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Board of Director's Board Meeting

Oct 28, 2014 at 04:30 PM - 06:30 PM

Staff Dining Room - 2nd Floor

462 Grider Street

Buffalo

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, OCTOBER 28, 2014

- I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR
- II. APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS

APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 SPECIAL MEETING OF THE BOARD OF DIRECTORS
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON OCTOBER 28, 2014.
- IV. BOARD PRESENTATION: TERRACE VIEW
JEANNINE BROWN MILLER & CHRIS KOENIG
- V. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.
BUILDINGS & GROUNDS: RICHARD BROX
FINANCE COMMITTEE: MICHAEL A. SEAMAN
QI PATIENT SAFETY COMMITTEE: DOUGLAS BAKER
- VI. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
 - A. PRESIDENT & CHIEF OPERATING OFFICER-INTERIM CEO
 - B. CHIEF FINANCIAL OFFICER
 - C. SR. VICE PRESIDENT OF OPERATIONS – MARY HOFFMAN
 - D. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC
 - E. CHIEF MEDICAL OFFICER
 - F. SENIOR VICE PRESIDENT OF NURSING
 - G. VICE PRESIDENT OF HUMAN RESOURCES
 - H. CHIEF INFORMATION OFFICER
 - I. SR. VICE PRESIDENT OF MARKETING & PLANNING
 - J. EXECUTIVE DIRECTOR OF ECMC LIFELINE FOUNDATION
- VII. REPORT OF THE MEDICAL/DENTAL STAFF: SEPTEMBER 22, 2014
- VIII. OLD BUSINESS
- IX. NEW BUSINESS
- X. INFORMATIONAL ITEMS
- XI. PRESENTATIONS
- XII. EXECUTIVE SESSION
- XIII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, SEPTEMBER 30, 2014

STAFF DINING ROOM

Voting Board Members Present:	Kevin M. Hogan, Esq Bishop Michael A. Badger Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C. Sharon L. Hanson	Michael Hoffert Anthony Iacono Dietrich Jehle, M.D. Thomas P. Malecki, CPA Frank B. Messiah Michael A. Seaman
Voting Board Member Excused:	Douglas H. Baker	Joseph Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald Bennett Richard C. Cleland	Kevin Pranikoff, MD
Also Present:	Donna Brown Carla Clarke Anthony Colucci, Esq. Janique Curry Leslie Feidt Stephen Gary Susan Gonzalez Mary Hoffman	Susan Ksiazek Ronald Krawiec Charlene Ludlow Brian Murray, M.D. Kathleen O'Hara Thomas Quatroche Karen Ziemianski

I. CALL TO ORDER

Chair Kevin M. Hogan called the meeting to order at 4:30 P.M.

II. APPROVAL OF MINUTES OF AUGUST 26, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Bishop Michael Badger and seconded Anthony Iacono.

Motion approved unanimously.

III. ACTION ITEMS

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

Moved by Michael Seaman and seconded by Michael Hoffert.

Motion Approved Unanimously

- B. Resolution of the Board of Directors Approving a Tentative Agreement between the Corporation and NYSNA.

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

Motion Approved Unanimously

- C. Resolution of the Board of Directors Authorizing M&T Bank to Open and Maintain the Accounts of the Corporation

Moved by Richard Brox and seconded by Frank Mesiah.

Motion Approved Unanimously

- D. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for September 2, 2014.

Moved by Bishop Michael Badger and seconded by Anthony Iacono.

Motion Approved Unanimously

IV. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee shall be included in the September 30, 2014 Board book.

V. REPORTS OF CORPORATION'S MANAGEMENT

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

1) President & COO-Interim CEO: Richard C. Cleland

- Operations are 12% higher on average across the board for the month of August and 7% greater YTD.
- September has been a busy month; volumes continue to reflect favorable trends.
- The Living Donor Program re-opened September 5, 2014.
- ECMC is completing an independent PEER Review for the entire transplant program. A report will be provided in 4-6 weeks.
- UNOS review in spring 2015.

- Kudos to Karen Ziemianski on HANYS Pinnacle Award nomination "I Pass the Baton."

2) Chief Financial Officer: Stephen M. Gary

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

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

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

Motion approved unanimously.

VIII. RECONVENE IN OPEN SESSION

Moved by Michael Seaman and seconded by Anthony Iacono to reconvene in Open Session at 5:30P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Bishop Michael Badger and seconded by Frank Mesiah to adjourn the Board of Directors meeting at 5:30P.M.


Sharon L. Hanson
Corporation Secretary

**Directors Authorizing
the Corporation to Abolish A Position**

Approved September 30, 2014

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

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

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

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

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

Unit Manager – Behavioral Health Position # 51008881

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

3. This resolution shall take effect immediately.

Sharon L. Hanson

Sharon L. Hanson
Corporation Secretary

**A Resolution of the Board of Directors Approving
a Tentative Agreement between the Corporation and NYSNA**

Approved September 30, 2014

WHEREAS, the County of Erie, Erie County Medical Center Corporation (the "Corporation") and the New York State Nurses' Association ("NYSNA") reached a contract settlement memorialized in a Tentative Agreement signed on September 5, 2014 (the "Tentative Agreement"); and

WHEREAS, the NYSNA membership employed by the Corporation voted in favor of the Tentative Agreement on September 15, 2014; and

WHEREAS, the Chief Executive Officer and the Finance Committee have reviewed this matter and recommend it is in the best interests of the Corporation that the Tentative Agreement between the County of Erie, the Corporation and NYSNA be approved.

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

1. Based upon the review and recommendation of the Chief Executive Officer and the Finance Committee, the Tentative Agreement, a copy of which is attached hereto, is hereby approved.
2. The Corporation is authorized to do all things necessary and appropriate to implement this resolution.
3. This resolution shall take effect immediately.

— Sharon L. Hanson —

Sharon L. Hanson
Corporation Secretary

**A Resolution of the Board of Directors Authorizing M&T Bank
to Open and Maintain the Accounts of the Corporation**

Approved September 30, 2014

WHEREAS, pursuant to the Public Authorities Law of the State of New York, the Corporation has the authority to establish banking relationships with private financial institutions; and

WHEREAS, in accordance with the Corporation's Procurement Guidelines, the Corporation prepared and issued Request for Proposals Number 21337 for Banking Services on October 16, 2013 (the "RFP"); and

WHEREAS, the RFP was distributed to five financial institutions and notice of the RFP was published in the New York State Contract Reporter; and

WHEREAS, six financial institutions returned proposals for consideration by the deadline of November 15, 2013; and

WHEREAS, a selection committee including the Chief Financial Officer evaluated the six proposals on the basis of criteria established for that purpose and agreed and recommends to the Board of Directors that Manufacturers and Traders Trust Company ("M&T Bank") be selected as the financial institution to open and maintain the accounts of the Corporation; and

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

1. That, upon the recommendation noted above, M&T Bank is approved as the financial institution of the Corporation and is designated as the institution that shall open and maintain the accounts of the Corporation.
2. The Board of Directors hereby authorizes the Corporation to direct KeyBank to close the Corporation's accounts maintained by KeyBank and transfer all funds held in such accounts to M&T Bank.
3. The Corporation is authorized to establish accounts in the Corporation's own name and to establish an unsecured line of credit with M&T Bank.
4. That the Chief Executive Officer, Chief Financial Officer and/or the Treasurer are authorized and directed to execute any and all documents and to take all action necessary and incidental to the establishing of the Corporation's accounts with M&T Bank, the closing of the Corporation's existing accounts with KeyBank and the transferring funds from KeyBank to M&T Bank.

ERIE COUNTY MEDICAL CENTER CORPORATION

5. That the Secretary of the Corporation is authorized and directed to conform this resolution to whatever form or substance may be required by KeyBank or M&T Bank to satisfy their respective requirements for transferring and establishing the Corporation's financial accounts.

6. That this resolution shall take effect immediately, except that the officers of the Corporation are authorized to conduct an orderly transition of the Corporation's accounts.

Sharon L. Hanson _____

Sharon L. Hanson
Corporation Secretary

CREDENTIALS COMMITTEE MEETING
September 2, 2014

Committee Members Present:

Robert J. Schuder, MD, Chairman

Brian M. Murray, MD

Richard E. Hall, DDS PhD MD FACS

Nirmit D. Kothari, MD

Gregg I. Feld, MD

Christopher P. John, PA-C

Mandip Panesar, MS MD

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

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator

Judith Fenski, Credentialing Specialist

Members Not Present (Excused *):

Yogesh D. Bakhai, MD*

Timothy G. DeZastro, MD*

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. A correction to the August 5, 2014 meeting minutes was noted and accepted: Automatic Membership Conclusion should read Automatic Conclusion.

ADMINISTRATIVE

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.

- A. Deceased
- B. Applications Withdrawn
 - Faisal Rafiq, MD Psychiatry
- C. Application Processing Cessation - None
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature) - None
- E. Resignations

Renee Mapes, DO	Anesthesiology	08/18/14
Sun Park, MD	Internal Medicine	08/31/14
Nauman Tahir, MD	Internal Medicine	08/22/14
Vincent Imbrogno, DO	Ophthalmology	07/31/14

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Family Medicine

Khalid Malik, MD

Active Staff to Courtesy Staff, Refer and Follow

Internal Medicine

Alfredo Kua, MD

Active Staff to Associate Staff

James Nolan, MD

Active Staff to Emeritus Staff

Psychiatry

Ana Cervantes, MD

Courtesy Staff, *Refer and Follow* to Active Staff

Howard C. Wilinsky, MD

Active Staff to Emeritus Staff

FOR OVERALL ACTION

CHANGE OR DEPARTMENT ADDITION

Obstetrics and Gynecology - Adding Internal Medicine

Kirsten Smith, NP Allied Health Professional

Supervising Physician: Dr. Neal Rzepkowski

Emergency Medicine- Changing to Internal Medicine

Stephanie Snios, PA-C Allied Health Professional

Supervising Physician: Dr. Colin Tauro

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Internal Medicine

Joel Noworyta, PA-C Allied Health Professional

Supervising Physician: From Dr. Cindrea Bender to Dr. Yahya Hashmi

Jennifer Anzelone-Kieta, PA-C Allied Health Professional

Supervising Physician: From Dr. Yahya Hashmi to Dr. Mark Fisher

Alyssa Whiteside, PA-C Allied Health Professional

Supervising Physician: From Dr. Cindrea Bender to Dr. Colin Tauro

Joshua Washburn, PA-C Allied Health Professional

Supervising Physician: From Dr. Nauman Tahir to Dr. Sarosh Vaqar

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Internal Medicine

Alfredo Kua, MD* -Non-Procedural (Level I Core Privileges)

-Procedural (Level I Core Privileges)

**FPPE not required; core departmental privileges delineated separately in form revision*

Neil Parikh, MD* Active

-Consultation- General Internal Medicine

**FPPE not required; process, not cognitive privilege*

-Central Venous Catheter Insertion

Kirsten Smith, NP* -Anoscopy

Supervising Physician: Dr. Neal Rzepkowski

**FPPE satisfied with completion of training defined in the credentialing criteria*

Surgery

Samuel Shatkin, Jr. -Skin Lesion Excision

**FPPE waived; core competency based on specialty training/practice*

FOR OVERALL ACTION

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (19)
- B. Initial Dual Dept. Appointment (0)
- C. Reappointment Review (20)
- D. Reappointment Dual Dept. Review (0)

Nineteen initial and twenty reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (19)

Anesthesiology

Karen Reed, MD Active Staff
 Cheryl Spulecki, CRNA Allied Health Professional

Dentistry

Michelle Augello, DDS Active Staff

Emergency Medicine

Madelyn Pecyne, PA-C Allied Health Professional

Supervising Physician: Dr. Ronald Moscati

Tera Ciesla, PA-C Allied Health Professional

Supervising Physician: Dr. Kerry Cassel

Family Medicine

Torin Finver, MD Active Staff

Stefan Kantrowitz, MD Active Staff

Internal Medicine

Nicole Alberti, PA-C Allied Health Professional

Supervising Physician: Dr. Neil Parikh

Mary Colleen Bracken, ANP* Allied Health Professional

Supervising Physician: Dr. Raffat Sadiq

**pending review and approval of the Medical Executive Committee*

Jayaprakash Dasari, MD Active Staff

Susan Glose, ANP Allied Health Professional

Supervising Physician: Dr. Bruce Troen

Wajdy Hailoo, MD Active Staff

Laura Pfalzgraf, PA Allied Health Professional

Supervising Physician: Dr. Neil Parikh

Amelia Smith, PA-C Allied Health Professional

Supervising Physician: Dr. Deepthi Tirunagari

Kristen Szabad, PA-C Allied Health Professional

Supervising Physician: Dr. Mark Fisher

Gregory Weldy, PA-C Allied Health Professional

Supervising Physician: Dr. Sarosh Vaqar

Pathology

John Tomaszewski, MD Active Staff

Psychiatry

Alexander Welge, MD Active Staff

*

Coleman Henley, MD Active Staff

**Practitioner possesses lifetime board certification in Obstetrics and Gynecology, no longer practicing this specialty. Wishes to pursue activity in the Wound Care Center. To accommodate, a non-department specific Wound Care privilege form was developed, with signatory of the Wound Care Center Medical Director of the who will supervise practitioner and conduct an extended FPPE under proctorship. No OBGyn privileges have been requested. Upon thoughtful discussion with the OBGyn Chief of Service and the Chief Medical Officer, it was determined to not assign the physician a clinical department and have the CMO co-sign the privilege form with the Director of the Wound Care Center (done).*

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

C. Reappointment Review (20)

Anesthesiology

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Stacey Forgensi, CRNA	Allied Health Professional
Dentistry	
Alfonse Gambacorta, DDS	Active Staff
Emergency Medicine	
James Hurd, PA-C	Allied Health Professional
<i>Supervising Physician: Dr. Gerald Igoe</i>	
Family Medicine	
Muhammad Ghazi, MD	Active Staff
Internal Medicine	
Muhammad Achakzai, MD	Active Staff
Jaspreet Dhillon, MD	Active Staff
Adam Kotowski, MD	Active Staff
Alfredo Kua, MD	Associate Staff
John Patti, MD	Active Staff
Grzegorz, Rozmus, MD	Associate Staff
Christopher Schaeffer, MD	Active Staff
Neurosurgery	
John Fahrback, MD	Active Staff
Obstetrics & Gynecology	
Stacey Akers, MD	Courtesy Staff, <i>Refer & Follow</i>
Vanessa Barnabei, MD	Active Staff
Taechin Yu, MD	Active Staff
Orthopaedic Surgery	
Frank Domnisch, PA-C	Allied Health Professional
<i>Supervising Physician: Dr. Joshua Jones</i>	
Radiology / Imaging Services	
Gregory Phillies, MD	Active Staff
Rehabilitation Medicine	
Tat Fung, MD	Active Staff
Surgery	
Samuel Shatkin, MD	Associate Staff
Charles Wiles, MD	Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

The following members of the Provisional Staff from the previous year period are presented for movement to the Permanent Staff in 2014 on the date indicated.

September 2014 Provisional to Permanent Staff	Provisional Period Expires
Emergency Medicine	
Butski, Crystal, M., FNP	Allied Health Professional 09/24/2014

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Collaborating Physician: Dr. Ronald Moscati

Stefko, Deana, L., FNP Allied Health Professional 09/24/2014

Collaborating Physician: Dr. Ronald Moscati

Internal Medicine

Batra, Manav, MBBS Active Staff 09/24/2014

Bent-Shaw, Luis, MD Active Staff 09/24/2014

Chinthakindi, Ravi, Kumar, MD Active Staff 09/24/2014

Kuhadiya, Nitesh, Devji, MD MPH Active Staff 09/24/2014

Russell, Rebecca, A., PA-C Allied Health Professional 09/24/2014

Supervising Physician : Dr. Deepthi Tirunagari

Szarpa, Kristie, L., MSN ANP Allied Health Professional 09/24/2014

Collaborating Physician: Dr. Christopher Jacobus

Yedlapati, Siva, Harsha, MD Active Staff 09/24/2014

Neurology

Kandel, Amit, MBBS Active Staff 09/24/2014

Psychiatry

Brownstein, Rebekah, Mara, MSN PMHP Allied Health Prof 09/24/2014

Collaborating Physician: Dr. Jogesh Bakhai

Ruggieri, Matthew, Lucas, MD Active Staff 09/24/2014

Sengupta, Sourav, MD MPH Active Staff 09/24/2014

Also, the future November 2014 Provisional to Permanent Staff list was compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee.

FOR OVERALL ACTION

AUTOMATIC CONCLUSION- REAPPOINTMENT EXPIRATION FINAL NOTICE

Dentistry

Kevin Apolito, DDS Dentistry 10/31/2014

Orthopaedics

Brian McGrath, MD Active Staff 11/01/2014

Reappointment Expiration date as indicated above

Planned Credentials Committee Meeting: September 2, 2014

Planned MEC Action date: September 22, 2014

Planned Board confirmation by: September 30, 2014

(Last possible Board confirmation by: October 2014)

FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant

The Credentials Committee awaits the detail requested. A proposal to recommend a time limit for a response was discussed. The committee accepted the offer of the Chief of Service to discuss with the applicant the options offered.

Vendor for Corporate Compliance Due Diligence

No update has been received. It is understood that a contract is in place and training plans are in progress. As this process will apply to the entire hospital staff, the Corporate Compliance Officer has been referred to IT to provide the mechanics for the monthly roster. The current policy will be revised accordingly.

Dental Department Form Revisions

It was decided that the Chair of the Credentials Committee and Chief of Oral-Maxillofacial Surgery meet with the Chief of Dentistry to address the requested Department of Dentistry form revisions.

Delegated Credentialing

ERIE COUNTY MEDICAL CENTER CORPORATION

The Medical-Dental Staff Office has received a verbal report of a 100% score in the August Wellcare Delegated Credentialing Audit. Many thanks extended by the committee to the MDSO team for the achievement.

Tenex Procedure Equipment Update

No report since last meeting.

Pathology credentialing

The Medical-Dental Staff Office has reached out to the Pathology Chief of Service to determine what remaining practitioners have yet to apply. A list of nine surgical pathologists without ECMC privileges was provided. Extensive discussion ensued, with directive to relay to the Chief of Service the continued expectation of the committee, with input from RM and legal counsel, that only privileged staff provide care to ECMC patients.

Update on Team Health Midlevel ICU Training

A report from Kim Fedkiw indicated that Midlevel ICU training would be available. The committee and staff office looks forward to the development of a competency based training tool that can be placed in the practitioner's file on successful completion of the program.

Internal Medicine Privilege Forms

=Combined Allied Health Professional Privilege Form

After meeting with the Chief of Service late August, the combined PA-NP Internal Medicine privilege form draft is ready for review with other stakeholders. Our Allied Health Credentials Committee member agreed to provide input.

=Occupational and Environmental Health

A privilege form draft was reviewed and edited by the Chief of Service. The Credentials Committee endorses the form to the Medical Executive Committee.

PHYSICIAN REQUEST FOR CLINICAL (PATIENT CARE) PRIVILEGES:

Enter " ✓ " in Physician Request Column
OCCUPATIONAL AND ENVIRONMENTAL MEDICINE
LEVEL I CORE PRIVILEGES



Chief of Service action:

NON-PROCEDURAL (Cognitive) PRIVILEGES	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 5
		YES	NO	
Management of occupational and environmental health disease including diagnosis, treatment, counseling, follow up and referral ; Work injury management: assessment, treatment and referral ; Exposures: assessment, clinical monitoring, industrial hygiene intervention and counseling ; Physical examinations: screening, monitoring, exposure, regulatory ; Medical Surveillance exams: pre-placement, annual, exit, executive, OSHA, etc. ; Certification examination: DOT, OSHA compliance, respirator use, firefighters, construction and abatement workers ; Hazmat evaluation ; Fitness for duty and return to work evaluation ; Hearing conservation ; Medico-legal evaluation and medical representation ; Independent medical examinations (IME) ; Worksite health, safety and industrial hygiene assessment, counseling ; Health care workers & blood-borne pathogens exposures management ; Workers Compensation evaluation, management and referral ; Impairment / disability assessment and management ; Wellness: education, counseling, screening and management ; Medical records review and assessment.				
PROCEDURAL PRIVILEGES				
Vaccination for work related exposure to infectious disease ; Procedure performance and interpretation: audiometry, spirometry with and without bronchodilator/exercise, pulse oximetry, ECG ; Testing: vision (chart), hearing (tinnitus), phlebotomy, urine collection for: U/A, exposure markers and social drugs use, stool tested for blood ; Referral for radiological studies, advanced pulmonary function testing, stress testing and other indicated procedures and referral to specialties for assessment / treatment/follow up ; Respirator use fitness: medical clearance and fit testing using qualitative method ; Administer medication: vaccines, PPD, bronchodilator inhalation, others as needed.				

AMBULATORY CARE PRIVILEGES	Physician Request	Recommend		Special Requirements
		YES	NO	
AMBULATORY CARE PRIVILEGES for Out Patient Service only				

ERIE COUNTY MEDICAL CENTER CORPORATION

=Interventional Nephrology-Surgery-Radiology Credentialing Criteria

With the addition of Interventional Vascular Access privileges to the Radiology form below, the chair saw an opportunity to clarify and possibly expand credentialing criteria to initial and re-appointment volumes, which might also translate to the Nephrology and Surgery forms. Following lengthy discussion, it was recommended to proceed with the Radiology privilege additions depicted below, using the current criteria and propose no revisions to the credentialing criteria listed on the Internal Medicine Nephrology modular form.

LEVEL 3 PROCEDURAL PRIVILEGES (CONT'D) <i>See credentialing criteria below</i> Performance and Interpretation of the following:	Init / Reap Volume	Request Column	Recommend		Refer below for credentialing criteria
			YES	NO	
SPECIALTY INTERVENTIONAL PRIVILEGES (require fellowship in Interventional Radiology) * = Moderate Sedation required, select below on page 5					
INTERDEPARTMENTAL PRIVILEGES SHARED WITH VASCULAR SURGERY					
Venous Angioplasty					
Percutaneous endovascular stent deployment					
Graft declotting with endovascular thrombolytic catheter					
Dialysis catheter Insertion, removal and exchange					
Coordination of fistula or graft insertion					
Fistula flow monitoring					
INTERDEPARTMENTAL PRIVILEGES SHARED WITH VASCULAR SURGERY AND NEPHROLOGY					
Percutaneous angiography for vascular access management					
Percutaneous balloon angioplasty of AV circuit stenosis					
Percutaneous thrombectomy and embolectomy of AV vascular hemodialysis access grafts, and native fistulas, feeding arteries, and draining veins					
Stenting of AV access					
Tunneled dialysis catheter placement, exchange and removal					

Interdepartmental Criteria:

Surgery Vascular Access Privilege Credentialing Criteria:

1. Current privileges in Extremity vascular surgery for open arteriotomy, thrombectomy, AV access and fistula creation procedures with revision, removal and tunnel catheter placement.
2. Documentation of initial specific relevant training and evidence of current competence for the requested privileges.
3. Peer and/or faculty recommendation with review of current experience and documentation of procedure volumes.

Adopted Medical Executive Committee 7/28/2008, 11/26/2013

Nephrology and Interventional Radiology Vascular Access Privilege Credentialing Criteria:

1. Documentation of initial specific relevant training and evidence of current competence for the requested privileges.
2. Peer and/or faculty recommendation with review of current experience.

Adopted Medical Executive Committee 11/26/2013

ERIE COUNTY MEDICAL CENTER CORPORATION

DEPARTMENT OF SURGERY – Ambulatory Surgery

Requested Recommended

by applicant by Chief of Service
Y / N Y / N

Procedure: Vascular Access Surgery Surgeons: See also Extremity Vasc Surg p 10&11
See Interdepartmental Credentialing Criteria page 16

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

See Interdepartmental Credentialing Criteria page 16

Interdepartmental privileges shared with Interventional Radiology		
<input type="checkbox"/>	<input type="checkbox"/>	Venous angioplasty
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous endovascular stent deployment
<input type="checkbox"/>	<input type="checkbox"/>	Graft declotting with endovascular thrombolytic catheter
<input type="checkbox"/>	<input type="checkbox"/>	Dialysis catheter insertion, removal and exchange
<input type="checkbox"/>	<input type="checkbox"/>	Coordination of fistula or graft insertion
<input type="checkbox"/>	<input type="checkbox"/>	Fistula flow Monitoring

Bariatric Surgery Privilege Delineation

Following the review of the ECMC policy and Procedure for Bariatric Surgery, drafts have been prepared for the Department of Surgery and the Division of Bariatric Surgery for the delineation of privileges and credentialing criteria. The forms with suggested revisions were reviewed and approved by the Chief of Surgery, the Chief of Bariatric Surgery, the Chief Medical Officer and subsequently by the Credentials Committee with an endorsement to the Medical Executive Committee.

Physician Request for CLINICAL (PATIENT CARE) PRIVILEGES:
Enter " ✓ " in Physician Request Column

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BARIATRIC SURGERY LEVEL II PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Chief of Service action:		If Yes, indicate any requirements; If No, provide details. See p. 4
			Recommend		
			YES	NO	
Level II privileges will be granted to those individuals who have completed the required credentialing criteria and who demonstrate ongoing competence. Level II privileges require **Open bariatric and **Advanced Laparoscopic privileges offered in Level II section below					
**Open bariatric surgery	25/xx See Crit				
**Advanced laparoscopic surgery	25/xx See Crit				
Laparoscopic adjustable gastric banding	10/xx See Crit				
Adjustment of gastric banding	See Crit				
Gastric Bypass	See Crit				

BARIATRIC SURGERY LEVEL III PROCEDURAL PRIVILEGES	Init/Reap Volume	Physician Request	Recommend		If Yes, indicate any requirements; If No, provide details. See p. 4
			Recommend		
			YES	NO	
Level III privileges require **Open bariatric & **Advanced Laparoscopic privileges offered in Level II section					
Laparoscopic Roux-en-Y gastric bypass	5/xx See Crit				
Laparoscopic sleeve gastrectomy	5/xx See Crit				
Extended (Distal) Roux-en-Y gastric bypass (RYGBP-E)	5/xx See Crit				
Biliopancreatic diversion	See Crit				
Revision Bariatric Surgery	See Crit				

ERIE COUNTY MEDICAL CENTER CORPORATION

<p>Bariatric Surgery Privilege Credentialing Criteria:</p> <p>A. Global Credentialing Requirements for all types of Bariatric Surgery Privileges</p> <ol style="list-style-type: none"> 1. Must be a member or qualify to be a member of the department of Surgery and have privileges to perform gastrointestinal and biliary surgery. 2. Must be board certified or eligible to be board certified with obtainment within 2 years of application for privileges. 3. Must obtain ASMBS-ACS membership within 2 years. 4. Must document that he/she is working within an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed. 5. Must participate in the ongoing Division of Bariatric Surgery quality assurance activities aimed toward preventing, monitoring, and managing short-term and long-term complications associated with bariatric surgery. 6. Must document that he/she has a system in place to provide lifetime follow-up for all of their bariatric surgery patients, with the expectation that 100% of these patients' health status will be monitored in order to promote early recognition and management of long-term complications of bariatric surgery. 7. Privileges will be granted separately for each bariatric procedure offered at the facility. 8. Surgeon must perform at least 30 bariatric procedures each year to maintain competency. 9. Surgeon must obtain a minimum of 8.0 Category I CMEs each year specific to the bariatric field of medicine. 10. Major complication rate must be less than 10% and mortality rate must be less than 1%. <p>B. Full, Unrestricted Bariatric Surgery Privileges will generally be granted to those who meet the global credentialing requirements and:</p> <ol style="list-style-type: none"> 1. Have established credentials to perform open and/or laparoscopic bariatric surgery at another institution, can provide a letter of recommendation from the chairman of surgery at the hospital(s) where the requesting surgeon currently holds credentials, and can document acceptable patient outcomes. 2. Those who can document performance of minimum 25 open and/or laparoscopic bariatric surgical procedures as the primary surgeon during their surgical residency completed within the last 3 years, can provide a letter of recommendation from the chairman of surgery at the hospital(s) where the requesting surgeon completed the cases, and can document acceptable patient outcomes. 3. Those trained in approved fellowships in bariatric surgery, can provide a letter of recommendation from the chairman of surgery at the hospital(s) where the requesting surgeon completed their fellowship, and can document acceptable patient outcomes. 4. Those who have completed provisional bariatric surgery credentialing, can provide a letter of recommendation from the chairman of surgery at the hospital(s) where the requesting surgeon completed provisional credentialing, and can document acceptable patient outcomes. 5. Outcome data will be reviewed within 6 months of receiving full bariatric surgery privileges. <p>C. Provisional Bariatric Surgery Privileges: Provisional bariatric surgery privileges will be granted to those deemed appropriate candidates in order to facilitate the pursuit of full, unrestricted bariatric surgery privileges. Surgeons with provisional bariatric surgery privileges are able to schedule bariatric cases if global credentialing requirements are met by the surgeon, and the surgeon has a first assistant proctor with full bariatric surgery privileges, and there is documentation of successful completion of a bariatric training course of at least two days which includes both didactic and hand-on laboratory work with cadavers.</p> <ol style="list-style-type: none"> 1. Requirements: <ol style="list-style-type: none"> a) Completion of an established bariatric surgery program with performance of at least 50 procedures during that period. Surgeon must be listed as the primary surgeon for at least 25 of those 50 cases. b) Completion of 50 procedures, 25 of which he/she must be the primary surgeon, during the first year while proctored by a NYS licensed surgeon with full unrestricted privileges in bariatric surgery. 	<ol style="list-style-type: none"> c) Surgeon's outcomes must be reviewed, and deemed acceptable, within 6 months of initiation of privileges and annually thereafter. d) Have 15 independent cases reviewed by the Chief of Surgery, the Director of Bariatric Surgery, members of the Quality Improvement and Patient Safety department, and the credentialing committee. e) If any of the above criteria are not met provisional privileges in bariatric surgery may be revoked or extended. <p>D. Laparoscopic Roux-en-Y gastric bypass and sleeve gastrectomy privileges</p> <ol style="list-style-type: none"> 1. Surgeon must meet the global credentialing requirements 2. Must have privileges at ECMC to perform "open" bariatric surgery 3. Must have privileges at ECMC to perform advanced laparoscopic surgery 4. Must document 5 competent proctored cases in which the assistant is a fully trained bariatric surgeon 5. Must document the outcomes often cases performed as the primary surgeon and demonstrate an acceptable peri-operative complication rate <p>E. Laparoscopic adjustable gastric banding privileges</p> <ol style="list-style-type: none"> 1. Surgeon must meet the global credentialing requirements 2. Must have privileges at ECMC to perform "open" bariatric surgery 3. Must have privileges at ECMC to perform advanced laparoscopic surgery 4. Must document 10 competent proctored cases in which the assistant is a fully trained bariatric surgeon 5. Must document the outcomes often cases performed as the primary surgeon and demonstrate an acceptable peri-operative complication rate <p>F. First-assist privileges in bariatric surgery will be granted to:</p> <ol style="list-style-type: none"> 1. Surgeons certified by the American Board of Surgery, who are credentialed to perform surgery at the facility. 2. A fellow currently training in the field of bariatric surgery. 3. Residents who are currently training in the field of surgery, authorized by their residency program to provide surgical first assist during bariatric surgery cases, and the bariatric surgeon is agreeable. These residents may not be solely responsible for the post-operative care of the bariatric surgical patient or provide on-call coverage for bariatric surgery patients presenting to the ED with complaints pertaining to their bariatric surgery. 4. Physician Assistants, upon agreement with the bariatric surgeon, may act as first assist during bariatric procedures and provide post-operative care for bariatric surgery patients in collaboration with the bariatric surgeon. Physician Assistants will not solely provide on-call coverage for patients presenting to the ED with complaints pertaining to their bariatric surgery. Physician Assistants will complete the First Assist Privilege form available in the Medical Staff Office. <p>G. Bariatric Surgery call coverage may be provided by surgeons who are:</p> <ol style="list-style-type: none"> 1. American Board of Surgery certified, possess full, unrestricted bariatric surgery privileges at the facility, and are actively involved in the bariatric program. 2. American Board of Surgery certified, possess full, unrestricted general surgery privileges at the facility, routinely act as first assistant during bariatric procedures, and are capable to manage the full range of complications associated with bariatric surgical procedures.
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Additional Bariatric selection additions to the General Surgery form

Requested by applicant Y / N	Recommended by Chief of Service Y / N	<u>SURGICAL SPECIALTY</u>
<input type="checkbox"/>	<input type="checkbox"/>	General Surgery
<input type="checkbox"/>	<input type="checkbox"/>	General Thoracic Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Vascular Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Plastic and Reconstructive Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Colorectal Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Hand Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Head and Neck Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Bariatric Surgery – Select Bariatric privileges on the separate Bariatric form – Select additional General Surgery privileges on this form
=====		
B. G.I. Tract (Bariatric Surgeons to select appropriate GI procedures below)		
<input type="checkbox"/>	<input type="checkbox"/>	Gastric surgery - all types
<input type="checkbox"/>	<input type="checkbox"/>	Small bowel surgery
<input type="checkbox"/>	<input type="checkbox"/>	Colon surgery
<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy - acute
<input type="checkbox"/>	<input type="checkbox"/>	Abdominoperineal resection
<input type="checkbox"/>	<input type="checkbox"/>	Colorectal (fissures, fistula, hemorrhoids, abscess, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Dobhoff tube placement
=====		
D. Liver and Biliary Tract (Bariatric Surgeons to select appropriate Biliary procedures below)		
<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder and common duct
<input type="checkbox"/>	<input type="checkbox"/>	Major biliary reconstructive surgery
<input type="checkbox"/>	<input type="checkbox"/>	Liver - biopsy, aspiration, drainage
<input type="checkbox"/>	<input type="checkbox"/>	Liver - resection (partial)
<input type="checkbox"/>	<input type="checkbox"/>	Complete hepatic lobectomy
=====		
<input type="checkbox"/>	<input type="checkbox"/>	Laparoscopic Adjustable Gastric Banding (See criteria page 14)
Bariatric Surgeons - Select additional laparoscopic privileges on separate Bariatric form		

LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING

1. The general surgeon must have completed a training course in laparoscopic gastric banding.
2. Must have privileges at ECMC to perform "open" GI and Biliary surgery.
3. Must have privileges at ECMC to perform Advanced Laparoscopic surgery.
4. Must document 10 competent proctored cases in which the assistant is a fully trained bariatric surgeon.
5. Must document the outcomes often cases performed as the primary surgeon & demonstrate an acceptable peri-operative complication rate.

Criteria revised to match Bariatric Division requirements

Adopted Medical Executive Committee 11/25/2013, revised MEC xx/xx/xxxx

Additional Bariatric selection additions to the General Surgery form

AMBULATORY SURGERY UNITS

Requested	Recommended	<u>SURGICAL SPECIALTY</u>
by applicant	by Chief of Service	
Y / N	Y / N	
_____	_____	1. Colorectal Surgery
_____	_____	2. General Surgery
_____	_____	3. General Thoracic Surgery
_____	_____	4. Plastic Surgery
_____	_____	5. Vascular Access Surgery
_____	_____	6. Wound Care
_____	_____	7. Bariatric Surgery

Status Reports

The committee was updated on the status of the response rates for the Annual Re-Orientation and Department of Justice Code of Conduct Attestations. Both are at approximately 50% at the time of the meeting. Departmental physician leaders have been called upon to champion staff response.

Temporary Privilege expirations during Pending Initial Applications

Refer to the attached tracker.

NEW BUSINESS

Internal Medicine – Unfavorable Recommendation and Deferral

1. The Chief of Service has made an appointment application non recommendation with a request for application withdrawal from the applicant. The committee supports the recommendation of the Chief of Service and his advice to the applicant. A letter to the applicant will be issued by the Chair of the Credentials Committee.
2. The Chief of Service has deferred a recommendation for appointment for an Allied Health Professional, citing limited hospital experience. A more specific collaboration agreement was requested by the Chief, to detail the training and supervision of the practitioner should she become credentialed. At the time of the meeting, this collaborative agreement was reported to be under the review of the practice plan's legal counsel. Upon receipt, the Medical-Dental Staff Office will forward to the Chief of Service for review and assessment.
3. The Chief of Service does not endorse another applicant questioning suitability for association in the Department of Internal Medicine based on training and lack of board eligibility in Internal Medicine. The dossier refers to Family Medicine/Internal Medicine experience. The dossier has also been reviewed by the Family Medicine Chief of Service, who opined that the submitted by the candidate from the Family Medicine Board Certification body suggests that he would not be board eligible in Family Medicine either. The dossier will be deferred until the candidate provides to the Family Medicine

ERIE COUNTY MEDICAL CENTER CORPORATION

certification body the records requested and a written statement from this body is received. If favorable, appointment through the Department of Family Medicine may be considered.

Family Medicine

The committee was provided the detail of the application deferred pending receipt of an updated OPMC consent order. A written confirmation of the plan to meet the practice conditions delineated in the order were provided and endorsed by the Chief of Service. The CMO and Credentials Committee endorse an extended period (1 year) for the FPPE, with the documentation to included, but not be limited to, the conditions stipulated in the consent order.

Radiology - TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS)

Radiology/Imaging Services has requested the addition of the TIPS procedure to their privilege offerings.

The committee noted that:

- 1) ECMC Interventional Radiology submitted evidence from the applicant’s fellowship that he has done >10 TIPS procedures.
- 2) The current ECMC privilege form was reviewed and contains the components of the TIPS process; no revision needed. This is substantiated by a review of the KH form relative to their process.

The Chief Medical Officer advised the committee of some administrative issues beyond the purview of credentialing that will need to be worked out before the procedure can be offered on our campus. He also alluded to plans for inpatient coverage from a medical service that if in place, would negate the need for the interventional radiologist to have admitting privileges.

Wound Care Training Update

The committee was provided an update on the training and credentialing of providers for the Wound Care Center. Refer to page 3 for detail.

OVERALL ACTION REQUIRED

OPEN ISSUES

Urology and Orthopaedic Surgery

Completion of privilege form revisions for the Departments of Urology and Orthopaedics remain open.

Application Form revisions

Proposed revisions as described in the previous minutes are in progress.

- 1) Add a blocked space for applicants to provide historical liability insurance information. Though the current form asks applicants to provide, there is no space to do so.
- 2) Add to the References section that references must be able to speak to “CURRENT” competence as defined by having worked with the practitioner within the past “5” years.

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)*

- Anesthesiology (1 MD closed)
- Cardiothoracic (1 AHP, 1 AHP concluded)
- Dentistry (1 DDS concluded)
- Emergency Medicine (1AHP)
- Family Medicine (1 DO, 2 AHP concluded, 1 AHP closed)
- Internal Medicine (5 MD concluded 1 MD closed, 1 MD waived, 2 AHP, 1 AHP concluded)
- Neurology (1 MD concluded, 1 MD waived)
- Ophthalmology (1 MD concluded)
- Oral Maxillofacial Surgery (2 low volume DDS with partial FPPE; 1concluded, 1 closed)

- Orthopaedics (1 MD concluded)
- Plastic and Reconstructive Surgery (1 MD)
- Psychiatry (5 MD, 2 MD concluded, 2 AHP, 1 AHP closed)
- Surgery (1 AHP concluded)
- Urology (6 no volume MD concluded, 1 MD FPPE closed)

***Waived, closed and concluded volume related to quality control review of outstanding files**

OPPE (Ongoing Professional Practice Evaluation)

- No report from the Safety Office
- Anesthesiology (Completed OPPEs have been received for 15 CRNAs; 4 CRNA's in FPPE cycle)

FOR COMMITTEE INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:30 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee
att.

MINUTES OF THE SPECIAL BOARD TELECONFERENCE MEETING
TUESDAY, SEPTEMBER 30, 2014
ECMCC EXECUTIVE CONFERENCE ROOM

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

The Chair Kevin M. Hogan, called the meeting to order at 12:00 p.m.

II. ACTION ITEM

A. Approval of 2015 Operating Budget.

Following a presentation by Stephen Gary, Chief Financial Officer, the board discussed the proposed operating budget.

Moved by Michael Seaman and seconded by Bishop Michael Badger to approve the budget as presented.

Motion Approved Unanimously.

III. ADJOURNMENT

Moved by Kevin M. Hogan and seconded by Michael Seaman to adjourn the Board of Directors meeting at 12:30 p.m.



Sharon L. Hanson,
Corporation Secretary

CREDENTIALS COMMITTEE MEETING October 8, 2014

Committee Members Present:

Robert J. Schuder, MD, Chairman
Yogesh D. Bakhai, MD
Christopher P. John, PA-C
Mandip Panesar, MS MD

Brian M. Murray, MD
Richard E. Hall, DDS PhD MD FACS
Nirmit D. Kothari, MD

Medical-Dental Staff Office and Administrative Members Present:

Tara Boone, Medical-Dental Staff Services Coordinator
Judith Fenski, Credentialing Specialist

Members Not Present (Excused *):

Gregg I. Feld, MD *
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

Timothy G. DeZastro, MD *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of September 2, 2014 were reviewed and accepted.

ADMINISTRATIVE

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.

- A. Deceased
- B. Applications Withdrawn
 - Majeed Siddiqui, MD Internal Medicine 09/26/14
- C. Application Processing Cessation - None
- D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)
- E. Resignations
 - Kortman, Amy, CRNA Anesthesiology 08/05/14
 - Philip Williams, DDS Dentistry 10/07/14
 - Butski, Crystal, FNP Emergency Medicine 09/01/14
 - Clancy, Kristen, PA-C Emergency Medicine 08/31/14
 - Campbell, Lorne, MD Family Medicine - Chief of Service 10/31/14
 - Eckert, Dhaliah, ANP Family Medicine (Family Choice) 08/31/14
 - Holynski, Camille, ANP Family Medicine (Family Choice) 08/31/14
 - Sworts, Jinyan, ANP Family Medicine 08/31/14
 - Ahuja, Karuna, MD Internal Medicine 08/31/14
 - Kozinn, Marc, MD Internal Medicine 09/30/14
 - Daost, Jeffrey, PA-C Orthopaedic Surgery 07/01/14
 - Hurley, John, DPM Orthopaedic Surgery-Podiatry 09/17/14
 - Ripstein, Jennifer, PA-C Orthopaedics 08/31/14
 - Silliman, Carrie, FNP Transplant 03/31/14
 - Jones, Damian, DDS Dentistry 09/23/14

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Dentistry

Nour Masud, DDS

Associate Staff to Courtesy Staff, *Refer & Follow*

FOR OVERALL ACTION

CHANGE OR DEPARTMENT ADDITION

Psychiatry

Kyle Wiktor, NP

Allied Health Professional

Supervising Physician: Victoria Brooks, MD

FOR OVERALL ACTION

CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

Therese Ball, ANP

Allied Health Professional

Supervising Physician: From Dr. Cindrea Bender to Dr. Wajdy Hailoo

Tracy Sturm, FNP

Allied Health Professional

Supervising Physician: From Sun Park, MD to Alyssa Shon, MD

FOR OVERALL ACTION

PRIVILEGE ADDITION/REVISION

Cardiothoracic Surgery

Elisabeth Dexter, MD*

-Extrapleural enucleation of empyema with lobectomy

-Wedge resection of lung, single or multiple

-Pericardial biopsy

-Ventilator Management

**FPPE waived; core privileges for specialty. Practitioner not ECMC base, no inpatient care*

Family Medicine

Marcia Shiel, FNP

-Basic Substance Withdrawal

Surgery

Kathleen Barone, FNP*

-Perform EKG

-Urinary Catheter, (Female)

-Urinary Catheter, (Male)

-Subcutaneous Injection

-Vein Puncture

**FPPE waived; core nursing competencies*

Internal Medicine

Alfredo Kua, MD*

-Non-Procedural (Level I Core Privileges)

-Procedural (Level I Core Privileges)

**FPPE not required; core departmental privileges/form revision*

Neil Parikh, MD*

Active Staff

-Consultation- General Internal Medicine

-Central Venous Catheter Insertion

**FPPE not required for cognitive privilege; procedural privilege is core*

Kirsten Smith, NP*

Allied Health Professional

Supervising Physician: Dr. Neal Rzepkowski

-Anoscopy

**FPPE satisfied with completion of training defined in the credentialing criteria*

FOR OVERALL ACTION

PRIVILEGE WITHDRAWAL

Cardiothoracic Surgery

- Elisabeth Dexter, MD -Clinical Basic Privileges
with annual Open Heart Case Volume of less than 50 cases
-Repair of ICD pulse generator and/or leads
-Removal of ICD pulse generator and/or leads system
by other than thoracotomy

Internal Medicine

- Robert Gatewood, MD -Stress testing, all forms, exercise, pharmacologic
Yahya Hashmi, MD -Oral/Nasal Intubation 04/24/2014

FOR OVERALL ACTION

APPOINTMENTS and REAPPOINTMENTS

- A. Initial Appointment Review (11)
- B. Initial Dual Dept. Appointment (0)
- C. Reappointment Review (26)
- D. Reappointment Dual Dept. Review (0)

Nine initial and twenty-six reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.

APPOINTMENT APPLICATIONS, recommended

A. Initial Appointment Review (8)

Emergency Medicine

Baumler, Nicole PA-C Allied Health Professional
Supervising Physician: David Hughes, MD

McCormack, Robert, MD Active Staff

Internal Medicine

Baker, Kristine, ANP Allied Health Professional
Supervising Physician: Nancy Ebling, DO

Beintrexler, Heidi, MD Active Staff

Claus, Jonathan, MD Active Staff

Obstetrics and Gynecology

Swenson, Krista, MD Active Staff

Pathology

Liu, Weigno, MD Active Staff

Psychology

Baker, Teresa, ANP Allied Health Professional
Supervising Physician: Michael Cummings, MD

McCunn, Karen, MD Active Staff

Pidor, Haidee, MD Active Staff

Surgery

Dominguez, Ivan, MD Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended

C. Reappointment Review (26)

Anesthesiology

Christopher Resetarits, CRNA Allied Health Professional

Cardiothoracic Surgery

Elisabeth Dexter, MD Active Staff
Sharon Wittman-Klein, PA-C Allied Health Professional
Supervising Physician, First Assist with-Dr. John Bell-Thomson

Dentistry

Nour Masud, DDS Courtesy Staff, *Refer and Follow*

Family Medicine

Marcia Shiel, FNP Allied Health Professional
Supervising Physician-Dr. Stephen J. Evans
Julie Talevski, FNP Allied Health Professional
Supervising Physician-Dr. Mohammadreza Azadfard

Internal Medicine-Cardiology

Reza Banifatemi, MD Active Staff
JoAnne Cobler, MD Active Staff
Michael D'Angelo, MD Active Staff
Robert Gatewood, MD Active Staff
Lisa Kozlowski, MD Active Staff
George Matthews, MD Active Staff
Brian Riegel, MD Active Staff
Scott Sobieraj, MD Active Staff

Internal Medicine

Leah Gorsline, PA-C Allied Health Professional **Defer to November meeting; awaiting receipt of additional information**
Supervising Physician-Dr. Nancy Ebling
Anthony Martinez, MD Active Staff
Richard Quigg, MD Active Staff **Defer to November meeting; awaiting receipt of additional information**
Alyssa Whiteside, PA-C Allied Health Professional
Supervising Physician-Dr. Cindrea Bender

Neurology

Richard Ferguson, MD Active Staff

Ophthalmology

Sandra Everett, MD Active Staff

Orthopaedic Surgery

Karen Taylor, PA-C Allied Health Professional
Supervising Physician, First Assist with Dr. Christopher Ritter

Plastic & Reconstruction Surgery

Paul Tomljanovich, MD Active Staff

Psychiatry

Semen Spirin, MD Active Staff

Radiology/Imaging Services

Shantikumar Bedmutha, MBBS Active Staff

Surgery

Kathleen Barone, FNP Allied Health Professional
Supervising Physician-Dr. Mark Laftavi

Radiology/Imaging Services-Teleradiology

Brian Burgoyne, MD Active Staff
Jon Engbretson, MD Active Staff
Russ Savit, MD Active Staff

FOR OVERALL ACTION

Tenex Procedure Equipment Update

Delayed in Purchasing. S.Ksiazek has done customer service recovery with the involved surgeon and has received the full cooperation of the Department of Orthopaedics to prompt this to closure quickly.

Follow Up of applicant review at the September 2014 MEC meeting

The MEC at its recent meeting made specific recommendations for a recent Nurse Practitioner applicant to appear for an additional interview before consideration of her dossier. These recommendations are consistent with the purview of the Credentials and Medical Executive committees as defined in policy. The Practitioner Health Advisory Committee focus was that of wellness, as competency review was completed through the standard credentialing process. The finding so of the advisory committee will be presented to the MEC at its October meeting for further deliberation and recommendation.

IM Application Deferrals

The Chief of Service has deferred recommendations for appointment for two Nurse Practitioners citing lack of hospital experience for one, the other being a recent graduate. A more detailed, specific collaboration agreement was sent for each, but as per the Chief of Service, are not specific enough with regard to the amount of shoulder to shoulder supervision by the collaborating MD. Both are from the same practice plan.

The Medical-Dental Staff Office has contacted the practice plan on behalf of the chief of service in an effort to close these open files, but seeks guidance from the Credentials Committee with regard to what falls under the office vs. the clinical department. The committee discussed the situation and recommended further communication with the Chief of Service with an end to perhaps define specific conditions of practice. Oversight requirements could be developed for the applicant along with documentation of ongoing experience.

The committee also recognizes the entire topic of midlevel competency, performance and oversight is slated to be addressed by an Ad Hoc committee charged by the Medical Executive Committee. This will be facilitated through the President of the Medical-Dental Staff.

Temporary Privilege expirations during Pending Initial Applications

Refer to the attached tracker.

NEW BUSINESS

UB Faculty on site for Teaching only

A request was considered by the committee for confirmation of the past tradition that UB Faculty at ECMC (Psychiatry) for the purpose of ONLY resident observation and evaluation do not need to be privileged members of the Medical-Dental Staff.

Another request for the same routine has been received from an Emergency Department practitioner who wishes to resign from staff (will no longer be seeing patients), but will continue to be involved with the residents. Concern was expressed by the committee members and the Chief Medical Officer. Resident observation and evaluation that included patient interaction or direct activity may result in the need for record entries with the evaluator sign-off. The committee felt that privileged staff membership should be required for these situations.

Family Medicine Privilege Form

A Family Medicine staff member requested privilege addition to include "Bursa and joint injections". With the endorsement of the Chief of Service, the committee recommended that the Arthrocentesis offering will be expanded to include the above text.

Medical Staff Member VISA Expirations

The committee was asked whether it is appropriate or important to follow Kaleida’s policy for tracking Visa expiration dates for staff members. It was felt that this was the professional responsibility of the licensee and for residents and fellows, is tracked through the UB Office of GME. It was therefore recommended that the ECMC Medical-Dental Staff Office should not adopt this additional practice.

Surgery- Transplant Surgeons

A recommendation for improvement in the Department of Surgery privilege form was received in regard to Transplant Surgery. The subspecialty will be added to the list of specialties on the Surgery form.

It was also endorsed that credentialing criteria for Transplant Surgeons be added to match the UNOS recommendations.

Requested	Recommended	<u>SURGICAL SPECIALTY</u>
by applicant	by Chief of Service	
Y / N	Y / N	
_ _ _ _	_ _ _ _	General Surgery
_ _ _ _	_ _ _ _	General Thoracic Surgery
_ _ _ _	_ _ _ _	Vascular Surgery
_ _ _ _	_ _ _ _	Plastic and Reconstructive Surgery
_ _ _ _	_ _ _ _	Colorectal Surgery
_ _ _ _	_ _ _ _	Hand Surgery
_ _ _ _	_ _ _ _	Head and Neck Surgery
_ _ _ _	_ _ _ _	Transplant Surgery ← addition
_ _ _ _	_ _ _ _	Bariatric Surgery – Select Bariatric privileges on the separate Bariatric form
		– Select additional General Surgery privileges on this form
_ _ _ _	_ _ _ _	Critical Care,

OPERATIONS ISSUES

Dues Report

Names of practitioners with outstanding debts exceeding 2 years were presented to the committee. It was recommended that a letter be sent to each practitioner, outlining their obligation for payment by a specific date. The letter is to be signed by the Credentials Chair, CMO and President of the Medical-Dental Staff.

Quality Control

In an effort to ensure the on-going staffing challenges have not adversely affected regulatory or accreditation compliance as it applies to re-appointment at least every 24 months, a report was run from the credentialing software to detect for any inadvertent outliers. None were found.

Change in Supervising Physicians

Consistent with NYS regulations, the Medical-Dental Staff Office ensures that privileges awarded to a midlevel practitioner align with the corresponding collaborating/supervising physician. The physical presence and availability of a supervising/collaborating is an expectation as well, though the former is not clearly defined in the regulations

One service finds it necessary to make assignment changes on a frequency basis above that of other services, and there have been challenges with prompt notification. Often, the changes occur only upon the prompting of the Medical-Dental Staff Office. The practice plan has been contacted in writing and reminded of the need to promptly notify and to pre-review the privileges of the MDs prior to making those assignment changes to ensure that they line up with the AHP they will be matched with. The practice plan can also assist with MD site

assignment information. There is currently an open issue with a physician who has separated from the practice plan without advanced notification of the re-assignment of his three midlevels.

Chart Delinquency status in the Re-appointment Summaries reviewed by the Chiefs of Service

S. Ksiazek and Dr. Hall discussed the on-going challenge of medical record delinquencies. S. Ksiazek suggests that the MDSO and the Administrative Assistant to the CMO partner to provide this info to the COS at re-appointment via the re-appointment summary. The Credentials Committee concurred. A process will be developed with the administrative assistant to the CMO.

OVERALL ACTION REQUIRED

OPEN ISSUES

Emeritus Staff

The Emeritus Staff recommendations noted at the September meeting will be followed up with congratulatory communications to the staff members.

Resignation

In response to a communication sent by a resigning practitioner, it was determined that a letter of acknowledgement and gratitude for service be sent with the signatures of the Credentials Chair, Chief Medical Officer, President of the Medical-Dental Staff and the Director of Medical Staff Quality and Education. completed for a recent applicant resignation.

Dental Department Form Revisions

It was previously decided that the Chair of the Credentials Committee, the Chief of Oral-Maxillofacial Surgery and the Chief of Dentistry meet to address the requested Department of Dentistry form revisions. The meeting is to be scheduled prior to the next Credentials Committee meeting.

NP Law change effective January 2015

The committee was reminded of the need to incorporate revisions to the ECMC Nurse Practitioner privilege forms to reflect the changes in the law. The Credentials Committee and MEC have endorsed that ECMC retain the process of a designated collaborating physician for the purposes of privilege review, and attesting to current competency (FPPE/OPPE). In addition, a letter was to be issued to all nurse practitioners on staff explaining the rationale for ECMC maintaining its current process.

As previously stated at the July 2014 meeting, the committee awaits an assessment from Risk Management regarding the implications of the new law on liability insurance will be assessed by Risk Management. The one issue that the law does not explicitly address is the previous limitation of the scope of a nurse practitioner's privileges to that possessed by the collaborating physician. An update from Risk Management will be requested for the November Credentials Committee meeting to assist with the content of the letter.

Internal Medicine – Unfavorable Recommendation

The Chief of Service has made an appointment application non-recommendation with a request for voluntary application withdrawal. The Director of Medical Staff Quality and Education will confirm this with the applicant and add to the agenda for the November Credentials meeting.

Status Report on Attestations

Regarding Department of Justice Certification of Compliance – all but two received to date (97%). Remaining outstanding staff members will be contacted by the Chief of Service.

Compliance for the Annual Reorientation documentation has better response than last year with less than ~100 outstanding to date. The administrative assistant to the CMO has asked the Medical-Dental Staff Office staff to help obtain the attestations from outstanding practitioners due for re-appointment.

Internal Medicine AHP Privilege Form

The Chair of the Credentials Committee received feedback from the AHP member of the committee on the privilege form draft. Suggestions made regarding case experience documentation. The comments will be incorporated into further revisions and reviewed with the Chief of Service.

Urology and Orthopaedic Surgery

Privilege form revisions with the Departments of Urology and Orthopaedic Surgery remain open. It appears prudent to remove this item from the standing agenda given the amount of time that has passed with no activity.

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)

- =Anesthesiology (1 MD, 2 CRNAs)
- =Dentistry (1 DDS)
- =Family Medicine (1 MD waived)
- =Ob/Gyn (3 MDs waived)
- =Orthopaedic Surgery (1 AHP, 1 AHP concluded)
- =Pathology (1 MD waived)
- =Psychiatry (1 MD closed, 1 MD waived)
- =Surgery (3 MDs waived, 1 MD closed, 1 AHP)

OPPE (Ongoing Professional Practice Evaluation)

Family Medicine (13 Family Choice NPs)

No report from the Patient Safety Office.

Two discussion items regarding FPPE/OPPE were deferred to the next Credentials meeting due to time constraints.

FOR COMMITTEE INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried with adjournment at 4:40 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee
att.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING
OCTOBER 14, 2014
ECMCC STAFF DINING ROOM

BOARD MEMBERS PRESENT: RICHARD BROX MICHAEL HOFFERT
FRANK MESIAH

EXCUSED: RONALD CHAPIN

ALSO PRESENT: RONALD KRAWIEC
DOUGLAS FLYNN

I. CALL TO ORDER

Richard Brox called the meeting to order at 9:30a.m.

II. APPROVAL OF AUGUST 12, 2014 MINUTES:

Moved Michael Hoffert and seconded by Frank Mesiah to receive and file the Buildings and Grounds Committee minutes of August 12, 2014 as presented.

III. UPDATE – RECENTLY COMPLETED INITIATIVES/PROJECTS

Behavioral Health Center of Excellence Project (HEAL21)

- Renovations: 4 Zone 3 / Joint DOH / OMH inspection was held on 08/12/14, since then punchlist and late design changes have been completed, with expectations of opening this service next Monday 10/20/14.

Electrical Infrastructure Improvements

- Fire Alarm System Upgrades / project work is substantial completion, system commissioning in progress, final coordination with Buffalo Fire Department to be completed by the end of October.

Emergency Department Optimization Study

- Cannon Design's Study concluded in August with the issuance of the final report. Accepted report recommendations shall be the starting point for pending department expansion and renovation project. An applicable Architectural / Engineering services RFP has been drafted and is expected to be issued within the next couple of weeks.
- Lifeline shall be using the study renderings for their pending capital fund raising campaign.

ERIE COUNTY MEDICAL CENTER CORPORATION

IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

Signage & Wayfinding Initiative - Interior Wayfinding

- The final (2) trial wayfinding pathways shall be applied over the next (2) weeks, after which final refinements shall be made as permanent applications replace the temporary applications. This approach allows for this new concept to be implemented in advance of permanent installation. A facility wide understanding of this new concept shall need to be expedited to ensure a smooth transition in providing directions to patients/visitors. The goal remains to have the permanent applications in place by year's end.

Nurse Call System Replacement

- With applicable material and equipment orders now placed the coordination of system replacements shall occur over the next two weeks, with 12 Zone 4 being the first zone to be addressed. Related work shall occur on the 7th, 8th, 9th, and 12th floors.

3rd Floor Relocations

- The previously vacated Nursing Education space is being renovated into the new Chief Medical Officer Suite. This Suite will be ready for occupancy by the end of the month. Once relocated into their new space the former CMO office space shall be updated into DSRIP office space.

Lifeline Suite Renovations Modernization

- Since our last meeting the Telephone Operators & Lifeline have been relocated to allow for the jump-starting of this renovation. The project is being "fast-tracked", that is to say it is proceeding in advance of a completed design in order to achieve the earliest possible completion, this goal being December 1st.

2014 CAPITAL GROUP A PROJECTS

Universal Care Unit @ 6 Zone 1 (June 2014 – December 2014)

- This project shall renovate 6Z1 into a “universal care” unit, which shall be capable of accommodating any type of medical/surgical patient. This unit to be available for use as a “swing” space, facilitating future medical/surgical inpatient bed zone renovations.
- Interior finishes including painting, ceiling grid, and flooring all in progress.

Orthopedic COE Initiative / In Patient Bed Zones (July 2014 – February 2015)

- Project includes full renovation of 6 Zone 3 and 4 into (22) high end private rooms, with improved support & PT space in 6 Zone 5.
- Systems rough-in and stud partitioning in progress at varying stages across the renovation.

GI Lab Renovations (June 2014 – November 2014)

- Project scope is the expansion of the Pre / Post Procedural Bays, work to be completed on a 2nd shift basis, as to not disturb surrounding clinical services.

ERIE COUNTY MEDICAL CENTER CORPORATION

- Flooring work underway with millwork installations to follow shortly thereafter.

Signage & Wayfinding Initiative / Site Signage (July 2014 – November 2014)

- Project scope includes new and improved site signage across the campus.
- Foundation work in progress, signs in fabrication w/installations expected to begin by months end.

V. UPDATE – PENDING INITIATIVES/PROJECTS

Education & Training Center

- Based on the approved schematic plan it was decided that the project would take the next step of design development. A/E contract for the balance of design services has been approved; current forecast for the project cost is \$1.3 million.

Medical ICU Renovation

- Since our last meeting a full sized mock-up of the envisioned patient room has been constructed with a series of refinements being implemented since then. At this stage the mock-up has gained stakeholder approval which shall allow for the finalization of a schematic design and project cost forecasting.

Orthopedic Clinic Expansion

- The currently approved schematic design has the front of the Clinic occupying the former Hemophilia Suite with the adjacent Nursing Display remaining intact. Prerequisites to this project shall include the development of bidding documents, the bid/award phase, and the prior relocations of Bariatrics, Ambulatory Admin Suite & Family Med Offices. The current total project cost is forecasted at \$1.8 million.

HPD Control Room & Security System Head-End

- A capital request for this \$1.2 million project has been submitted for formal funding consideration. This scope includes the construction of a new Police Control Room which shall house the new security system that shall integrate both new & legacy systems into a single monitoring & alarm system.

Equipment Replacement @ Cath Lab 2

- Cath Lab 2 equipment has reached end-of-life status, the project scope & budget has been established @ \$1.7 million, Administration currently in the process of developing an applicable CON submission.

Bariatric CT & Fluoroscopy Units

- A project scope & budget are being expedited pursuant to an intended CON submission for the addition of a new CT unit and the replacement of an existing fluoroscopy unit, both units to be bariatric grade.

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Loading Dock / Waste Stream Renovations

- A capital request for this \$800K project has been submitted for formal funding consideration. Based on a past security assessment @ the loading dock area, a project scope has been developed which would secure points of entry around the loading dock and Incinerator room, while better organizing waste stream processing, and developing desperately needed storage space in the vacant Incinerator Room.

Facility Asset Tracking

- A trial survey of an RFID asset tracking system has been completed, which confirmed that our current Wi-Fi infrastructure is capable supporting this technology. With this trial survey now completed a related capital request shall be submitted for funding consideration. Initially this system is being proposed for tracking medical equipment however it could be adapted to accommodate other tracking and or security needs.

Operating Rooms C & D @ Ambulatory Center

- An applicable CON application was submitted by Administration since our last meeting.

Roofing Replacement @ DKMiller

- A set of bidding documents are being prepared for a spring 2015 roofing replacement project on the DK Miller Building.

Dental & Oral Surgery Renovations

- Recent design discussions have revisited the original phase 2 scope. Now with a confirmed design an applicable capital request shall developed & submitted for funding consideration.

Emergency Power @ Enhancements

- American College of Surgeons [ACS] accreditation requires emergency power sources be available for imaging equipment that supports the Emergency Department. This requirement will demand that new emergency power feeds be provided to existing imaging units including a CT, X-Ray and Fluoroscopy units prior to the end of the year. Pricing is currently being solicited.

7 North Renovation

- Schematic design discussions are on going relative to the renovation of 7 North. The current project concept is envisioned to renovate the area into a (23) private bed + (2) Family Room unit. Project would be a two phase endeavor, with Phase 1 being (11) beds + (1) Family Room on 7Z3, phase 2 being a (12) beds + (1) Family Room on 7Z4. Phase 2 would only begin after occupancy of phase 1.

NYSERDA Incentives – Main Bldg Envelope Study

- An RFP for expert consultant, Building Envelope Study Services has been drafted and is expected to be issued within the next two weeks. It is our hope that NYSERDA will contribute to the cost of the study, which in turn might lead to potential incentives resulting from substantiated energy-saving infrastructure improvements.

ERIE COUNTY MEDICAL CENTER CORPORATION

UPS & Data Closet Ventilation Study

- A study is in progress which is intended to offer options on methods of providing uninterrupted power systems across the facility, this being a long desired initiative of HIS. Part of this study will include options on required ventilation and cooling needs at supporting data closets.

VI. ADJOURNMENT

Moved by Richard Brox to adjourn the Board of Directors Building and Grounds Committee meeting at 10:20 a.m.

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

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
SEPTEMBER 23, 2014

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

BISHOP MICHAEL A. BADGER DIETRICH JEHLE, MD
DOUGLAS H. BAKER THOMAS R. MALECKI, CPA
RICHARD F. BROX MICHAEL A. SEAMAN

VOTING BOARD MEMBERS
EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

RICHARD CLELAND MARY HOFFMAN
STEPHEN GARY RONALD KRAWIEC

I. CALL TO ORDER

The meeting was called to order at 8:34 a.m. by Dietrich Jehle, MD who sat in for Michael Seaman, Chair, who joined the meeting at 8:37 a.m..

II. APPROVAL OF MINUTES

Motion was made and unanimously accepted to approve the minutes of the Finance Committee meeting of August 19, 2014.

III. AUGUST 2014 FINANCIAL STATEMENTS

Dr. Jehle asked that a motion be made to receive and file the financial statements for August. Bishop Michael Badger made the motion; Richard Brox seconded. The motion passed unanimously.

Operating income for the month of August was \$41 Thousand which is unfavorable to the budget by \$301 and favorable to prior year by \$ 10 Thousand. On a year to date basis, ECMCC has an \$800 Thousand operating loss which is favorable to the budget and to the prior year by \$1.7 Million and \$3.8 Million respectively.

Mr. Gary reviewed variances in volume, case mix, revenue and expenses with discussion between the members of the committee. Patient volumes continue to exceed last year but are short of budget both monthly and year-to-date. Length of stay continues to improve.

The \$40 Thousand of operating income included a net of \$755 Thousand of unfavorable adjustments related to various prior period matters that Mr. Gary also reviewed.

IV. 2015 BUDGET REVIEW

Mr. Gary affirmed that the 2015 Budget required submission is due to The Office of the State Comptroller at the end of the month and reminded the committee of the Special Finance Committee Meeting and special Board conference call to be held on September 30th. He discussed the 2015 projected statement of revenues and expenses, volume assumptions, acute care volume reconciliation and other revenues with the committee. He discussed key initiatives, range of assumptions and impact and contingency plans. Mr. Gary reviewed projections for salaries, wages, FTEs and benefit expenses. Further details with respect to the budget will be presented at the special meetings noted above.

V. SERVICE LINE ANALYSIS

Mr. Gary updated the committee with a status report on the analysis being done on service line financials. Mr. Gary reported that while some data had been gathered, the analysis was not yet complete, reconciled, thoroughly vetted and validated. Mr. Gary discussed the fundamental questions and the factors concerning the analysis that require resolution prior to presenting the data to the committee.

VI. OTHER BUSINESS

There will be a resolution presented to the board to change banks from Key Bank to M&T.

VII. ADJOURNMENT

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

BOARD OF DIRECTORS
MINUTES OF THE SPECIAL FINANCE COMMITTEE MEETING
SEPTEMBER 30, 2014

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

BISHOP MICHAEL A. BADGER DIETRICH JEHLE, MD
DOUGLAS H. BAKER THOMAS R. MALECKI, CPA
RICHARD F. BROX MICHAEL A. SEAMAN

VOTING BOARD MEMBERS
EXCUSED:

ANTHONY M. IACONO

ALSO PRESENT:

STEPHEN GARY RONALD KRAWIEC

I. CALL TO ORDER

The meeting was called to order at 8:00 a.m. by Michael Seaman,

II. 2015 BUDGET

Mr. Gary reviewed the key financial ratios, statement of revenues and expenses, balance sheets and operating performance reconciliation with the committee. He also discussed key initiatives, acute care volume reconciliation, and salaries, wages and FTEs. Mr. Gary answered questions from the committee and continued by evaluating the impact of a range of assumptions analysis. He then engaged the committee in a discussion of contingency plans. He also assessed emerging issues and accounting pronouncements and summarized the capital budget. Finally, Mr. Gary summarized the projected budget for Terrace View.

III. MOTION

A motion was made by Tom Malecki to recommend the 2015 budget to the Board of Director for their consideration. Doug Baker seconded the motion. The motion was passed unanimously.

VII. ADJOURNMENT

The meeting was adjourned at 9:02 a.m. by Mr. Malecki on behalf of the Chair.

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
 RICHARD C. CLELAND MPA, FACHE, NHA
 PRESIDENT, COO & INTERIM CHIEF EXECUTIVE OFFICER
 OCTOBER 28, 2014

CUSTOMER SERVICE (VALUE BASED PURCHASING) + QUALITY

	Benchmarks	Calendar Year-to-Date		Qtr 2 2014‡	Qtr 1 2014
Overall	NRC Average*	Current YTD	Previous Year		
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	71.0%	63.1% PR=21	63.5% PR=22	62.4%	63.8%

Key Drivers	NRC Average*	Current YTD	Previous Year	Qtr 2 2014‡	Qtr 1 2014
Communication with Nurses	78.9%	76.5% PR=31	71.9% PR=10	78.8%	74.4%
Communication with Doctors	80.6%	76.7% PR=21	72.2% PR=7	77.3%	76.1%
Communication About Meds	64.4%	61.9% PR=32	56.7% PR=8	61.9%	62.0%

Highest Scores	NRC Average*	Current YTD	Previous Year	Qtr 2 2014‡	Qtr 1 2014
Discharge Information	87.1%	89.1% PR=68	84.6% PR=32	89.6%	88.7%
Communication with Nurses	78.9%	76.5% PR=31	71.9% PR=10	78.8%	74.4%
Communication with Doctors	80.6%	76.7% PR=21	72.2% PR=7	77.3%	76.1%

Lowest Scores	NRC Average*	Current YTD	Previous Year	Qtr 2 2014‡	Qtr 1 2014
Cleanliness / Quietness	66.2%	52.7% PR=3	52.0% PR=2	57.3%	48.6%
Communication About Meds	64.4%	61.9% PR=32	56.7% PR=8	61.9%	62.0%
Overall Rating of Hospital	71.0%	63.1% PR=21	63.5% PR=22	62.4%	63.8%

Our 2014 2nd quarter is still open and is expected to close by early November. Overall, we have made significant improvement in some areas (PR ranking over 2013), such as communication with nurses and doctors, and medications, and discharge information. Overall we continue to struggle in cleanliness and quietness.

Kudos to Karen Ziemanski and her team on receiving the Gold Plus Stamp for treatment of congestive heart failure from the American Heart Association. Many thanks to all for the hard work!

HOSPITAL OPERATIONS

Volumes continue to reflect favorable trends with continued improvement over prior year actual results (by an average 13% across the board for September YTD). September operations resulted in a loss of \$187K. This includes several one-time favorable and unfavorable adjustments. Management continues executing its operational performance improvement plan. A year to date \$950,000 operating loss is much improved over last year, same period (\$2.9 million dollar operating loss same period 2013). Several key statistics include:

- Acute discharges +31 over budget for September;
- LOS 6.1 still over budget but .6 days less than August and .3 days less than September 2013;
- Operating room volumes missed budget for September, however, exceed 2013 volumes by 636 cases;

Partial October volumes are trending below budget. We continue to expect to end 2014 at break even or better.

TERRACE VIEW

ECMC has retained the services of The McGuire Group to provide interim administrative services. Mr. Christopher Koenig comes to ECMCC on McGuire's behalf with strong experience in nursing home management; particularly in the development of rehabilitation services. A search for a permanent administrator has been completed and Anthony DePinto has been appointed. His previous position was with Elderwood. He was the administrator of Riverwood. He will begin on November 17, 2014. We have also extended our agreement with the McGuire Group through January and Chris will continue to provide essential leadership throughout the transition.

TRANSPLANT

ECMC retained Transplant Leadership Institute to recruit a permanent transplant administrator and final interviews have been completed. We are pleased to announce that Phyllis Murawski has been appointed as transplant administrator. Phyllis has served as the interim administrator since August 8, 2014 and did a tremendous job. She is definitely up for the challenge.

UNOS approved ECMCC to resume living donor transplants on September 5, 2014. Our first LD transplant surgery is expected to take place on October 27, 2014.

In addition to engaging Transplant Leadership Group, ECMCC has completed an independent PEER Review for the entire transplant program in early October. We are expecting this report by early November. This will help us prepare for two UNOS reviews coming in the spring of 2015.

DSRIP (DELIVERY SYSTEM REFORM INCENTIVE PAYMENT)

Millennium Collaborative Care is the name selected for the DSRIP program led by ECMCC. Millennium Collaborative Care (MCC) will represent over 400 aligned collaborating providers.

The DSRIP management team includes: Kristin Kight who comes to us from Kaleida Health and will act as Director, Michael Sammarco (Finance), and Juan Santiago (Operations). The team is expected to grow to meet needs in the areas of population health, data and risk stratification, administrative support and outreach. MCC will be located on the third floor, in the space formerly occupied by Dr. Murray and his staff.

A comprehensive Community Needs Assessment (CNA) has been completed. This will drive the project selection process and identify the health and community resources that are available within the MCC defined service area. In addition, the CNA will assess how the services will come together and determine the issues driving avoidable hospital use. This CNA was completed by The Research Foundation for SUNY led by Bradshaw Hovey of the University at Buffalo Regional Institute.

We are currently recruiting a chief integration officer who will help strengthen the population health areas. In addition, we have retained CTG for some short term project management assistance with the DSRIP application.

The DSRIP application must be completed by December 16, 2014.

BRIDGE

Becky DelPrince, R.N. began her position as Vice President of Systems and Integrated Care on September 8, 2014. With her leadership, ECMCC will implement case management and utilization review process changes, improving LOS and reducing admissions and continued stay denials. Three (3) case managers have been added to the Emergency Department staff, hopefully reducing unnecessary admissions.

Physician dashboards have been developed and are being distributed monthly.

OTHER

Kudos to Sue Gonzalez, Executive Director of Lifeline Foundation, for a tremendous month of October. Sue, her staff and the Lifeline Foundation, have demonstrated tremendous leadership in bringing awareness to and fighting breast cancer. Several events, including the "Billie" event on October 10th and the Bills game on October 12, 2014, have become "the standard" of excellence as it relates to all the Lifeline does for the community.

I would like to thank our medical dental staff for the “Day of Caring” during which the medical dental staff donated and served 2,719 meals to our staff. In addition, I would like to thank all ECMCC staff since this one day event raised over \$60,000 in employee donations (new) to the Lifeline Foundation.

Sincerely yours,

Richard C. Cleland

The American Heart Association proudly recognizes

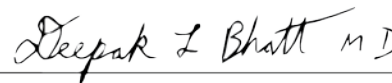
***Erie County Medical Center
Buffalo, NY***

Get With The Guidelines®-Heart Failure GOLD PLUS
Achievement Award Hospital
Recognition valid from 2014 to 2015

The American Heart Association recognizes this hospital for achieving 85% or higher compliance with all Get With The Guidelines®-Heart Failure Achievement Measures and 75% or higher compliance with four or more Get With The Guidelines®-Heart Failure Quality Measures and has demonstrated documentation of all Target: Heart Failure care components for 50% or more of eligible patients with heart failure discharged from the hospital to improve quality of patient care and outcomes.




Nancy Brown
Chief Executive Officer
American Heart Association



Deepak L. Bhatt, MD
Chairperson: Get With The Guidelines®
Steering Committee



Elliott M. Antman, MD, FAHA
2014-2015 American Heart Association
President

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Internal Financial Reports
For the month ended September 30, 2014

Erie County Medical Center Corporation

Management Discussion and Analysis For the month ended September 30, 2014

Operating loss of \$187,000 for the month of September was unfavorable to budget by \$716,000 and unfavorable to prior year by \$211,000. On a year to date basis an operating loss of \$980,000 was incurred which is \$155,000 favorable to budget and \$2,872,000 favorable to prior year. The primary reasons for the unfavorable performance for September and through the third quarter include; an increase in IGT revenue, increase in professional related billings, and increases in accounts receivable and reserve calculations which were offset by reduced revenues due to volume and increases in expenses as further noted below.

- Discharges for September were 16% greater than the prior year and 59 (3.5%) less than budget at 1,614 and 1,673 respectfully. The unfavorable September discharge variance is primarily due to 91 fewer behavioral health services, 5 fewer in transitional care services and 2 fewer in medical rehab services. This was offset by 31 more acute services and 8 more chemical dependency services. Through the third quarter discharges were 9% greater than the prior year and 1,333 (9%) less than budget at 13,366 and 14,699 respectively.
- The Medicare acute case mix for September was 1.71 compared to budget of 1.82 and Non-Medicare acute case mix for September was 1.68 compared to budget of 1.78.
- An increase in professional related billings contributed to the positive operating revenue variance. \$500 Thousand of IGT revenue was recognized for an increase in the estimated of the total amount due to ECMC. In addition, \$350,000 was recognized as grant revenue related to the DSRIP/IAAF program to offset an increase in expenses.
- Salaries and contract labor were unfavorable to budget for September by \$113,000. A volume and productivity variance of \$89,000 and a PTO adjustment of \$26,000 contributed to the favorable variance. The favorable variances were offset by an increase of \$0.22 in average hourly rate accounting for \$111,000 and unfavorable variance in contract labor by \$117,000.
- Benefits were favorable to budget for September by \$121,000 primarily due to an updated projection of year end pension funding (\$286,000). The pension liability will have a favorable impact for the remainder of the year. In addition, a lower than anticipated costs for employment related taxes, workers' compensation and unemployment also contributed to the favorable budget variance by \$128,000. This was offset by an increase in health insurance related costs by \$293,000.
- Physician fees were unfavorable to budget in September by \$691,000. This is consistent with the year to date variance of \$3,614,000 (average monthly variance of \$402,000) plus contracts settlements and change in estimates of approximately of \$290,000.

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Management Discussion and Analysis

For the month ended September 30, 2014

- Purchased services were to unfavorable to budget in September by \$185,000 primarily due to increased costs related to the DSRIP/IAAF program. However, these were offset by an increase in grant revenue as noted above.

A summary of the major variance in revenue and expenses for the month of September and year to date is as follows: (in thousands)

	<u>Revenue</u>	<u>Expenses</u>	<u>MTD Net Income</u>	<u>YTD Net Income</u>
Volume	(630)	342	(288)	(3,421)
Rate Variances	767	(651)	116	(8,227)
Productivity/Efficiency		(161)	(161)	(893)
Fixed Cost		(91)	(91)	(762)
3rd Party Adjustments			-	3,447
IGT/UPL	500		500	17,092
Bad Debt & Charity	(40)		(40)	(875)
Other Revenue	30		30	1,309
Professional Billing/Physician Fees	500	(658)	(158)	(4,509)
Benefits		121	121	2,758
Purchased Services		(185)	(185)	(3,761)
Depreciation & Interest		(382)	(382)	(2,009)
Other Expenses, Net		(178)	(178)	6
Operating Income/(Loss)	<u>1,127</u>	<u>(1,843)</u>	<u>(716)</u>	<u>155</u>

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Erie County Medical Center Corporation

Balance Sheet September 30, 2014 and December 31, 2013

(Dollars in Thousands)

	September 30, 2014	Audited December 31, 2013	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 8,088	\$ 8,235	\$ (147)
Investments	28,830	2,394	26,436
Patient receivables, net	50,874	47,815	3,059
Prepaid expenses, inventories and other receivables	66,691	60,597	6,094
Total Current Assets	154,483	119,041	35,442
Assets Whose Use is Limited:			
Designated under self-Insurance programs	74,545	77,428	(2,883)
Designated by Board	5,865	15,546	(9,681)
Restricted under third party agreements	31,746	25,063	6,683
Designated for long-term investments	21,513	23,183	(1,670)
Total Assets Whose Use is Limited	133,669	141,220	(7,551)
Property and equipment, net	288,239	289,224	(985)
Other assets	26,586	9,109	17,477
Total Assets	\$ 602,977	\$ 558,594	\$ 44,383
Liabilities & Net Assets			
Current Liabilities:			
Current portion of long-term debt	\$ 7,358	\$ 7,226	\$ 132
Accounts payable	28,013	37,359	(9,346)
Accrued salaries and benefits	17,740	19,689	(1,949)
Other accrued expenses	67,591	22,041	45,550
Estimated third party payer settlements	24,694	22,133	2,561
Total Current Liabilities	145,396	108,448	36,948
Long-term debt	170,510	173,129	(2,619)
Estimated self-insurance reserves	52,989	50,894	2,095
Other liabilities	116,864	110,115	6,749
Total Liabilities	485,759	442,586	43,173
Net Assets			
Unrestricted net assets	106,169	104,959	1,210
Restricted net assets	11,049	11,049	0
Total Net Assets	117,218	116,008	1,210
Total Liabilities and Net Assets	\$ 602,977	\$ 558,594	\$ 44,383

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Erie County Medical Center Corporation

Statement of Operations

For the month ended September 30, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 36,986	\$ 36,849	\$ 137	\$ 33,056
Less: Provision for uncollectable accounts	(2,100)	(2,060)	(40)	(1,896)
Adjusted Net Patient Revenue	34,886	34,789	97	31,160
Disproportionate share / IGT revenue	4,759	4,259	500	5,846
Other revenue	3,096	2,567	529	1,999
Total Operating Revenue	42,741	41,615	1,126	39,005
Operating Expenses:				
Salaries & wages / Contract labor	14,898	14,785	(113)	13,944
Employee benefits	8,809	8,929	120	8,823
Physician fees	5,422	4,764	(658)	4,646
Purchased services	3,290	3,105	(185)	2,562
Supplies	5,817	5,369	(448)	4,980
Other expenses	1,379	1,076	(303)	1,279
Utilities	433	560	127	383
Depreciation & amortization	2,173	1,803	(370)	1,653
Interest	707	695	(12)	711
Total Operating Expenses	42,928	41,086	(1,842)	38,981
Income/(Loss) from Operations	(187)	529	(716)	24
Non-operating Gain/(Loss):				
Interest and dividends	398	-	398	416
Grants - HEAL 21	-	-	-	1,283
Unrealized gain/(loss) on investments	(1,588)	292	(1,880)	1,609
Non-operating Gain/(Loss)	(1,190)	292	(1,482)	3,308
Excess of Revenue/(Deficiency) Over Expenses	\$ (1,377)	\$ 821	\$ (2,198)	\$ 3,332
Retirement health insurance	1,375	1,385	(10)	1,576
New York State pension	1,822	2,112	(290)	2,094
Impact on Operations	\$ 3,197	\$ 3,497	\$ (300)	\$ 3,670

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Erie County Medical Center Corporation

Statement of Operations

For the nine months ended September 30, 2014

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	\$ 322,854	\$ 328,781	\$ (5,927)	\$ 302,813
Less: Provision for uncollectable accounts	(19,241)	(18,366)	(875)	(17,657)
Adjusted Net Patient Revenue	<u>303,613</u>	<u>310,415</u>	<u>(6,802)</u>	<u>285,156</u>
Disproportionate share / IGT revenue	55,426	38,333	17,093	41,012
Other revenue	<u>23,183</u>	<u>23,100</u>	<u>83</u>	<u>18,210</u>
Total Operating Revenue	<u>382,222</u>	<u>371,848</u>	<u>10,374</u>	<u>344,378</u>
Operating Expenses:				
Salaries & wages / Contract labor	135,540	134,513	(1,027)	126,850
Employee benefits	77,749	80,507	2,758	76,258
Physician fees	46,158	42,875	(3,283)	39,176
Purchased services	31,983	28,222	(3,761)	25,346
Supplies	52,084	49,189	(2,895)	47,831
Other expenses	9,293	9,676	383	6,422
Utilities	5,897	5,512	(385)	5,315
Depreciation & amortization	18,227	16,231	(1,996)	14,847
Interest	<u>6,271</u>	<u>6,258</u>	<u>(13)</u>	<u>6,186</u>
Total Operating Expenses	<u>383,202</u>	<u>372,983</u>	<u>(10,219)</u>	<u>348,231</u>
Income/(Loss) from Operations	<u>(980)</u>	<u>(1,135)</u>	<u>155</u>	<u>(3,853)</u>
Non-operating Gain/(Loss):				
Interest and dividends	2,165	-	2,165	2,446
Grants - HEAL 21	-	-	-	12,770
Investment Income/(Loss)	<u>854</u>	<u>2,625</u>	<u>(1,771)</u>	<u>3,002</u>
Non-operating Gain/(Loss)	<u>3,019</u>	<u>2,625</u>	<u>394</u>	<u>18,218</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ 2,039</u>	<u>\$ 1,490</u>	<u>\$ 549</u>	<u>\$ 14,365</u>
Retirement health insurance	12,375	12,478	(103)	9,985
New York State pension	<u>18,081</u>	<u>18,964</u>	<u>(883)</u>	<u>17,479</u>
Impact on Operations	<u>\$ 30,456</u>	<u>\$ 31,442</u>	<u>\$ (986)</u>	<u>\$ 27,464</u>

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Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and nine months ended September 30, 2014</p>

(Dollars in Thousands)

	Month	Year-to-Date
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (1,377)	\$ 2,039
Other transfers, net	(91)	(829)
Contributions for capital acquisitions	-	-
Net assets released from restrictions for capital acquisition	-	-
	(1,468)	1,210
Change in Unrestricted Net Assets		
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	-	-
Change in Temporarily Restricted Net Assets		
Change in Net Assets	(1,468)	1,210
Net Assets, beginning of period	118,686	116,008
Net Assets, end of period	\$ 117,218	\$ 117,218

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Erie County Medical Center Corporation

Statistical and Ratio Summary

	September 30, 2014	December 31, 2013	ECMCC 3 Year Avg. 2011 - 2013
<u>Liquidity Ratios:</u>			
Current Ratio	1.1	1.1	1.2
Days Operating Cash, includes current Investments	27.1	8.5	33.9
Days in Designated Cash & Investments (Covenant 57 days)	101.8	101.9	134.9
Days in Patient Receivables	45.7	47.4	44.1
Days Expenses in Accounts Payable	20.5	30.0	30.2
Days Expenses in Current Liabilities	106.6	87.2	102.6
Cash to Debt	66.0%	57.4%	80.5%
Working Capital	\$ 9,087	\$ 10,593	\$ 19,379
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	59.2%	59.9%	82.5%
Assets Financed by Liabilities	80.6%	79.2%	80.6%
EBIDA Debt Service Coverage (Covenant > 1.1)	1.8	1.6	1.6
Capital Expense	3.5%	3.3%	2.7%
Debt to Capitalization	62.6%	63.2%	69.2%
Average Age of Plant	13.1	14.9	15.7
Debt Service as % of NPSR	3.9%	4.2%	3.4%
Capital as a % of Depreciation	94.6%	252.3%	376.0%
<u>Profitability Ratios:</u>			
Operating Margin	-0.3%	0.2%	0.2%
Net Profit Margin	0.6%	2.1%	0.6%
Return on Total Assets	0.5%	1.4%	0.5%
Return on Equity	2.3%	6.9%	-1.8%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	0.9	0.9	0.8
Total Operating Revenue per FTE	\$ 186,575	\$ 174,160	\$ 165,737
Personnel Costs as % of Total Revenue	53.1%	55.0%	56.2%

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Erie County Medical Center Corporation

Key Statistics

Period Ended September 30, 2014

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,059	1,028	3.0%	928	Med/Surg (M/S) - Acute	8,586	9,272	-7.4%	8,400
319	410	-22.2%	238	Behavioral Health	2,797	3,320	-15.8%	1,919
133	128	3.9%	122	Chemical Dependency (CD) - Detox	1,196	1,203	-0.6%	1,181
28	25	12.0%	25	CD - Rehab	230	234	-1.7%	229
41	43	-4.7%	39	Medical Rehab	277	324	-14.5%	340
34	39	-12.8%	32	Transitional Care Unit (TCU)	280	346	-19.1%	145
1,614	1,673	-3.5%	1,384	Total Discharges	13,366	14,699	-9.1%	12,214
Patient Days:				Patient Days:				
6,446	6,120	5.3%	5,622	M/S - Acute	54,115	54,974	-1.6%	55,072
3,530	4,307	-18.0%	3,246	Behavioral Health	34,738	37,697	-7.8%	24,881
437	390	12.1%	406	CD - Detox	4,150	3,933	5.5%	3,947
438	445	-1.6%	389	CD - Rehab	4,276	4,484	-4.6%	4,319
790	805	-1.9%	875	Medical Rehab	6,866	7,123	-3.6%	7,309
463	475	-2.5%	485	TCU	3,627	3,956	-8.3%	2,014
12,104	12,542	-3.5%	11,023	Total Patient Days	107,772	112,167	-3.9%	97,542
Average Daily Census (ADC):				Average Daily Census (ADC):				
215	204	5.3%	187	M/S - Acute	198	201	-1.6%	202
118	144	-18.0%	108	Behavioral Health	127	138	-7.8%	91
15	13	12.1%	14	CD - Detox	15	14	5.5%	14
15	15	-1.6%	13	CD - Rehab	16	16	-4.6%	16
26	27	-1.9%	29	Medical Rehab	25	26	-3.6%	27
15	16	-2.5%	16	TCU	13	14	-8.3%	0
403	418	-3.5%	367	Total ADC	395	411	-3.9%	350
Average Length of Stay:				Average Length of Stay:				
6.1	6.0	2.2%	6.1	M/S - Acute	6.3	5.9	6.3%	6.6
11.1	10.5	5.3%	13.6	Behavioral Health	12.4	11.4	9.4%	13.0
3.3	3.0	7.8%	3.3	CD - Detox	3.5	3.3	6.1%	3.3
15.6	17.8	-12.1%	15.6	CD - Rehab	18.6	19.2	-3.0%	18.9
19.3	18.7	2.9%	22.4	Medical Rehab	24.8	22.0	12.7%	21.5
13.6	12.2	11.8%	-	TCU	13.0	11.4	13.3%	-
7.5	7.5	0.0%	8.0	Average Length of Stay	8.1	7.6	5.7%	8.0
Occupancy:				Occupancy:				
87.7%	87.5%	0.3%	75.3%	% of M/S Acute staffed beds	87.7%	86.0%	2.0%	75.3%
Case Mix Index:				Case Mix Index:				
1.71	1.82	-6.3%	1.77	Medicare (Acute)	1.77	1.80	-1.9%	1.77
1.68	1.78	-5.7%	1.90	Non-Medicare (Acute)	1.78	1.76	1.0%	1.85
185	174	6.3%	179	Observation Status	1,847	1,445	27.8%	1,555
498	507	-1.8%	430	Inpatient Surgeries	4,333	4,390	-1.3%	3,863
629	706	-10.9%	622	Outpatient Surgeries	5,752	6,012	-4.3%	5,686
29,798	32,066	-7.1%	27,353	Outpatient Visits	288,486	274,381	5.1%	258,398
5,731	5,918	-3.2%	5,609	Emergency Visits Including Admits	50,123	53,184	-5.8%	48,847
45.7	45.0	1.6%	50.1	Days in A/R	45.7	45.0	1.6%	50.1
6.3%	6.2%	1.9%	6.4%	Bad Debt as a % of Net Revenue	6.6%	6.2%	5.9%	6.5%
2,419	2,510	-3.6%	2,389	FTE's	2,441	2,510	-2.7%	2,381
3.39	3.41	-0.5%	3.69	FTE's per Adjusted Occupied Bed	3.45	3.50	-1.5%	2.93
\$ 11,038	\$ 10,613	4.0%	\$ 11,498	Net Revenue per Adjusted Discharge	\$ 11,490	\$ 10,854	5.9%	\$ 11,657
\$ 13,390	\$ 12,426	7.8%	\$ 14,155	Cost per Adjusted Discharge	\$ 14,226	\$ 12,962	9.8%	\$ 14,104
Terrace View Long Term Care:				Terrace View Long Term Care:				
11,440	11,520	-0.7%	11,421	Patient Days	104,496	104,832	-0.3%	97,745
381	384	-0.7%	381	Average Daily Census	383	384	-0.3%	358
450	441	2.2%	431	FTE's	447	441	1.4%	430
6.9	6.7	2.9%	6.6	Hours Paid per Patient Day	6.5	6.4	1.7%	6.7

**REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
SENIOR VICE PRESIDENT OF OPERATIONS
OCTOBER 2014**

BEHAVIORAL HEALTH:

- Transition Unit 4zone3 opened on October 20 with four patients.
- CPEP maintaining high volumes of patients, average daily census and BH admissions.
- Plan to provide medical screening in CPEP vs. MedED will be implemented by October 31, which should improve throughput and positively impact the patient experience.
- BH continues to experience decreased LOS; MTD October is one day below budget.
- **OMH Activity:**
 - No significant activity this month.
 - Continuing to meet with OMH monthly and work with Thom Marra on developing ongoing reporting dashboards.

BRIDGE UPDATE:

- BRIDGE Steering Committee is meeting monthly to operationalize processes initiated with Novia and complete transition back to ECMC Administration and management to sustain changes.
- The case managers that were placed in the ER have proven to be effective in addressing access management and have begun to decrease and divert unnecessary admissions.
- Physician dashboards have been developed and are being distributed monthly. Regular medical and surgical care redesign meetings have been established to maintain ongoing accountability.
- Revenue Cycle and Clinical Documentation teams focusing on sustainability.

CARE MANAGEMENT:

- Becky DelPrince, VP of Systems & Integrated Care, has gained significant traction since she began September 8 and is actively transitioning leadership from Novia.
- New staffing model developed and working with HR to implement.
- Concentrated focus on the ALC patients (currently there are 11 ALC pts in Med/Surg).
- Increased focus on Physician Advisory Rounds, with the end goal of decreased discharge LOS by expediting discharges of difficult cases.
- Improved communication with ASU cases in PACU who may require an extended stay validating insurance coverage. This has led to improved patient and physician satisfaction.

TERRACE VIEW:

- New Administrator, Anthony DePinto, to begin on November 17.
- Received notification on October 20 of CMS approval of NYS QI payments Terrace View placed in 2nd quintile with estimated \$120,000 in additional revenue which will be added to M/A rate; effective date pending.
- Working with Chris Koenig from McGuire Group to develop a leadership and quality plan with the goal of moving Terrace View to a 5-star facility.

TRANSPLANT SERVICES:

- Interim leader making progress in improving workflows.
- Independent Peer Review completed September 29 & 30, pending final report. Allocation process needs to be reviewed and modified.
- Staff teambuilding retreat held October 3 – very well received. Served as kick-off to staff involvement in process improvement process.
- On 10/13/14 an unannounced CMS 2 day survey related to living donor death went well, awaiting final report.
- Interview Committee assembled to interview two finalists identified by Transplant Leadership Institute on October 21.

AMBULATORY SERVICES:

A Crucial Catch Day is scheduled for October 25, 2014 from 9AM to 3PM here at Erie County Medical Center. We have printed 1000 brochures to be handed out to all our female patient population to encourage mammography.

We are continually researching and expanding services to better meet the needs of our growing community.

- New 4+1 resident program is continuing to work well in Internal Medicine. Transition of care, urgent, sick and flu visits for established patients are immediate.
- Our new Program Manager for Internal Medicine, Daryl Krakowiak, started on October 14, 2014.
- With the changes in the UB|Family Medicine practice plan at Cleve-Hill Family Health Center, access is a critical issue. We are working with Internal Medicine to redirect new patients from Cleve-Hill. We are meeting with two new physicians for the COS and MD positions.
- Submitted Immunodeficiency for Patient Centered Medical Home; awaiting results.
- Participating in the IHI Conversation project with Sandra Lauer.
- Dermatology Clinic is now booking out to March 2015.
- Allscripts implementation process is continuing forward in Suite 130/132/135, with Neurology, Neurosurgery, and GI the first clinics to go live. All of Ambulatory will be up and running by March 2015.
- Cassandra Davis, Program Manager, is meeting with the VA staff along with staff from centralized scheduling to streamline the referral process for both institutions. We are seeing significant referrals.
- Immunodeficiency is currently working on the Behavioral Health Education and Engagement Initiative toward a better linking of HIV+ people with a behavioral health diagnosis to appropriate care and supporting their follow-up to that care.
- The Behavioral/Internal Medicine clinic is up and running in the new Behavioral Health Building. We continue to receive referrals and our staff is managing patient no-shows by follow-up with the patients and their counselors.
- Occupational and Environment Medicine clinic is making progress. We are interviewing several candidates in collaboration with Dr. Hailoo to staff his clinic. Dr. Hailoo has seen his first patient.
- Our outpatient dialysis unit is working on their Five Diamond Recognition Award with 4 of the 5 modules submitted and accepted.

RADIOLOGY:

- Working towards the purchase/lease and construction for CT and Fluoroscopy units.
- New Department Chair, Dr. Joseph Serghany, began on August 1, 2014.

REHABILITATION SERVICES:

- ECMC is hosting a Rehab Symposium on Saturday, October 25, on “A multi-disciplinary approach to the Acute Care Patient”. It is open to therapists throughout the community offering NYS CEU’s. We are using proceeds to establish funding for future staff continuing education or certification.
- Setting up a physiatry practice for ECMC; working with Rehab team to have all aspects in place by January 2015.
- Volumes are down 7% from 2013 YTD; however, September visits are up by 105 from 2013. Also, receipts have increased \$49,250.23 during January 1 - September 30, 2014. This is due to consistent revenue cycle evaluation and improvement between Rehab management and the revenue cycle team.
- Working with Charlie Cavaretta to develop a plan to increase referrals by at least 3%.
- Submitted grant to the Christopher Reeves Foundation for reading group funding; awaiting a response.
- Submitted a letter of intent to the Children’s Guild for funding to expand the behavioral health program at PEDS.

SERVICE LINES:

Oncology/Hematology

- Oncology visits for September were up 51 visits from 2013 to 2014
- Dr. Ratesh Patil started as our full time attending in July 2014 and his volume of new patients is increasing
- Continuing to work towards Off-Service Infusion Clinic

Head and Neck / Plastic and Reconstructive Surgery

- Clinic visits for September were up 61 visits from 2013 to 2014
- Surgical case volume for September was up 3 cases from 2013 to 2014
- Beginning stages of American College of Surgeons Cancer Center Designation

General Dentistry Clinic

- Clinic visits for August were up 332 visits from 2013 to 2014
- Dr Michelle Boyd – Augello DDS started part time in August
- Continue weekly appointments at Terrace View

Oral Oncology Maxillofacial Prosthetics

- Clinic visits for September 2014 were 465 visits
- Continuing process to apply for research study with Amgen

Bariatrics

- Surgical case volume for September was 42
- Clinic Visits for September were 91
- Bariatric Application for Accreditation with the American Society for Metabolic and Bariatric Surgery (MBSAQIP) has been submitted, waiting for site visit
- CON for Synergy Bariatrics approved, transition in process

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
October 28, 2014

PHARMACEUTICAL SERVICES – RANDY GERWITZ

Impact of change in drug distribution

Genentech recently notified all pharmacy directors and purchasing managers of U.S. hospitals on September 16 that Avastin[®], Herceptin[®] and Rituxan[®] would no longer be available through regular pharmacy authorized distributors. Instead, effective October 1, these products are only available to hospitals and clinics through six Genentech approved specialty distributors. This sudden change has a profoundly negative impact on the day-to-day operations of hospitals and clinics, and resulted in an immediate 5% increase in the price of these very expensive drugs. To mitigate the financial impact, ECMC purchased approximately four months supply of product prior to the change at a saving of around \$10,000. Novation has taken a number of actions to address the issue with Genentech, health care advocates and other pharmaceutical suppliers.

LABORATORY – JOSEPH KABACINSKI

The joint ECMCC-Kaleida Health Laboratory Integration Steering Committee and the departmental operation committees continue to meet and refine the processes and monitor quality improvements in the laboratory collaboration. In addition to continuously identifying and correcting issues, benchmarks have been set for particular quality standards that are reviewed at each meeting. In the next two weeks we will begin referring twenty tests to the Kaleida Health production lab that have been previously referred to LabCorp, our contract reference lab. We estimate additional savings of over \$50,000 annually based on historical activity.

The capital request for the ROTEM thromboelastograph was approved for purchase. A thromboelastogram device will assist in monitoring blood use during the massive transfusion of our trauma patients and is essential to certification of our Trauma Service.

The Lab is assisting Dr. Wajdy Hailoo with chain-of-custody issues and provision of lab services for the new Center for Occupational and Environmental Medicine Clinic. Specimen collection will conform to established chain-of-custody requirements and assist many providers and patients to meet their drug testing requirements.

A UNYTS Blood Drive was held on Thursday, October 16 in the Staff Dining Room. The next drive will be held on Thursday, December 18.

PLANT OPERATIONS – DOUG FLYNN

General Project Updates

- The final phase of the Behavioral Health Center of Excellence Project, 4 Zone 3 is completed and opened for business on Monday, October 20.
- Universal Care Unit at 6 Zone 1 is on target for occupancy on January 1.
- GI Lab Renovation is on target for occupancy on December 1.
- Exterior Signage Project is on target for full completion by the end of November.
- Orthopedic Inpatient Care at 6 North is on target for occupancy on March 1.
- Renovation of the Lifeline Suite is in full swing, the "fast-tracked" approach has our in-house staff prioritizing this aggressively scheduled project, targeted completion being December 1.
- Renovation of the new Chief Medical Officer Suite nearing completion in the former Nursing In-Service area of the third floor.
- Exterior Signage Package – The final signage design was approved and the manufacturing of the exterior signs is currently in progress. The exterior signage foundation excavation work is underway with completion expected before winter.

FOOD & NUTRITIONAL SERVICES – MORRISON

The following three formal programs were rolled out to increase customer satisfaction and our related dietary scores:

- 1) Snack Carts on patient units in the evening for more accuracy and selection.
- 2) New patient trays have been ordered to improve food presentation and temperature.
- 3) Bye Bye Banana Bread program review.

The My-E-Catering program was trialed successfully in August. This launched live with all ECMC departments on September 1, 2014 with positive feedback to date.

Morrison had Chef Jet Tila on-site September 5, 2014 to promote the Café and its diversity of fresh selections and was very well received. He met with visitors and hospital staff and autographed many photos. Our next celebrity chef should be booked before the end of this month. Morrison is also working with Rich Products Corp. to enhance our dessert selection.

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

UNIVERSITY AFFAIRS

The ACGME will be on site at ECMC on the above dates perform a CLER (Clinical Learning Environment Review) review of all our residency training programs. One of their particular focuses will be on Patient Safety & Quality Improvement and what the residents are doing as part of your quality programs. We would like to speak to it as part of our interviews with the surveyors. I am attaching notes from the University that will help you a bit in understanding what they will be looking for

PROFESSIONAL STEERING COMMITTEE

September's Meeting was cancelled. The next regularly scheduled meeting is scheduled for Monday, December 8, 2014 at ECMC from 7:00 – 8:00 a.m.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Time Out Documentation

Issued by the Patient Safety Officer

Good news: We have a great process for electronic documentation of time out that is done prior to the start of the procedure in the OR.

Bad News: The other areas of the hospital need a system that will allow a pre procedure verification process that includes all elements of the defined checklist which is in our policy and promotes documentation of the time out before the procedure.

The current PDOC screens are incomplete and promote documentation after the procedure is completed. (Time stamp will verify done after procedure)

Also the only discipline that can document the time out in PDOC is the providers we need to build an intervention so a Nurse or Provider can document, but the screens have to be comprehensive to all elements of the checklist in our policy.

- 1) We need to revise screens ASAP.
- 2) Need to get word out to providers of requirement to document pre-procedure.
- 3) Need to develop an intervention for Nursing.

Mandatory Electronic Prescribing Goes into Effect on March 27, 2015

Effective March 27, 2015 it will be mandatory for practitioners, excluding veterinarians, to issue electronic prescriptions for **controlled and non-controlled substances**.

Please note, it is currently permissible in New York State to electronically prescribe controlled substances (EPCS) in Schedules II through V, in addition to non-controlled substances. However, in order to process electronic prescriptions for controlled substances, a practitioner must use an electronic prescribing computer application that meets all federal requirements and must register the certified electronic prescribing computer application with the New York State Department of Health (DOH), Bureau of Narcotic Enforcement (BNE). For additional information regarding the federal security requirements for EPCS, please visit the Drug Enforcement Administration's web page at http://www.deadiversion.usdoj.gov/ecommm/e_rx/. For information regarding the Department of Health's registration process for certified electronic prescribing computer applications, please visit www.nyhealth.gov/professionals/narcotic.

After March 27, 2015, practitioners may still use the Official New York State Prescription forms in the event of a power outage or technological failure.

Should you have any questions regarding the mandate to issue electronic prescriptions for controlled substances, please contact the Bureau of Narcotic Enforcement at narcotic@health.state.ny.us or call us at 1-866-811-7957, Option 1.

Clinical Learning Environment Review (CLER) Visit Preparation October 2014

Notes from conference call 10/16/14 –

Dr. Roseanne Berger (bergerrc@buffao.edu) 829-6126,

Katy Cich (krcich@buffalo.edu) 829- 6133,

Valerie Kennedy (vmk@buffalo.edu) 380-6030,

Lisa Giacomazza (ECMCC) (LGiacomazz@ecmc.edu) 898-3936,

Alisa Creighton (BGH) (acreighton@kaleidahealth.org) 859-8831

The site visit will last 2.5 days

Required attendees: CEO, CMO, CNO, DIO

Highly recommended that Chief Quality Officer is available, possibly COO, CFO and CIO as well

C Suite team will meet with them first for 1-1 ½ hours. They prefer to start at 7:00 am. They will ask for strategic goals for the 6 areas of focus which are:

- Patient Safety
- Quality Improvement (specific attention will be placed on health care disparities)
- Transitions of care
- Supervision
- Duty Hours oversight/fatigue management & mitigation (emphasis on fatigue management)
- Professionalism

Patient Safety & Quality Improvement are areas the site visitors are most likely to focus on.

ECMCC & BGMC will *submit the following documents to Valerie* and cc: Roseanne & Katy:

- **Organizational charts – if quality and safety departments are not displayed on the overall Org Chart, please submit those charts as well**
- **Supervision Policy or statement that your institution follows the UB GME policy**
- **Duty Hour Policy or statement that your institution follows the UB GME policy**
- **Care Transitions Policy**
- **Patient Safety protocol/strategy (approved by your Board of Directors)**
- **Quality strategy (approved by your Board of Directors)**
- **Quality & safety committee membership roster(s) identifying resident members if relevant**

The interviewer will direct questions directly to the CEO – others in the room can supplement answers.

Second part of this meeting is to ask the CEO and other team members how residents are integrated in achieving the goals.

After initial meeting, site visit team will begin a walking tour of the hospital and ask all levels of personnel questions. GME will supply PGY2+ residents to guide tours (in shifts).

The site visitors may want access to areas that they may need special badges to access (besides their ACGME identification badges). They probably will want to check a handoff at a shift change. Nursing staff may be instrumental in assisting with access to different areas of the hospital.

Site visitors will probably walk around for 1 to 1 ½ hours; they will then re-group in a meeting room that can accommodate 30-35 people (the “home base” meeting room). This meeting room must be a dedicated and secure site so visitors can leave their belongings in there (either a locked room or a security guard assigned to the room).

If there are windows on the doors of the room, they should be covered so that participants are kept anonymous.

The site visitors will meet with the Program Directors, faculty, and residents for about 1 ½ hours each on the first and second days. GME will determine these group participants. The site visitors will bring an audience response system and a projector. The room must have a screen or blank wall to use for presentation.

They will use the results of the response system in preparing their report. These meetings will probably be structured similarly to a JHACO visit but **are not punitive**. The ACGME is conducting these visits to establish baseline data, and we will receive helpful feedback as part of this free consultation. A “staging area” should also be reserved so the groups can gather in one area and enter the interview room seamlessly and quickly, as a group.

The 3rd day is ½ day; they will probably leave around 10-10:30 am. C Suite does not need to be available the 2nd day, but does need to be available the 3rd day.

At the last meeting, site visitors will review give a verbal report and ask for clarification on any questions they have. Roseanne will have the opportunity to formally respond to the written report when it is published about 4-6 weeks following the visit.

E*Value houses procedures the residents are privileged to perform. The nurses can access this information on the floors to ensure residents and supervising attendings are credentialed in procedures they may perform. Roseanne will access ECMCC & BGMC websites to ensure there is an icon to access E*Value and the credentialing system. The nursing staff needs to be reminded of this component of patient safety protocol.

Multiple walk rounds will be interspersed with group meetings.

GME will identify 2-3 upper level residents who know the facility for the walking rounds.

GME will reach out to Chief Residents to identify when & where sign-out rounds occur. The site visitors will want to observe these possibly 5 or 6 times.

GME will develop a grid so the site visitors can randomly decide which sign-outs they want to observe. They may decide by program so we need to provide this information as an overview so they can choose which rounds to attend.

Any resources related to fatigue management and mitigation need to be available. For example: a list of call rooms that they can look at (available for residents to sleep in if too fatigued to drive home); free taxi rides home for fatigued residents; free coffee while residents are on call and any written policies pertaining to fatigue management.

Dr. Berger will write a letter to the Program Directors and ask them to identify residents to participate. She will also ask the Chief Residents to identify where and when handoffs and transition of care takes place (time and location). She will include elements of a good sign out.

These visits will occur every 18-24 months. After the initial visit, the site visit team is likely to focus on areas identified for improvement by CLER field staff (site visitors) during previous visits.

GME will provide a bulleted list for the CEO, notifying him/her of relevant GME resources offered in the 6 CLER focus areas (e.g. SAFER training module completed by all residents pre-orientation).

ECMC Flash Report for 9/30/2014

Budget	MTD	Diff	Diff %	PMTD	Acute Summary	Budget	YTD	Diff	Diff %	PYTD
1,019	1,073	54	5.3 % ↑	914	Admissions	9,299	8,626	-673	-7.2 % ↓	8,399
1,028	1,059	31	3.0 % ↑	928	Discharges	9,269	8,586	-683	-7.4 % ↓	8,399
6.0	6.1	0.1	1.4 % ↑	6.1	Avg Length of Stay	6.0	6.3	0.3	5.0 % ↑	6.6
-	4.7	-	-	5.0	Expected Length of Stay	-	4.9	-	-	5.0
6,120	6,446	326	5.3 %	5,629	Patient Days	54,978	54,110	-868	-1.6 %	55,075
454	662	208	45.8 %	332	ALC Days	3,621	3,982	361	10.0 %	5,966
142	176	34	23.9 % ↑	151	One Day Stays	1,290	1,356	66	5.1 % ↑	1,281
1,8736	1,6669	-0,2067	-11.0 % ↓	1,8020	Case Mix	1,8736	1,7682	-0,1054	-5.6 % ↓	1,7984
6.0	7.7	1.7	28.1 % ↑	10.2	Medicare Avg Length of Stay	6.0	7.1	1.1	18.8 % ↑	7.4
-	113	-	-	70	Admissions from Observation	-	875	-	-	554
Budget	MTD	Diff	Diff %	PMTD	Behavioral Health	Budget	YTD	Diff	Diff %	PYTD
409	335	-74	-18.1 % ↓	276	Admissions	3,338	2,801	-537	-16.1 % ↓	1,973
410	319	-91	-22.2 % ↓	238	Discharges	3,340	2,797	-543	-16.3 % ↓	1,919
11.5	11.1	-0.4	-3.8 % ↓	13.6	Avg Length of Stay	11.5	12.4	0.9	8.0 % ↑	13.0
4,305	3,530	-775	-18.0 % ↓	3,246	Patient Days	37,692	34,738	-2,954	-7.8 % ↓	24,881
Budget	MTD	Diff	Diff %	PMTD	Chemical Dependency	Budget	YTD	Diff	Diff %	PYTD
161	156	-5	-3.1 % ↓	143	Admissions	1,469	1,425	-44	-3.0 % ↓	1,414
156	161	5	3.2 % ↑	147	Discharges	1,480	1,426	-54	-3.6 % ↓	1,410
835	875	40	4.8 % ↑	795	Patient Days	8,420	8,426	6	0.1 %	8,266
Budget	MTD	Diff	Diff %	PMTD	Rehab Medicine	Budget	YTD	Diff	Diff %	PYTD
40	43	3	7.5 % ↑	41	Admissions	309	283	-26	-8.4 % ↓	349
39	41	2	5.1 % ↑	39	Discharges	289	277	-12	-4.2 % ↓	341
807	790	-17	-2.1 % ↓	875	Patient Days	7,123	6,866	-257	-3.6 % ↓	7,313
Budget	MTD	Diff	Diff %	PMTD	Transitional Care	Budget	YTD	Diff	Diff %	PYTD
34	33	-1	-2.9 % ↓	33	Admissions	311	284	-27	-8.7 % ↓	161
34	34	0	0.0 %	32	Discharges	309	280	-29	-9.4 % ↓	145
480	463	-17	-3.5 % ↓	485	Patient Days	4,000	3,627	-373	-9.3 % ↓	2,014
Budget	MTD	Diff	Diff %	PMTD	Terrace View / LTC	Budget	YTD	Diff	Diff %	PYTD
-	63	-	-	44	Admissions	-	470	-	-	498
-	64	-	-	40	Discharges	-	467	-	-	370
11,520	11,440	-80	-0.7 % ↓	11,421	Patient Days	104,832	104,496	-336	-0.3 % ↓	102,962
Budget	MTD	Diff	Diff %	PMTD	Operating Room	Budget	YTD	Diff	Diff %	PYTD
1,006	939	-67	-6.7 % ↓	863	General Surgeries	8,595	8,503	-92	-1.1 % ↓	7,762
489	484	-5	-1.0 % ↓	409	Inpatient	4,240	4,124	-116	-2.7 % ↓	3,704
517	455	-62	-12.0 % ↓	454	Outpatient	4,355	4,379	24	0.6 % ↑	4,058
Budget	MTD	Diff	Diff %	PMTD	Emergency Department	Budget	YTD	Diff	Diff %	PYTD
4,692	4,707	15	0.3 % ↑	4,728	ER Visits	41,732	41,097	-635	-1.5 % ↓	41,639
824	892	68	8.3 % ↑	803	ER Admits	7,609	7,292	-317	-4.2 % ↓	7,478
17.6 %	19.0 %		1.4 % ↑	17.0 %	% of ER Visit Admits	18.2 %	17.7 %		-0.5 % ↓	18.0 %
174	195	21	12.1 % ↑	180	Observation	1,451	1,880	429	29.6 % ↑	1,567
1,228	1,024	-204	-16.6 % ↓	878	CPEP Visits	11,437	9,029	-2,408	-21.1 % ↓	7,205
352	332	-20	-5.7 % ↓	220	CPEP Admits	2,795	2,772	-23	-0.8 % ↓	1,621
28.7 %	32.4 %		3.8 % ↑	25.1 %	% of CPEP Visit Admits	24.4 %	30.7 %		6.3 % ↑	22.5 %
5,920	5,731	-189	-3.2 % ↓	5,606	Total ED Volume	53,169	50,126	-3,043	-5.7 % ↓	48,844
Budget	MTD	Diff	Diff %	PMTD	Outpatient Visits	Budget	YTD	Diff	Diff %	PYTD
3,125	2,839	-286	-9.2 % ↓	574	Behavioral Health	27,489	23,002	-4,487	-16.3 % ↓	4,454
5,673	4,632	-1,041	-18.4 % ↓	3,080	Chemical Dependency	46,308	42,626	-3,682	-8.0 % ↓	28,294
7,367	6,417	-950	-12.9 % ↓	6,166	Clinics - A	60,755	55,418	-5,337	-8.8 % ↓	58,652
2,005	2,566	561	28.0 % ↑	1,579	Clinics - B	16,536	19,517	2,981	18.0 % ↑	15,466
1,795	1,804	9	0.5 % ↑	1,649	Dialysis	15,436	15,836	400	2.6 % ↑	15,448
2,681	1,919	-762	-28.4 % ↓	3,165	Referred / Ancillary	23,694	27,283	3,589	15.1 % ↑	28,629
770	742	-28	-3.6 % ↓	671	Surgical	6,804	6,101	-703	-10.3 % ↓	6,880
1,719	1,633	-86	-5.0 % ↓	1,527	Therapy	15,153	13,530	-1,623	-10.7 % ↓	14,484
530	471	-59	-11.1 % ↓	421	Transplant / Vascular	4,697	4,107	-590	-12.6 % ↓	4,727
Budget	MTD	Diff	Diff %	PMTD	Radiology	Budget	YTD	Diff	Diff %	PYTD
-	3,874	-	-	3,664	CT Scan	-	31,772	-	-	32,692
-	9,115	-	-	8,929	Diagnostic Imaging	-	77,996	-	-	79,969
-	413	-	-	338	MRI	-	3,086	-	-	3,243
-	294	-	-	331	Nuclear Medicine	-	2,948	-	-	3,162
-	622	-	-	620	Ultrasound	-	5,742	-	-	5,329

CMO Memorandum

To: BOARD OF DIRECTORS
CC: MEDICAL EXECUTIVE COMMITTEE
From: BRIAN M. MURRAY, MD, CMO
Date: September 22, 2014
Re: APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

Each Chief of Service shall be and remain physician members in good standing of the Active Staff, shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to faithfully discharge the functions of his/her office. Each Chief of Service shall be certified by an appropriate specialty board, or affirmatively establish comparable competence through the credentialing process.

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.
2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.
3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.
4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service or other such practitioner named by the Board until a successor is named by the Board.

The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of Chief of Service within their departments:

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Anesthesiology	Erik Jensen, MD	1 YR	JUN 2014	JAN 2015
Cardiothoracic Surgery	Mark Jajkowski, MD	3 YRS	JAN 2014	DEC 2016
Dentistry	Maureen Sullivan-Nasca, DDS	1 YR	JAN 2014	DEC 2014
Emergency Medicine	Michael Manka, MD	3 YRS	JAN 2013	DEC 2015
Family Medicine	Lorne Campbell, MD	1 YR	JUN 2014	DEC 2015
Internal Medicine	Joseph Izzo, Jr., MD	3 YRS	JAN 2013	DEC 2015
Laboratory Medicine	Daniel Amsterdam, PhD	3 YRS	JAN 2013	DEC 2015
Neurology	Richard Ferguson, MD	3 YRS	JAN 2013	DEC 2015
Neurosurgery	Gregory Bennett, MD	3 YRS	JAN 2013	DEC 2015
Obstetrics & Gynecology	Vanessa Barnabei, MD	3 YRS	JAN 2013	DEC 2015
Ophthalmology	James Reidy, MD	3 YRS	JAN 2013	DEC 2015
Oral & Maxillofacial Surgery	Richard Hall, DDS, PhD, MD	3 YRS	JAN 2013	DEC 2015
Orthopaedic Surgery	Philip Stegemann, MD	3 YRS	JAN 2013	DEC 2015
Otolaryngology	William Belles, MD	3 YRS	JAN 2013	DEC 2015
Pathology	Lucia Balos, MD	1 YR	JAN 2014	DEC 2014
Plastics & Reconstructive Surgery	Thom Loree, MD	3 YRS	JAN 2013	DEC 2015
Psychiatry	Yogesh Bakhai, MD	3 YRS	JAN 2013	DEC 2015

DEPARTMENT	NAME	TERM	APPT	REVIEW DATE
Radiology	Joseph Serghany, MD	1 YR	AUG 2014	DEC 2015
Rehabilitation Medicine	Mark LiVecchi, MD	3 YRS	JAN 2013	DEC 2015
Surgery	William Flynn, MD	3 YRS	JAN 2013	DEC 2015
Urology	Kevin Pranicoff, MD	3 YRS	JAN 2014	DEC 2015

*The following physician members are currently members in good standing of our Active Medical/Dental Staff and are being recommended for the position of **ASSOCIATE** Chief of Service within their departments:*

DEPARTMENT	NAME	TERM	APPT
Chemical Dependency	Mohammadreza Azadfar, MD	1	BY CHIEF OF SERVICE
Internal Medicine	Sergio Anillo, MD	1	BY CHIEF OF SERVICE
Internal Medicine, Specialty Med.	Rocco Venuto, MD	1	BY CHIEF OF SERVICE
Internal Medicine	Rebecca Calabrese, MD	1	BY CHIEF OF SERVICE
Neurosurgery	Greg Castiglia, MD	1	BY CHIEF OF SERVICE
Radiology	Gregg I. Feld, MD	1	BY CHIEF OF SERVICE
Anesthesia	Scott Plotkin, MD	1	BY CHIEF OF SERVICE

(Bold depicts new appointments)

ERIE COUNTY MEDICAL CENTER CORPORATION

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

October, 2014

The Department of Nursing reported the following activities in the month of September:

- On October 15, 2014 “Making Connections” was presented to the public as well as employees. This was a program to raise awareness about domestic violence. Several nurses attended this program along with many individuals from the community. Nurses who attended were: Karen Ziemianski, Karen Beckman, Peggy Cieri, Tiffany Ciurczak, Anne Marie Gallineau, Donna Gatti, Audrey Hoerner, Melinda Lawley, Donna Oddo, Christine Pigeon, Denise Thompson, Richard Waterstram, and Kelly Zgoda
- Paula Quesinberry (Program Coordinator for Sepsis) presented an on-line, live description outlining the successful use of this proven quality improvement strategy in ECMCC's Emergency Department. This improvement strategy was used to develop a system of screening every patient every shift for sepsis as recently mandated by the NYSDOH. This program was presented on Tuesday, October 7, 2014 at 1000. Paula's presentation was a small but essential part of the program.
- ECMC's Conversation Ready Project Outreach Team lead by Sandra Lauer along with Valerie Czajka, presented at the P2 Collaborative Conference on Oct. 9th. The Conference hosted Keynote Speaker, Ellen Goodman, co-founder and Director of The Conversation Project. The Conversation Project is a national campaign dedicated to helping people talk about their wishes for end-of-life care. Our team shared stories of our experiences and data on end-of-life conversations that we've collected from presenting, The Conversation Project, in our community. ECMC's Outreach Team is continuing to present in the community and our work on the Conversation Project has been featured in local news articles, television, and multiple radio programs.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

THE HUMAN RESOURCES DEPARTMENT

TUESDAY, OCTOBER 28, 2014

I. EMPLOYEE NUMBERS

ECMC ACTIVE EMPLOYEES 10/14:	2897
TERRACE VIEW ACTIVE EMPLOYEES 10/14:	445

II. EMPLOYEE HIRING

ECMCC TOTAL NUMBER JOBS FILLED

10/1/14 - 10/20/14	113
10/1/13 10/20/13	62
YTD 2014	838

ECMCC TOTAL AVERAGE TIME TO FILL

10/1/14 – 10/20/14	38.12 DAYS
10/1/13-10/20/13	58
YTD 2014	44.08

-NATIONAL AVERAGE 2014	25 DAYS
-GOVERNMENT AVERAGE 2014	36.7 DAYS
-EMPLOYERS 5,000 + EMPLOYEES 2014	58

III. WELLNESS/BENEFITS

The Benefits Fair was held October 8, 2014 6 Am – 4 PM Over 750 people attended. ECMCC Annual Open Enrollment period is Monday, October 20 – Friday, November 21st, with an effective date of January 1, 2015.

IV. TRAINING

RECRUITING AND HIRING TRAINING FOR MANAGERS IS SCHEDULED FOR NOVEMBER 2014

- Effective Interviewing Techniques
- Developing Interview Questions
- Avoiding Illegal Questions and Practices
- Evaluating Candidates
- ECMC Hiring Process
- Behavioral Assessment

BACK INJURY PREVENTION – ECC Grant

ERIE COUNTY MEDICAL CENTER CORPORATION

- Sessions will be conducted on December 5 & 14, 2014

ERGONOMIC TRAINING – ECC Grant

- Sessions will be conducted on October 31 and November 28, 2014

V. RECRUITING ACTIVITIES

4/24/14 – 10/9/14:

<u>Activity</u>	<u>Location</u>
BETC & CAO Job Fair	JFK Community Center
Buffalo Academy of Sciences Charter	Charter School
Resume Workshop	Protocol Restaurant
Martin Luther King Job Fair	ECC South
Adult Edu. Center BPS	St. Lawrence Street
Pathways to Careers in the Medical Sector	EOC Conference Center
Canisius College	Canisius College
Buffalo Niagara Medical Campus	BNMC Career Center
Erie 2 BOCES LPN Program	
Graduate Job Fair	New Hope Learning Center
Nursing and Transfer Job Fair	Genesee Community Coll.
LPN	Erie BOCES - West Seneca



HEALTH INFORMATION SYSTEM/TECHNOLOGY October 2014

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

Great Lakes Health (GLH) IT Committee. Vendor presentations have been scheduled for the months of November and December. The goal of the demonstrations is to provide the committee with a strong understanding of the capabilities and opportunities of the leading healthcare IT systems allowing us to better develop our request for proposal (RFP). Sub-committee's continued to meet to develop their system requirements in support of the request for proposal. The GLHS committee has also requested legal counsel direction on how separate covered entities can collaborate and share data to deliver quality patient care, research, and improve efficiency.

Meaningful Use (MU).

Inpatient. Continue to monitor our MU Stage 2 inpatient requirements for and finalize the compliance and internal audit review. Final attestation will be completed by November 30th. We continue to work with outside facilities to utilize the technology supported by the Federal Government to share key patient information and improve communication to our outside referring physicians.

Outpatient. The team is in the process of finalizing the reporting method for attesting providers attesting for both MU1 and MU2. We have also begun the process of enrolling patients from the ambulatory clinic for the patient portal. We will continue to develop the marketing campaign to improve patient engagement.

Clinical Automation.

We continue to work with the inpatient provider community to improve the efficiency of computerized physician order entry, medication reconciliation and electronic discharge routine. We also are working with the PACU area to automate their current operations. This will assist with streamlining the communication process of the patient transition from the OR to inpatient.

We are preparing the Emergency Department to begin electronic documentation of the physician notes and discharge information resulting in a fully electronic discharge process. Go live is scheduled for the first week in November. This will include the use of Nuance Dragon Voice Recognition tools and template notes developed by the ED physician leadership team.

We have successfully upgraded the main transplant patient care management software solution. This will allow the organization to fully optimize their workflow and provide electronic communications to various referring physician through the use of the physician portal.

Infrastructure Support.

We have completed its initial implementation of Microsoft System Center Configuration Manager (SCCM). This software tool is intended to enhance our ability to effectively manage our end-

user desktop environment. The most recent effort was capped off by a week-long engagement with an onsite Microsoft engineer, who provided specific high level training and configuration help with various aspects of the system. Specific examples of enhancements to our management environment with SCCM, keeping in mind we are still in early stages of implementation:

- Accurate reflection of desktop fleet including: operating system type and inventory (hardware and software). Previously, this process was done manually
- Automated deployment capabilities
- Software metering: how software is being used and by how many users.
- Robust reporting tools.
- Improved ability to manage and secure our desktop fleet.
-

HIS is scheduled to continue implementation with separate engagements throughout the remainder of the year, and expects to complete an accurate PC inventory, accurate software inventory, a better representation of physical location of assets, and a more complete automated deployment model by that time. Having these data and processes are critical ahead of our expected transition to virtual desktop infrastructure starting in 2015.

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
October 28, 2014

Marketing

ECMC Medical Minutes have covered Colonoscopy, the Mobile Mammography Coach and A Crucial Catch Day to Fight Breast Cancer- Saturday, October 25, 2014
New television commercial highlighting ECMC's services
Activating Bills partnership and developing advertisement, Jim Kelly and CJ Spiller Commercial on air
Continuing marketing to OPA primary care physicians and internal audience
Process began for website redesign
EMS Trauma education outreach program has begun starting with outreach events in Olean and Dunkirk
ECMC hosted Billie weekend to raise awareness for breast cancer prevention and services at ECMC

Planning and Business Development

Leading DSRIP efforts for ECMC with community collaborations
Meeting with Rural Hospitals to develop new and continue existing relationships
Collaborating with Kaleida on new business initiatives
Business Development Director visiting primary care and dentists office to develop relationships for specialists
Service line development and margin analysis underway and have developed metrics and business plans
CON for renovating two new OR's submitted and new Cath Lab to be submitted shortly
Working with Professional Steering Committee.
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Signed Dr. Eugene Kalmuk
Primary care practices growing and specialty physicians seeing patients at locations
Various discussions with healthcare partners underway with confidentiality agreement signed

Media Report

- **The Buffalo News; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WGRZ-TV, Channel 2: Erie County Medical Center is prepared to deal with Ebola.** The main job for local hospitals is quickly identifying and then safely isolating a potential Ebola case. Dr. Brian Murray is quoted.
- **Buffalo Business First: ECMC works to grow surgical capacity in \$3.2 M expansion.** The hospital filed plans with the state Department of Health to build out the surgical operating rooms
- **The Buffalo News; Buffalo Healthy Living; WIVB-TV, Channel 4: Williamsville Courier: Going Pink for a cause.** On Monday, Oct. 6, Erie County Medical Center (ECMC) lit up its building as they went Pink for Breast Cancer Awareness Week.
- **Buffalo Healthy Living: ECMC to host "Making Connections: A Program to Raise Awareness about Domestic Violence".** During Domestic Violence Month (October) the Erie County Medical Center will host an adults-only program to raise awareness about Domestic Violence.
- **The Buffalo News: High School teams again in the pink for breast cancer fund raising.** Pink gear donated by ADPRO Sports toes to schools which pledge to raise funds which go entirely to support ECMC's Mobile Mammography Unit, a coach bus-sized vehicle equipped with two digital mammography systems.

- **Niagara Frontier Publications: Pinktober celebrated in Niagara Falls.** Along with the American Cancer Society, the Canadian Cancer Society, Erie County Medical Center, the ECMC Lifeline Foundation, the Buffalo Bills and Nicholas Picholas of WKSE “Kiss” 98.5-FM, the Hard Rock Café gathered survivors, Bills fans and musicians to raise awareness and funds in a united front against breast cancer.

Community and Government Relations

Working with KPMG to develop governance structure for DSRIP application

Upper Allegheny and Niagara Falls DSRIP is joining in ECMC DSRIP

Advocating to Legislators and DOH for DSRIP, letters sent to Governor from delegation

Attending Community Foundation meetings with “emerging applications” to discuss collaboration

Farmer’s market had record year

Mammography coach celebrated 2 year anniversary

ECMC hosted NFL “Crucial Catch” event with over approximately 200 women attending

Surgical Services

- Orthopedic volume continues to grow from UB Orthopedics and Excelsior with 617 more cases (18%) than last year, 375 new volume growth of bariatric surgery. Main OR volume for September was 813 cases
- M The new surgical center performed 128 cases in September. Total YTD is 1,191 surgical cases. Main contributors to increase are Orthopedics, Bariatric and Laparoscopic general surgery.
- YTD: 716 (9.2%) volume increase of combined surgical center and Main OR areas.

**ECMC ANNUAL GIVING 2015
10/2 DAY OF GIVING - EMPLOYEE CAMPAIGN**

TIME	LIFELINE	UNITED WAY	UNITED WAY DESIGNATED TO LIFELINE
8:00 AM	\$ 18,383.00	\$ 2,028.00	\$ 254.00
10:00 AM	\$ 7,080.00	\$ 1,426.00	\$ -
12:00 PM	\$ 5,187.00	\$ 1,685.00	\$ 36.00
2:00 PM	\$ 5,419.00	\$ 1,210.00	\$ 363.00
4:00 PM	\$ 3,639.00	\$ 650.00	\$ 52.00
6:00 PM	\$ 6,830.00	\$ 2,696.00	\$ -
8:00 PM	\$ 2,080.00	\$ -	\$ -
11:00 PM	\$ 2,126.00	\$ 520.00	\$ 26.00
	\$ 50,744.00	\$ 10,215.00	\$ 731.00

OCTOBER 2, DAY OF GIVING TOTAL **\$ 61,690.00**

2015 EMPLOYEE CAMPAIGN - MONTH OF OCTOBER TOTALS

OVERALL GIVING - LIFELINE & UNITED WAY **\$ 77,654.00**
OVERALL GIVING DESIGNATED TO LIFELINE **\$ 62,524.00**

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, SEPTEMBER 22, 2014 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	M. Manka, MD	
M. Azadfard, MD	M. Panesar, MD	
Y. Bakhai, MD	K. Pranikoff, MD	
L. Balos, MD	R. Schuder, MD	
V. Barnabei, MD	P. Stegemann, MD	
G. Bennett, MD		
L. Campbell, MD		
M. Chopko, MD		
S. Cloud, DO		
R. Desai, MD		
R. Ferguson, MD		
W. Flynn, MD		
R. Hall, MD, DDS, PhD		
J. Izzo, MD		
M. LiVecchi, MD		

Attendance (Non-Voting Members):

B. Murray, MD	R. Gerwitz	B. Del Prince
R. Cleland	S. Gonzalez	T. Quatroche
S. Ksiazek	R. Krawiec	M. Hoffman
A. Orlick, MD	C. Ludlow, RN	
K. Ziemianski, RN	A. Victor-Lazarus, RN	
L. Feidt	B. Sloma	

Excused:

W. Belles, MD	T. Loree, MD	R. Venuto
N. Dashkoff, MD	M. Sullivan, DDS	Non-Voting:
T. DeZastro, MD	J. Reidy, MD	M. Cain
N. Ebling, DO	J. Serghany, MD	J. Fudyma, MD
M. Jajkowski, MD	A. Sinha, MD	S. Gary
E. Jensen, MD	A. Stansberry, RPA-C	

Absent:

I. CALL TO ORDER

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

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

- A. The Seriously Delinquent Records report was included as part of Dr. Hall's report. Please review carefully and address with your staff. Please remind attendings they must check their e-sign ques each day and particularly attestations must be signed prior to patient discharge.

III. THANK YOU FROM MATH & TECH SCHOOL FOR DONATION

With sincere appreciation, representatives from Math & Science School of Technology provided a brief presentation on the impact the recent contribution from the Medical Dental Staff made for the students.

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT – Richard Cleland

- a. August Operations** – Volumes are increasing and about 7% over last year. LOS is decreasing as well. Case mix index is increasing which will enhance reimbursement. Financials show a \$40,000 surplus and about \$700,000 operating loss year to date.
- b. 2015 Budget** – The budget is complete and will be submitted for approval to the Board of Directors.
- c. Attorney General Charges** – CEO reported details of charges that will be filed against two staff members of Terrace View that occurred in 2012. The Board of Directors have been notified and there will be a press release regarding the issue.

B. CFO Report – Steve Gary

- a. August Report** – Included in CEO report.

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

A. UNIVERSITY AFFAIRS

Searches are ongoing for Chairs of the Departments of Surgery and Family Medicine as well as a new Chair for the Division of Gastroenterology.

UB has announced the creation of a Clinical Research Office to assist faculty and expedite the process of securing clinical trial funding. As part of this initiative faculty will be required to utilize the Research Foundation for all such projects and UB Foundation will no longer be an option.

The Proposed Resident Annual Plan for the year 2015-2016 was circulated to the GMEC Committee and hospitals for approval. Under the proposed plan ECMC's complement of residents would go from 174.54 to 176.11. The major changes include:

Anesthesia -decreased from 9.50 to 6.00
Internal medicine increased from 26.10 to 29.30

Surgery increased from 17.50 to 19.0
Dental increased from 8.0 to 13.0
Ob/GYN increased from 1.0 to 1.73

B. PROFESSIONAL STEERING COMMITTEE

September's Meeting was cancelled. The next regularly scheduled meeting is scheduled for Monday, December 8, 2014 at ECMC from 7:00 – 8:00 a.m.

C. UTILIZATION REVIEW

Flash report for August was distributed and reviewed. Discharges were just below 1,000 (8% below budget). Year to date we have 56 more discharges than 2013.

LOS remained a concern at 6.7, 0.7 above budget. ALC days continue to be problem increasing to 755 days for the month. Surgical volumes remained high and close to budget predictions. ED visits are slightly decreased from 2013. CMI remained slightly low at 1.8151.

D. CLINICAL ISSUES

This month saw a the introduction of a new method for addressing the 2-midnight rule through new requirements in the admission order in CPOE . The object is to improve physician compliance/documentation and minimize the risk of denials.

Lab Reports and studies performed on patients at ECMC that are not patients of an ECMC provider will be available in their meditech record. At present they are not.

MOTION: Incorporate lab reports and studies within the patients EMR Meditech record, regardless of the ordering physician.

MOTION UNANIMOUSLY APPROVED.

VI. ASSOCIATE MEDICAL DIRECTORS REPORTS

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

B. Arthur Orlick MD – Associate Medical Director – Dr. Orlick advised that the census is very high and has been for several weeks. Please work in an efficient manner when reviewing patients for discharge. Case Management has been very instrumental in assisting with discharging and moving patients to improve throughput. Becky Del Prince, new VP of care management, was introduced and will lead improvement in the department.

VII. LIFELINE FOUNDATION

- A. October 3, 2014 is Employee Appreciation Day – ECMC Goes Pink! The Medical Dental staff is contributing to the program and all are encouraged to participate in serving at the event. Meal times were outlined. Female staff will be encouraged to have a mammogram that day on the mammo bus to promote breast health.
- B. ECMC Annual Day of Giving~ECMC Employees are asked to make their annual financial commitment to the Foundation and/or United Way. Lifeline will be collecting pledge forms in the Employee Hallway for 18 continuous hours to hit all shifts. Thank-you gifts are given to each donor and there is a raffle for all participants. Those 12 hours are where we receive the most gifts.

VIII. NOMINATING COMMITTEE REPORT

A. **SLATE OF OFFICERS-2014** – The following report from the Nominating Committee is received for the 2014 elections was announced. The Nominating Committee met on July 25, 2014 and provides the following report and slate of nominations.

- 1. GLH Professional Steering Committee Nominations (to be voted on by the MEC at its October 2014 meeting)

Two Year term – Nov '14 – Oct '16 One year term – Nov'14 – Oct '15

SEAT	INCUMBENT	ELIGIBLE TO RUN?	TERM	NOMINEE
1	Gregory Bennett, MD	No	2 years	Primary Care – John Fudyma, MD
2	Yogesh Bakhai, MD	Yes	2 years	BH – Yogesh Bakhai, MD (final term)
3	Joseph Kowalski, MD	Yes	2 years	Ortho – Philip Stegemann, MD
4	William Flynn, MD	Yes	1 year	Surgery – William Flynn, MD
5	Stephen Downing, MD	N/A	1 year	Radiology – Gregg Feld, MD

- 2. ECMCC Medical Executive Committee Officers (to be voted on by the organized medical staff at its annual meeting October 2014)

Two-Year term – Jan 2015 – Dec 2016

Already seated officers, 2014 ascension as listed below:

- President: Samuel Cloud, DO
- President-Elect: Timothy DeZastro, MD
- Immediate Past President: Richard Hall, MD, DDS, PhD

Open officer seats:

Treasurer: Katie Grimm, MD
Secretary: Michael Cummings, MD

3. Medical Executive Committee Seats

(4) Representative, At Large: Mark Anders, MD
Nirmit Kothari, MD
Mandip Panesar, MD
Weidun Alan Guo, MD

(1) Allied Health Professional: Dan Ford, PA

Petitions and additional nominations permitted as per the Bylaws below. Election of the slate will take place at the **October 22, 2014 Medical Dental Staff Meeting**.

5.1.3 NOMINATIONS

- a) **By Nominating Committee:** *The Nominating Committee shall convene at least ninety (90) days prior to the Annual Meeting of the Medical/Dental Staff and shall submit to the President of the Medical/Dental Staff a list of one or more qualified nominees for each office and at-large members to the Medical Executive Committee, to which is attached a statement of the Chair of the Nominating Committee that each nominee has agreed to stand for election to office. The names of such nominees shall be made available to all voting Medical/Dental Staff members at least thirty (30) days prior to the Annual Meeting;*
- (b) **By Petition:** *Nominations may also be made by petition signed by at least twenty (20) members of the Active Staff with voting rights, to which is attached a statement signed by the nominee attesting to his willingness to stand for election to the office, and filed with the President of the Staff at least seven (7) days prior to the Annual Meeting. As soon after filing of a petition as is reasonably possible, the name(s) of these additional nominee(s) shall be made available to all voting Medical/Dental Staff members;*

Of note, a new chair of the Nominating Committee is needed as Dr. Ellis is stepping down. Some suggestions were discussed and will be considered by the MEC.

MOTION: Move to accept the slate of candidates as presented for the 2014 election.

MOTION UNANIMOUSLY ACCEPTED.

IX. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: August 25, 2014	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of September 2, 2014	Received and Filed
	- Resignations	Reviewed and Approved
	- Appointments	Reviewed and Approved
	- Reappointments	Reviewed and Approved
	- Dual Reappointment Applications	Reviewed and Approved
	- Provisional to Permanent Appointments	Reviewed and Approved
	EXTRACTION for Discussion: Item regarding applicant discussed in executive session.	Item was extracted for discussion in Executive Session.
C.	HIM Committee: Minutes of August 28, 2014	Received and Filed
	1. Tertiary Trauma Survey	Reviewed and Approved
	2. ABVD Chemotherapy Administration Note	Reviewed and Approved
	3. Docetaxel/Cisplatin/5 Fluorouracil Chemotherapy Administration Note	Reviewed and Approved
	4. Etoposide/Cisplatin Chemotherapy Administration Note	Reviewed and Approved
	5. Folfox G Chemotherapy Administration Note	Reviewed and Approved
	6. Paclitaxel Protein-Bound Chemotherapy Administration Note	Reviewed and Approved
	7. Premetrexed/Cisplatin Chemotherapy Administration Note	Reviewed and Approved
	8. Docetaxel/Cyclophosphamide Chemotherapy Administration Note	Reviewed and Approved
	9. Infliximab Administration Note	Reviewed and Approved
	10. Initial Rituximab Chemotherapy Note	Reviewed and Approved
	11. Paclitaxel/Carboplatin Chemotherapy Administration Note	Reviewed and Approved
	12. Subsequent Rituximab Chemotherapy Administration Note	Reviewed and Approved
D.	P & T Committee Meeting – Minutes of August 5, 2014	Received and Filed
	1. Hydroxocobalamin (Cyanokit®) – approve addition to Formulary	Reviewed and Approved
	2. Clozapine Oral Disintegrating Tablets 25 mg, 100 mg – approve line extensions	Reviewed and Approved
	3. CPOE Respiratory Therapy Medication Administration times – approve changes	Reviewed and Approved
	4. F-11 Standard Times Of Medication Administration – approve revisions	Reviewed and Approved
	5. TI-01 Proton Pump Inhibitors – approve review	Reviewed and Approved
	6. TI-02 Oral and IV H2 Receptor Antagonists – approve revision	Reviewed and Approved
	7. TI-03 Intravenous H2 Receptor Antagonists – approve deletion	Reviewed and Approved
	8. TI-05 Statins – approve revision	Reviewed and Approved
	9. TI-06 Automatic Dose Correction for Ciprofloxacin – approve revision	Reviewed and Approved
	10. TI-07 Haemophilus b Conjugate Vaccines – approve revision	Reviewed and Approved
	11. High Alert Medication List – approve addition of IV Contrast Agents to the list	Reviewed and Approved

MEETING MINUTES/MOTIONS		ACTION ITEMS
E.	Clinical Informatics Steering Committee Minutes – August 25, 2014 Meeting	Received and Filed
F.	Physician Advisory Committee Meeting Minutes – August 14, 2014	Received and Filed

XI. CONSENT CALENDAR, CONTINUED

A. **MOTION:** Approve all items presented in the consent calendar.

MOTION UNANIMOUSLY APPROVED.

B. **MOTION: POLICY APPROVAL** - Transfer of Internal Patients between Services
Vote: 17 approved; 1 opposed.

MOTION APPROVED PER VOTE.

X. OLD BUSINESS

A. None

XI. NEW BUSINESS

A. **Research for Health Applications** – Dr. Amsterdam provided details on the Research for Health application and deadlines. Information for the program can be found on the ECMC Intranet.

XII. ADJOURNMENT

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

Respectfully submitted,



Richard Hall, M.D., President
ECMCC, Medical/Dental Staff

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Friday, October 24, 2014

[TheBuffaloNews.com](#)

CITY & REGION

- *City & Region*

Erie County prepared in the event of Ebola here

Pre-existing protocols described by officials

By [Henry Davis](#) | News Medical Reporter | [Google+](#)
on October 21, 2014 - 8:24 PM
, updated October 22, 2014 at 12:39 AM

If Ebola arrives here, Erie County is ready.

That was the message that hospitals and public health officials offered Tuesday as they outlined their readiness in the event a case of the deadly disease arrives at their doorstep. They also tried to allay concerns about training and equipment for doctors, nurses and other frontline medical staff.

“We are not starting from scratch. We are putting into effect protocols that already exist,” said County Executive Mark C. Poloncarz.

Infection-control experts, hospital medical executives, emergency services personnel and the health commissioner, Dr. Gale R. Burstein, flanked Poloncarz outside his office.

“We train year-round for an array of scenarios, including public health crises,” Burstein said, noting that a robust public health infrastructure exists that has dealt with outbreaks in the past, such as the H1N1 influenza pandemic.

The main job for local hospitals boils down to quickly identifying and then safely isolating a potential Ebola case.

Once that is done, experts from the federal Centers for Disease Control and Prevention would take over, likely in a matter of hours, and transfer a patient to one of eight designated Ebola “supercenters” in the state for longer-term treatment, county and hospital officials said.

“We’re equipped to do the initial assessment and management. The CDC would then send in a team,” said Dr. Brian M. Murray, chief medical officer of Erie County Medical Center.

Burstein said the county has monitored Ebola since August, communicating with hospitals and other health care providers, as well as consulting about patients who present with suspicious signs.

However, Burstein and the doctors acknowledged that Ebola posed a new and unfamiliar threat that requires special attention. And after errors in infection-control protocol became evident in Dallas, where the Ebola virus spread to two nurses who had cared for a patient who died, hospital officials here realized they needed to “step up their game.” Those are the only confirmed cases in the United States.

“The situation with Ebola is fluid. We are learning from the mistakes at other institutions,” said Dr. John A. Sellick Jr., hospital epidemiologist at Kaleida Health and Buffalo Veterans Affairs Medical Center.

He said physicians were gaining better knowledge about a deadly disease new to the United States but widespread especially in West Africa.

“There was a level of protection that we thought was adequate, and it wasn’t. We know that now and are responding,” Sellick said, referring to the national response to Ebola.

The news conference touched on a handful of other key issues:

- Risk to the general population?

The risk of Ebola to the public remains low, but concern is reasonable, especially among health care workers, Burstein said. The virus is transmitted only by direct contact with the blood or body fluids, such as saliva, of an infected person.

To put things in perspective, Poloncarz noted that influenza kills up to 49,000 people a year in the United States, depending on its severity.

“Speculation and fearmongering on the airwaves has led to an atmosphere of uncertainty, suspicion and distrust,” he said.

Nevertheless, he and others said every hospital must be prepared for the possibility of a person presenting with Ebola symptoms. Early detection, isolation and protection of staff are the essential elements of initial management of an infected patient, they said.

- What are hospitals in Buffalo doing?

Steps include “town hall” meetings with employees, creation of special response teams, mandatory training for certain staff, purchase of personal protective equipment for

employees who might come into contact with a patient, identification of areas to isolate patients, and drills.

“What we are doing builds on the contingency drilling we have been doing for a long time,” said Brian J. D’Arcy, senior vice president of medical affairs at the Catholic Health hospital system.

As evidence that his facility is prepared, ECMC’s Murray said staff identified and isolated a pretend Ebola patient within a few minutes in a drill conducted little more than a week ago.

- How are potential Ebola patients screened?

Initially, it begins with a handful of questions: Have you traveled to Guinea, Sierra Leone or Liberia in the last 21 days or been in contact with anyone who traveled in those countries, and what symptoms are you experiencing?

Symptoms of Ebola include fever, headache, muscle pain, weakness, diarrhea and vomiting.

“We even have the people who do our valet parking asking questions,” D’Arcy said.

Because the symptoms resemble those of the flu, Burstein strongly encouraged residents to get a flu shot.

- What is the significance of eight Ebola “supercenters” set up to identify and treat patients possibly infected?

The state chose the University of Rochester Medical Center and Upstate University Hospital in Syracuse, but no facility in Buffalo.

Sellick said that it makes sense to centralize the locations where ongoing treatment of Ebola patients would take place.

“This is not about the hospitals in Buffalo not being good enough,” he said. “This is a disease that is rare and that requires a high level of expertise. You need to focus treatment in units that have staff with experience.”

- What about ambulance personnel?

The CDC has issued guidance for medical first responders, and county officials said the recommendations have been relayed to ambulance companies and fire departments.

“The information is being pushed down to the grass roots,” said Daniel J. Neaverth Jr., the county’s commissioner of emergency services

- What else is happening to improve health care worker safety?

The CDC on Monday issued updated Ebola guidelines for protecting health care workers. Doctors, nurses, and others caring for patients with Ebola should wear single-use personal protective equipment that does not expose any skin, and be trained and monitored in how to put it on and take it off, according to the agency.

Nurses across the nation have voiced concern about adequate equipment and training at hospitals. Locally, it's difficult to gauge the progress of hospitals in meeting the guidelines. But one key group representing workers at Kaleida Health reports positive signs.

"We have been in contact with the hospital daily over this issue," said Cori A. Gambini, a registered nurse and president of Local 1168, Communications Workers of America, which represents nearly 4,000 Kaleida Health workers.

She said the union has pressed all the employers where its members work to institute protocols, provide equipment and conduct training sessions. Although she has yet to see a written version of Kaleida Health's Ebola plans and policies, she said it appears from discussions to go beyond CDC mandates.

The Kaleida Health administration has said that it will provide everything needed to keep health workers and the community safe, and that money is not an issue, Gambini said.

email: hdavis@buffnews.com

ECMC works to grow surgical capacity in \$3.2M expansion

Oct 21, 2014, 3:30pm EDT



[Tracey Drury](#)

Buffalo Business First Reporter- *Buffalo Business First*



As it works toward a higher-level trauma center designation, Erie County Medical Center Corp. is planning a \$3.2 million renovation to outfit two new operating rooms in its new surgery center building.

The hospital filed plans with the state Department of Health to build out the surgical operating rooms in the medical office building it opened in 2013 that houses the Regional Center of Excellence for Transplantation & Kidney Care.

The original project approved by the DOH included four operating rooms, with two put on hold for future use on the second floor of medical office building, located adjacent to the main hospital facility on Grider Street. In addition to the operating rooms, ECMC will develop related recovery and surgical service space.

The hospital is pursuing a Regional Level 1 Trauma Center designation from the American College of Surgeons, which requires hospitals to have one trauma OR available at all times in its main building. ECMC officials said that's become increasingly difficult with the growth of surgical volume, and is expected to get even busier.

Surgical cases have grown from fewer than 9,000 in 2010 to 10,354 last year. The first four months of 2014 saw 3,558 cases completed, a 7.7 percent increase over the same period in 2013. More growth is expected this year and next with the addition of surgeons in bariatrics, transplant, orthopedics, breast health and plastics/reconstructive surgery.

By 2016, the hospital expects to see more than 13,000 surgical cases taking place.

Currently the hospital has 14 operating rooms on the campus, including 12 in the main hospital building and the two existing ORs in the medical office building. Pending approval of the two new ORs, plans call for shifting half of all outpatient cases into the ambulatory surgery center. That should alleviate pressure enough to allow one of the older ORs in the main hospital building to be designated for trauma and meet the ACS requirements.

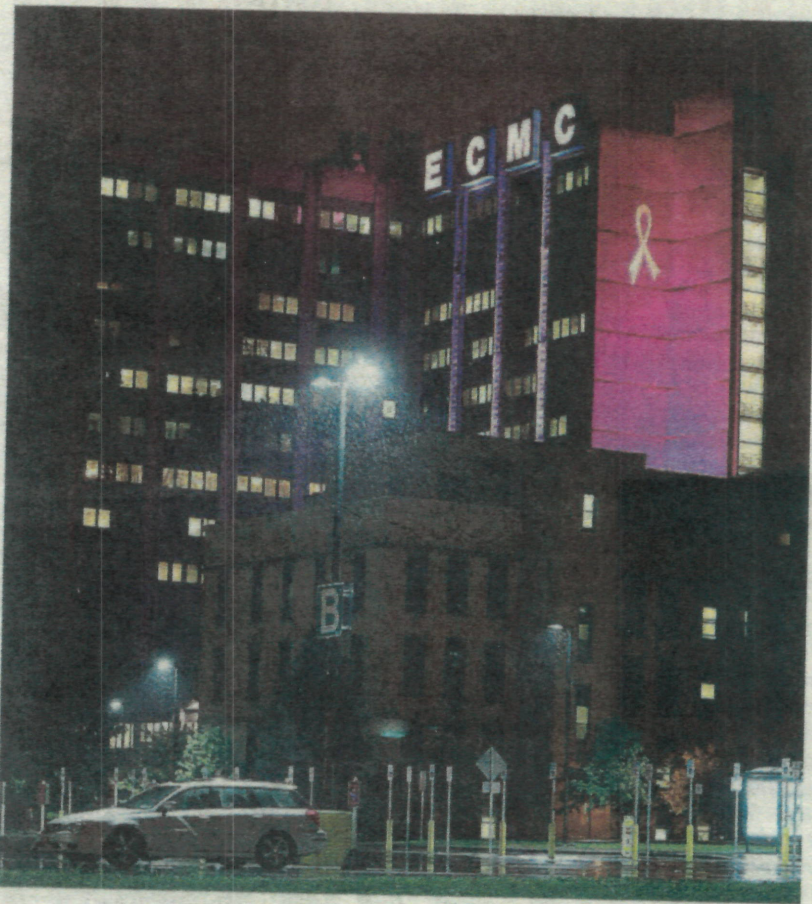
The project requires only an administrative review by the state health regulators.



Robert Kirkham/Buffalo News

250 Delaware Ave., the future home of Delaware North Cos, as well as a
are and Chippewa Street is a project of Uniland Development.

The power of pink



Charles Lewis/Buffalo News

The outside of Erie County Medical Center in Buffalo is illuminated in pink
light and festooned with a ribbon Monday evening in honor of Breast Cancer
Awareness Month.

neon as they awaited lab results on Mar-
tello's clothing, police said.

The News has previously reported that
Martello, 29, and her husband, Sam, had
moved into a home in the neighborhood
with their young daughter a few months
before she was struck. Sam Martello said
at the time that his wife had gone out for a
walk to get a drink after learning that day
she had lost out on a job at a nursing home.

"Anyone whoever met Jennifer Spill-
man-Martello would tell you that she
was a beautiful person inside and out,"
her family wrote shortly after her death
when they announced an online fundrais-
ing effort to benefit her daughter, Amelia.
"With the looks of a movie star, and the
heart of an angel, she was hard to forget."

Martello's family wrote that Amelia
was the "love of her life," and that when
she wasn't caring for her daughter, she
was working to provide a good life for her.

Sawicki could face a maximum of
seven years in prison and a fine of up to
\$5,000 if convicted.

Detectives began the investigation in
July with no known witnesses and little
evidence, Hamburg police said.

email: djgee@buffnews.com

Man charged with secretly taping women

By ROBERT J. MCCARTHY

NEWS STAFF REPORTER

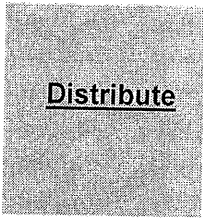
Amherst police have arrested a man
they said was preying on women in his
own Indian-American community by se-
cretly videotaping them in bathrooms
and showers in their homes.

Prakash G. Rajyaguru, 46, of Crown
Royal Drive, was arrested last month
following an investigation that was dis-
closed Monday. Lt. Joseph A. LaCorte said
announcement of the arrest was delayed
because Amherst police continued to in-
vestigate Rajyaguru's activities and that
they are still seeking information from
more victims who believe they also may
have been secretly taped.

"We're thinking there may be more vic-
tims out there," LaCorte said. "This was
more than just a peeping Tom. He was hid-
ing cameras in ladies rooms and showers."

See **Arrested** on Page D2

Buffalo Healthy Living



Publisher's Blog

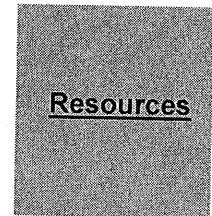
ECMC to host "Making Connections: A Program to Raise Awareness about Domestic Violence"

by Annette Pinder on 10/07/14

During Domestic Violence Month (October) the Erie County Medical Center will host an **adults only program** to raise awareness about Domestic Violence. This event, **"Making Connections: A Program to Raise Awareness about Domestic Violence,"** will take place in ECMC's Smith Auditorium, Wednesday, October 15, 2014, 4:00 P.M. to 7:00 P.M.

A documentary film, "Crime After Crime: The Battle to Free Deborah Peagler" will be shown, followed by a panel discussion. Tables with hand-out materials will also be arranged. The award winning documentary film is directed by Yoav Potash about the case of Deborah Peagler, an incarcerated victim of domestic violence whose case was taken up by pro bono attorneys through The California Habeas Project.

The program will include: Welcome by Rich Cleland, President, COO & Interim CEO, ECMC Corp.; Invocation and Benediction by Pastor Marquitta Whitehead, Pastoral Care, ECMC; Program Remarks from Dr. Catherine Collins, Host Women's Health Radio Show; Program Overview, Rita Hubbard-Robinson, JD, Director Institutional Advancement, ECMC Lifeline Foundation; Film titled "Crime After Crime: The Battle to Free Deborah Peagler;" Introduction of Panel Moderator by Rita Hubbard-Robinson, JD; Acknowledgements by Dr. Catherine Collins.



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PREP TALK

H.S. teams again in the pink for breast cancer fund-raising

By Keith McShea | News Sports Reporter | @KeithMcSheaBN | Google+
on Thursday, October 16, 2014 2:11 PM, updated: October 16, 2014 at 4:04 pm

For the second straight year, we're seeing a lot of pink on Western New York's high school football sidelines as part of the WNY Football Bill-ieve Challenge.

It's an effort by the Buffalo Bills, the Erie County Medical Center Lifeline Foundation, ADPRO Sports and WKBW which challenges local high school programs to raise money

Pink gear donated by ADPRO Sports goes to schools which pledge to raise funds which go entirely to support ECMC's Mobile Mammography Unit, a coach bus-sized vehicle equipped with two digital mammography systems.

The schools that raise the most money at their October home games -- and other events -- will receive prizes from the Buffalo Bills.

The program that raises the most money in October will receive a special appearance by Buffalo Bills running backs Fred Jackson and C.J. Spiller. Second-place is 100 tickets to a 2014 Bills home game. Third place is a practice at the ADPRO Training Center.

Winners will be announced Nov. 12.

More information is available at a Bill-ieve page via buffalobills.com and through a letter sent to schools.

ECMC's mobile unit is described as "designed to take screening services to women who otherwise would not have access to this type of healthcare." The letter sent to schools for the WNY Bill-ieve Football Challenge states that in the year-plus that the mobile unit has been on the road, over 100 women were flagged for more extensive testing and in several cases women were diagnosed with breast cancer.

There are also other schools and other sports programs who are getting involved in the initiative as well with their own in-house fund-raisers.

Pinktober celebrated in Niagara Falls

by jmaloni

Tue, Oct 14th 2014 05:30 pm



A look inside the Hard Rock. (photo by Carreen Schroeder)

by *Carreen Schroeder*

On Oct. 10, the Hard Rock Café, Niagara Falls USA, hosted its 15th annual Pinktober event. Along with the American Cancer Society, the Canadian Cancer Society, Erie County Medical Center, the ECMC Lifeline Foundation, the Buffalo Bills and Nicholas Picholas of WKSE "Kiss" 98.5-FM, the Hard Rock gathered survivors, Bills fans and musicians to raise awareness and funds in a united front against breast cancer.

The evening began with guests and survivors gathering along the Rainbow Bridge, connecting the U.S. and Canada. In a powerful symbol of the two countries' unity in the fight to end breast cancer, participants created a living ribbon across the bridge while Niagara Falls was lit up with pink lights.

Picholas emceed a free outdoor concert along O'Laughlin Drive with performances by The Spazmatics and The Diva Show. Vendors lined the streets, with merchandise proceeds going to the American and Canadian cancer societies, the ECMC Lifeline Foundation and the Bills 'BILLIEVE' breast cancer awareness campaign.

Hard Rock is continuing its efforts to raise funds and awareness throughout the month of October with a long line of Pinktober merchandise for sale, including men's and women's T-shirts and pins. Hard Rock hotels are joining the campaign and encouraging guests to "Get into Bed for the Cause" with special room rentals draped with Hard Rock's pink sheets, pink robes, pins and more. A portion of the room rate also will benefit several breast cancer charities.

It's All About The Fight. The American Cancer Society operates with more than 3 million volunteers working to help eradicate cancer. The ACS leads the nation as the largest non-governmental investor in cancer research and has contributed about \$3.4 billion toward the fight.

The Canadian Cancer Society, a national community-led organization of approximately 140,000 volunteers, has been fighting to end cancer since 1938 with over 1 million people having received assistance since 1996.

The ECMC Lifeline Foundation operates as a tax-exempt 501(c)(3). Among its other responsibilities, the foundation operates the only mobile mammography coach in Western New York. With two state-of-the-art mammography systems and two certified mammography technologists, the mammography coach travels to areas around Western New York providing breast health care to patients who may otherwise not have an opportunity for a screening. Dr. Linfield, an American board-certified surgeon specializing in the treatment of breast disease, acts as the clinical director.

If one does not have a family doctor or medical insurance, Western New York Breast Health can assist. Should one require a ride, it can arrange transportation to the mammography mobile coach when it is in one's neighborhood.

For more information on the Hard Rock Café's Pinktober program, call 716-282-0007. For more information on the American Cancer Society, call 1-800-227-2345 or visit www.cancer.org. To learn more about the Canadian Cancer Society, call 1-888-939-3333 or visit www.cancer.ca. To learn more about the ECMC Lifeline Foundation, call 716-898-5800 or visit www.ecmc.edu/about/lifeline/.



Buffalo Bills quarterback E.J. Manual with breast cancer survivor Lisa Dudley of Grand Island. (submitted photo)