.5)	1.4
Debt to capitalization (target <60%)	80.8%

CASH FLOW SUMMARY:

	<u>Month</u>	<u>YTD</u>
Net cash provided by (used in):		
- Operating activities	\$ 842	\$ 17,127
- Investing activities	(93,780)	(113,063)
- Financing activities	<u>96,863</u>	<u>97,173</u>
Increase/(decrease) in cash and cash equivalents	3,925	1,237
Cash and cash equivalents - beginning	<u>12,452</u>	<u>15,140</u>
Cash and cash equivalents - ending	<u>\$ 16,377</u>	<u>\$ 16,377</u>

KEY STATISTICS:

	<u>Month</u>	<u>YTD</u>	<u>YTD</u> <u>Budget</u>
<u>Discharges:</u>			
- Acute	1,053	8,058	8,183
- Behavioral health, medical and alcohol rehab	258	2,025	2,382
<u>Patient days:</u>			
- Acute	7,034	49,830	48,738
- Behavioral health, medical and alcohol rehab	3,931	31,581	35,908
<u>Average Daily Census:</u>			
Hospital	354	335	348
Hospital-based SNF	132	131	131
Erie County Home	426	447	484
<u>Average length of stay, acute</u>			
	6.7	6.2	6.0
<u>Case mix index</u>			
MS DRG - CMI	1.52	1.51	1.54
APR DRG - SIW	1.80	1.70	1.76
Emergency room visits, including admissions	6,062	42,332	41,862
Ambulatory surgeries	1,071	5,639	5,263
Days in patient receivables	44.1		

Erie County Medical Center Corporation

Balance Sheet

August 31, 2011 and December 31, 2010

(Dollars in Thousands)

	August 31, 2011	Audited December 31, 2010	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 16,377	\$ 15,140	\$ 1,237
Investments	21,052	72,658	(51,606)
Patient receivables, net	44,035	40,951	3,084
Prepaid expenses, inventories and other receivables	70,665	54,407	16,258
Total Current Assets	<u>152,129</u>	<u>183,156</u>	(31,027)
Assets Whose Use is Limited:			
Designated under self-insurance programs	48,676	42,500	6,176
Designated by Board	52,157	48,829	3,328
Restricted under debt agreements	109,321	10,294	99,027
Restricted	22,616	21,849	767
	<u>232,770</u>	<u>123,472</u>	109,298
Property and equipment, net	140,579	95,730	44,849
Deferred financing costs	2,633	2,442	191
Other assets	1,995	1,345	650
Total Assets	<u>\$ 530,106</u>	<u>\$ 406,145</u>	<u>\$ 123,961</u>
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 3,645	\$ 2,250	\$ 1,395
Accounts payable	38,186	24,563	13,623
Accrued salaries and benefits	18,401	15,714	2,687
Other accrued expenses	27,908	32,197	(4,289)
Estimated third party payer settlements	24,481	23,077	1,404
Total Current Liabilities	<u>112,621</u>	<u>97,801</u>	14,820
Long-term debt	190,369	94,900	95,469
Estimated self-insurance reserves	45,226	38,850	6,376
Other liabilities	88,293	74,979	13,314
Total Liabilities	<u>436,509</u>	<u>306,530</u>	129,979
Net Assets			
Unrestricted net assets	46,242	52,260	(6,018)
Temporarily restricted net assets	47,355	47,355	0
Total Net Assets	<u>93,597</u>	<u>99,615</u>	(6,018)
Total Liabilities and Net Assets	<u>\$ 530,106</u>	<u>\$ 406,145</u>	<u>\$ 123,961</u>

Erie County Medical Center Corporation

Statement of Operations

For the month ended August 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	\$ 42,651	\$ 43,162	\$ (511)	\$ 42,513
Outpatient Services	23,964	23,080	884	22,291
Gross Patient Revenue	66,615	66,242	373	64,804
Less:				
Contractual Allowances	(32,000)	(33,040)	1,040	(34,190)
Charity Care	(1,389)	(837)	(552)	(482)
Total Contractual Allowances & Charity Care	(33,389)	(33,877)	488	(34,672)
Net Patient Revenue	33,226	32,365	861	30,132
Disproportionate Share/IGT Revenue	4,734	3,850	884	4,530
Other Revenue	1,740	1,356	384	1,426
Total Operating Revenue	39,700	37,571	2,129	36,088
Operating Expenses:				
Salaries / Wages / Contract Labor	12,667	12,877	210	12,541
Employee Benefits	8,483	8,573	90	7,675
Physician Fees	4,030	3,301	(729)	3,884
Purchased Services	2,685	2,837	152	3,339
Supplies	5,120	5,002	(118)	4,502
Other Expenses	852	645	(207)	695
Utilities	622	690	68	578
Insurance	580	601	21	380
Depreciation & Amortization	1,363	1,230	(133)	1,164
Interest	457	456	(1)	465
Provision for Bad Debts	1,969	1,932	(37)	1,909
Total Operating Expenses	38,828	38,144	(684)	37,132
Income (Loss) from Operations	872	(573)	1,445	(1,044)
Non-operating gains (losses):				
Interest and Dividends	287	-	287	241
Unrealized Gains/(Losses) on Investments	(1,365)	234	(1,599)	(544)
Non-operating Gains(Losses), net	(1,078)	234	(1,312)	(303)
Excess of (Deficiency) of Revenue Over Expenses	\$ (206)	\$ (339)	\$ 133	\$ (1,347)

Erie County Medical Center Corporation

Statement of Operations

For the eight months ended August 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	\$ 320,665	\$ 333,574	\$ (12,909)	\$ 334,502
Outpatient Services	180,526	180,211	315	173,486
Gross Patient Revenue	501,191	513,785	(12,594)	507,988
Less:				
Contractual Allowances	(250,652)	(248,855)	(1,797)	(257,861)
Charity Care	(8,042)	(6,288)	(1,754)	(5,471)
Total Contractual Allowances & Charity Care	(258,694)	(255,143)	(3,551)	(263,332)
Net Patient Revenue	242,497	258,642	(16,145)	244,656
Disproportionate Share/IGT Revenue	34,591	30,801	3,790	32,580
Other Revenue	20,114	14,844	5,270	10,579
Total Operating Revenue	297,202	304,287	(7,085)	287,815
Operating Expenses:				
Salaries / Wages / Contract Labor	103,095	100,984	(2,111)	97,653
Employee Benefits	67,847	67,200	(647)	63,338
Physician Fees	29,481	26,276	(3,205)	27,420
Purchased Services	20,703	22,241	1,538	22,787
Supplies	39,046	39,211	165	37,989
Other Expenses	5,758	5,060	(698)	5,247
Utilities	5,145	5,401	256	5,185
Insurance	4,783	4,712	(71)	2,970
Depreciation & Amortization	10,032	9,838	(194)	9,313
Interest	3,575	3,572	(3)	3,646
Provision for Bad Debts	14,847	15,585	738	14,916
Total Operating Expenses	304,312	300,080	(4,232)	290,464
Income (Loss) from Operations	(7,110)	4,207	(11,317)	(2,649)
Non-operating Gains (Losses)				
Settlements with Erie County	(1,011)	-	(1,011)	-
Interest and Dividends	2,427	-	2,427	2,319
Unrealized Gains/(Losses) on Investments	(492)	1,869	(2,361)	62
Non Operating Gains (Losses), net	924	1,869	(945)	2,381
Excess of (Deficiency) of Revenue Over Expenses	\$ (6,186)	\$ 6,076	\$ (12,262)	\$ (268)

Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and eight months ended August 31, 2011</p>

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ (206)	\$ (6,186)
Other Transfers, Net	(221)	(141)
Contributions for Capital Acquisitions	(1)	309
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	(428)	(6,018)
<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	(428)	(6,018)
Net Assets, Beginning of Period	94,026	99,616
NET ASSETS, End of Period	\$ 93,598	\$ 93,598

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and eight months ended August 31, 2011

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ (428)	\$ (6,018)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,363	10,032
Provision for bad debt expense	1,969	14,847
Net Change in unrealized (gains) losses on Investments	(1,365)	(492)
Transfer to component unit - Grider Initiative, Inc.	221	141
Capital contribution - Erie County	1	(309)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(3,697)	(17,931)
Prepaid expenses, inventories and other receivables	(4,869)	(16,258)
Accounts payable	2,262	13,623
Accrued salaries and benefits	764	2,687
Estimated third party payer settlements	(561)	1,404
Other accrued expenses	2,721	(4,289)
Self Insurance reserves	731	6,376
Other liabilities	1,730	13,314
Net Cash Provided by (Used in) Operating Activities	<u>842</u>	<u>17,127</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(6,279)	(35,778)
Routine capital	(1,420)	(19,294)
Decrease (increase) in assets whose use is limited	(97,523)	(109,298)
Purchases of investments, net	11,663	52,098
Investment in component unit - Grider Initiative, Inc.	(221)	(141)
Change in other assets	-	(650)
Net Cash Provided by (Used in) Investing Activities	<u>(93,780)</u>	<u>(113,063)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Capital contributions	(1)	309
Proceeds from issuance of long-term debt	96,864	96,864
Principal payments on long-term debt	-	-
Net Cash Provided by (Used in) Financing Activities	<u>96,863</u>	<u>97,173</u>
Increase (Decrease) in Cash and Cash Equivalents	3,925	1,237
Cash and Cash Equivalents, Beginning of Period	<u>12,452</u>	<u>15,140</u>
Cash and Cash Equivalents, End of Period	<u>\$ 16,377</u>	<u>\$ 16,377</u>

Erie County Medical Center Corporation

Statistical and Ratio Summary

	<i>Current Year</i> Eight months ended August 31, 2011	<i>Prior Year</i> December 31, 2010	ECMCC 3 Year Avg. 2008 - 2010
<u>Liquidity Ratios:</u>			
Current Ratio	1.4	1.9	2.1
Days in Patient A/R - Net of Advances	44.1	41.2	42.1
Days Expenses in Current Liabilities	91.9	84.8	79.9
Days Operating Cash Available - all sources	131.2	156.2	161.1
Cash to Debt	82.9%	184.4%	175.4%
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	135.4%	99.1%	122.8%
Assets Financed by Liabilities	82.3%	75.5%	73.1%
EBIDA Debt Service Coverage (Covenant > 1.1)	1.1	2.8	2.2
Capital Expense	2.4%	1.8%	1.9%
Debt to Capitalization	80.8%	65.0%	55.6%
Average Age of Plant	17.0	22.2	22.6
Debt Service as % of NPSR	2.5%	2.1%	2.1%
Capital as a % of Depreciation	356.6%	229.5%	142.7%
<u>Profitability Ratios:</u>			
Operating Margin	-2.4%	0.5%	-0.5%
Net Profit Margin	-2.6%	0.8%	-0.5%
Return on Total Assets	-1.8%	0.7%	0.3%
Return on Equity	-9.9%	2.9%	0.4%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	0.8	1.1	1.1
Total Operating Revenue per FTE	\$163,477	\$151,244	\$ 144,557
Personnel Costs as % of Total Revenue	57.5%	53.6%	54.6%

Erie County Medical Center Corporation

Key Statistics

Period Ended August 31, 2011

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,053	1,007	4.6%	975	Acute	8,058	8,183	-1.5%	7,837
203	201	1.0%	191	Psych	1,546	1,742	-11.3%	1,655
27	34	-20.6%	22	Rehab	229	281	-18.5%	270
28	46	-39.1%	50	Alcohol Rehab	250	359	-30.4%	355
1,311	1,288	1.8%	1,238	Total Acute Discharges	10,083	10,565	-4.6%	10,117
Patient Days:				Patient Days:				
7,034	6,277	12.1%	6,402	Acute	49,830	48,738	2.2%	49,008
2,743	2,711	1.2%	2,697	Psych	20,928	21,873	-4.3%	21,863
648	1,128	-42.6%	1,088	Rehab	5,770	6,972	-17.2%	6,831
540	873	-38.1%	915	Alcohol Rehab	4,883	7,063	-30.9%	6,986
10,965	10,989	-0.2%	11,102	Total Acute Days	81,411	84,646	-3.8%	84,688
Average Daily Census:				Average Daily Census:				
227	202	12.1%	207	Acute	205	201	2.2%	202
88	87	1.2%	87	Psych	86	90	-4.3%	90
21	36	-42.6%	35	Rehab	24	29	-17.2%	28
17	28	-38.1%	30	Alcohol Rehab	20	29	-30.9%	29
354	354	-0.2%	358	Total Acute ADC	335	348	-3.8%	349
Average Length of Stay:				Average Length of Stay:				
6.7	6.2	7.2%	6.6	Acute	6.2	6.0	3.8%	6.3
13.5	13.5	0.2%	14.1	Psych	13.5	12.6	7.8%	13.2
24.0	33.2	-27.7%	49.5	Rehab	25.2	24.8	1.6%	25.3
19.3	19.0	1.6%	18.3	Alcohol Rehab	19.5	19.7	-0.7%	19.7
8.4	8.5	-2.0%	9.0	Average Acute Length of Stay	8.1	8.0	0.8%	8.4
4,098	4,068	0.7%	4,092	SNF Days	31,904	31,756	0.5%	31,938
132	131	0.7%	132	SNF ADC	131	131	0.5%	131
Occupancy:				Occupancy:				
64.3%	64.5%	-0.2%	65.1%	% of acute licensed beds	60.9%	63.3%	-3.8%	63.4%
86.5%	81.9%	5.6%	83.1%	% of acute available beds	81.9%	80.4%	1.8%	80.9%
88.2%	86.0%	2.5%	86.3%	% of acute staffed beds	83.5%	84.5%	-1.2%	84.4%
Case Mix Index:				Case Mix Index:				
1.52	1.54	-1.3%	1.57	MS DRG - CMI	1.51	1.54	-1.8%	1.57
1.71	1.76	-3.0%	1.78	APR DRG - SIW	1.70	1.76	-3.5%	1.78
128	149	-14.1%	139	Observation Visits	1,070	1,237	-13.5%	1,156
433	432	0.2%	381	Inpatient Surgeries	3,170	3,244	-2.3%	2,953
644	658	-2.1%	648	Outpatient Surgeries	5,212	5,263	-1.0%	5,068
29,312	27,698	5.8%	27,383	Outpatient Visits	228,700	226,179	1.1%	219,461
6,062	5,691	6.5%	5,594	Emergency Visits	42,332	41,862	1.1%	40,546
40.9	45.0	-9.1%	44.4	Days in A/R - 3-month avg.	40.9	45.0	-9.1%	44.4
6.2%	6.4%	-2.5%	6.7%	Bad Debt as a % of Net Revenue	6.4%	6.4%	0.2%	6.5%
2,346	2,417	-2.9%	2,390	FTE's	2,388	2,417	-1.2%	2,386
3.03	3.08	-1.6%	3.14	FTE's per adjusted occupied bed	3.14	3.11	1.2%	3.18
\$ 13,300	\$ 13,231	0.5%	\$ 12,894	Net Revenue per Adjusted Discharge	\$ 12,420	\$ 12,833	-3.2%	\$ 12,711
\$ 15,267	\$ 15,370	-0.7%	\$ 15,562	Cost per Adjusted Discharge	\$ 15,305	\$ 14,660	4.4%	\$ 14,818
Erie County Home:				Erie County Home:				
13,213	14,905	-11.4%	15,059	Patient Days	108,560	117,563	-7.7%	122,034
426	497	-14.2%	486	Average Daily Census	447	484	-7.7%	502
72.7%	84.8%	-14.2%	82.9%	Occupancy - % of licensed beds	76.2%	82.6%	-7.7%	85.7%
381	424	-10.1%	428	FTE's	419	424	-1.1%	460



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

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
SENIOR VICE PRESIDENT OPERATIONS
OCTOBER 4, 2011

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

Erie County Home has completed the downsizing of 182 beds and is currently looking to close down unit S by November 1, 2011. This would complete the entire East building.

Construction of the new nursing home started on June 13, 2011 and is progressing. Foundations are underway and steel will be delivered in the next ten days. Looking at a January, 2013 opening.

Charles Rice has been selected the Administrator of the SNF. He will be starting October 3, 2011. Charles is currently the Administrator of Genesee County Nursing Home and has over 25 years of nursing home and hospital management experience.

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

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

Our annual OMH inpatient adolescent and adult survey took place July 6, 2011- July 8, 2011. We did receive a (1) year operating certificate which is a very big step;

ECMC did receive approval of the 501 waiver. This waiver will be the first step in the approval process for ECMCC to relocate the CPEP-EOB beds to the 4th floor.

CPEP congestion and efforts to reduce overcrowding and unsafe conditions is priority. We will be developing a "Fast Track" assessment area to help with reducing overcrowding by mid October. We have also reached agreements with two outside organizations for crisis beds;

Outpatient Chemical Dependency Clinics assessment outcome will be communicated shortly and put into action by early October;

Family Medicine has returned and will be the medical group leading the clinical care. Dr. King has been appointed Clinical Director;

REHABILITATION SERVICES:

Outpatient budget volumes exceeding budget by 5%;

ERIE COUNTY MEDICAL CENTER CORPORATION

Implemented collection of both self-pay and poverty level patients in May, this continues to be very effective;

HYPERBARIC/WOUND CENTER (HWC):

During the month of June, center had 142 active patients

- 49 New patients;
- 389 Encounters;
- 50 Hyperbaric treatments;
- 90% patient satisfaction rating;

We will be adding an additional specialty physician group to the HWC. Dr. Antalek's group will be starting in the late fall. This will bring greater volume and specialty to the HWC;

HWC and Roswell Park have developed a referral relationship involving the oral surgeon department;

TRANSITIONAL CARE UNIT (TCU):

The TCU was approved in May and planning sessions are currently underway. We are targeting a late 3rd quarter 2012 start up;

SECURITY/POLICE:

Our second K-9 Units which consists of Officer Hoerner and CJ continues training and recently passed the New York State Canine Certification School. CJ should be in site in the next 30 days;

Currently phasing in Security Assistants and phasing out USS Security Officers;

FOOD AND NUTRITIONAL SERVICES:

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



**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
October 4, 2011

PHARMACEUTICAL SERVICES – RANDY GERWITZ

August was the highest volume month year to date for the Department of Pharmaceutical Services (DPS). Meditech reported 57,843 orders entered in August and 196,460 doses dispensed. That is 4.6% and 5.9% higher than the year to date monthly averages respectively. Despite these higher volumes and associated costs we are pleased to report that the DPS continues to run \$238,787 under budget through August. As has been previously reported the DPS has pursued a number of medication cost containment strategies throughout 2011. These efforts, in conjunction with the 7,183 clinical interventions by the pharmacists YTD, have contributed to significant savings. Year to date the DPS is 4.9% under budget for medications.

The DPS is pleased to announce that an RFP has been released requesting bids on 340B contract pharmacy services. It is expected that multiple awards will be made related to this RFP, allowing retail pharmacy partners in the community to dispense medications to ECMC patients on the institution's behalf. This partnership will provide services at a discount to patients that pay cash for prescriptions and establish a new revenue stream to the hospital from our insured patients. Once fully implemented we are predicting a net revenue of approximately \$1,500,000 annually.

LABORATORY – JOSEPH KABACINSKI

The Laboratory successfully completed a surprise inspection by the Federal Aviation Administration (FAA), Hazardous Materials Division, on September 13. The Lab ships isolates of TB, etc. to the NYSDOH Laboratory in Albany. The inspection verifies Lab compliance with training and certification of in-Lab shippers, use of proper packaging materials, and adequacy of shipping records maintained. No deficiencies were noted and we are in compliance.

The Department of Laboratory Medicine is implementing a new assay. The Chemistry lab is validating an in-house triiodothyronine (T3) test that was formerly sent out to LabCorp. The increase in demand provides sufficient volume to do this test in house add reduce our reference lab expense. The new test is scheduled for roll-out to clinicians on October 1.

The Microbiology Lab will upgrade its current technology to the Becton Dickinson (BD) mycobacterial growth indicator tube (MGIT) system for detecting and diagnosing cases

of mycobacterial growth including mycobacterium tuberculosis. The MGIT system replaces the current BD system and will eliminate the utilization of radioactive reagents.

Laboratory information system – information technology projects:

A.) Lab is continuing efforts with ECMCC IT Department to implement hospital-wide clinical physician order entry (CPOE) in the Meditech HIS. This is a large project from the Lab perspective. We are working to complete order entry, aliases, customer defined screens and order sets by November 4 and complete physician order entry and order management rules by December 2.

B.) The effort to automate delta-checking and auto-verification of lab results in Chemistry and Hematology lab sections is continuing. Two service requests are being pursued with Meditech re: calculations and multiple comment issues. Comprehensive rules are being designed and written.

C.) The status connect interface for blood gas point-of-care analyzers in Emergency Department will be acquired and installed with the upgrade of in-Lab and point-of-care blood gas analyzers.

A contract to provide STAT reference Lab services to Meridian Labs (commercial lab) for their three free standing dialysis center clients in Western New York has been negotiated. The contracts have been reviewed by ECMCC legal counsel and are being signed by all parties.

Another successful UNYTS Blood Drive at ECMCC was held on Thursday, August 18. Fifty-nine donors presented for donation. The next drive is scheduled on Thursday, October 13. The Pathology Department participated in Camp 911 sessions held in late August with educational Lab demonstrations for the campers.

IMAGING – ERIC GREGOR

ULTRASOUND:

Onsite and offsite clinical applications training are complete on the new Philips' iU22 Ultrasound Units. The Ultrasonographers and Radiologists are very impressed with system capabilities, speed and image quality of the new system. Ultrasonographers and Radiologists were educated on use of 3D and its various clinical applications. Clinical throughput in Ultrasound has increased by 10% since the arrival of the new systems.

MRI:

Volumes in MRI continue to rise. Through September 21, total procedural volumes in MRI have increased by 23.3% from 2010, and 20.8% on outpatient studies. The dedication ceremony of the George J. Alker Jr. M.D., MRI Center was a great success. Members of Dr. Alker's family and many former ECMC radiology staff members were in attendance. A reception was given at the Saturn Club that evening, where ECMC Board members, executives, and family/friends/colleagues of Dr. Alker enjoyed themselves and paid tribute to a wonderful man. Thanks to Dr. Tim DeZastro for hosting the reception.

SKYVIEW:

An educational training session was held on September 1st. Cefla provided a PowerPoint presentation on SkyView. Drs. DeZastro, Gogan, and Hall were in attendance. Dental and Oral-Maxillofacial Services are very excited to have this technology onsite. Training Webinars are scheduled for early October.

OPERATIONS:

Through mid-September 2011, total procedural volumes in Radiology are up slightly from 2010. The better news is that inpatient volumes are down by 3.1%, while outpatient studies are up by 3.9%. Radiology staff productivity is 8.44% higher than the benchmark standard set by the American Healthcare Radiology Administrators (AHRA). Through August, Radiology was \$117,410 under its 2011 operating budget allocation. Payment denials in Radiology have decreased by 35% since April. During the last (4) pay periods, OT in Radiology has equaled 1.45% of total hours worked, and is on pace to be 12.70% less than in 2010.

AMBULATORY SERVICES – KATRINA KARAS

The clinics in Suite 15 (Internal Medicine, Rheumatology, Endocrinology, Renal Hypertension, Coumadin) implemented a new telephone automated call distribution system in September. This system will assign patients, external customers, and internal customers with a priority level based on the origination of the call and the reason for the call. This will organize the patient calls more effectively so that the phones are answered in a more expeditious manner and fewer calls are abandoned. The system allows the managers to monitor performance in order to ensure that the highest quality service is being provided.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
SEPTEMBER 2011

UNIVERSITY AFFAIRS

ANNUAL PLAN

The GMEC Committee presented to the hospitals the first draft of the Annual Plan for residents for the Academic Year 2012 - 2013. This is preliminary and must be approved by the hospitals and the GMEC.

The plan calls for the creation of 17 additional resident positions : 1 Cytopathology @RPCI (approved), 4 Emergency Medicine @Kaleida (approved), 1 Internal medicine cardiology@Kaleida(approved), 2 neurosurgery @Kaleida (approval pending), 8 General Surgery (6 @Kaleida, 2 @ECMC) (approval pending), 1 Pediatric Dentistry (Children's) (Approval pending).

Under the proposed plan ECMC's total complement of residents would go from the current figure of 164.50 163.32 with the following adjustments:

Anesthesiology	+0.5FTE
Anesthesiology prelim	+0.8FTE
Emergency medicine	-1.0FTE
Cardiology	+0.5FTE
Hematology/Oncology	+1.0FTE
Infectious Diseases	+0.50FTE
Psychiatry	+1.0FTE
Surgery	+2.0FTE
Vascular Surgery	-0.5FTE
Urology	-0.5FTE

PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee met 9/12/11. Updates were presented on the Transplant, orthopedics and Primary care Initiatives. The next scheduled meeting will be in December.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	June	July	August	YTD vs.2010
Discharges	939	920	949	up3.8%
Observation	113	107	102	down 1.0%
LOS	6.2	6.6	7.0	down1.0%
CMI	2.04	2.04	2.09	down8.4%
Surgical Cases	853	853	859	up7.9%
Readmissions (30d)	12.7%	9.1%		

Year to date discharges are up 3.8% over 2011 and length of stay is down 0.1 days (6.5 vs 6.6) though the value for August was 7.0. Part of this was due to ALC patients as we had a very number of ALC days(554) such that LOS excluding ALC was 6.2. CMI continues to run 8% lower than 2010 though the value for August was the highest so far this year perhaps related to trauma season.. General Surgeries are up 8%.

VERBAL ORDERS

We are still awaiting clarification from JC on this issue.



August 5, 2011

Ms. Liz Zivis
Medical Records Department
Erie County Medical Center
462 Grider Street
Buffalo, NY 14215

Action Item: Follow up for Continuity of Care Study

Dear Ms. Zivis:

Independent Health has identified communication between a member's primary care physician and acute care facilities as essential to ensure quality of care to all our members. A discharge summary or procedure report should be sent to the primary care physician from the practitioner providing care in the acute care facilities.



In our efforts to ensure that this communication takes place, our staff conducted a study for a selected sample of patients admitted to your facility that were discharged to home. This review was performed in accordance with the quality assurance regulations of the New York State Department of Health, the Individual Practice Association of Western New York (IPA/WNY) Quality Assurance Plan, and the Participating Provider Agreement. Independent Health requested a copy of the discharge summary that was sent to the community primary care physician of record for a selected sample of Independent Health members that were admitted to your facility in 2010. The compliance rate for your facility was 94%.

Congratulations for the success your facility has achieved with communicating with your patient's primary care physicians. Thank you for your cooperation with the study.

Sincerely,

Kathleen Mylotte, M.D.
Associate Medical Director of
Quality and Disease Management

Medicare Launches Bundling Initiative To Encourage Coordinated Care.

The [Washington Times](#)   (8/31, Cunningham) reports, "In an effort to nudge the health care industry toward more cost cutting and efficiency, Medicare is testing a new way of reimbursing doctors, hospitals, therapists and other providers through bundled payments intended to prompt more coordinated care." Under

the plan, providers "will receive a lump payment for the various treatments given during an 'episode' of care, such as a heart bypass or hip replacement." During last week's announcement Health and Human Services Secretary Kathleen Sebelius explained, "The bundled payments initiative will encourage doctors, nurses and specialists to coordinate care." In response, "hospitals, which would collect the bundled payments and distribute them among the various providers, applauded the program," while "physicians...are more wary." <http://www.washingtontimes.com/news/2011/aug/30/medicare-testing-new-way-to-distribute-funds-to-pr/>

University at Buffalo
Office of Graduate Medical Education
Annual Plan Request for the Academic Year Ending June 30th, 2013

Department	PGY	TOTAL		Kaleida Health								ECMCC		Catholic Health						RPCI		VAWNYHS		NFMMC		OGH		WNY CPC / GRANT		POOL/GRANT					
		11 - 12 Approved	12 - 13 Request	Buffalo General		MF Gates		MF Suburban		WCHOB		Kaleida Total		11 - 12 Approved	12 - 13 Request	Mercy		Sisters		CHS Total		11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request
				11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request			11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request														
Infectious Disease	4 5	4.00	4.00									1.50	2.00											2.00	2.00									0.50	
Medical Oncology	0	10.00																				10.00													

University at Buffalo
Office of Graduate Medical Education
Annual Plan Request for the Academic Year Ending June 30th, 2013

Department	PGY	TOTAL		Kaleida Health								ECMCC		Catholic Health						RPCI		VAWNYHS		NFMCC		OGH		WNY CPC / GRANT		POOL/GRANT						
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				11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request			11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request															11 - 12 Approved
Pediatrics	1																																			
	2	49.00	49.00							48.00	15.00	48.00	15.00								1.00															
	3										14.00	-	14.00																							
	4										17.00	-	17.00																							
	5										2.00	-	2.00																							

University at Buffalo
Office of Graduate Medical Education
Annual Plan Request for the Academic Year Ending June 30th, 2013

Department	PGY	TOTAL		Kaleida Health								ECMCC		Catholic Health						RPCI		VAWNYHS		NFMMC		OGH		WNY CPC / GRANT		POOL/GRANT						
		11 - 12 Approved	12 - 13 Request	Buffalo General		MF Gates		MF Suburban		WCHOB		Kaleida Total		11 - 12 Approved	12 - 13 Request	Mercy		Sisters		CHS Total		11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	
				11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request			11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request	11 - 12 Approved	12 - 13 Request															11 - 12 Approved
Oral Maxillofacial Surgery	1																																			
	2	7.00	6.50										7.00	2.00																						
	3													0.50																						
	4													2.00																						
TOTAL		797.50	824.99	175.00	180.81	50.95	57.35	30.25	38.00	158.50	170.09	414.70	444.25	164.50	163.02	21.00	22.58	45.00	46.54	66.00	69.12	34.00	42.27	93.00	91.03	1.00	1.00	4.30	4.30	4.00	2.00	16.00	6.00			

TOTAL REQUESTED LINES	718.66											444.25		163.02							69.12		42.27											
CAP EXEMPT LINES	32.50											18.00		14.50							-		-											
TOTAL CAP LINES REQUESTED	686.16											426.25		148.52							69.12		42.27											
TOTAL "REIMBURSEABLE" LINES ANTICIPATED (97%)(FROM CAP POSITIONS)	665.58											413.46		144.07							67.05		41.00											
MEDICARE CAP	621.31											386.30		140.89							59.75		34.37											
TOTAL LINES REQUESTED OVER / (UNDER) CAP	44.27											27.16		3.18							7.30		6.63											

Surgery Research 3.00



Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHL, MD, ASSOCIATE MEDICAL DIRECTOR
SEPTEMBER 26, 2011

CLINICAL ISSUES

Transfer Center

We have initiated the transfer center for transfers from outlying hospitals and direct admits by ECMC physicians (1-866-961-6888). We will start marketing the transfer center information to outlying hospitals.

Throughput

We continue to have challenges in getting admissions out of the Emergency Department and CPEP during this busy summer season. Throughput has improved somewhat the later part of this month. A committee is looking at ways of expanding our MICU service and making it more efficient. We hope to cohort patients much better by service when the renal floor opens. We are working on reducing ALC patients in the hospital. A number of initiatives are being evaluated/ implemented to improve CPEP and psychiatric inpatient throughput: fast track, short form in CPEP, weekend discharges, EOB/ALC floor, use of extenders in psychiatry, reduction in LOS and work with outlying agencies to improve placement.

Pharmacy Issues

The pharmacy is happy to report that annualized activated factor VII usage has dropped by over \$100,000 per year. There have been some issues related to drug dosing as we go to a more electronic ordering/dispensing format. This will need to be considered as we go forward with CPOE.

Overhead Paging

We are working to make the hospital less noisy at night time. One initiative is to reduce overhead paging. Stroke team pages are only going overhead during daylight hours. We are working with the hospital operators on additional initiatives. Alarms and floor noise are also being addressed.

CLINICAL INFORMATICS

CPOE

The ED CPOE project continues in planning the phase with the startup in the near future.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the Sept 13th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.



Vice President of Human Resources

**Erie County Medical Center Corporation
Board of Directors
Human Resources Committee
September 13, 2011**

- I. CSEA – Parties’ fact finding briefs due mid-September.
- II. NYSNA Negotiations – NYSNA indicated that it is not yet demanding negotiations despite contract end date of 12/31/11.
- III. AFSCME
AFSCME Triage was held in July. Twelve (12) outstanding grievances pending arbitration were closed. Cost of Triage was under \$1,000 for settlements, excluding arbitrator’s fee.
- IV. Benefits
 - a. Our annual benefits fair will be held 10/6/11 at ECMC and 10/13 at the EC Home from 6:00 am to 4:00 pm at each location.
 - b. 2012 Open Enrollment begins Friday, October 14th – November 16th.
- V. Wellness Program
 - a. Heart Healthy for Life – one hour seminar on 9/14/11 from 12 noon to 1:00 pm
 - b. Fitness Camp II at Beaver Hollow – LMHF is sponsoring a 1-week fitness camp for a select number of members of the LMHF.
Registration at ECMCC is scheduled for 9/14/11
- VI. ECMC Nursing Turnover Report

August Hires – 5.5 FTES & 1 Per Diem: 2.5 in Med/Surg, 3 FTES in Critical Care & 1 Per Diem in Staffing Office.
61 FTES hired YTD (3 LPN FTES hired, all Med/Surg, 29 LPN FTES hired YTD).

August Losses – 9 FTES: 4 FTES in Med/Surg (1 FTE travel nsg, 1 FTE overwhelmed, 1 FTE relocation & 1 FTE returned to school), 3 FTES in Critical Care (1 FTE travel nsg, 1 FTE relocation) 1 FTE in ED (health problems) & 1 FTE in Behavioral Health (overwhelmed).
4.5 FTES lost YTD.

Turnover Rate 1.2%
Quit Rate 1.2%
Turnover Rate YTD 5.92% (4.71% without retirees) 5.07% 2010
Quit Rate YTD 4.93% (3.71% without retirees) 4.44% 2010

September Hires – 4.5 FTES: 1.5 FTES in Med/Surg, 2 FTES in Behavioral Health & 1 FTE in Critical Care.

65.5 FTES hired YTD. (2.5 LPN FTES hired, 1.5 FTES in Behavioral Health & 1 FTE in Med/Surg.
31.5 LPN FTES hired YTD.

VII. Hospital Turnover Report - August 2011
See attached.

VIII. Workers Compensation Report
See attached report.

IX. 2010 Annual Competencies
2,207 employees subject to annual competencies per hospital policy:

Adjusted Base # including SNF*		Adjusted Base # excluding SNF*	
2,114		2,018	
1,704 Hospital	80.6% filed	1,659 Hospital	82.2% filed
410 SNF	19.4% filed	359 SNF	17.4% filed

- *numbers exclude LWOP, No LWOP, Yes Probation & Yes Temporary
- Joint Commission on Hospital Accreditation requires 90% compliance.

X. New Employee Handbook
Copies are being printed and will be distributed to all employees with sign-off for receipt.

XI. Training
August 18th – Time Management Class held
August 24th - Effective Communication II held
September 14th – Communication I
September 15th – Professional Manner & Improved Customer Service
September 21st – Handling Customer Complaints
September 29th - Handling Customer Complaints

All workshops will be presented by Kim Jansen Willer, Program Coordinator for Palladian EAP.

XII. Erie County Home
•Staffing Plan for new facility has been established at 369 FTEs (excluding RN per diems). Preliminary meeting was held with NYSNA.
•Will be scheduling: "Dealing with Life Changes" seminars with Palladian EAP to help with transition to new facility.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

September 2011

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

Clinical Automation

Allscripts Ambulatory Electronic Health Record (EHR). The team continues to work with the Clevehill staff in effectively manage the workflow change and to address residual issues from the go live. The main challenge is streamlining provider documentation. Patient scheduling post go live is at approximately 80%. The department is planning to move toward 100% of patient scheduling by November. ECMC received \$100,000 from the New York State Department of Health – Heal NY Phase 10 for accomplishing a successful transition to the electronic medical record at the Clevehill Family Practice. The implementation team will continue to work with the practice to ensure a successful change in workflow and will also begin development on phase two of this initiative. The goals and objectives for the next phase includes the following, (1) Site development of Community Health Center Family Practice, (2) development of the Continuity of Care Record (CCR) interface between Meditech and Allscripts and order hold queue interface and (3) project completion of the Clevehill Family Practice Clinic.

Emergency Room Automation – Nursing Documentation. November 2, 2011 has been selected as the go live date for ED Automation Phase 1 Electronic Nursing Documentation. The Nursing and IT Departments are collaborating to develop a training, support and communication program ensure that staff is prepared for this transition. A meeting is scheduled for the week of September 26 to establish deliverable dates for the automation of the population of the patients' vital sign information into the Emergency Room electronic medical record.

Computerized Physician Order Entry. The team is dedicated toward ensuring that the organization provides a tool for the clinical community that not only provides a financial gain for the organization but improves operational efficiency and improves patient safety. A pharmacy consultant has performed a current state analysis of our physician order management system and overall program. The report provided an in-depth analysis and several recommendations to re-design the databases and improve physician adoption and roll out strategy. A plan is in development to operationalize the consultant's recommendations. We continue to re-design and streamline ordering process for radiology and laboratory medicine orders. In addition, ECMC has recently engaged an integration partner, Dr. First, to provide e-prescribing capabilities to the inpatient provider community. Dr. First will integrate directly with the main inpatient healthcare information system, Meditech. We are working with the vendor to develop a timeline and deliverable dates.

Outpatient Dialysis Electronic Medical Record and Billing Solution. The team has selected MIQS as the main electronic medical record for the dialysis outpatient ambulatory clinic. We are working with the vendor, finalized contract and overall project scope for implementation. In the process of developing core team for roll out.



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
October 4, 2011

Marketing

Plan developed for marketing of new Regional Center of Excellence in Transplantation and Kidney Care
New ECMC Re-branding “True Care” campaign on air with full media through October
Ribbon cutting for new MRI held

Planning and Business Development

Assisting with orthopedic floor initiatives and new pre-education surgery program started
Coordinating Accelero Orthopedic margin initiative, initiatives underway with \$900,000+ savings opportunity
Orthopedic and Bone Health Center progressing, physician planning sessions held to revisit plans
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings
Working with Professional Steering Committee and assisting all subcommittees
Managing CON processes
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Dr. Howard Sperry practice has over 00 patients and ancillary business had significant referrals

Media Report

- **Buffalo Business First; The Buffalo News; New York Nurse; SecurityInfoWatch.com; WKBW-TV, Channel 7; WNED-AM, Radio 970: More resources urged for Erie County Medical Center’s emergency psych unit.** Psychiatric nurses at ECMC and the hospital’s administration appeal to state officials for more resources that would help them relieve overcrowding at the hospital’s emergency psychiatric unit. Jody Lomeo quoted.
- **Niagara Gazette: Giving blood to bridge differences.** ECMC internist Dr. Nasir Khan, president of the area chapter of the Ahmadiyya Muslim community, led a blood drive in Niagara Falls as part of a national effort to save 10 times the numbers of lives that were lost on 09/11.
- **Buffalo Business First: Erie County Medical Center is planning a new transitional care unit, designed to address Medicare patients whose stay exceeds regular reimbursement schedules.** The unit would be designed as a less costly and reimbursable service, intended to reduce the number of days in the hospital for Medicare patients who remain in the hospital for longer than typically reimbursed stays. Richard Cleland quoted.
- **The Buffalo News: Psychiatric patient assaults ECMC nurse.** The medical center has experienced serious attacks against staff in the past in the emergency psychiatric unit, known at CPEP, and has taken steps to address the problem. Richard Cleland and Tom Quatroche quoted.
- **WGRZ-TV, Channel 2: Amherst teen nearly killed in accident leaves hospital.** Three months after being thrown from a car and ending up in the Erie Canal, 18 year old Amir Jassim walked out of ECMC unassisted.
- **WGRZ-TV, Channel 2: Barry Lillis shares his story of alcoholism and redemption.** 17 years ago, Barry became a minister and now every month he shares his story with patients with addictions at the detox unit at ECMC.
- **WIVB-TV, Channel 4: Dr. Howard Sperry, VIP Primary Care Physician: Lifestyle changes reduce diabetes risk.** “It affects so many different organs in your body, your eyes, your blood vessels, your heart, your kidneys.”
- **Buffalo Business First; WIVB-TV, Channel 4; WKBW-TV, Channel 7; Denver Business Journal: New MRI unit unveiled at Erie County Medical Center.** ECMC opened its new MRI center dedicated to the hospital’s former radiology chief, George J. Alker, Jr., MD and featuring a new 3-Tesla MRI scanner.

Community and Government Relations

Coordinated CEO meeting Delevan Grider Block Club

Coordinated CEO meeting with West Seneca Rotary

Helped Coordinate NYSNA press conference regarding mental health patients in WNY

Farmer's Market seeing good attendance



Executive Director, ECMC Lifeline Foundation

ECMC Lifeline Foundation Report
For ECMC Board of Directors
Submitted by Thomas Quatroche, Jr., Ph.D.
Interim Executive Director
October 4, 2011

Key Events

- WNY Runs for Heroes 5K Race & Health Walk
 - Save the Date **Saturday, October 15, 2011** at Parkside Lodge/Delaware Park
 - Robert Holliday, AT&T, Event Chair
 - Secured Sponsors to date - \$20,000
 - On-line registration site – Active.com
 - Live Entertainment provided by *Classified – Hot Brass, Cool Sounds*
 - Planning Committee meetings in process

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

- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes
Eric Mower to design internal communications plan

Employee Campaign

- ECMC Human Resources released to employees the Foundation's Pledge forms in conjunction with the United Way campaign. Special Prize Drawings for employee who donate \$100 and greater to begin Friday, October 14th

Other

- 2010 Audit has been reviewed by the Board for approval in September
- The Foundation Board has selected a new Executive Director. Susan Gonzalez will begin her role in early October
- ECMC Lifeline Foundation chosen as a beneficiary of Professional Firefighters Annual Golf Tournament scheduled for September 2011

NEW BUSINESS

**OLD
BUSINESS**



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
 MONDAY, AUGUST 22, 2011 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	R. Ferguson, MD	J. Woytash, MD, DDS
W. Belles, MD	W. Flynn, MD	
G. Bennett, MD	J. Izzo, MD	
A. Chauncey, PA	J. Kowalski, MD	
S. Cloud, DO	T. Loree, MD	
N. Dashkoff, MD	M. Manka, MD	
H. Davis, MD	K. Prantikoff, MD	
R. Desai, MD	F. Qureshi, MD	
T. DeZastro, MD	R. Schuder, MD	
N. Ebling, DO	P. Stegemann, MD	

Attendance (Non-Voting Members):

B. Glica, RN	R. Gerwitz	C. Gazda, RN
D. Jehle, MD	C. Ludlow	D. Ellis, MD
B. Murray, MD	M. Sammarco	
S. Ksiazek	A. Victor-Lazarus	
M. Barabas	M. Cain, MD	
L. Feidt	R. Krawiec	

Excused:

A. Arroyo, MD	C. Gogan, DDS	R. Venuto, MD
Y. Bakhai, MD	R. Hall, MD, DDS	
H. Davis, MD	K. Malik, MD	
S. Downing, MD	J. Reidy, MD	

Absent:

J. Lukan, MD		
R. Makdissi, MD		

I. CALL TO ORDER

A. Dr. Kowalski called the meeting to order at 11:40 a.m. noting a quorum present. Additional agenda items include:

- Consent Calendar –New Business:
 MOTION: Visitor Policy – Review and Approve
- New Business
 Physician Parking Lot – Timothy DeZastro, MD

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

A. The Seriously Delinquent Records report was included as part of Dr. Kowalski’s report.

III. UNIVERSITY REPORT – MICHAEL CAIN, MD

- B.** Dr. Cain reports that in addition to his role as Dean of the School of Medicine he has also been appointed Dean of Health Sciences as well bringing back together these two very important roles.
- C. LCME Citations** – The corrective action plan regarding citations received during the Eight-Year cycle survey last fall, have been submitted and received. They will be reviewed and advise of their acceptance.
- D. Chair Searches** – The top finalist for OB/GYN was here last week and an offer letter will be presented shortly. Near chair for Neurology should be appointed shortly.
- E. UB 2020** – Approval has been received from the State to rebuild new School of Medicine buildings replacing the outdated 60+ year buildings. Site selection is currently underway and an architectural plan will be determined next with a completion date of approximately 2016.

III. CEO/COO/CFO BRIEFING

- (1) **CEO REPORT - Jody Lomeo**
 - A. No report. Mr. Lomeo was unable to attend.
- (2) **PROJECT UPDATES – Mark Barabas, COO**
 - A. Many thanks to everyone who participated in the recent Lifeline Foundation golf tournament netting approximately \$114,000.
 - B. **Community Health Center** – The move date of the current tenant is November 4, 2011. Future plans for the site is underway with discussions with Family Medicine.
 - C. **Transplant Administrators** – Slate of candidates will begin interviewing today. Candidates come from areas across the U.S.
 - D. **Transplant Construction** – remodeling of the 10th floor is on target and the new building is also on course to be completed by January 2012.
 - E. **Volumes** – Census has been very high at 90%. Delays are being experienced in the ED and additional unit was open to accommodate the larger volume. Emergency Room Visits are up 9% with the remodeled/expansion helping accommodate the volume. Financial detail was reviewed. Acute LOS is 6.4 which is higher than desired.
 - F. **Great Lakes Health Primary Care Task Force** – Mr. Barabas reported on progress of this committee and the models they are looking at. It is expected that the model will likely be payer driven. Discussion ensued regarding the primary care model.

(3) **FINANCIAL REPORT – Mr. Sammarco, CFO**

- A. **Financial Report** – In addition to information already provided, inpatient surgeries increased dramatically last month. Volumes are back to last year's level though case mix index is still down partly due to the weight change Medicaid implemented in December. Hospital finished \$1 million ahead in July and the home lost about \$600,000. Year to date, Mr. Sammarco reports an operating deficit of about \$7 million. Continuing to look at reduction in labor and expense costs.
- B. **Bond Funds** – The bond fund is now closed and funds are now available with a very favorable interest rate of 3.5% over 15 years resulting in a savings of about \$120 million over the life of the loan.

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

UNIVERSITY AFFAIRS

AFFILIATION AGREEMENT

The University has learned from the Office of the State Comptroller that the renewal provisions of the new UB Affiliation Agreement are not acceptable even though those provisions are the exact same as those contained in the previous affiliation agreement. The old provisions allowed for the affiliation agreement to automatically renew for successive one-year terms after the initial five-year term, unless one or more parties served notice of non-renewal.

We have negotiated with Kaleida and UB to reach a new agreement concerning renewal. The new language provides for an initial five year term and one five-year renewal term, provided that all parties agree to renew at least 12 months before the agreement expires. In other words, renewal will not be automatic. The OSC will have to approve of the renewal.

ACGME SITE VISITS

The Graduate Medical Education committee was updated on potential changes/requirements that will pertain to ACGME site visits beginning in 2012. New areas of focus will include:

- a) resident involvement in patient safety and quality improvement programs
- b) whether clinical care assignments exceed resident's ability to provide appropriate and quality care
- c) how clinical assignments are designed to minimize transitions of care

d) how the program evaluates the resident's ability to "determine progressive authority and responsibility, conditional independence and a supervisory role in patient care and how does that differ by year of training".

PROFESSIONAL STEERING COMMITTEE

The Professional Steering Committee did not meet this month. The next scheduled meeting will be in September as the group is meeting every 3 months.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	May	June	July
Discharges	925	939	920
Observation	129	113	107
LOS	6.4	6.2	6.6
CMI	2.06	2.04	2.04
Surgical Cases	850	853	853
Readmissions (30d)	14.3%	12.7%	

Year to date discharges are up 3.1% over 2011 and length of stay is up 0.1 days (6.4 to 6.5). CMI continues to run 9% lower than 2010. General Surgeries are up 8%.

LAB JCAHO INSPECTION

The Joint Commission recently conducted an inspection of the Department of Laboratory Medicine. The visit went very well with only a few minor indirect findings. Indeed the inspector commented that it was one of the best run laboratories she had inspected.

CMS RECERTIFICATION

All providers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information, but only after receiving notification from their MAC. Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms. **Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges.** An attachment with more detail was provided.

VERBAL ORDERS

A recent circular from the VHA indicated that as of January 2012, cross covering physicians will no longer be able to countersign verbal orders on patients and that ordering physicians will have to sign all of their own orders . However the Joint Commission regulations state that effective January 26th 2012 verbal orders must be countersigned within 48 hours by the ordering practitioner or another practitioner who is responsible for the care of that patient and is authorized to countersign through hospital policy. We are seeking clarification from JC on this issue.

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

CLINICAL ISSUES

Transfer Center

We have initiated the transfer center for transfers from outlying hospitals and direct admits by ECMC physicians (1-866-961-6888). The Med E service will be directly involved in the acceptance of medical patients from outlying hospitals and they will have varying levels of involvement for the surgical/surgical subspecialty patients. It is our goal to say yes to calls that come into the transfer line. If we don't immediately have a bed available for an appropriate transfer, the response by the physician or PA/NP on the line should be yes we will accept the patient and we will call you when we have a bed available. We appreciate the innovative work that nursing has done (i.e. accept surgical patients to the PACU) to make this process work.

Throughput

We continue to have challenges in getting admissions out of the Emergency Department during this busy summer season with ED admissions up 6.2% and acute discharges up 6.9%.

Clinical Documentation Initiative

The physician response rate remained high at 92% this past month with a physician agreement rate of 97%.

Sliding Scale Insulin Protocol

The pharmacy is working with physicians and nursing to generate a sliding scale insulin order set that is similar across the major teaching hospitals. This should soon be available for review.

CLINICAL INFORMATICS

CPOE

The ED CPOE project continues in planning the phase with the startup in the near future.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the August 9th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

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

- A. **BYLAWS REVISIONS** – Revisions will be prepared and presented next month for approval. Some regulatory requirements will be applied through the revisions and the Collegial Intervention will be revised working with the Kaleida format.
- B. **UPGRADED SOFTWARE** – The Medical Dental staff attended a week-long training on the new software and now beginning implementation.
- C. **CRIMSON** – New efforts are being applied to this tool and improved data with effective reports is being devised.
- D. **DENTAL FORM PRIVILEGE CHANGE** – Ms. Ksiazek advised that the form is being approved with a small change as noted – “Some general dentistry training programs” rather than as presented on page 38 of the MEC book.
- E. **RETIREMENT** – Dr. Robert Whitney has retired from his position and the MEC congratulates him on his many years of service.
- F. **MEDICAL STAFF MEETING** – October 19, 2011

VII. LIFELINE FOUNDATION – Thomas Quatroche

- A. **GOLF OUTING – August 15, 2011**, was exceedingly successful raising \$114,000 in support of hospital programs.

VIII. CONSENT CALENDAR

	ITEMS PRESENTED	DISPOSITION
A.	MINUTES OF THE Previous MEC Meeting: July 25, 2011	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of August 2, 2011	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
	- Dentistry Privilege Form	Reviewed and Approved with noted change.
C.	HIM Committee – Minutes of Meeting July 28, 2011	Received and Filed
	1. Initial Hepatitis C Evaluation	Reviewed and Approved
	2. Hepatitis C Monitoring	Reviewed and Approved
	3. Comfort Measures Only Order Set	Reviewed and Approved
	4. Withdrawal of Life Support and Compassionate Extubation Order Set	Reviewed and Approved
	5. Funeral/Burial Arrangements Form	Reviewed and Approved
D.	P & T COMMITTEE – Minutes of Meeting August 3, 2011	Reviewed and Approved
	1. PrimaSol® renal electrolyte replacement solution –add to Formulary	Reviewed and Approved
	2. Rifaximin 550 mg – add to Formulary	Reviewed and Approved
	3. Rifaximin 200 mg, when the supply is depleted, delete from the Formulary	Reviewed and Approved
	4. Rescind the statement that 3 x 200 mg of rifaximin is therapeutically equivalent to 550 mg – approve	Reviewed and Approved
	5. Codeine 15 mg – delete from the Formulary	Reviewed and Approved
	6. Alendronate (Fosfomax®) 5 mg, 35 mg, 70 mg – delete from Formulary	Reviewed and Approved
	7. Risedronate (Actonel®) 35 mg – delete from Formulary	Reviewed and Approved
	8. Etidronate (Didronel®) 200 mg, 400 mg – keep on the Formulary	Reviewed and Approved
	9. Subcutaneous Insulin Order Set be made mandatory – approve	Reviewed and Approved

- A. EXTRACTION:** Department of Dentistry Privilege Form – Page 2 of 7 – change cognitive core group privileges correction to sentence starting procedural level 2...replace “some prosthodontic training programs” with **“some general dentistry training programs”**.

MOTION: Approve all items presented in the consent calendar for review and approval with noted change on credentials committee item.

MOTION UNANIMOUSLY APPROVED.

- B. MOTION: VISITOR POLICY** – Policy was reviewed and motion to accept policy was made.

MOTION UNANIMOUSLY APPROVED.

IX. OLD BUSINESS

NONE

X. NEW BUSINESS

- A. PHYSICIAN PARKING LOT** – Dr. DeZastro raised concerns regarding continued construction issues limiting the number of available spaces causing

continual access problems for physicians. It was suggested to allow physicians to use the rear of the visitor lot when this is necessary. Mr. Barabas will take this under advisement and devise an appropriate plan.

XI. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:40 p.m.

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**

BuffaloNews.com

HEALTH CARE

More resources urged for ECMC emergency psych unit

By **Harold McNeil**

Published: September 21, 2011, 12:00 AM

1 Comment

[Tweet](#)

Updated: September 21, 2011, 6:53 AM

Psychiatric nurses at Erie County Medical Center and the hospital's administration Tuesday appealed to state officials for more resources that would help them relieve overcrowding at the medical center's emergency psychiatric unit.

Overcrowding, they said, was a contributing factor in an incident last week in which psychiatric nurse Mark Privatera suffered a broken jaw after being punched by a mentally ill patient in crisis.

During a news conference Tuesday at the medical center, Gaen Hooley, a New York State Nurses Association union representative for nurses at the hospital, said there were no open beds in the psychiatry unit when Privatera was injured.

"It wasn't a lack of adequate staffing, it was the overcrowding in the department. We had 16 patients waiting to be admitted, and another 15 to 20 patients coming through the system for evaluation," Hooley said, following the news conference.

"So, you have a very small area that's not designed to do that, and we couldn't move those patients. The hospital could not admit them. There were no empty beds upstairs. The hospital has made a request to a modified plan of care, if you will, to provide an observation unit in a larger space in the hospital," she added.

The overcrowding in the hospital's psychiatric unit, Hooley said, is symptomatic of a mental health crisis in the broader community, which is manifested by insufficient housing for non-acute patients, as well as insufficient treatment programs, support groups and advocacy for the mentally ill. All of it is exacerbated by insufficient funding, according to Hooley.

"However, being ill does not give anyone the right to harm another. So while I make a case for better resources throughout our community, we still need to focus on how the care is delivered within ECMC," said Hooley.

To that end, Jody Lomeo, the medical center's chief operating executive, and Dr. Joseph Kowalski, president of the medical/dental staff at ECMC, Tuesday both pledged their solidarity with the nurses and other medical staff.

"This is not a [nurse's union] issue. This is not an ECMC issue. It's an 'us' issue, and we need the community and public officials to be there for us," Lomeo said.

Assemblywoman Crystal Peoples-Stokes, D-Bufferlo, said she and other state lawmakers in Albany have been fighting against budget cuts that effect public programs, like mental health services.

"Of course, if you cut \$137 million out of [the] Mental Health Services [budget], it's going to have an impact somewhere . . . and it's going to hurt somebody. Apparently, it's hurting even more than the patients who need the services. Now it's hurting the people who are trying to help them," said Peoples-Stokes.

She urged the ECMC staff to let Albany know how the cuts have hurt first-line mental health providers and to be conscious of what is being advocated at election time.

"There are a lot of people in our state — most of them, quite frankly, are downstate — who have received significant reductions in their income taxes because of tax cuts at the federal . . . and state level. A lot of us support that. We vote for that. We want the people to have tax cuts, but when tax cuts happen, services get cut," Stokes added.

hmcneil@buffnews.com

Comments

SORT: NEWEST FIRST | OLDEST FIRST

Must really suck to see \$100 Million in construction going on right outside your back door and have your budget cut.....You don't need more of OUR money, you need to spend the money you already get more wisely!

WARREN WILKES, AKRON, NY on Thu Sep 22, 2011 at 06:06 AM

FLAG AS INAPPROPRIATE

Add your comment



We Remember

Giving blood to bridge differences

SATURDAY: American Muslims hold blood drives to save 10 times the number of lives lost on 9/11.

BY KEN HAMILTON
kenh@niagara-gazette.com

Like most Americans, Dr. Nasir Khan was busy at work 10 years ago when television stations began broadcasting video of planes crashing into the World Trade Center.

Khan, a Pakistan-born American and an internist with the Erie County Medical Center, still remembers the horror he felt. "With the reports of the planes crashing in New York City, Pennsylvania and Washington," he said, "I thought that was the end of the world."

Like most Americans, Khan has been recycling those images since the day they occurred 10 years ago. Unlike most, he lives daily with the repercussions of the fear and hatred the attacks created.

Because he is a doctor he believes he hasn't suffered the fearful or distrustful looks as often as others American Muslim might.



CONTRIBUTED PHOTO

SAVING LIVES: Dr. Nasir Khan holds a blood product in front of the ECMC Blood Bank. Khan, president of the area chapter of the Ahmadiyya Muslim community is leading a blood drive in Niagara Falls on Saturday as part of a national effort by American Muslims to save 10 times the number of lives that were lost on 9/11.

"My personal experience has been reasonably good, except for a couple of occasions when I was in a mall shortly after 9/11. But, generally speaking there is an element of some apprehension

from Americans who don't know you."

Part of his life since then has been devoted to bridging the differences between people of all faiths. Khan is the president of the Buffalo

chapter of the Ahmadiyya Muslim Community, which last October bought a vacant church in Niagara Falls. The community, with about 90 members largely from Amherst and Niagara Falls

has held about twenty conferences in the last five years, where religious leaders have shared conversations about matters of faith. The conferences have been held at the Millennium Hotel in Cheektowaga, but his community hopes to hold some of those conferences in their mosque on Colvin Boulevard.

In addition, on Saturday, Khan and his fellow mosque members will join in the 71-chapter, nationwide campaign of "Muslims for Life" in a Red Cross-assisted blood drive to collect 10,000 bags of blood, which can help an estimated 30,000 people, Khan said.

"Our target is to save 10 times more than the number of people who were unfortunately killed (on 9/11)," he added.

Khan hopes other religious groups will join the drive, or even provide space for a blood donation site on Saturday.

The drive will take place from 10 a.m. to 3 p.m. Saturday at Khan's mosque, Masjid Mahdi, 9630 Colvin Blvd., in the Falls. Donors are requested to register via e-mail buffido@ahmadiyya.us or by calling 371-9872.

Terror alert raised

HOMELAND SECURITY: Officials chase unconfirmed al-Qaida bomb plot.

THE ASSOCIATED PRESS

WASHINGTON — U.S. officials said Thursday they were investigating a detailed al-Qaida car bomb plot aimed at bridges or tunnels in New York City or Washington to coincide with the 10th anniversary of the Sept. 11 attacks, the first tip of an "active plot" targeting that date.

The Homeland Security Department said the threat is credible and specific, but unconfirmed. The nation's terror alert level has not changed, but it was under consideration Thursday night.

Security has been enhanced around the country in the weeks leading up to the 10th anniversary. Law enforcement officials have been wary, particularly after information gleaned from Osama bin Laden's compound in May indicated that al-Qaida had considered attacking the U.S. on the anniversary and other important dates.



DAN CAPPELLAZZO/STAFF PHOTOGRAPHER

9/11 RELIC: Gay Molnar looks over a section of a turbine Thursday from one of the jet engines involved in the 9/11 attacks that's on display at the Conference Center Niagara Falls.

EXHIBIT ...

CONFERENCE CENTER NIAGARA FALLS

Remembers exhibit at the Falls conference center: It's one of 39 exhibits, sponsored by the New York State Museum, that had been set up across the state to commemorate the 10th anniversary of the attacks on the World Trade Center and the Pentagon.

The exhibit will open to the public on Sunday.

It is a stark reminder of that day. There is a large driveshaft from one of the engines on one of the jetliners that crashed into the towers. A piece of the aluminum skin that covered the towers also hangs in the exhibit.

There are smaller items as well. A piece of glass from one of the windows in the towers, a small piece of one of the planes and the head of an axe carried that day by a New York City firefighter.

On one wall, there are timelines that show what happened that day. There's also a map showing the flight paths of the four hijacked planes, pictures of other terrorist attacks that targeted America and eerie images that show hijacker Mohamed Atta going through an airport security checkpoint that day and United Airlines Flight 77 slamming into a wall of the Pentagon.

Adams said New Yorkers have "a duty to never forget" what happened.

"Sept. 11 was as much an attack on our principles as it was on our people," Adams said. "That valor that heroism (that first responders) showed that day, in the face of such horror and danger, that is the cornerstone of America's spirit."

Still, Adams appeared to be haunted by some of the images of that day. After making sure his employees had gotten to their homes, he said he went to his then young daughter's school, to pick her up.

"When I got there, it was just her and another child still in the (class) room," he said. "I took one look at the teacher and I could see in her eyes (why) the other child was still there. It was awful."

The exhibit will be on display until the end of September. Falls Mayor Paul Dyster said the city is proud to host it.

"We are honored to connect our city and the millions of visitors who come here to the events of 9/11," Dyster said. "It's important that these events are never forgotten."

Joining Dyster was Falls Fire Department Capt. John Askler, Askler and NFFD Capt. Dave Williams were training in New York City on 9/11. He said it was clear when he arrived at ground zero the price that New York City firefighters had paid.

"The force of the collapse of the twin towers spared no one," Askler said. "We must not forget those who died and those who answered the call."

Contact reporter Rick Pfeiffer at 382-2311, ext. 2252.



DAN CAPPELLAZZO/STAFF PHOTOGRAPHER

PATRIOTIC: Niagara Falls high school students place mini American flags in the flag circle in front of the school as they prepare for this morning's 9/11 ceremony.

STUDENTS ...

NIAGARA FALLS HIGH SCHOOL

Catholic high schools who protected, and still do, our freedoms by becoming members of our nation's military. Especially those that made the ultimate sacrifice: Sgt. Steven Ganczewski, U.S. Army, Niagara Falls High School; Cpl. Lorne Henry, U.S. Army, Niagara Falls High School; SSG Aram Bass, U.S. Marine Corp and U.S. Army, Niagara Catholic High School and Lt. Col. Terrence Crowe, U.S. Army, Niagara

Catholic High School. More than a dozen agencies and organizations will participate in the ceremony with a display of first responder vehicles, the Niagara Falls Fire Department segment of the World Trade Center and 2,977 American flags. The flags represent all the victims of the World Trade Center, the Pentagon and Shanksville, Pa.

The Patriot Guard Riders will form a Flag Line of Honor to commence the ceremonies followed by Niagara Falls High School students conducting various components of the program.

NFHS 9/11 Commemorative Ceremony

Displays

- First responder vehicles
- Niagara Falls Fire Department's segment of the World Trade Center
- 2,977 American flags representing the lives lost on 9/11/2001

Order of events

- Mistress of ceremonies: NFHS senior Anmol Barmah
- Flag Line of Honor: Patriot Guard Riders
- Pledge of Allegiance — Kyle Woods, NFHS sophomore
- National Anthem — NFHS senior Victoria Sparbauer
- Guest Recognition — NFHS senior Fiza Batool
- Special Recognition of the Ganczewski and Henry Families (Niagara Falls HS)
- Special Recognition of the Bass and Crowe Families (Niagara Catholic HS)
- Remarks: Captain John Askler, NF Fire Department, NFHS Graduates, United States Air Force
- Keynote Speaker: Anmol Barmah
- Flag Ceremony — 9:59 a.m. — (South Tower fall)
- Flyover
- Raising of the Flag of Honor: NFD/NFFD Honor Guard
- Taped: Matt Potlter: NFHS Senior
- Moment of Silence
- Las Greenwood's God Bless the USA
- NFHS Jazz Chorus

9/11 EVENTS

Some events taking place in the Niagara region in remembrance of 9/11 include:

- Friday**
 - 9/11 "Standing Tall" Sculpture — A 7-foot steel memorial to the fallen heroes of 9/11 will be unveiled Saturday at the opening of the Thunder of Niagara Air Show at the Niagara Falls Air Reserve Base. The stainless steel memorial, created by Steve Gray from Art of Buffalo, features the names of every victim of the terrorist attack engraved in the base of the structure and three steel pillars meant to evoke the towers themselves as well as the date of the attack. The memorial will be available for viewing throughout both

Saturday and Sunday during the air show before going on tour to several military bases throughout the country.

- Volunteers delivering baskets to first responders
- First responders throughout Niagara County will receive baskets filled with cookies and other goodies from volunteers in the RSNP program of the Health Association of Niagara County Inc. The baskets, thank you's to the first responders in honor of the victims of 9/11, are being delivered by the volunteers during the day today.

Sunday

- Lewiston remembers victims, honors first responders — A service remembering the victims

of the attacks, as well as the countless first responders who gave their time and lives, will begin their time and lives, will begin at 8:30 a.m. Sunday at Lewiston Fire Company No. 1, 148 N. 8th St., Lewiston. Those wishing to attend should arrive at the fire hall by 8:20 a.m. A small reception will follow the service at St. Paul's Episcopal Church, 400 Ridge St., Lewiston.

- Event at the 2011 Thunder of Niagara air show — Procession, "A 10 Year Remembrance of the Attacks on 9/11," Commemorating police, fire, and U.S. Military that answered the call.
- Events at Niagara University — An ROTC flag raising, will also place at 8:30

a.m. in front of St. Vincent's Hall. At 10:45 a.m., the Rev. Bruce Krause, C.M., Niagara University chaplain, will hold an outdoor prayer service at the Peace Park in the Alumni Hall Courtyard. Niagara minutes later, Fr. Krause will offer a Memorial Mass in NU's Alumni Chapel. Evening going-on commence with a Niagara University Student Government Association-presented tribute outside of the Caesalbert Art Museum. From there, a candlelight procession will take place, leading participants from the museum to the statue of St. Vincent at the center of campus, and then to the Chapel for Mass at 10 a.m. At each stop of the procession, a prayer, song, or words of hope will be offered by students. Candles will be provided. A courtyard reception will follow Mass. Beginning Friday at noon, students and other members of the university community are invited to sign a tribute book that will reflect the names of those directly affected by the tragedy. The tribute book will be carried during the candlelight procession and later placed next to a shrine in NU's Alumni Chapel.

Signaling

- Niagara County Historical Center special exhibit — The Niagara County History Center

is offering a new exhibit that pays tribute to all who were and continue to be affected by the tragic events in New York City and Washington, D.C. The centerpiece is an attic window quilt made by Ulrike Hunter of Lockport. The quilt, titled, "Windows of Western New York," contains 54 photos including one of each of the sites that were hit by the terrorist attacks. The quilt can be viewed from 9 a.m. to 5 p.m., Monday through Saturday in the History Center, 215 Niagara Street, Niagara Falls.

- Sept. 11 display at Conference Center Niagara Falls — Exhibit opens Sunday and runs through September. (See centerpiece on 1A for more information.)

From the **Business First**:

http://www.bizjournals.com/buffalo/blog/morning_roundup/2011/09/transitional-care-next-for-ecmc.html

Transitional care next for ECMC

Date: Friday, September 9, 2011, 6:10am EDT



Tracey Drury

Buffalo Business First Reporter - *Business First*

Email

Erie County Medical Center is planning a new transitional care unit, designed to address Medicare patients whose stay exceeds regular reimbursement schedules.

The Transitional Care Unit Demonstration Project, which could become operational by June 2012, has received a tentative approval from the state Department of Health.

According to ECMC, the unit would be designed as a less costly and reimbursable service, intended to reduce the number of days in the hospital for Medicare patients who remain in the hospital for longer than typically reimbursed stays. Patients appropriate for the unit might be medically stable with clear prognoses, but who are still ill; those with complex conditions and/or requiring costly care; or patients who would be discharged to home within a few days.

Hospital officials released a statement, calling the unit the first of its kind in Western New York, saying the unit would create better care for the unique patient group and also reimburse ECMC more appropriately.

"The fact that the Department of Health is referring to this initiative as a 'demonstration project' indicates to us that New York State's Division of Health Facility Planning sees the validity in our proposal and that establishing a Transitional Care Unit could set a more appropriate standard for care of this patient population across the state," said **Richard Cleland**, senior vice president of operations.

ECMC says the program would bring in approximately \$2.6 million in new Medicare dollars, or \$1.6 million after expenses — through payments for services that have been provided but unpaid.

The hospital has an average of 24 beds occupied on a typical day by patients for whom Medicare does not reimburse. According to the hospital, these types of patients could be discharged sooner, typically to a skilled nursing facility, where Medicare would pay for an extended stay. But the region doesn't have enough of these types of beds. A TCU would help meet some of that need, while freeing up medical-surgical beds in the facility for

patients who require that type of care.

Final approval of the TCU is contingent upon final review of construction documents and inspection by the state Department of Health.

Covers health/medical, nonprofits and insurance

BuffaloNews.com

Psychiatric patient assaults ECMC nurse

By **Henry L. Davis**

Published: September 11, 2011, 12:00 AM

0 Comments

Tweet

Updated: September 11, 2011, 8:56 AM

A nurse suffered serious facial injuries earlier this week when he was punched by a patient at Erie County Medical Center's emergency psychiatric unit.

A colleague reported that the incident was one of two recent acts of violence against nurses in the Comprehensive Psychiatric Emergency Program, which experienced similar problems about a year ago.

The latest assault comes at a time of increasing concern nationwide over violence against nurses, including greater efforts to document and prevent the problem.

"Psychiatric nursing is a hard field, but you shouldn't have to go to work in fear of your life," said a nurse in ECMC's unit who asked that his name not be published.

He said the attack Tuesday resulted in the nurse requiring surgery for a broken jaw and followed an incident the week before in which a different patient violently kicked another nurse.

"It's been like a war zone," he said.

The medical center has experienced serious attacks against staff in the past in the emergency psychiatric unit, known as CPEP, and has taken steps to address the problem, officials said.

These steps include: contracting with a national firm, Horizon Health, a subsidiary of Psychiatric Solutions Inc., to manage the hospital's behavioral health programs; training staff in calming strategies and medication protocols for difficult patients; and diverting ambulances to other hospitals when the psychiatric unit is backed up.

That's an unusual action for the unit, one of about 18 state-licensed CPEPs. The medical center CPEP serves the region and is supposed to be open 24 hours a day, 365 days a year.

CPEP services include psychiatric assessment, crisis intervention and acute treatment, as well as referral to mental health and substance abuse programs in the community.

The ECMC unit projects it will receive about 9,100 visits this year, up from about 7,200 visits in 2008 and the highest volume in the state, in an outdated space of about 4,600 square feet, said Richard Cleland, the medical center's senior vice president of operations.

"Our volume has increased because more people are without health insurance and without medication. There aren't as many community and follow-up services that we can refer patients to because of cuts in mental health," he said.

"That tells me we have a crisis in mental health in this community. This is probably not going to get better, and we are going to have to find ways to adapt," he said.

Statistics and other data about violence against nurses are scarce, so it's difficult to say how prevalent it is and whether incidents — or the reporting of incidents — are on the rise.

According to the Bureau of Labor Statistics, for instance, 46 percent of all nonfatal assaults and violent acts requiring days away from work were committed against registered nurses. The most recent statistics from an ongoing survey of about 3,000 nurses by the Emergency Nurses Association found that 11 percent of respondents indicated they had experienced physical violence in the previous seven days, including being hit, grabbed or spit on.

Meanwhile, the federal Substance Abuse and Mental Health Services Administration reports that visits to emergency rooms for drug-and alcohol-related incidents grew from 1.6 million in 2005 to more than 2 million in 2009.

"Emergency rooms and psychiatric settings, partly because of the patients they see, are environments that pose a risk to the staff. There will always be some level of incidents that can't be predicted or controlled," said Carol Brewer, a professor of nursing in the University at Buffalo School of Nursing, who has studied workplace issues.

"The question is, what is the normal level? It's difficult to say and will be different at different facilities," she said.

Attempts to contact the New York State Nurses Association, which represents nurses at ECMC, were unsuccessful.

Brewer said it's likely that increased numbers of uninsured patients and cuts in mental health services, particularly the deinstitutionalization of mental patients, have forced patients with behavioral problems to use emergency departments.

Nurses may also be more aware of the problem and less reluctant to report incidents.

"There is a growing feeling in the profession that you don't have to accept violence or just let it go and not report it," Brewer said.

Greater advocacy from nursing organizations led the state last year to pass the Violence Against Nurses law, making it a felony to physically attack a registered nurse or licensed practical nurse on duty.

Several years ago, ECMC unsuccessfully sought a \$10 million grant and state approval to

expand its CPEP to 16,000 square feet. Now, the hospital is seeking a waiver from state rules to relocate the unit's observational beds to the fourth floor of the hospital. "This would open up more space and allow us to integrate therapeutics at a higher level," said Cleland.

Thomas J. Quatroche Jr., the medical center's senior vice president of marketing and planning, said that efforts to reorganize the CPEP will help improve the service and that the hospital needs either higher reimbursement or financial help with capital expenses to expand the CPEP to accommodate the increased traffic.

Quatroche declined to offer additional details on the most recent assault, saying only that the patient was arrested.

hdavis@buffnews.com

Comments

There are no comments on this story.

Add your comment



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Amherst Teen Nearly Killed In Accident Leaves Hospital

5:42 PM, Sep 10, 2011 | [comments](#)

Written by
Patrick Moussignac

FILED UNDER
COMMUNITIES
Amherst

Buffalo, NY - Three months after being thrown from a car and ending up in the Erie Canal, 18 year old Amir Jassim of Amherst finally walked out of ECMC Friday morning.

One of the first things Jassim said as he walked out of the hospital was that he was in a rush to get home to finally play his guitar once again.

On May 29th Jassim arrived at the hospital on a stretcher. To show just how far he's come, he pushed his own wheel chair out the hospital doors.

Jassim was a passenger in a car that crashed into several trees on Creekside Drive in Tonawanda. He was ejected from the rear seat and landed face first in the Erie Canal. He was found several minutes after the initial impact. The critically injured

teen fell into a deep coma. He tells Channel 2 News he has no memory of the accident that almost claimed his life. Now its all about rebuilding his life and spending quality time with family and friends.

"I feel good," said Jassim. "I feel like I have a life finally."

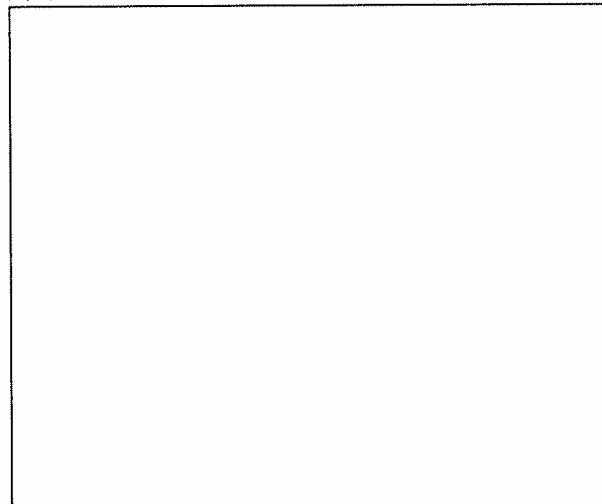
His older brother "AJ" says his brother recovery is nothing short than a miracle.


"We've been waiting for this for a long time. The family is very excited. Everybody is happy. We're throwing a welcome home party for him. All his friends, his family, everybody is waiting for him. We're all thrilled," said the older Jassim.

As Jassim continues to recover from the crash he will soon begin home schooling in an effort to catch up with his senior classmates at Sweet Home High School.

The driver of the car was later identified as Ryan Hakes. He was arrested and charged

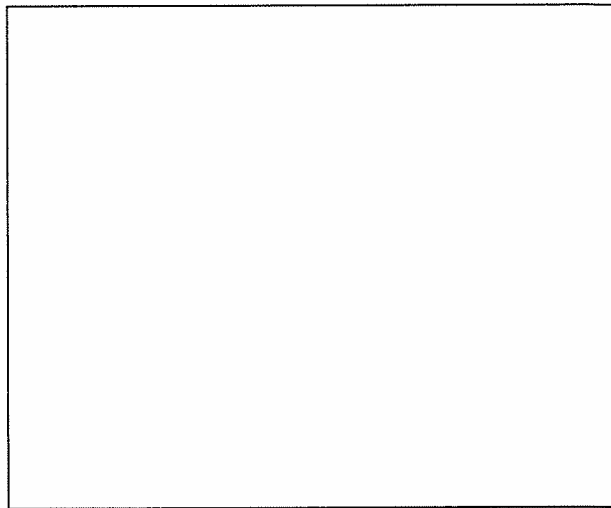
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with vehicular assault, unlawful possession of marijuana and driving under the influence.

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Barry Lillis Shares His Story of Alcoholism and Redemption

8:23 PM, Sep 7, 2011 | [comments](#)

Written by
Scott Brown

FILED UNDER
COMMUNITIES
Downtown

BUFFALO, NY - Someone many of us know in Western New York is baring his soul in the hope of helping others.

For parts of three decades, Barry Lillis was the weatherman here at Channel 2.

For those who saw Barry on the air, he almost always brought a smile to our faces with his fun, infectious personality.

But off the air, Barry was living another life - for years Barry was an alcoholic.

His drinking cost him marriages, jobs, his health, and nearly his life.

17 years ago, Barry became a minister, and now every month he shares his story with patients with addictions at the detox unit at ECMC.

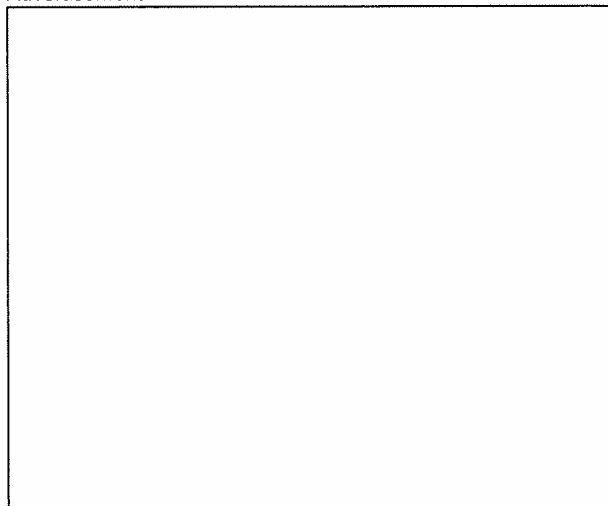
"My name is Father Barry and I'm an alcoholic all right! Not to long ago I turned 75 years old and I said to myself I had a story that goes back a lot of years that was pretty much kept secret and the reason was it was very embarrassing, very humiliating," Barry said to patients at the hospital.

Barry's drinking began when he was 17 years old and joined the Army during the Korean War. He was stationed in Germany.

"I got into the beer and I really liked it. I liked not only the taste, I liked what it did for me. It made me heroic, it made me a tough guy. It gave me what they call beer muscles and bottle courage."

"Now, I'm a short guy, but it made me six foot four. It made me Jimmy Cagney, you see what I'm saying, I could go in and be the roughest, toughest guy in town. and I liked that because without it I was just not much. So I liked it. I couldn't wait to get off the base, or in the enlisted men's club to drink. Anytime, every time."

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Barry's drinking became such a problem that he was constantly being disciplined and demoted.

He was transferred back to the states, and that's when his drinking problem became even worse.

"I go over into the city one day on pass and I wake up and I'm dirty and I'm a day late (after blacking out) so I figure what I should do is go back tomorrow - I was one day late, I might as well be two, it's going to be the same punishment.

"Might as well be ten, twenty, six months, I am gone. Gone AWOL for six months, I am a fugitive. People are looking for me. I am homeless, I am on Skid Row in the Bowery in New York City where all the sad, broken people of the world live. I was drunken bum, a Skid Row bum -dirty, smelly, stained clothes, maybe urine in the front of my pants."

Scott Brown: "At any point do you stop and say look where I am, look what's happened to me?"

Barry Lillis: "No. You have no desire to think in those terms, your only desire is where am I going to get a drink?"

Barry says the Army eventually tracked him down and he spent three months doing hard labor in a military prison.

"They gave me a yellow piece of paper and it said bad conduct discharge.

Barry came back home and after a few

years decided he wanted to pursue one of his dreams: to get into broadcasting.

He got his first job at WGGO radio in Salamanca.

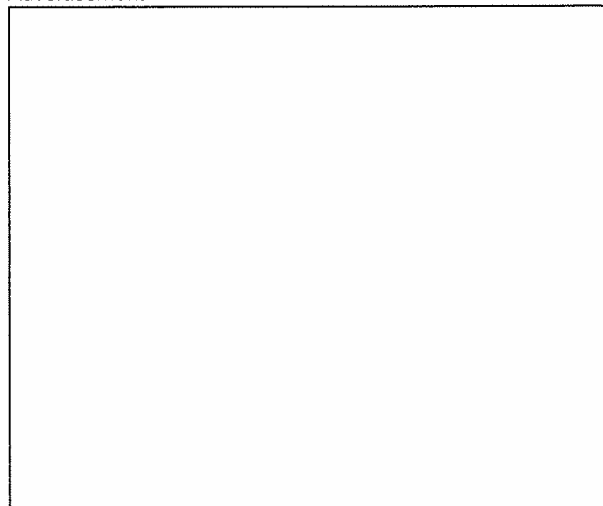
Barry Lillis: "I was thrilled, I thought I was major league and I stopped drinking for eight years, but the difference was I was not sober, I was abstaining. Big difference- sobriety is a way of life, an attitude, abstaining is just stop drinking, it's only a component of sobriety.


"I'm abstaining, eight years in the radio and TV business and I say I think I'll go have a drink and I did."

And that began a period of 15 lost years in Barry's life- lost jobs, lost marriages and a time where he nearly lost his life.

Barry came to Channel 2 in the mid 1970s and it was Barry who helped us survive the Blizzard of '77, and it was Barry who brought a smile to our faces- at one point he was one of the most popular and well

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known people in Western New York.

But Barry not only brought his public personality back home to Buffalo, but he brought with him something else- his constant companion of drinking.

Barry Lillis: "I was a very sad guy, very sad guy."

Scott Brown: "Despite what people saw on TV?"

Barry Lillis: "That was an act. The weather guy- the happy, dappy weather guy, that was an act. That was an act to get the money to drink. I just drank and drank and drank and drank." Sometimes you had too much to drink and you had to watch that you weren't slurring your words too much on the air."

From Buffalo, Barry got a job in Pittsburgh, a bigger market, more money and more drinking.

One night while out bar hopping, Barry blacked out in the middle of a road.

Barry Lillis: "I was on the ground on the road and I said to the EMT or police 'hey I better get off the road I could get hit by a car', and he said you have been, you've been hit by a truck."

Barry's leg was shattered and so too was his career in Pittsburgh.

Barry then came back to Buffalo and Channel 2, but his constant companion-drinking came right along with him.

Scott Brown: "What about your wife and kids, would they say anything to you?"

Barry Lillis: "No they didn't want to say that because you huff and puff and you walk out and get noisy and get in their face- no, no don't tell me that!"

Scott Brown: "Were you a bad dad?"

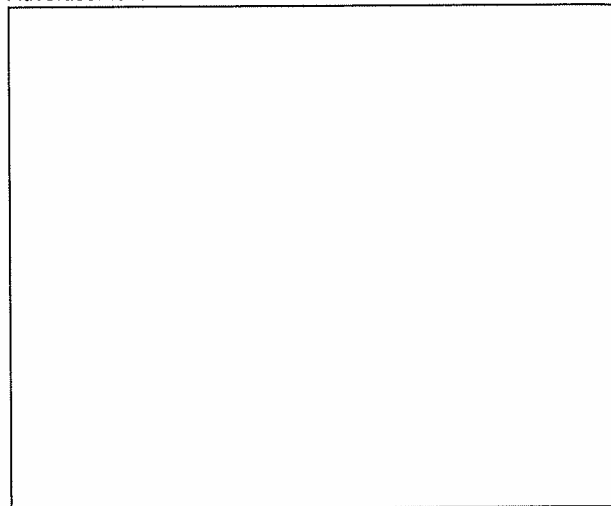
Barry Lillis: "I wasn't there, I wasn't there when they'd give me all sorts of signals that 'dad we need you to be here for us' and I was like what do you want from me?"


Scott Brown: "When you were drinking and everything was going bad, were you ever suicidal?"

Barry Lillis: "Yes, yeah, I cut my hand, I have cuts on my hand -here I got an X where I tried to bleed out, so yeah, I wanted to die. I prayed to God would you not let me wake up tomorrow morning.

"Everybody else doesn't want any part of me now. Broadcasting doesn't want it, my

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family doesn't want it, the banks don't want any part of me anymore. I've alienated everybody, but the booze still loves me."

It was then that something happened that would change Barry's life forever, and for better.

To see Barry's entire story, click on the video attached to this story.

If you or somebody you know needs help dealing with substance abuse problems, the following organizations can help:

Erie County Council for the Prevention of Alcohol and Substance Abuse

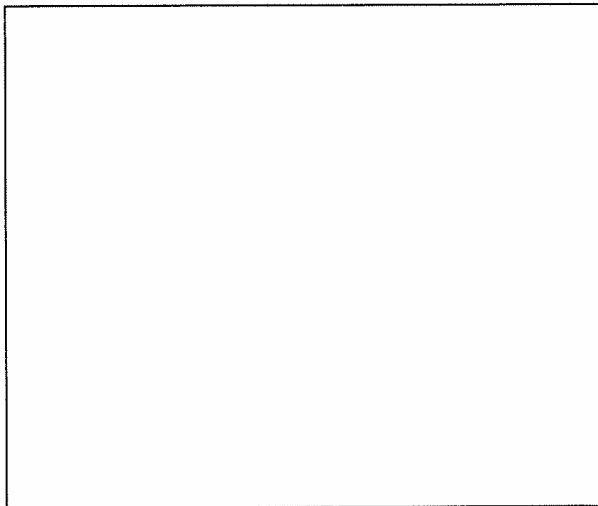
ECMC Division of Chemical Dependency


Mid Erie Counseling and Treatment Services

Kids Escaping Drugs

B.I.L.Y. (Because I Love You) Meetings

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Lifestyle changes reduce diabetes risk

Updated: Tuesday, 06 Sep 2011, 6:24 PM EDT
Published : Tuesday, 06 Sep 2011, 6:24 PM EDT

- Posted by: Eli George

26 million Americans have diabetes. It's a dangerous illness, but a new report says that making the right lifestyle choices can dramatically reduce your risk of becoming diabetic.

Richard Tartick has good reasons to fear diabetes - it played a major role in his father's death.

"The diabetes was a key factor. He had a stroke at a very young age of 63, a severe stroke, and died at 66, so he died very young," said Tartick.

Can he protect himself against becoming diabetic? A new report says perhaps he can. The study followed more than 200,000 people who were aged from 50 to 71 when they were enrolled, and didn't have diabetes, heart disease or cancer. They were followed for 11 years and five lifestyle characteristics were checked - their diet, the amount of exercise they got, how much they drank, whether they smoked, and their body mass index.

Those who had the healthiest lifestyles were 80 percent less likely to become diabetic. That's a huge boost to overall health.

Dr. Howard Sperry explained, "It affects so many different organs in your body, your eyes, your blood vessels, your heart, your kidneys."

Dr. Sperry gives his patients a sheet of cartoons showing all the bad things diabetes can do to the body.

"If they can walk away with a cartoon, and then link what we're saying to the cartoon, this impacts them," said Dr. Sperry.

But we've all heard it all before. Will this time be different?

Tartick said, "I really have a lot of motivation to do the right things and I tell myself and I tell Dr. Sperry every time I see him that I'm going to make those changes and I clearly hope to."

People try, they really do, but sometimes it gets frustrating.

Dr. Sperry said, "I'll threaten them, and I tell them I'm going to fire you as a patient if you don't listen to me."

Tartick laughed, "Check with me in a year see how we're doing."

Tartick doesn't want to be fired by his doctor, but more importantly, he really doesn't want to suffer from diabetes - especially if he can avoid it. That's what's new about this report - the amount of success you can have is really impressive.

But everybody understands what they should do and we all have good intentions - so why is it so difficult? Lifestyle changes are easier if you do them with a partner or a group. You can all avoid temptations together, and have fun exercising together. And it's worth it - you'll feel better and live longer.

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How to Dress Like an Heiress Even if Your Dad's Not a Billionaire



Going... Going... Gone! New iPads for Under \$40



How Cruise Lines Fill All Those Unsold Cruise Cabins

Articles by [HowLifeWorks](#)

From the Business First:

http://www.bizjournals.com/buffalo/blog/morning_roundup/2011/09/new-mri-unit-unveiled-at-ecmc.html

New MRI unit unveiled at ECMC

Business First - by Tracey Drury

Date: Thursday, September 1, 2011, 5:29am EDT



Tracey Drury

Buffalo Business First Reporter

Email

Erie County Medical Center Corp. has opened its new MRI center, featuring a new 3-Tesla MRI scanner.

The George J. Alker Jr. MD MRI Center at ECMC is dedicated to the hospital's former radiology department chief.

The new Magnetom Verio MRI scanner from Siemens expands capabilities for hospital officials, enabling better access for neurology evaluations, orthopaedic and cartilage assessment and vascular and cardiac imaging.

It is designed with a large opening, wide enough to accommodate obese patients, as well as individuals who have traditionally been hard to image, including children, the elderly and those who are claustrophobic.

Alker, who died in 1991, was chairman of the ECMC radiology department and professor and chairman of radiology at the University at Buffalo. He was known for his work in the field of imaging of trauma victims, especially those injured in car accidents and was a leading proponent for seat belt safety.

Along with several colleagues, he was responsible for helping to establish the Museum of Radiology and Medical Physics at UB.

Covers health/medical, nonprofits and insurance

associated with

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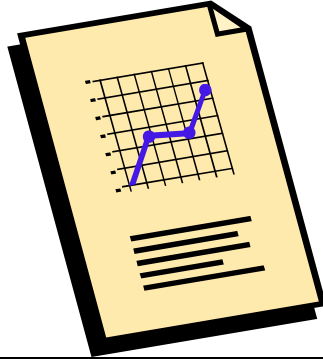
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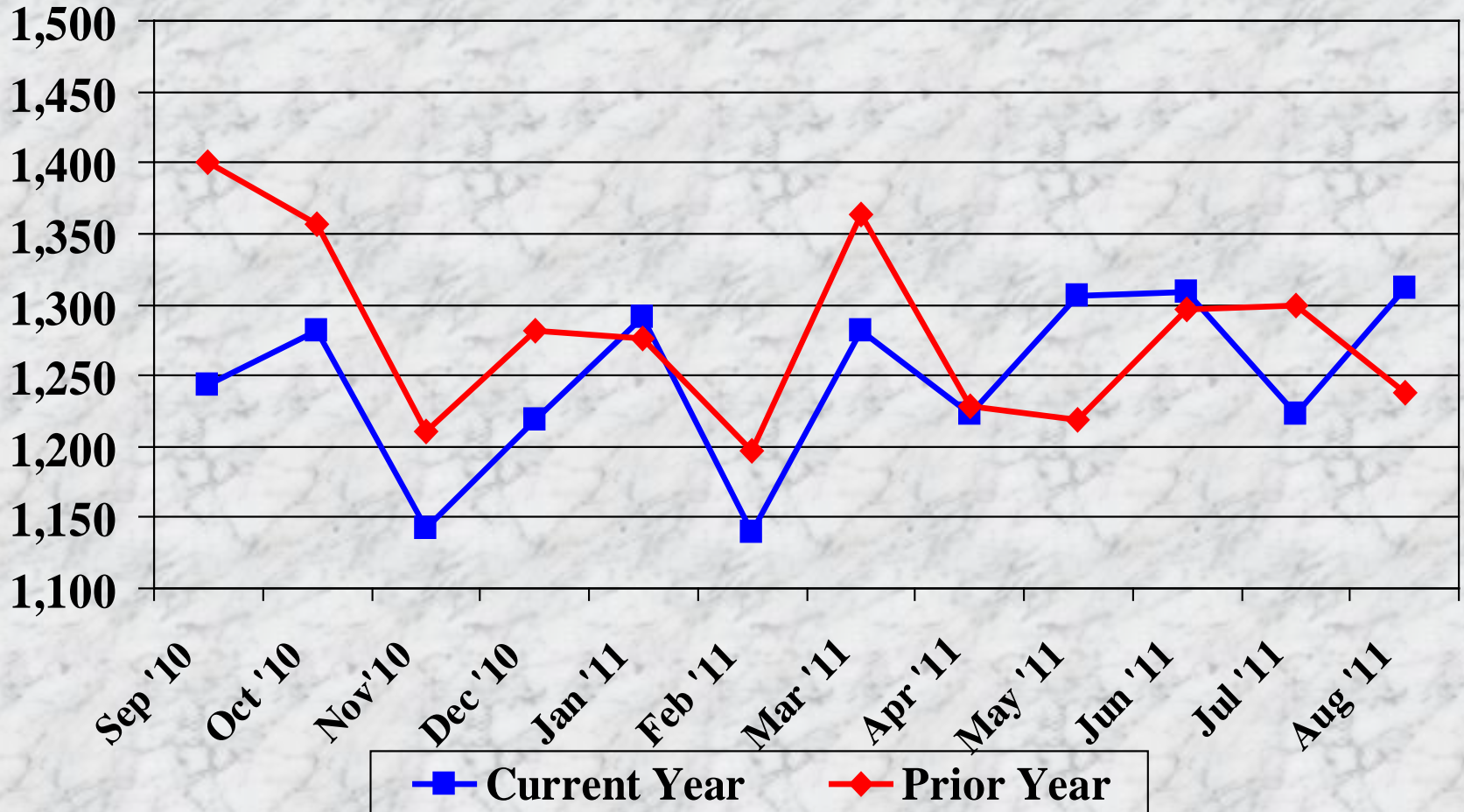


**From the
Chief Financial Officer**

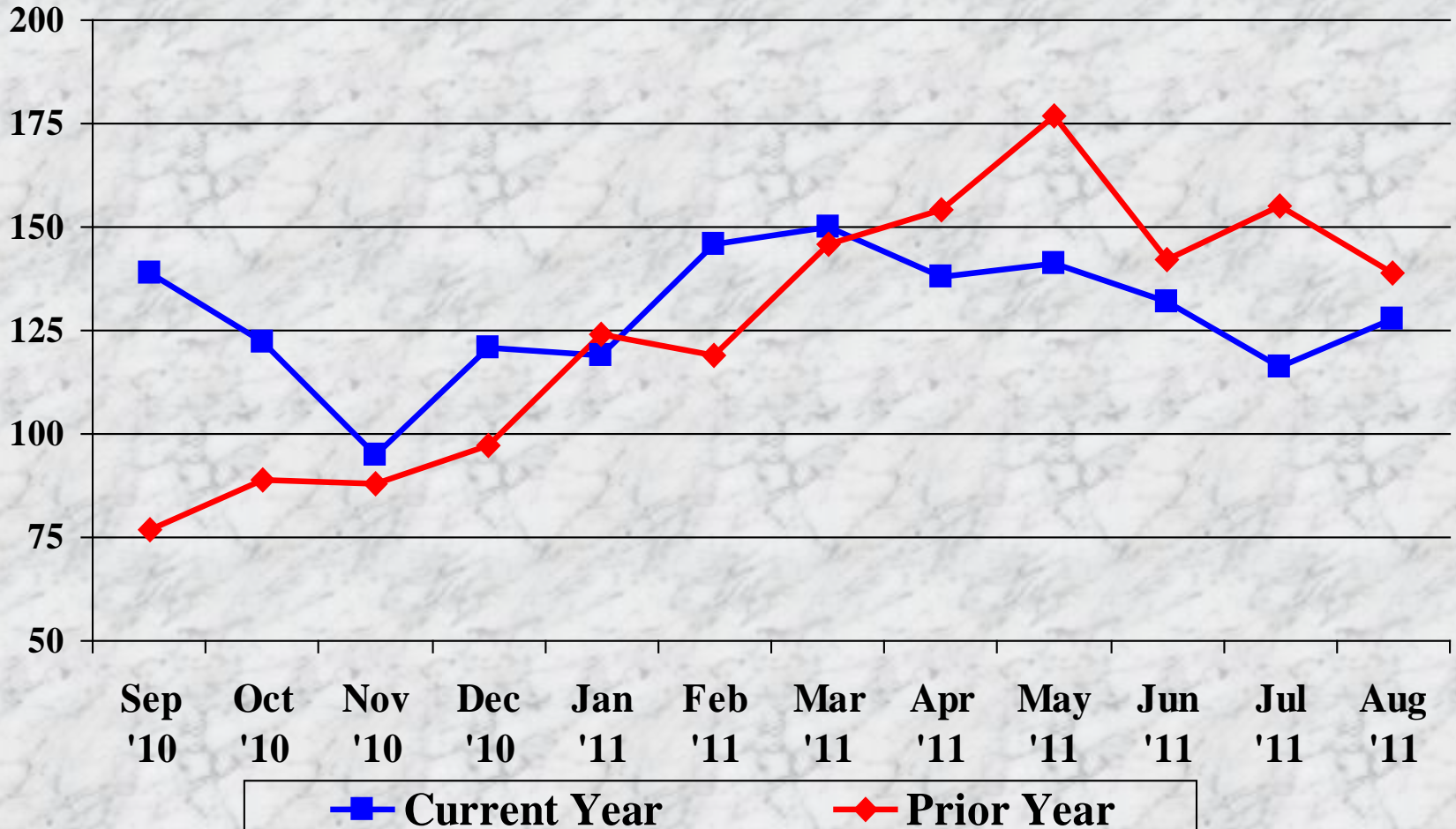
Erie County Medical Center Corporation

Financial Overview August 2011

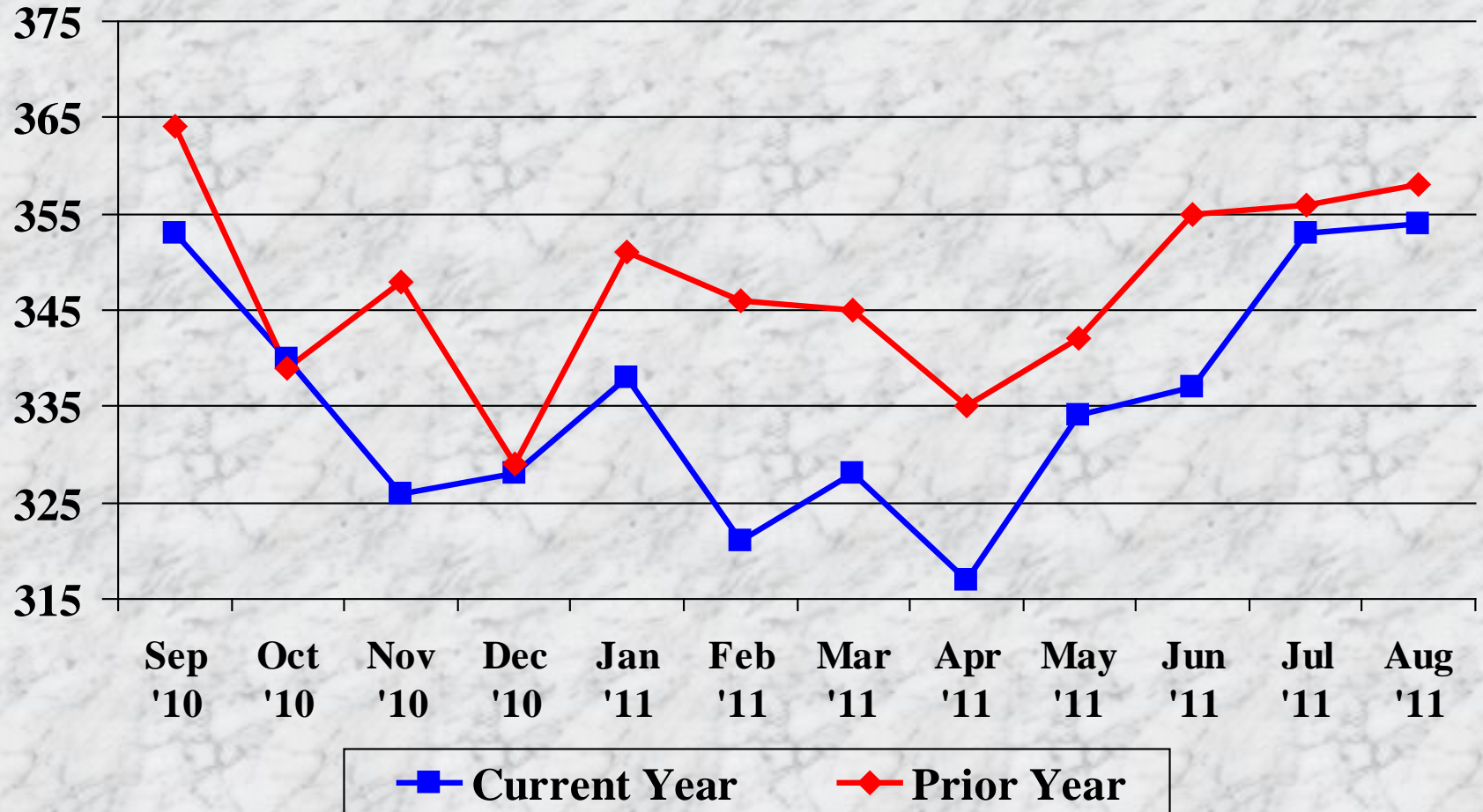
Total Discharges (excludes SNF)



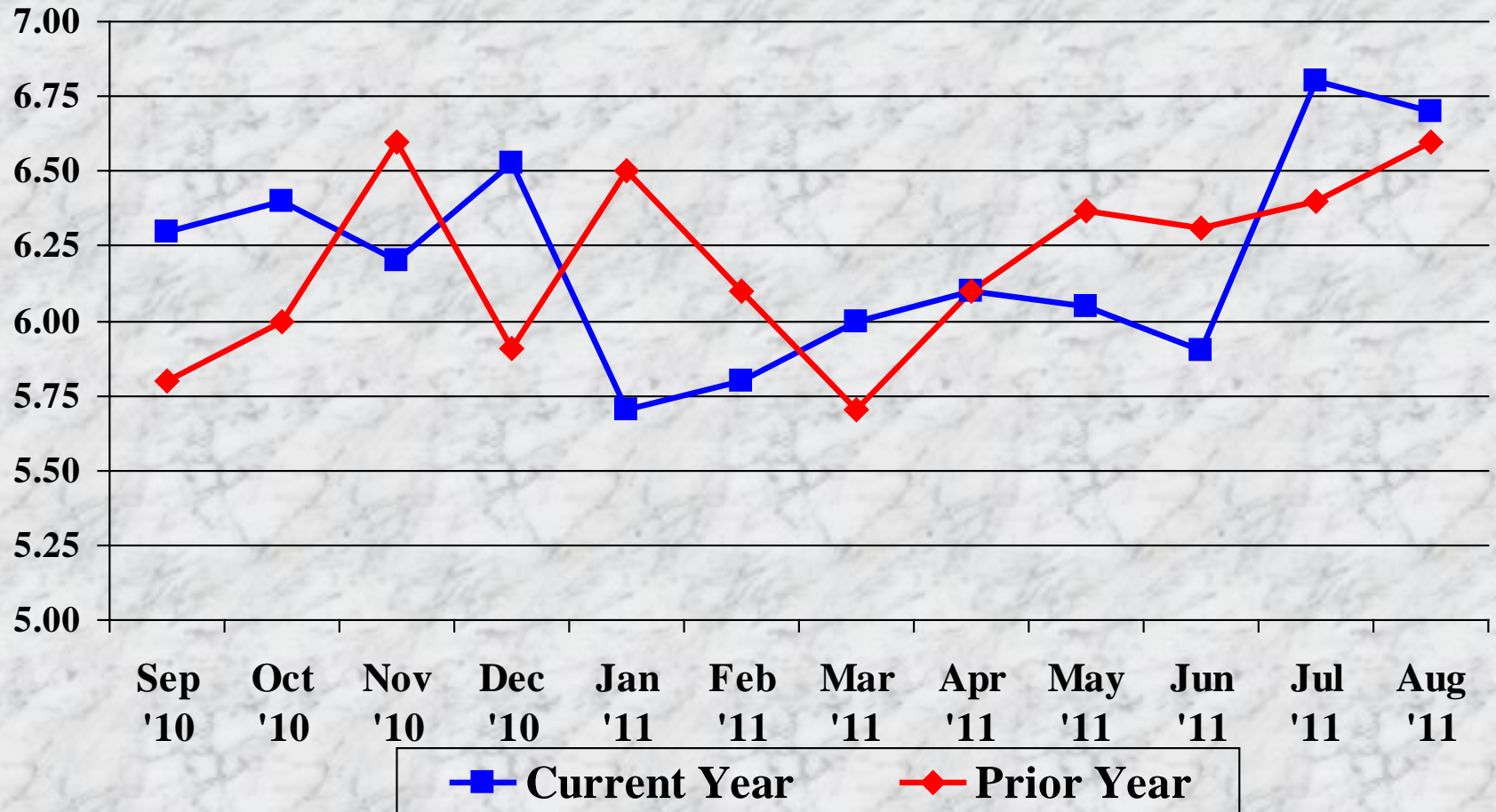
Observation Cases



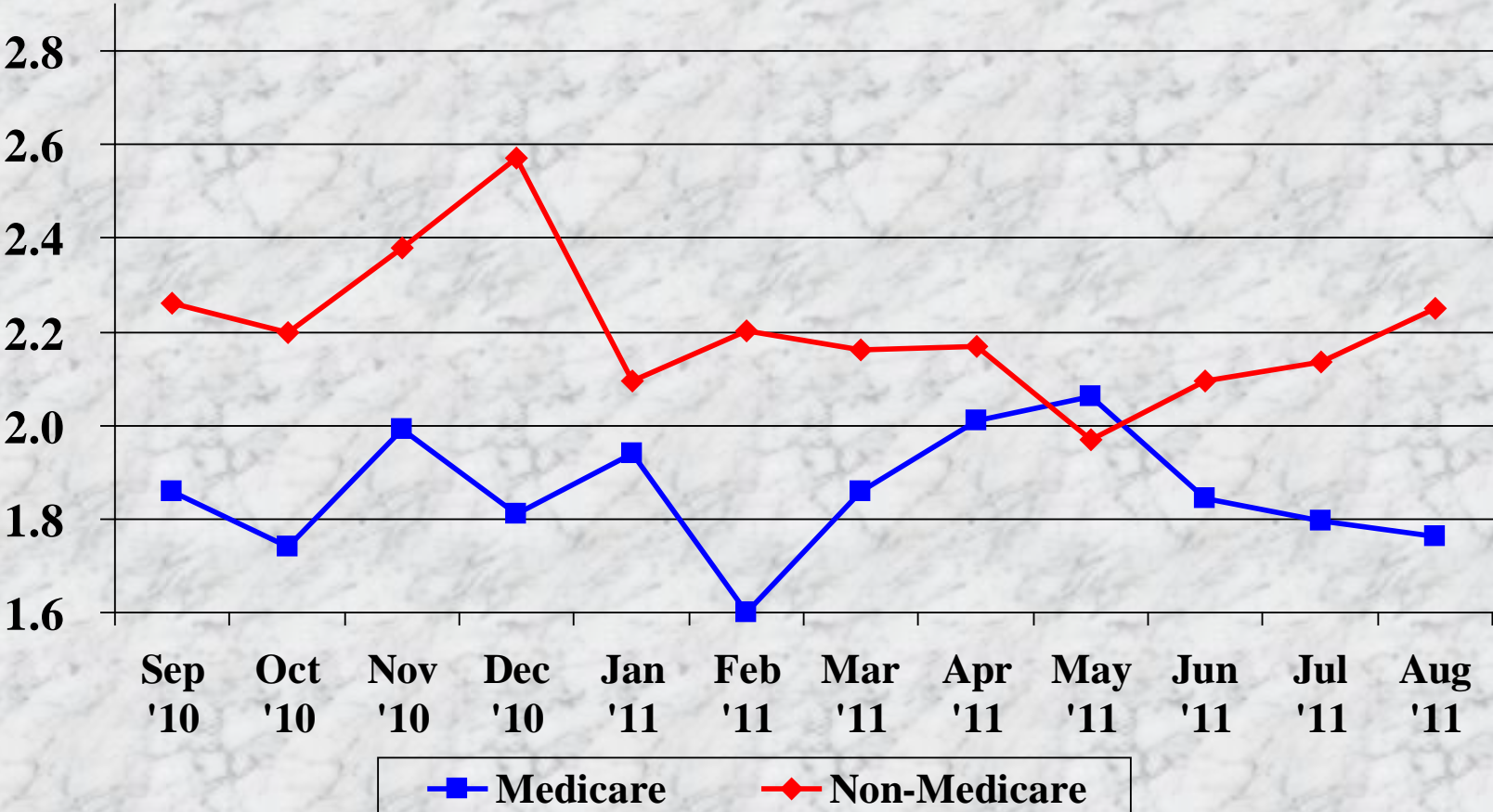
Average Daily Census (excludes SNF)



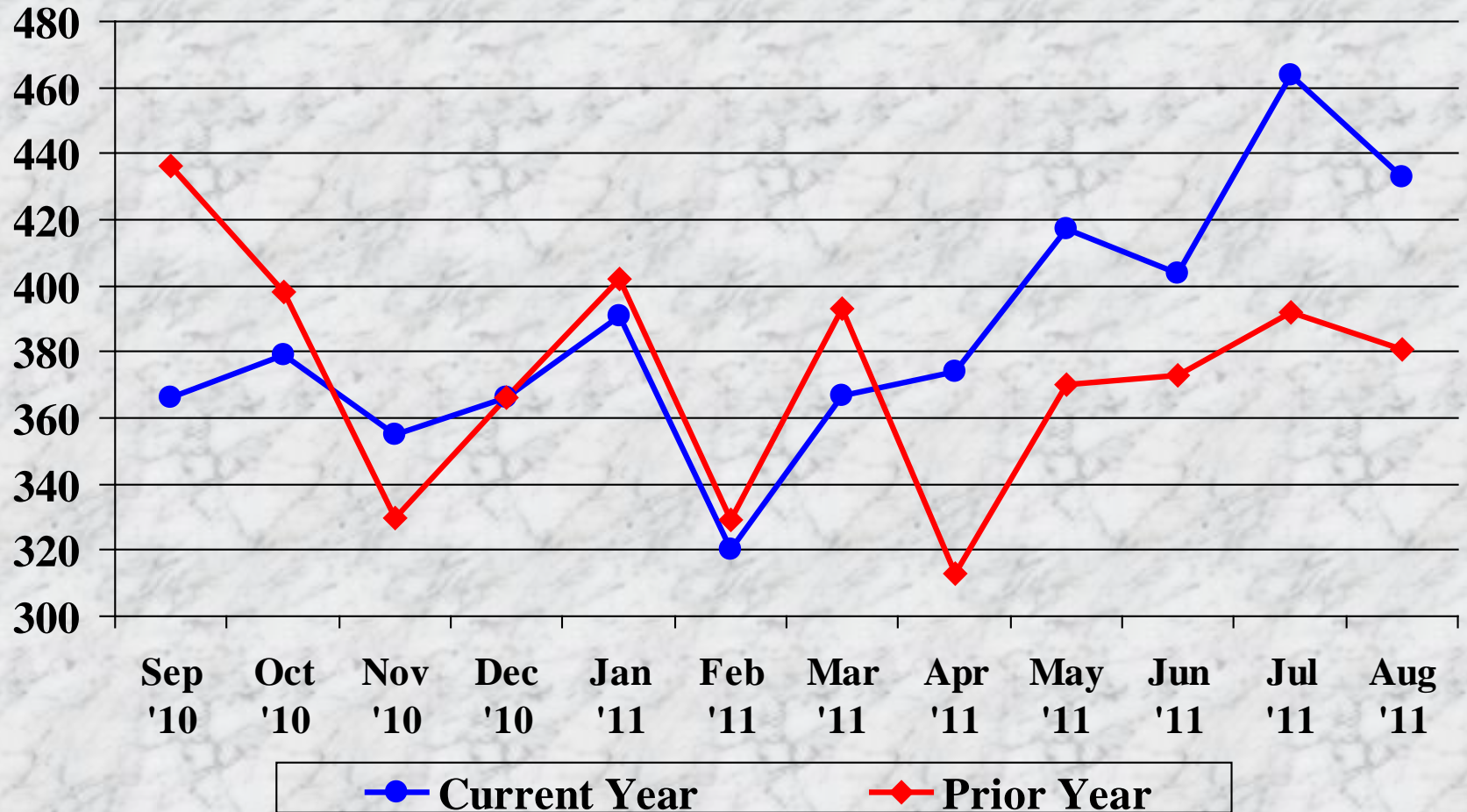
Average Length of Stay (Acute Care)



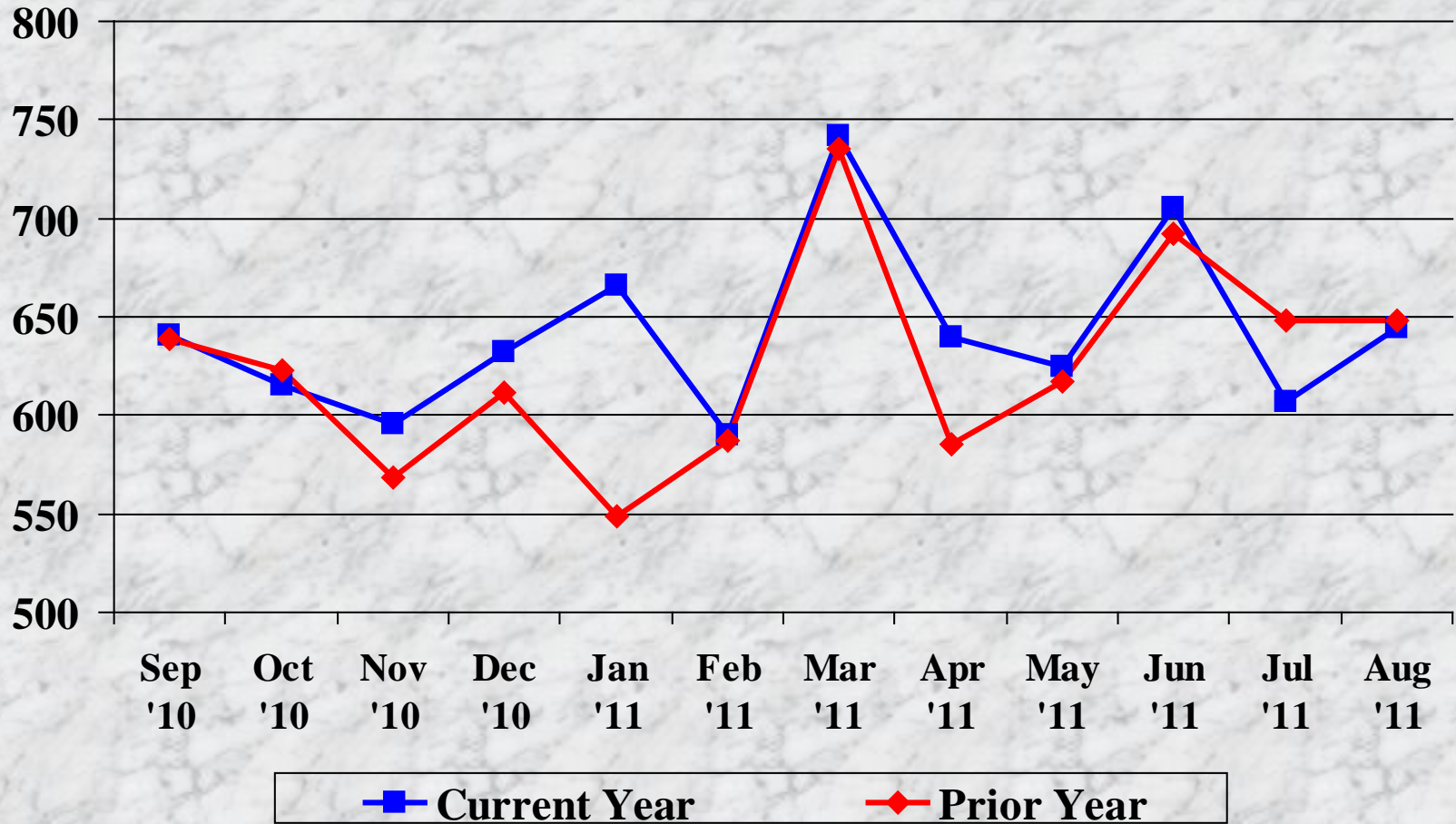
Case Mix



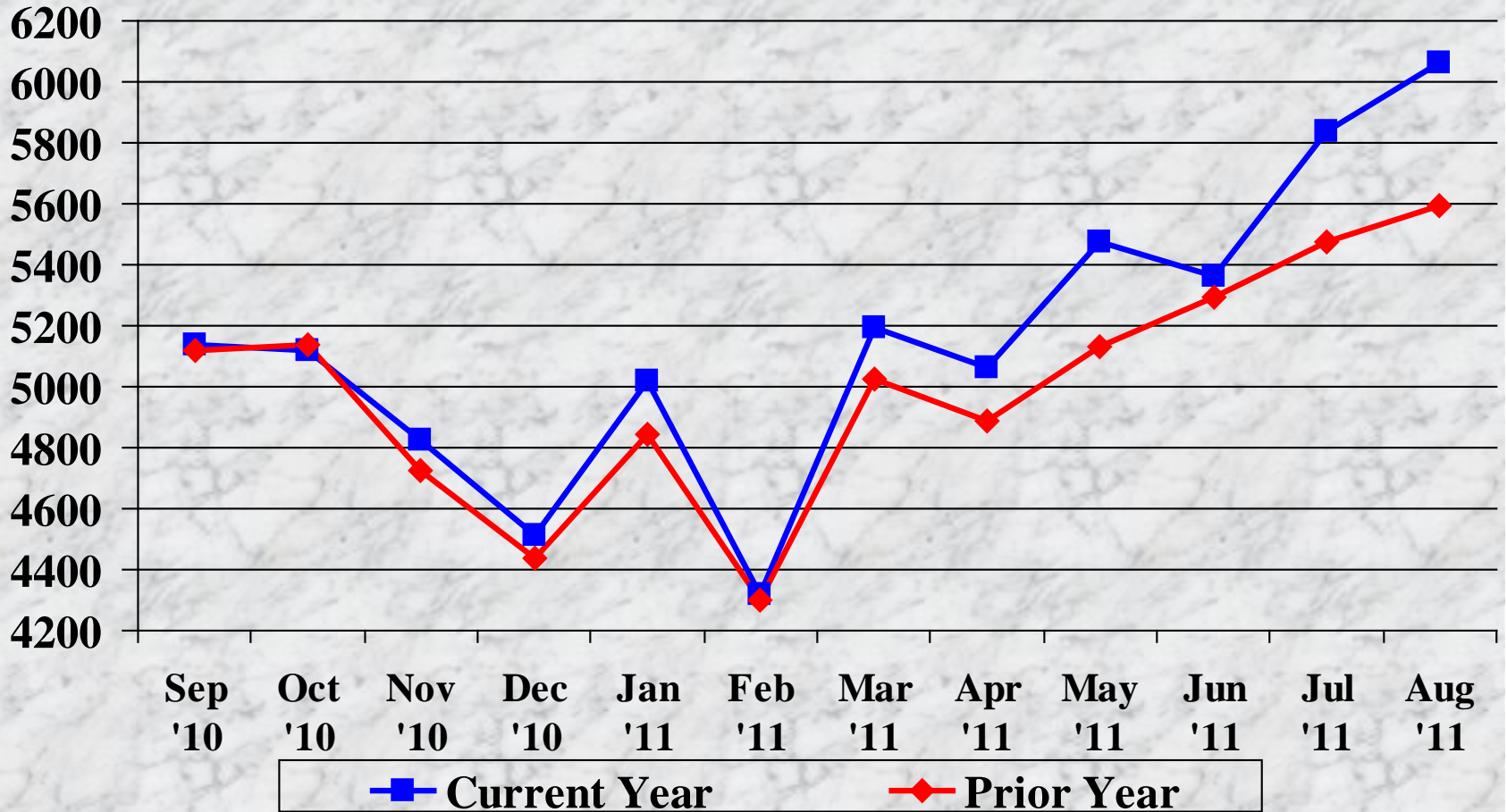
Inpatient Surgical Cases



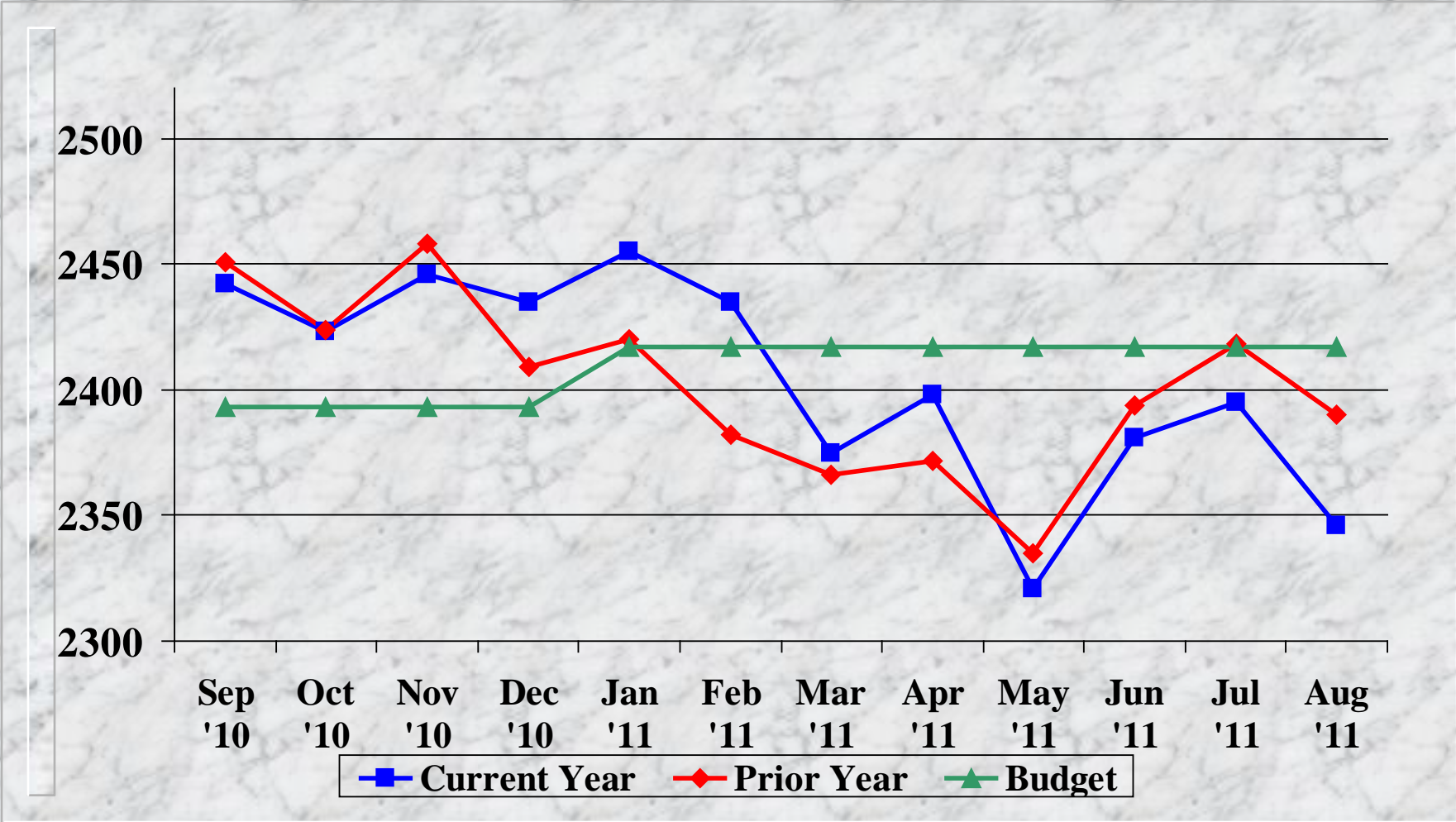
Outpatient Surgical Cases



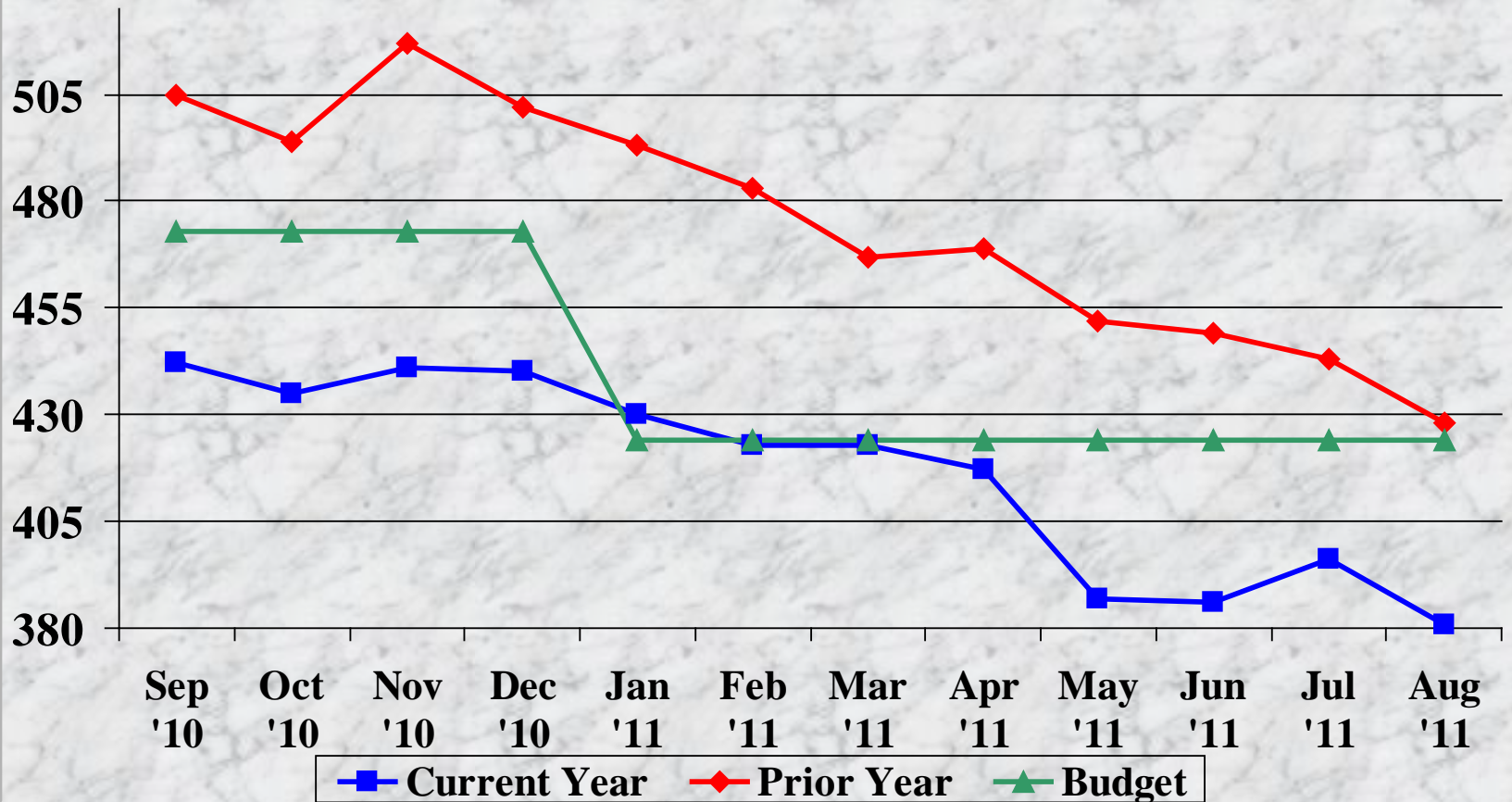
ER Visits



Hospital FTEs



Home FTEs



Month Hospital

(\$ in Thousands)

	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
Net Patient Service Revenue	30,566	29,479	27,536
Other Operating Revenue	5,773	4,231	4,981
Operating Expense	35,088	34,243	33,236
Operating Income (Loss)	1,251	(533)	(719)

Month Home

(\$ in Thousands)

	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
Net Patient Service Revenue	2,660	2,886	2,596
Other Operating Revenue	701	975	975
Operating Expense	3,740	3,901	3,897
Operating Income (Loss)	(379)	(40)	(326)

Month Consolidated

(\$ in Thousands)

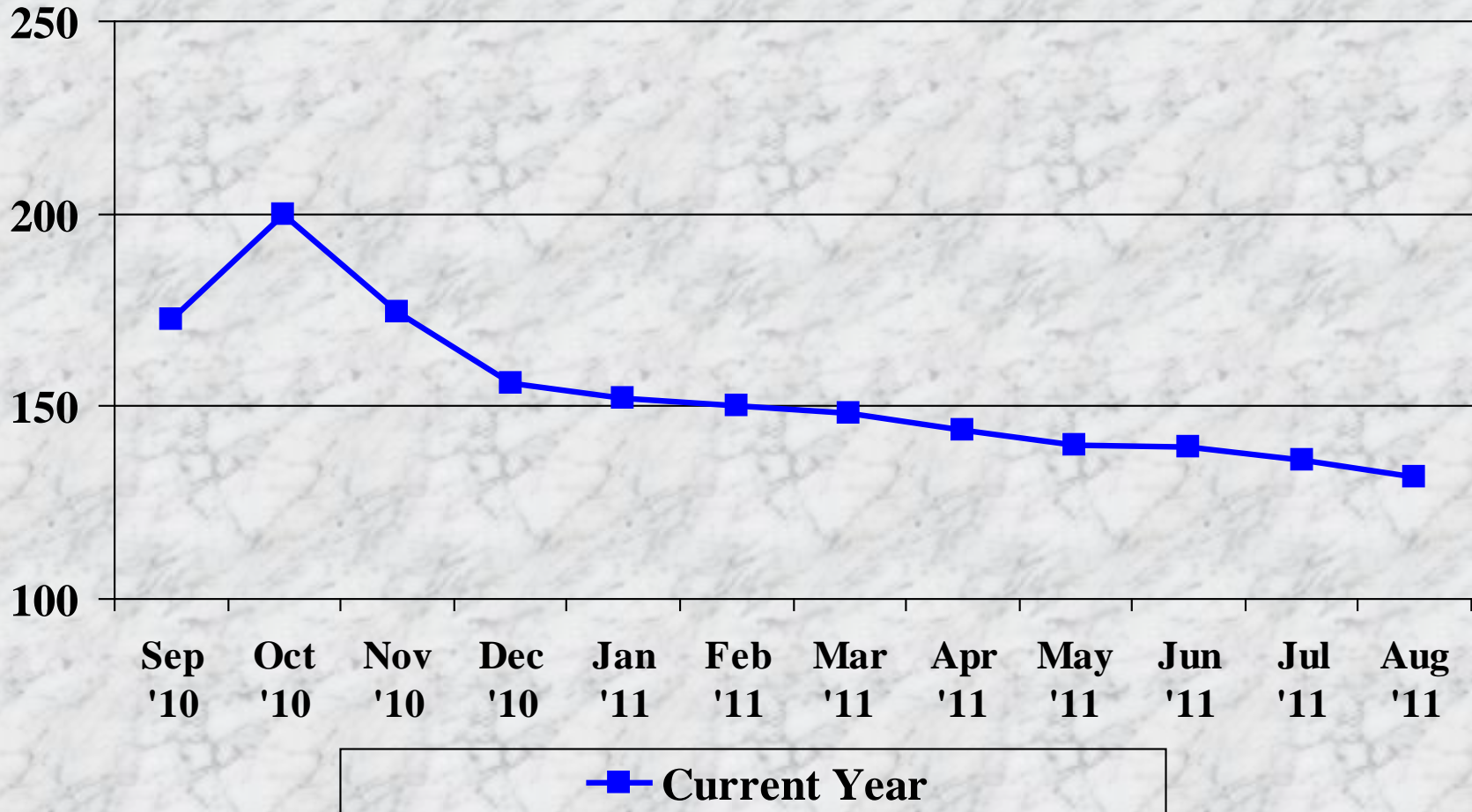
	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
Net Patient Service Revenue	33,226	32,365	30,132
Other Operating Revenue	6,474	5,206	5,956
Operating Expense	38,829	38,144	37,133
Operating Income (Loss)	871	(573)	(1,045)
Non-Operating Revenue	(1,078)	234	(303)
Excess Revenue Over Expense	(207)	(339)	(1,348)

Year to Date Consolidated

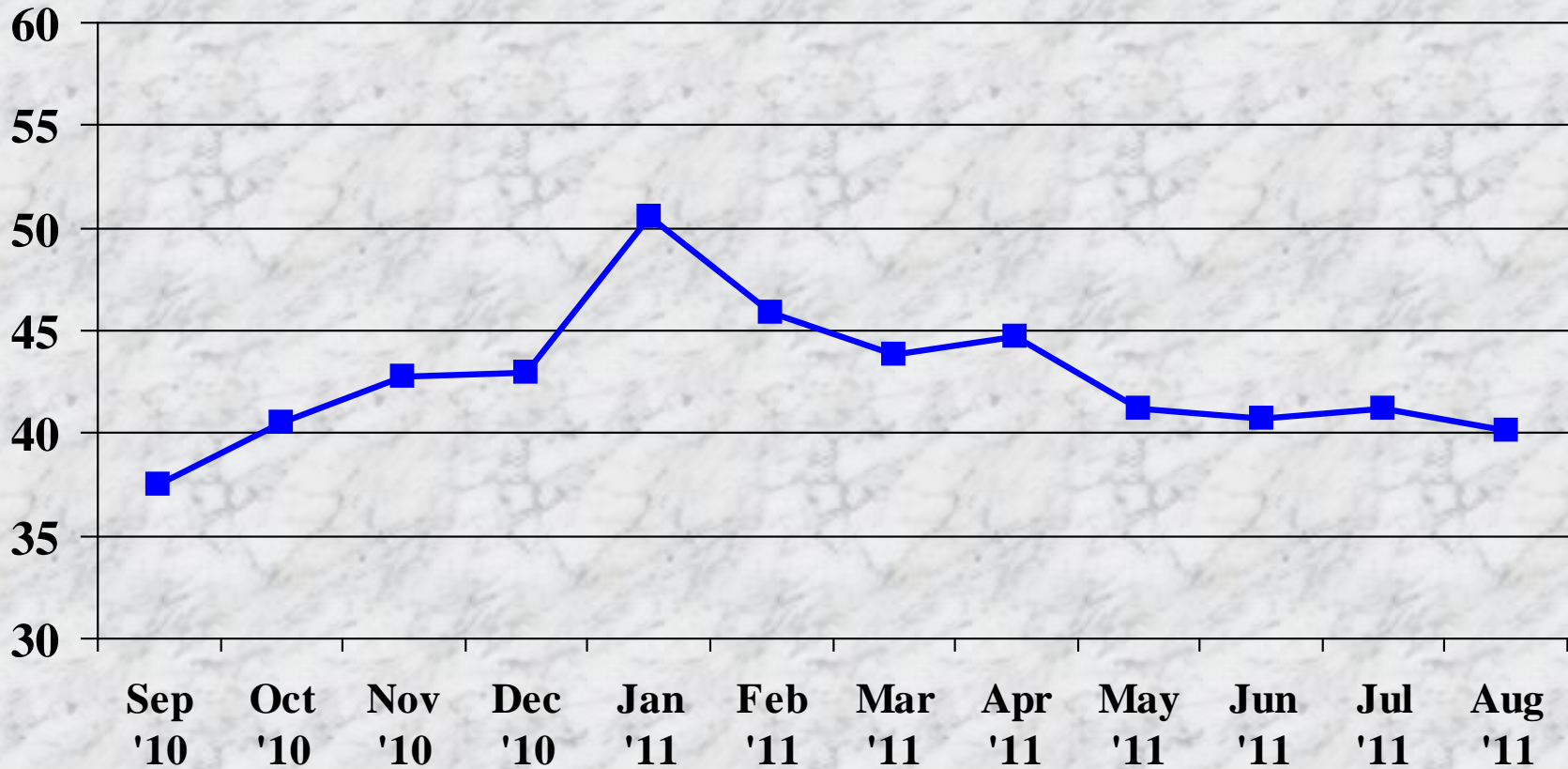
(\$ in Thousands)

	<u>Actual</u>	<u>Budget</u>	<u>Prior Yr</u>
Net Patient Service Revenue	242,497	258,641	244,656
Other Operating Revenue	54,705	45,645	43,159
Operating Expense	304,312	300,080	290,464
Operating Income (Loss)	(7,110)	4,206	(2,649)
Non-Operating Revenue	925	1,869	2,381
Excess Revenue Over Expense	(6,185)	6,075	(268)

Days Operating Cash on Hand

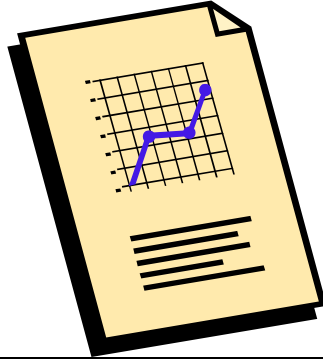


Days in AR (Net)



—■ Last 12 Months

Presentation



**From the
Chief Executive Officer**



Collaboration Update

September 14, 2011

Deloitte Shared Service Assessment

- Back Office Opportunities

- Labor \$2.1 M

- Non-Labor \$15.3 M

- Costs (\$1.8) M

- \$15.6 M

Supply Chain Non-Labor \$10.3 M

Supply Chain

- Identified Annual Savings \$21.0 M
- Implemented Savings \$6.2 M
 - Medical Surgical \$1.6 M
 - Non-Clinical \$0.1 M
 - Pharmacy/Lab \$0.2 M
 - Physician Preference \$2.3 M
 - Purchased Services \$2.0 M

Other Departments

- Revenue Cycle
- Health Information
- Finance
- Information Systems
- Laboratory
- Pharmacy

Other Collaborative Efforts Past and Present

- Transplant program alignment
- Cardiac service alignment
- Long term care strategy
- Orthopedic planning and improvement
- Head and neck program
- Wound care alignment
- UB affiliation agreement

Other Collaborative Efforts

Current and Future

- Oncology strategy
- Physician recruitment planning
- Physician support services
- Behavioral health service alignment
- OB and pediatric programs at ECMC