~ Regular Meeting ~
Mission

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

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

• High quality family centered care resulting in exceptional patient experiences.

• Superior clinical outcomes.

• The hospital of choice for physicians, nurses, and staff.

• Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.

• Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.
Core Values

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

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

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

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

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

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

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

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

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

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

The difference between healthcare and true care™
AGENDA

REGULAR MEETING OF THE DIRECTORS MEETING
ERIE COUNTY MEDICAL CENTER CORPORATION
TUESDAY, FEBRUARY 26, 2013

I. CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR

II. APPROVAL OF THE MINUTES OF THE JANUARY 22, 2013 REGULAR MEETING OF THE BOARD OF DIRECTORS.

III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON FEBRUARY 26, 2013

IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
   EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. 29-31
   FINANCE COMMITTEE: MICHAEL A. SEAMAN 29-31
   QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN 29-31

V. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
   A. CHIEF EXECUTIVE OFFICER 33-37
   B. CHIEF OPERATING OFFICER 38-41
   C. CHIEF FINANCIAL OFFICER 42-49
   D. CHIEF SAFETY OFFICER 50-53
   E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC 54-59
   F. CHIEF MEDICAL OFFICER 50-53
   G. SENIOR VICE PRESIDENT OF NURSING 54-59
   H. VICE PRESIDENT OF HUMAN RESOURCES 60-62
   I. CHIEF INFORMATION OFFICER 63-64
   J. SR. VICE PRESIDENT OF MARKETING & PLANNING 65-67
   K. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION 68-74


VII. OLD BUSINESS

VIII. NEW BUSINESS

IX. INFORMATIONAL ITEMS 90-108

X. PRESENTATIONS

XI. EXECUTIVE SESSION

XII. ADJOURN
Minutes from the Previous Meeting
I. CALL TO ORDER
Chair Kevin M. Hogan, Esq. called the meeting to order at 5:15 P.M.

II. APPROVAL OF MINUTES OF NOVEMBER 27, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.
Moved by Michael A. Seaman and seconded Anthony Iacono to approve the minutes of the November 27, 2012 regular meeting of the Board of Directors as presented.
Motion approved unanimously.
III. ACTION ITEMS

A. A Resolution Authorizing a Change to the Medical-Dental Staff By-Laws.
   Moved by Kent Chevli, MD and seconded by Sharon L. Hanson.
   **Motion Approved Unanimously.** Copy of resolution is attached.

B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments for December 4, 2012 and January 8, 2013.
   Moved by Kevin Cichocki, DC and seconded Michael A. Seaman.
   **Motion Approved Unanimously.** Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

All reports, except that of the Performance Improvement Committee, shall be attached to these minutes.
**Motion approved unanimously.**

V. REPORTS OF CORPORATION’S MANAGEMENT

A. Chief Executive Officer:
B. Chief Operating Officer:
C. Sr. Vice President of Operations:
D. Senior Vice President of Nursing:
E. Vice President of Human Resources:
F. Chief Information Officer:
G. Sr. Vice President of Marketing & Planning:
H. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo
   - Springfest 2013 honoree and recipients announced: Honoree, Doug Baker, President Mercy Flight, Physician Recipient- Michael Manka, MD and Nursing Recipient - Peggy Cramer, RN.
   - Hospital extremely busy – 100% occupancy.
   - Need organizational alignment around Patient Satisfaction. A plan will be unveiled to Physician Leadership, Nursing Leadership and UB Leadership.
   - Terrace View – Long Term Care grand opening February 8th at 10am.
   - Revenue/Expenses – great work by the team
   - A plan is being developed to bring in new surgeons
   - Begin a capital campaign for the Emergency Department; Jon Dandes will be capital campaign Chairman
2) **Chief Financial Officer: Michael Sammarco**

A summary of the financial results through November 30, 2012. A full year-end report will be presented to the Finance Committee and Board of Directors in February.

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

Moved by Richard F. Brox and seconded by Kevin C. Cichocki, DC to enter into Executive Session at 5:30 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**

VII. **RECONVENE IN OPEN SESSION**

Moved by Kent Chevli, MD and seconded by Dietrich Jehle, MD to reconvene in Open Session at 6:25 P.M.

**Motion approved unanimously.**

VIII. **ADJOURNMENT**

Moved by Dietrich Jehle, MD and seconded by Kevin Cichocki, DC to adjourn the Board of Directors meeting at 6:25 P.M.

______________________________
Bishop Michael A. Badger
Corporation Secretary
WHEREAS, as the governing body of the Corporation, this Board of Directors is empowered to consider and approve the content and changes to the by-laws of the Medical-Dental Staff of the Corporation; and

WHEREAS, the Medical dental Staff has approved a minor change as described in the attached document;

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

1. The change to the Medical-Dental Staff By-laws as described in the attached is approved.

2. This resolution shall take effect immediately.

Signed:

Bishop Michael A. Badger
Corporation Secretary
NEW BUSINESS

January 2013

Item for consideration brought forth by
Dr. Richard Hall
President
Medical Dental Staff – Erie County Medical Center

RESOLUTION

Ballots have been received, counted and verified and affirm the following revision included herewith to the Medical Dental Staff Bylaws of the Erie County Medical Center December 19, 2012 Resolution.

The Credentials Committee requested and received the Medical Executive Committee endorsement to pursue a change to the Medical-Dental Staff Bylaws, adding RN First Assist to the Allied Health Professional Group under the “Dependent” category:

2.2.2 ALLIED HEALTH PROFESSIONALS

It is Erie County Medical Center Corporation’s policy to provide applications for appointment to the Medical/Dental Staff and requests for privileges only for individuals who meet the following criteria by providing evidence of:

(1) Professional licensure in the state of New York
(2) A professional role which includes patient care and contact
(3) Provision of services as defined by New York State for their respective scopes of practice

Level of supervision for AHPs is divided into three categories:

1) Independent
   • Doctor of Chiropractic
   • Clinical Ph.D.
   • Research PhD

2) Independent/Collaboration
   • Nurse Practitioner
   • Nurse Midwife

3) Dependent/Supervision
   • Physician Assistant
   • Certified Registered Nurse Anesthetist
   • RN First Assist

Total Valid Ballots Received = 99

AFFIRMATIVE – 97
NAY - 2

Respectfully submitted,

Richard Hall, MD,
President, Medical – Dental Staff
Committee Members Present:
Robert J. Schuder, MD, Chairman
Richard E. Hall, DDS PhD MD FACS
Nirmit D. Kothari, MD
Timothy G. DeZastro, MD
Philip D. Williams, DDS
Susan Ksiazek, R.Ph., Director of Medical Staff
Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Jeanne Downey, Appointment Specialist
Emilie Kreppel, Practice Evaluation Specialist
Elizabeth O’Connor, Reappointment Specialist

Members Not Present (Excused *):
Yogesh Bakhai, MD *
Gregg I. Feld, MD *
David G. Ellis, MD *
Brian M. Murray, MD (ex officio) *

CALL TO ORDER
The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of December 4, 2012 were reviewed and accepted.

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

A. Deceased – None
B. Application Withdrawn – None
C. Resignations:
   Neha Nainani, MD   Internal Medicine   December 15, 2012
   Julianne Nowak, ANP Family Medicine   December 27, 2012
   Adel Sulaiman, MD   Internal Medicine   December 31, 2012

APPLICATION PROCESSING CONCLUSION
Psychiatry
Rebecca Schaeffer, MD Applied, Active Staff
   After multiple information and documentation requests, the 180 day window for application processing defined in the Credentials Manual has been reached. The committee recommends conclusion of application processing.

CHANGE IN COLLABORATING / SUPERVISING ATTENDING
Internal Medicine
   Lynn Grucza, ANP   Applied, Active Staff
      Collaborating MD: Dr. Alyssa Shon
Surgery
   Paula Miller, RPA-C   Applied, Active Staff
      Supervising MD: Dr. Michael Pell
   Natalie Passmore, ANP   Applied, Active Staff
      Collaborating MD: Dr. Daniel Leary
FOR OVERALL ACTION
**Internal Medicine**

For the Internal Medicine MD and AHP privilege additions below, Joint Commission FPPE requirements for competency verification shall be documented through a department administered training process under the supervision of the MICU Medical Director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yahya J. Hashmi, MD</td>
<td>Active Staff</td>
<td>Critical Care Medicine, General Admitting Privileges, Medical Intensive Care, Cardiac Intensive Care, Central Venous Catheter Insertion, NG Tube Insertion with Guide Wire, Ventilator Management, Moderate Sedation (FPPE satisfied with training and competency assessment)</td>
</tr>
<tr>
<td>Scott D. Clark, ANP</td>
<td>Allied Health Professional</td>
<td>Collaborating MD: Dr. Yahya Hashmi, Medical Intensive Care Unit (MICU), Admission history, physical exam and write-up, Physical assessment and initial orders, Follow-up visits, evaluation and orders, Discharge planning, summary and orders – inpatient and outpatient, Formulation of diagnostic and therapeutic plans in collaboration with an attending physician, Patient education regarding diagnosis and treatment, including general approach to diet regimens, Moderate Sedation (FPPE satisfied with training and competency assessment)</td>
</tr>
<tr>
<td>Nirmit D. Kothari, MD</td>
<td></td>
<td>Critical Care Medicine, General Admitting Privileges, Medical Intensive Care, Consultation-Critical Care, Central Venous Catheter Insertion, NG Tube Insertion with Guide Wire, Oral/Nasal Intubation, Lumbar Puncture, Paracentesis, Ventilator Management, Maintenance of hypothermia, Moderate Sedation (FPPE satisfied with training and competency assessment)</td>
</tr>
<tr>
<td>Noelle S. Lohr, ANP</td>
<td></td>
<td>Collaborating MD: Dr. Jenia Sherif, Medical Intensive Care Unit (MICU), Admission history, physical exam and write-up, Physical assessment and initial orders, Follow-up visits, evaluation and orders, Discharge planning, summary and orders – inpatient and outpatient, Formulation of diagnostic and therapeutic plans in collaboration with an attending physician, Patient education regarding diagnosis and treatment, including general approach to diet regimens, Moderate Sedation (FPPE satisfied with training and competency assessment)</td>
</tr>
</tbody>
</table>

*The above privileges action was deferred at last month’s meeting; the COS signed off on 1/3/2013*

Siblea McFarland, RPA-C

**Supervising MD: Dr. Nirmit Kothari**
ERIE COUNTY MEDICAL CENTER CORPORATION

- Privileges requested for Medical Intensive Care Unit (MICU)
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation and orders
- Intensive Care discharge planning, summary and orders
- Moderate Sedation (FPPE satisfied with training and competency assessment)

Alyssa Whiteside, RPA-C  Allied Health Professional

**Supervising MD: Dr. Mohammed Achakzai**
- Privileges requested for Medical Intensive Care Unit (MICU)
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation and orders
- Intensive Care discharge planning, summary and orders
- Moderate Sedation (FPPE satisfied with training and competency assessment)

Psychiatry
V. Thomas Chapin, PNP  Allied Health Professional

**Collaborating MD: Dr. Rajendra Badgaiyan**
- CPEP Privileges
- Basic Substance Abuse
- Basic Substance Withdrawal
- Basic Individual and Group Treatment Modalities

Surgery
Sunil Patel, MD  Active Staff
- Moderate Sedation (FPPE satisfied with training and competency assessment)

**FOR OVERALL ACTION**

SPECIFIC PRIVILEGE WITHDRAWAL

Internal Medicine
John K. Crane, MD PhD
- Ambulatory Wound Care
  - Debridement, Non-Selective
  - Debridement, Selective
  - Infection, Incision and Drainage
  - Negative Pressure Therapy
  - Debridement of Skin, partial
  - Decubitus Ulcer Management

Joseph M. Rasnick ANP

**Collaborating MD: Dr. Muhammad I. Achakzai**
- Lumbar Puncture
- Internal Jugular Vein CVP Placement

Radiology
Gregg I. Feld, MD
- Biliary, peritoneal, pericardial, thoracic drains

Surgery
Charles E. Wiles, III, MD
- Intravenous Pyelography
- Needle biopsy of superficial tissue (testes, thyroid, breast, etc.)
- Pancreaticoduodenectomy
- Major biliary reconstructive surgery
- Testes – incise or excise
- Spermatic Cord – hydrocele or varicocele excision
- Minor procedures on vulva and vagina (bartholin cyst, abscess biopsy, etc.)
- Ovaries & Tubes – incision or excision
- Pacemakers open
- Pericardiectomy
- Open AV access, Tunneled Catheter Placement
- Bronchoscopy, rigid
- Orchietomy

FOR OVERALL ACTION

**APPOINTMENTS AND REAPPOINTMENTS**

A. Initial Appointment Review (8)
B. Reappointment Review (22)

Eight initial appointment and twenty-two 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)

**Anesthesiology**
Stacey Forgensi, CRNA   Allied Health Professional

**Family Medicine**
Beverly Majewski, FNP   Allied Health Professional

Collaborating Physician: Dr. Stephen Evans

**Internal Medicine**
Jaspreet K. Dhillon, MD   Active Staff
Adam Kotowski, MD   Active Staff

**Neurology**
Richard Lango, MD   Active Staff

**Neurosurgery**
John Fahrbach, MD   Active Staff

**Orthopaedic Surgery**
Frank Domnisch, RPA-C   Allied Health Professional

Supervising Physician: Dr. Joshua Jones

**Psychiatry**
Semen Spirin, MD   Active Staff

FOR OVERALL ACTION

**REAPPOINTMENT APPLICATIONS, RECOMMENDED**

B. Reappointment Review (22)

**Anesthesiology**
Karen A. Schwanekamp, CRNA   Allied Health Professional

**Cardiothoracic Surgery**
Serrie C. Lico, MD   Active Staff
Anthony L. Picone, MD   Active Staff

**Emergency Medicine**
Megan C. Donnelly, RPA-C   Allied Health Professional

Supervising MD: Dr. William Dice

**Family Medicine**
Mohammadreza Azadfar, MD   Active Staff
Camille M. Holynski, ANP   Allied Health Professional

Collaborating MD: Dr. Steven Evans

**Internal Medicine**
Sujatha Addagatla, MD   Associate Staff
Nirmit D. Kothari, MD   Active Staff
Raymond A. Neiswonger, ANP   Allied Health Professional

Collaborating MD: Dr. Daniel Brockman
The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.

**January 2013 Provisional to Permanent Staff**

### Emergency Medicine

- **Szarafin, Diane, MSN ANP**  
  Allied Health Professional  
  **Provisional Period Expires:** 01/09/2013

  *Collaborating Physician: Dr. David Hughes*

### Internal Medicine

- **Diaz Del Carpio, Roberto, O., MD**  
  Courtesy Staff, Refer and Follow  
  **Provisional Period Expires:** 01/09/2013

- **Meller, Raphael, A., MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Meltser, Henry, M., MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Niemiec, Monika, MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Schap, Ruth, E., BS MS GNP**  
  Allied Health Professional  
  **Provisional Period Expires:** 01/09/2013

  *Collaborating Physician: Dr. Nelda Lawler*

### Ophthalmology

- **Medina, Rafael, R., MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

### Radiology / Imaging Services - Teleradiology

- **Gambino, John, MD PhD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Masson, Vivek, MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Moon, David, Myungkee, MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Newman, Barbara, Anne, MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Novick, Michael, Kevin, MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

- **Tyler, Ira, Mark, MD**  
  Active Staff  
  **Provisional Period Expires:** 01/09/2013

### Urology

- **Rambarran, Brian, MD**  
  Associate Staff  
  **Provisional Period Expires:** 01/09/2013

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_A future March 2013 Provisional to Permanent Staff list was also compiled now for Chief of Service and Collaborating / Supervising physician review 60 days before endorsement to the Medical Executive Committee._

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**FOR OVERALL ACTION**

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**PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED**

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The following members of the Provisional Staff from the 2012 period are presented for movement to the Permanent Staff in 2013 on the date indicated.
**FOR OVERALL ACTION**

### AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

<table>
<thead>
<tr>
<th>E xpiring in April 2013</th>
<th>Last Board Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neurology</strong></td>
<td></td>
</tr>
<tr>
<td>Meyer, Michael, A., MD</td>
<td>Courtesy Staff, <em>Refer &amp; Follow</em> 04/01/2011</td>
</tr>
<tr>
<td><strong>Radiology/Imaging Services</strong></td>
<td></td>
</tr>
<tr>
<td>Meyer, Michael, A., MD</td>
<td>Courtesy Staff, <em>Refer &amp; Follow</em> 04/01/2011</td>
</tr>
</tbody>
</table>

Reappointment Expiration Date: April 1, 2013  
Planned Credentials Committee Meeting: January 8, 2013  
Planned MEC Action date: January 28, 2013  
Planned Board confirmation by: February 2013  
Last possible Board confirmation by: March 2013  
FOR OVERALL ACTION

### FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

<table>
<thead>
<tr>
<th>E xpiring in May 2013</th>
<th>Last Board Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Medicine</strong></td>
<td></td>
</tr>
<tr>
<td>DaPolito, David, M., RPA-C</td>
<td>Allied Health Professional 05/01/2011</td>
</tr>
<tr>
<td><em>Supervising Physicians: Dr. Mohammad R. Azadfar and Dr. Khalid S. Malik</em></td>
<td></td>
</tr>
<tr>
<td><strong>Internal Medicine</strong></td>
<td></td>
</tr>
<tr>
<td>Iyer, Vijay S. MD</td>
<td>Active Staff 05/01/2011</td>
</tr>
</tbody>
</table>

Reappointment Expiration Date: May 1, 2013  
Planned Credentials Committee Meeting: February 5, 2013  
Planned MEC possible action date: February 25, 2013  
Planned Board possible confirmation by: March 2013  
Last possible Board confirmation by: April 2013  
FOR INFORMATION ONLY

### OLD BUSINESS

**Surgery First Assistants and RNFA Medical Liability Insurance Limits**

The change to the ECMCC Medical-Dental Staff Bylaws to add RNFAs to the Supervised/Dependent category of Allied Health Practitioner members was advanced by the substantial affirmative vote of the organized medical staff December 2012. Final approval will be requested of the Board of Directors via a resolution at its January 22, 2013 meeting.

In anticipation of the approval, the Credentials Committee endorses the following:

1) The modular RNFA form presented at its December 2012 meeting  
2) The removal of FA privilege delineation on any of the existing Allied Health Professional privilege forms. Applicants will be referred to the modular form when seeking this privilege.  
3) The addition of RNFA to the AHP category on the ECMC medical-dental staff appointment and re-appointment forms.

Risk Management informed the committee that medical liability insurance limits of $1MM/$6MM are recommended for Registered Nurse First Assistants. It is anticipated that a full list of insurance limits will be made available to the Credentials Committee for reference by the February or March meeting.

**Cardiology Mid Levels**

There has been no update from Risk Management on the final insurance arrangements for the off-hours Cardiology midlevel coverage.

**Privilege Form Revisions**

### INTERNAL MEDICINE
ERIE COUNTY MEDICAL CENTER CORPORATION

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

UROLOGY
An initial privilege form draft has been submitted to the Chief of Service for review and revision. The committee recommends the scheduling of a working meeting with the Chief of Service to facilitate its completion.

ORTHOPAEDICS
The committee awaits further feedback from the Chief of Service on the most recent form revision.

Internal Medicine Staff Category Reclassification Letter
The Medical-Dental Staff Office and the Internal Medicine Chief of Service have partnered on the final draft of a letter exercising an existing credentials policy of reclassification of a staff member to another category based on the lack of activity at ECMC for more than a two year period. In this case, it would be to a category which possesses no privileges and therefore does not mandate OPPE (Courtesy Staff, Refer and Follow). The wording of the letter was approved by the committee and Dr. Hall, current President of the Medical-Dental Staff.

Child Abuse Registry for Psychiatry Practitioners
Per M. Zuber, all outstanding practitioners will have a registry completed, with copies forwarded to the MDSO for filing in the practitioners’ respective dossiers.

MICU Privileges for Exigence Physicians and Midlevels
Due immediate patient care need, temporary privileges were issued, as there was no BOD meeting in December 2012.

Fluoroscan Credentialing Criteria
Additional clarification for appropriate credentialing criteria is needed. The Radiology/Imaging Services Chief will work with his administrative staff and the Radiation Safety Officer to evaluate best practices and the community standard.

vRad Delegated Credentialing Contract
As outlined in the JC Leadership Chapter, it is incumbent on the organization to confirm that all contracted services are in good standing from a safety and quality perspective. In kind, the results of vRad’s most recent JC survey were requested and received; no Requests For Improvement (RFI’s) were listed.

In addition, the committee was informed that as previously agreed, the Medical-Dental Staff Office staff continues to perform a complete independent credentialing exercise on each 10th appointment/re-appointment. This quality control check is designated by a “#10” in the meeting minutes to serve as verification. It was reported to the committee that no substantial issues have been identified with the vRad process.

Applicants from Roswell Park
Liability insurance coverage issues remain an issue. As per Risk Management, the matter is under evaluation by ECMCC’s legal counsel and executive management. One physician’s application is otherwise ready to move forward through the appointment process; the Medical-Dental Staff Office staff is monitoring the 180 day window for processing. The practitioner has been notified that if there is an immediate patient care need, temporary privileges are an option until this administrative matter is resolved.

Temporary Privilege expirations during Pending Initial Applications
A tracking system has been formalized to list Urgent and Temporary Privilege expiration periods and the status of application completion. The committee received a verbal report regarding current applicants. The current tracking matrix attached.

OVERALL ACTION REQUIRED

NEW BUSINESS

Department of Obstetrics and Gynecology
The Medical-Dental Staff Office was notified that Dr. Armando Arroyo is no longer with the practice plan contracted to provide services at ECMCC. The OB/Gyn Chief of Service position he held is therefore temporarily vacant. The Office of the CMO has been informed and a meeting with the University Chair of the department is being scheduled.
Committee Composition for 2013
The following will be submitted to the President of the Medical-Dental Staff at the January MEC meeting for endorsement:

CREDENTIALS COMMITTEE

Chair: Robert J. Schuder, MD
Members: Yogesh Bakhai, MD
Timothy G. DeZastro, MD
David Ellis, MD
Gregg I. Feld, MD
Richard Hall, MD, DDS, PhD
Christopher P. John, RPA-C
Nirmit D. Kothari, MD
Susan Ksiazek, RPh (without vote)
Philip D. Williams, DDS
*ECMCC Legal Counsel, as needed, without vote

Wellcare Delegated Credentialing
Updated requirements were received for participation in the WellCare delegated credentialing. ECMCC is already compliant with each of the new requirements by virtue of its ongoing review and revision of our credentialing procedures. With regard to one requirement, it was perceived that some “wordsmithing” of the attestation page of the ECMCC medical-dental staff application was in order (changes are italicized):

<table>
<thead>
<tr>
<th>21. ARE YOU PRESENTLY USING ILLEGAL DRUGS OR ABUSING ALCOHOL, OR EVER RECEIVED TREATMENT OR COUNSELING FOR DRUG OR ALCOHOL ABUSE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ □ No</td>
</tr>
</tbody>
</table>

I am familiar with the Erie County Medical Center hospital policies and procedures and applicable department policies, and with the current Bylaws, Rules and regulations and correlating documents of the ECMC Medical/Dental Staff and agree to abide by them.

I certify that all information contained in this application is true and accurate and that I release from liability all representatives of the hospital and its Medical/Dental Staff in the event that it is necessary to release any information pursuant to the requirements of the New York State Department regulations. I understand that it is my responsibility to immediately notify ECMCC in writing of any new, different or additional information regarding the above questions.

Corvel Delegated Credentialing
Corvel, a third organization has submitted its requirements for annual delegated credentialing and has asked for an annual audit within the next month.

Board of Directors Meeting Dates
The December 2012 and January 2013 BOD meeting will be combined into a single meeting on January 22, 2013. This will also serve as their annual meeting. The December Credentials Committee meeting minutes will go to the Board on 1/22/2013. In addition, the January 2013 Credentials minutes will also be sent to the MEC for endorsement and submitted to the Board for its 1/22/13 meeting for approval.

OPEN ISSUES

Medical Liability Insurance Coverage Levels
The Medical-Dental Staff Office received and filed the necessary documentation of the insurance coverage referenced in last month’s minutes.

OVERALL ACTION REQUIRED

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation)
- Family Medicine (2 RPA-Cs)
ERIE COUNTY MEDICAL CENTER CORPORATION

- Internal Medicine (1 ANP, 1 FNP, 3 MDs, 1 RPA-C)
- Plastic and Reconstructive Surgery (1 MD)
- OB/GYN (2 MD)
- Ophthalmology (1 MD)
- Orthopaedic Surgery (1 MD, 1 RPA-C)
- Radiology, Teleradiology (3 MDs)

**OPPE (Ongoing Professional Practice Evaluation)**

- Ophthalmology OPPE has been successfully completed for 15 MDs.
- Family Medicine OPPE has been successfully completed for 16 practitioners (3 FNPS, 11 MDs, 1 PNP and 1 RPA-C) with 4 practitioners that did not return their documentation.
- Oral and Maxillofacial Surgery OPPE is awaiting sign off from the Chief of Service.
- Neurosurgery OPPE has been completed for all outside surgeons but departmental data is still pending
- Emergency Medicine OPPE is complete for the physicians. Completion for AHPs is promptly expected pending receipt of departmental data.
- Exigence has been contacted to coordinate a round of OPPE.
- Orthopaedic Surgery OPPE has been initiated, with all mailings completed.

PRESENTED FOR INFORMATION

**ADJOURNMENT**

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee
Committee Members Present:
Robert J. Schuder, MD, Chairman   Brian M. Murray, MD (ex officio)
Richard E. Hall, DDS PhD MD FACS (ex officio)   Timothy G. DeZastro, MD
Nirmit D. Kothari, MD   Philip D. Williams, DDS

Susan Ksiazek, R.Ph., Director of Medical Staff
Quality and Education

Medical-Dental Staff Office and Administrative Members Present:
Jeanne Downey, Appointment Specialist   Emilie Kreppel, Practice Evaluation Specialist
Elizabeth O’Connor, Reappointment Specialist

Members Not Present (Excused *):
Yogesh D. Bakhai, MD (ex officio) *   David G. Ellis, MD (ex officio) *
Gregg I. Feld, MD *   Dietrich V. Jehle, MD (ex officio) *
Joseph M. Kowalski, MD (ex officio) *

CALL TO ORDER
The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of November 6, 2012 were reviewed and accepted.

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

D. Deceased – None
E. Application Withdrawn – None
F. Resignations:
   Joseph L. DiPirro, MD   Internal Medicine   November 1, 2012
   Robert K. Brown, MD   Orthopaedic Surgery   November 28, 2012

CHANGE IN STAFF CATEGORY
Emergency Medicine
Heidi Suffoletto, MD   Courtesy, Refer & Follow to Active Staff
Oral & Maxillofacial Surgery and Plastic & Reconstructive Surgery
Basal Sharaf, DDS, MD   Active Staff to Courtesy, Refer & Follow

CHANGE IN DEPARTMENT
James R. Bell, RPA-C *   Neurosurgery to Orthopaedic Surgery
New Supervising MD: Dr. Thomas Duquin
*Per review of privilege request from, no new privileges; waive FPPE
### CHANGE IN COLLABORATING / SUPERVISING ATTENDING

**Emergency Medicine**  
Nycole Brong, RPA-C  
*Supervising MD: Dr. Brian Clemency*

Megan Donnelly, RPA-C  
*Supervising MD: Dr. William Dice*

Deborah Szetela, RPA-C  
*Supervising MD: Dr. David Hughes*

**Orthopaedic Surgery**  
James R. Bell, RPA-C  
*Supervising MD: Dr. Thomas Duquin*

---

### SPECIFIC PRIVILEGE ADDITION OR REVISION

**Anesthesiology**  
Michele Bialy, CRNA  
Allied Health Professional

- Placement of Central Venous Catheter  
  - Subclavian

**Internal Medicine**  
Mishbah Ahmad, MD  
Active Staff

- Critical Care Medicine  
  - General Admitting Privileges  
  - Medical Intensive Care  
  - Consultation – Critical Care Medicine  
  - Paracentesis  
  - Ventilator Management

Cindrea Bender, MD  
Active Staff

- Critical Care Medicine  
  - General Admitting Privileges  
  - Medical Intensive Care  
  - Consultation – Critical Care Medicine

Swapnil Munsaf, MD  
Active Staff

- Critical Care Medicine  
  - General Admitting Privileges  
  - Medical Intensive Care  
  - Consultation – Critical Care Medicine  
  - Temporary Transvenous Pacemaker/ICD Placement

Monika Niemiec, MD  
Active Staff

- Critical Care Medicine  
  - General Admitting Privileges  
  - Medical Intensive Care  
  - Consultation – Critical Care Medicine  
  - Ventilator Management

Kaunteya Reddy, MD  
Active Staff

- Critical Care Medicine  
  - Medical Intensive Care

Noelle Lohr, ANP  
Allied Health Professional

*Collaborating MD: Dr. Jenia Sherif*  
- Abdominal Paracentesis  
- Moderate Sedation
Erie County Medical Center Corporation

Joel Noworyta, RPA-C    Allied Health Professional

**Supervising MD: Dr. Cindrea Bender, MD**

- Intensive Care Unit privileges
- Perform Intensive Care history and physical exam and write-up
- Initial Intensive Care patient assessment and initial orders
- Follow-up Intensive Care visits, evaluation and orders
- Intensive Care discharge planning, summary, and orders
- Moderate Sedation

**Orthopaedic Surgery – Podiatry**

Roy DeFrancis, DPM    Active Staff

- Ambulatory Wound Care
- Debridement, Non-Selective and Selective
- Infection, Incision and Drainage
- Debridement of Skin, partial, full, subcutaneous
- Decubitus Ulcer
- Acellular Dermal Replacement
- Dermal Skin Substitute
  - Allograft, Acellular Dermal

**FOR OVERALL ACTION**

**SPECIFIC PRIVILEGE WITHDRAWAL**

**Family Medicine**

Mohammed A. Mohiuddin, MD    Active Staff

-的基本管理： intoxication and withdrawal
  - 基本治疗模式
    - 单个和小组治疗
- 复杂管理： intoxication and withdrawal
  - 复杂治疗模式
    - 单个和小组治疗
- 肾上腺皮质激素

Mathews Philip, MD    Active Staff

- 简单物质中毒
- 简单物质戒断
- 基本个体和小组治疗模式
- 胸腔穿刺，紧急

**Internal Medicine**

Alyssa Whiteside, RPA-C   Allied Health Professional

**Supervising MD: Dr. Muhammad Achakzai**

- 帮助进行复极

**FOR OVERALL ACTION**

**APPOINTMENTS AND REAPPOINTMENTS**

A. Initial Appointment Review (4)
B. Reappointment Review (18)

Four initial appointment and eighteen 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**

C. Initial Appointment Review (4)

<table>
<thead>
<tr>
<th>Field</th>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Brian Bish, CRNA</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Muhammad A. Ghazi, MD</td>
<td>Active Staff</td>
</tr>
<tr>
<td></td>
<td>Linda Sudano, FNP</td>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>
Collaborating MD: Dr. Mohammadreza Azadfard  
Obstetrics & Gynecology  
Vanessa Barnabei, MD   Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

D. Reappointment Review (18)  
Anesthesiology  
Michele Bialy, CRNA   Allied Health Professional

Dentistry  
Catherine Gogan, DDS, MS   Active Staff

Emergency Medicine  
Jeffrey Myers, DO   Active Staff  
Nycole Brong, RPA-C   Allied Health Professional  
**Supervising MD: Dr. Brian Clemency**  
Deborah Szetela, RPA-C   Allied Health Professional  
**Supervising MD: Dr. David Hughes**

Internal Medicine  
John Crane, MD, PhD   Active Staff  
Mohammad Khan, MD   Active Staff  
Romesh Kohli, MD   Active Staff  
John Leddy, MD   Courtesy, Refer and Follow  
Gerald Logue, MD   Active Staff  
James Nolan, MD   Active Staff  
Edward Ventresca, MD   Active Staff  
Herbert Young, MD   Active Staff  
Noelle Lohr, ANP   Allied Health Professional  
**Collaborating MD: Dr. Jenia Sherif**  
James Miller, RPA-C   Allied Health Professional  
**Supervising MD: Dr. Gerald Logue**

Orthopaedic Surgery – Podiatry  
Roy DeFrancis, DPM   Active Staff

Radiology/Imaging Services – Teleradiology  
Leeanne Harshman-Olson, MD   Active Staff  
Patrick Shin, MD   Active Staff

FOR OVERALL ACTION

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

December 2012 Provisional to Permanent Staff  
Provisional Period Expires

Oral and Maxillofacial Surgery  
Bracci, Andrew, T., DMD   Active Staff 12/05/2012

Family Medicine  
Mure, Joseph, V., MD   Active Staff 12/05/2012

Neurosurgery  
Noon, Melanie, E., RPA-C   Allied Health Professional 12/05/2012  
**Supervising MD: Dr. Gregory Castiglia**

Orthopaedic Surgery  
Fishkin, Zair, MD   Active Staff 12/05/2012

FOR OVERALL ACTION
AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring in March 2013

Internal Medicine
Akl, Elie, A. MD  Active Staff

Last Board Approval Date 03/01/2011
Reappointment Expiration Date: March 1, 2013
Planned Credentials Committee Meeting: December 4, 2012
Planned MEC Action date: December 17, 2012
Planned Board confirmation by: January 2013
Last possible Board confirmation by: February 2013

FOR OVERALL ACTION

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in April 2013

Internal Medicine
Neiswonger, Raymond, A., ANP  Allied Health Professional
Collaborating MD: Dr. Daniel S. Brockman

Neurology
Meyer, Michael, A., MD  Courtesy Staff, Refer & Follow
Radiology/Imaging Services
Meyer, Michael, A., MD  Courtesy Staff, Refer & Follow

Last Board Approval Date 04/01/2011
Reappointment Expiration Date: April 1, 2013
Planned Credentials Committee Meeting: January 8, 2013
Planned MEC Action date: January 28, 2013
Planned Board confirmation by: January 2013
Last possible Board confirmation by: March 2013
FOR INFORMATION ONLY

OLD BUSINESS

Mid Level ICU Training
An Internal Medicine meeting with Exigence was conducted to discuss midlevel training. The addition of MICU privileges for select practitioners was signed off by the IM Chief of Service as noted in these minutes. The training plan has been solidified and will be documented via the FPPE process with monitoring by credentialed Exigence practitioners and the Medical Director of the MICU.

Cardiology Mid Levels
There has been no update on the final insurance arrangements for the off-hours Cardiology Midlevel Coverage. It was requested that the issue will be revisited; Risk Management will follow up with administration and ECMCC legal counsel.

Insurance Documentation for Employed Members of the Medical-Dental Staff
The group was updated on the new process for the validation of liability insurance for employed members of the medical-dental staff. HR will maintain the list of employed members eligible for indemnification and forward to Risk Management and the Medical-Dental Staff Office with each update. A copy of the insurance cover sheet was circulated for review.

Privilege Form Revisions

INTERNAL MEDICINE
Work continues on a combined Allied Health Professional (Physician Assistant-Nurse Practitioner) Form. Templates from other organizations have been provided to assist with format and content. If these are not sufficient, The Chair recommends acquisition of a published reference book on Criteria-Based Privileging for combined Non-Physician Practitioners.

UROLOGY
A rough privilege form draft has been submitted to the Chief of Service for review and revision. The committee recommends the scheduling of a working meeting with the Chief of Service to facilitate its completion.
ORTHOPAEDICS
The committee awaits further feedback from the Chief of Service on the most recent form revision.

DENTISTRY
The verbiage for Admitting privileges was explained. It serves primarily to meet accreditation standards for residency program directors and preceptors. The revisions were endorsed by the committee.

First Assist Privileging
The required change to the ECMCC Medical-Dental Staff Bylaws to add RN First Assists to the Allied Health Professional category under dependent/supervised practitioners is out for vote by the organized medical staff. Anticipating an affirmative decision, a privilege form has been drafted (attached). It is a non-department specific First Assist privilege form that may be used by both RNs and PAs. The advantage of this approach is to lend consistency of the privilege granting and competency assessments.

Internal Medicine Staff Category Reclassification Letter
The Medical-Dental Staff Office and the Internal Medicine Chief of Service have partnered to draft a letter exercising an existing credentials policy of reclassification of a staff member to another category based on no activity at ECMC. In this case, it would be to a category which does not mandate OPPE (Courtesy Staff, Refer and Follow). The wording of the letter remains under discussion, to give the physician the opportunity to provide ECMC activity not readily available in the data repositories. S. Ksiazek will work with Dr. Hall, incoming President of the Medical-Dental Staff, to refine the letter as appropriate.

Final Wound Care Privilege Form for Internal Medicine
The Wound Care Center is exploring the recruitment of a general internist for both wound care management and HBO delivery. At present, the delineated wound care privileges resides in the IM Infectious Disease form in response to the previous recruitment of an ID specialist for the Center. To avoid the need to assign privileges to forms on a case by case basis, the committee now recommends creating a separate modular IM Wound Care form to ensure that the request of these privileges would be deliberate and intentional. It was also confirmed through benchmarking with other Healogics Wound Care Centers that internists do perform all of the procedures listed on the form.

<table>
<thead>
<tr>
<th>INTERNAL MEDICINE – Wound Care LEVEL II PROCEDURAL PRIVILEGES</th>
<th>Init/Reap Volume</th>
<th>Physician Request</th>
<th>Chief of Service action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULATORY WOUND CARE</td>
<td>YES</td>
<td>NO</td>
<td>If Yes, indicate any requirements; If No, provide details. See p. 4</td>
</tr>
<tr>
<td>These require documented additional subspecialty training and education with an individual of recognized expertise in the area or completion of an accredited fellowship in the area, or related subspecialty board certification or equivalent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures which primarily involve wound care can be done under local anesthesia and occasionally involve application of temporary skin coverage or application of agents to expedite wound healing. Can be performed by a properly credentialed Internist.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement, Non-Selective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement, Selective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection, Incision and Drainage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Pressure Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement of Skin, partial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement of Skin, full</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debridement of Skin, subcutaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decubitus Ulcer Management</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Acellular Dermal Replacement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dermal Skin Substitute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allograft, Acellular Dermal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Hyperbaric Oxygen Therapy**

See Credentialing Criteria below

| Medical-Dental Staff Office use: Verify initial completion the UHMS approved Introduction to Hyperbaric Medicine Course. |
| Course completion date: ____________________________ |

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**Dermatology**

Since there has been no additional information regarding the status of new department development, the discussion will be closed.

**Joint Commission Readiness**

The Medical-Dental Staff Office has proactively anticipated items necessary for Joint Commission readiness.

- **Radiology**
  
  Qualifications of staff approved by the organized medical staff (JC 03.01.01 EP 16). This was last done 2010 and with any additions, revisions. Though there is no interval for re-review, the Committee felt it was prudent, as with policies, to complete a full review every 3 years. This is being coordinated with the management of radiology/Imaging Services and anticipated to be completed 1Q13.

- **vRad**
  
  In accordance with standards defined in the JC Leadership chapter, vRad has been contacted to confirm that there were no substantive citations in their last JC accreditation survey. A preliminary affirmative response has been received, with more detail requested.

- **Mini C-arm Fluoroscan**
  
  Benchmark comparisons of credentialing criteria were presented. Suggestions to ensure proper use were discussed, and shall be referred back to Radiology/Imaging Services and the Radiation Safety Officer for further follow up.

- **Posting of privileges on the hospital system**
  
  A plan to list the current privileges of staff members by the end of the year was outlined. S. Ksiazek will review the plan with the Chiefs of Service and Medical Executive Committee prior to the launch and ensure that key departments are educated on the new functionality.

**Veriphy Update**

In order to facilitate the notification of critical radiologic test results to staff members, the Veriphy application will be included with the other electronic documents sent out for future appointees to the staff. Practitioners will be asked to complete this form and fax to Veriphy as part of the application process.

**HBO CME**

The credentialing criteria attached to the HBO privileges were taken from the policy of the parent company, Healogics (formerly Diversified). It has been clarified that the 12 CE units every two years required to maintain the privilege is covered by the training course for the first 2 years. The Wound Care Center Director is charged with ensuring that each credentialed practitioner completes the required CE thereafter.

**Fluoroscan Privilege Documentation**

Staff members who have not completed Fluoroscan (mini C-arm) training will be notified that privileges will be deferred until the completion of training defined in the credentialing requirements, or until such time as those requirements are revised. A letter was issued to a new appointee from the Orthopaedics Department (November 2012).

**Staff Category Selection**

The committee congratulated a recent medical-dental staff member on his retirement, and a letter sent out reminding of the option to join the Emeritus Staff because of his notable medical career and contributions. The office is awaiting his response.

**Temporary Privilege expirations during Pending Initial Applications**

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

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**OVERALL ACTION REQUIRED**
NEW BUSINESS

Family Medicine Transfusion Privileges
S. Ksiazek presented a unique challenge for Courtesy, Refer and Follow staff members who are not based at ECMC yet have the need to initiate ambulatory transfusion therapy. A modification of the Family Medicine privilege form was approved by the Chief of Service to accommodate these infrequent situations. As the Courtesy Refer and Follow category possesses no privileges, any physician in need of this option would need to move to an Associate level of membership. But, given the limited scope of the activity and the administrative nature of the privilege, it was agreed that FPPE and OPPE would be waived. The suggested changes below are endorsed by the Credentials Committee:

AMBULATORY CARE: Active, Associate Staff members; includes individuals whose practices are limited to ambulatory care. Ambulatory privileges alone in Family Medicine do not include admission of patients to the hospital.

<table>
<thead>
<tr>
<th>Chief of Service action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Request</td>
</tr>
<tr>
<td>AMBULATORY CARE PRIVILEGES</td>
</tr>
<tr>
<td>Ordering and monitoring transfusions (special offering for physicians not based at ECMC)</td>
</tr>
</tbody>
</table>

Internal Medicine INMED-PA Form Revision
Following a request from the Oncology Department and approval of the Chief of Service, the addition of Bone Marrow Aspiration and Biopsy will be added to the Internal Medicine Physician Assistant delineation form in the Basic Procedure section. Suggested credentialing guidelines are included. The Committee endorses the change as listed below:

Internal Medicine Physician Assistant Form

II. BASIC PROCEDURES

<table>
<thead>
<tr>
<th>Abdominal Paracentesis</th>
<th>Arthrocentesis, Joint Aspiration -Injection</th>
<th>External Pacer Placement</th>
<th>Internal Jugular Puncture</th>
<th>Limited Interpretation of EKG</th>
<th>Lumbar Puncture</th>
<th>NG Tube Insertion with Guide Wire</th>
<th>Pelvic (Vaginal) Examination</th>
<th>Bone Marrow Aspiration and Biopsy</th>
</tr>
</thead>
</table>

---- Bone Marrow Aspiration and Biopsy 3 certified, supervised procedures

It is anticipated that upon the approval of this addition by the MEC and BOD, two physician assistants in the Oncology Clinic will request the privilege. This has already been endorsed in writing by the clinic’s primary physician. This documentation was deemed satisfactory to meet FPPE.

OPEN ISSUES
Leave of Absence request
This previous request was resolved with an updated plan for the credentialing, employment, clinical activity and liability insurance issues. The practitioner is due back December 10, 2012.

Medical Liability Insurance Coverage Levels
The Medical-Dental Staff Office awaits a response from a staff member regarding documentation of the ECMCC requirements for $1.3/$3.9 million coverage as opposed to the $1/$3 million submitted by the practitioner. The practice plan manager is assisting with bringing this to closure.

OVERALL ACTION REQUIRED

OTHER BUSINESS

FPPE-OPPE Report (included in the consent calendar of the Medical-Executive Committee)
FPPE (Focused Professional Practice Evaluation)
- Anesthesiology (1 CRNA)
- Emergency Medicine (2 MDs, 1 RPA-C)
- Family Medicine, Chemical Dependency (1 FNP, 1 MD, 1 WNP)
- Internal Medicine (2 ANPs, 1 RPA-C)
- Internal Medicine, Exigence (3 ANPs, 2 MDs, 3 RPA-C)
- Orthopaedic Surgery (2 DPMs)
- Psychiatry (4 MDs)
- Radiology (3 MDs)

OPPE (Ongoing Professional Practice Evaluation)
- Internal Medicine OPPE has been successfully completed for 127 practitioners (11 ANPs, 1 DO, 5 FNs, 1 GNP, 100 MDs, 1 PhD, 1 PSYD and 7 RPA-Cs) with 9 practitioners delinquent in returning the requested documentation.
- Oral and Maxillofacial Surgery OPPE is in process with the third notices sent. Following the receipt of data from the Chief of Service, OPPE will be completed.
- Neurosurgery OPPE is in process with third notices sent and only one outstanding physician. The Chief of Service is expected to provide data this month. Completion once the data is received should be prompt.
- Emergency Medicine OPPE has been started. All mailings are complete and requests for data from the department have been made.
- Family Medicine OPPE has been initiated. All mailing are complete and all in-house OPPEs have been completed.
- A meeting with the Chief of Ophthalmology is planned for later this week to discuss both OPPE and FPPE.

PRESENTED FOR INFORMATION

ADJOURNMENT
With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:25PM.

Respectfully submitted,

[Signature]

Robert J. Schuder, MD,
Chairman, Credentials Committee
Minutes from the

Finance Committee
BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
JANUARY 22, 2013
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:
MICHAEL A. SEAMAN
DOUGLAS H. BAKER
DIETRICH JEHLE, MD
THOMAS P. MALECKI, CPA
ANTHONY M. IACONO
RICHARD F. BROX

VOTING BOARD MEMBERS EXCUSED:
THOMAS P. MALECKI, CPA
ANTHONY M. IACONO

ALSO PRESENT:
JODY LOMEO
ANTHONY J. COLUCCI, III
MICHAEL SAMMARCO
RICHARD CLELAND

NON-VOTING MEMBERS EXCUSED:
RONALD KRAWIEC
JOHN EICHNER
PAUL HUEFNER

I. CALL TO ORDER
The meeting was called to order at 3:30 p.m. by Michael A. Seaman, Chair.

II. RECEIVE AND FILE MINUTES
Motion was made and accepted to approve the minutes of the Finance Committee meeting of December 18, 2012.

III. DECEMBER, 2012 FINANCIAL STATEMENT REVIEW
Michael Sammarco provided a brief summary of the financial results for December, 2012. He reported that discharge and surgical volumes for the month were stronger than expected. The Hospital experienced an operating surplus for the month of $175,000. The surplus was due primarily to positive case mix on the revenue side, which was offset by increased pension and malpractice insurance expenses.

The Home experienced an operating loss of $1.5 million in December, with $1.3 million due to a prior year upper payment limit settlement.

A balance sheet comparing December 2011 to December 2012 was distributed to those present.

IV. 2012 YEAR-END:
Mr. Sammarco reported pending final year-end adjustments, we expect a breakeven, or close to breakeven, operating margin. A complete year-end report will be provided and reviewed at the next Finance Committee meeting.
V. AMERICAN TAXPAYER RELIEF ACT OF 2012:

Mr. Sammarco spoke briefly about the Taxpayer Relief Act, also known as the Fiscal Cliff Law, and its impact on ECMC.

VI. ADJOURNMENT:

The meeting was adjourned at 3:55 p.m. by Michael Seaman, Chair.
ECMCC Management Team
Hope everyone is enjoying a great winter season so far. It is hard to believe that it is already February; the days go by fast, the winter months have moved quickly and spring is just around the corner.

**TERRACE VIEW**

On February 8th we held our grand opening event at the new Terrace View facility. By all accounts and measures it was an unbelievable success. We thank our elected officials and others who participated in the event and want to especially thank Lt. Governor Bob Duffy for taking the time out of his busy schedule to support the grand opening.

I am completely overwhelmed by not only the facility but also by the care, planning, and passion in which our team and staff transported 380 plus residents to their new home. The facility is spectacular, state-of-the-art, and a jewel for the east side of Buffalo and Western New York to enjoy for years to come. On February 9th and 10th under the leadership of Rich Cleland, all of the residents from the Alden facility and the SNF here at ECMC were transferred to their new home safely and with compassion. I extend my sincere thanks and gratitude to all the volunteers upwards of 150 who took the time to make the residents feel “at home” and provided tender loving care to each resident as they were introduced to their new home. I would like to single out Mike Seaman and Ron Bennett who greeted almost every patient and represented our Board for two days. They could not have been more helpful or generous with their time. Over a 48 hour period, I proudly witnessed a new sense of teamwork with one single purpose in mind: compassionate, quality care for every patient.

**2012 YEAR END OPERATIONS/JANUARY FINANCIALS**

I am pleased to announce that we will end 2012 with an operating surplus of approximately $1 million dollars. As you know 2012 has been extremely difficult and has provided us with numerous challenges. Despite our pension cost increasing, reimbursement decreasing, we were still able to increase volume throughout the house and finish the year strong with an operating surplus. Congratulations to all for a tremendous 2012.
In January, acute discharges and total discharges were 3.5 percent and 1.5 percent over the prior year and inpatient and outpatient surgeries were at the same level. While we were up from the year before in discharges, the month of January typically starts slowly financially. As experienced in the prior year, length of stay was at 6.6 days, which resulted in higher staffing levels and increased costs for the month. We continue to work to control these expenses while providing the appropriate level of patient care. The Hospital is expected to have an operating loss of close to $1 million in January, and the Home will experience a similar operating loss due to the final month of downsizing.

**Great Lakes Health**

We continue to work vigorously to coordinate cardiovascular services with the GVI for the ECMC campus. Beginning March 1st, ECMC will be integrating with the Gates Vascular Institute to create one program servicing two sites, the ECMC Health Campus and the Gates Vascular Institute at the Buffalo General Medical Center. We will be implementing this New York State Department of Health’s initiative to coordinate cardiovascular services between the two institutions. ECMC will no longer be performing elective coronary artery bypass graft (CABG) or open heart surgeries. ECMC in conjunction with the Gates Global Vascular Institute will have the capability to perform emergency CABG or surgeries for trauma patients. ECMC will also have full cardiothoracic physician call and capabilities for our trauma patients. The Department of Health has required that this integration occur by March 1, 2013.

Also beginning March 1, 2013, ECMC will no longer provide elective or emergency percutaneous coronary intervention (PCI). These services will be performed the Gates Vascular Institute. ECMC will still provide angiography and diagnostic catheterization in its exiting labs. In order to comply with the Department of Health requirement, ECMC and its physicians have been involved to ensure that appropriate care is delivered in the appropriate setting. Nursing has also developed a protocol for the save transfer of patients. We also will begin to integrate Electrophysiology Services (EP) with the GVI. This consolidation is expected in the coming months and we will begin to transition these services. A Certificate of Need was filed to remove PCI from our license and transfer our EP labs to Kaleida.

The Behavioral Health Center of Excellence new CPEP construction started in January and renovation on the 5th floor will begin in February. We look to open first (18) bed unit (transferred from Kaleida Health) by end of September. The new CPEP will be up and operational by end of January 2014.

As a financial investor and partner with the Gates Vascular Institute, ECMC will continue to do everything we can to advance the very best patient care, create efficiencies and ensure growth for the
innovative program. As with the success of the Regional Center of Excellence for Transplantation and Kidney Care and the anticipated success of the Behavioral Health Center of Excellence, this collaboration will improve the care for our community and build a better healthcare system for generations to come in Western New York. I would like to applaud our physicians, nurses and staff for believing in a new integrated way for providing these services to our community.

We are currently working on our lab consolidation with Kaleida Health. This initiative will consolidate many tests that the Kaleida central lab services and will keep a central lab services on the ECMC Health Campus. This system that we will be adopting is currently the same one that exists for the multiple hospitals in the Kaleida Health System. We will continue to keep you informed of the details of this implementation as well as any others that are on the horizon.

**CAMPUS UPDATE**

In a few short years, we have completely transformed the physical makeup of the ECMC Health Campus. It is now one beautiful setting that our patients in this community can be extremely proud of but we are not done yet. We will be renovating the fifth and sixth floors as part of our Behavioral Health and Orthopaedic expansion. We will continue to build out our Behavioral Health program with the new CPEP which will be located next to our existing Emergency Department entrance. The parking project is nearly complete and as soon as the weather breaks in the spring, the campus will look even more beautiful than it does today.

**PATIENT EXPERIENCE**

As we have discussed with the Board of Directors at previous Board and QI meetings, we have not met the mark on the patient experience. As we continue to do unbelievable work clinically, our patients feel they are not provided the experience that not only meets their expectations but beyond their expectations. As I have mentioned before, we are no longer tolerant of excuses as to why we cannot be the premier facility providing the best patient experience for not only the patient but for our visitors as well. We are working closely with our physicians, nurses and all of our employees to insure that these goals are met.


**MARKETING/BRANDING**

We have begun to implement a new public relations strategy and marketing strategy for ECMC. Over the years, we have moved ECMC’s perception from a place of last resort to a place of choice and our growth in patient volume has proven that those efforts and other business development efforts have been effective. It is now time for ECMC to be viewed as a leader in the marketplace in healthcare and a $500 million business, not a “County” entity. With this in mind, we have begun to tell our story. This has resulted in positive press in the Buffalo News and Business First in the last few weeks. We have also appeared on various television and radio shows and presented to various community groups. This will continue to be part of the strategy as we tell our story throughout Western New York. Starting in about a month, we will also begin a marketing campaign that tells our story and presents ECMC as a community and healthcare leader in Western New York. It is the goal of these efforts to continue the growth in patients choosing ECMC and make sure the community understands our clinical expertise and quality, leadership role in economic development in Western New York, financial success, and independence from the County of Erie. We will continue to lead with results, but will also make sure those results are known widely by our community.

All in all, patient volumes continue to be strong and we continue to grow our service lines. However, we must continue to be vigilant to drive our expenses down throughout 2013. We are also continuing to speed up the pace of our collaborative efforts with Kaleida with an eye on clinical and operational integrations to improve quality and efficiency. Thank you for your continued support to rethink and redesign ECMC to bring better care to our community.

Jody. L. Lomeo
Chief Operating Officer
EXECUTIVE MANAGEMENT:

Several initiatives currently underway and include:

- **Customer Service** program modifications/re-engineering to achieve higher level of impact to our customers and our VBP scores and outcomes;

- **Length of Stay (LOS)** initiatives which include use of discharge hospitality center, patient co-hort plan and assistance from outside group to review and revamp operational areas;

- **JCAHO** survey preparation with eyes focused on an early survey;

- **New Construction Projects:** Working with design teams, DOH and internal construction staff to move projects quicker and more efficiently. Goal would be to start both projects in May and look at a end of 2013 completion date;

- **First Quarter Goals:** Specific items and actions identified by Executive Management that will keep the organization on pace and schedule as we reach our strategic initiatives (see chart below);

<table>
<thead>
<tr>
<th>Goals</th>
<th>Responsible Party(s)</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 First Quarter Goals:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Terrace View-open, close SNF &amp; ECH(hand off to county)</td>
<td>Rich</td>
<td>February 9, 2013</td>
</tr>
<tr>
<td>2) Start BHOE construction</td>
<td>Rich</td>
<td>February 12, 2013</td>
</tr>
<tr>
<td>3) CSEA Labor Strategy</td>
<td>Tony, Kathy, Jody</td>
<td></td>
</tr>
<tr>
<td>4) Opening Ceremonies for Terrace View</td>
<td>Tom</td>
<td>February 8, 2013</td>
</tr>
<tr>
<td>5) Approval CON MOB</td>
<td>Rich</td>
<td></td>
</tr>
<tr>
<td>6) Submit waiver 1115 for $400+ million to DOH</td>
<td>Rich</td>
<td>February 5, 2013</td>
</tr>
<tr>
<td>7) Open TCU</td>
<td>Ron, Tom, Kathy</td>
<td>January 17, 2013</td>
</tr>
<tr>
<td>8) Start Super Lab (announce, plan, message)</td>
<td>Rich, Karen, Dr. Murray</td>
<td></td>
</tr>
<tr>
<td>9) LOS &lt;6 by end of quarter</td>
<td>Ron</td>
<td>January 21, 2013</td>
</tr>
<tr>
<td>10) Re-design ambulatory care (new model, new staff portion)</td>
<td>Tom</td>
<td></td>
</tr>
<tr>
<td>11) Business service line resource added (Lorne)</td>
<td>Tom</td>
<td></td>
</tr>
<tr>
<td>→ Assess new opportunities advise/assist decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Submit CON – Ortho Inpatient Room</td>
<td>Mike, Rich</td>
<td></td>
</tr>
<tr>
<td>13) Outside financial assessment of coding including charge capture</td>
<td>Dr. Murray</td>
<td></td>
</tr>
<tr>
<td>billing, collections, etc. across all service lines</td>
<td>Charlene</td>
<td></td>
</tr>
<tr>
<td>14) Reorganization of medical services office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15) JCAHO mock accelerate preparation for early survey</td>
<td>Charlene, Donna, Kathy</td>
<td></td>
</tr>
<tr>
<td>16) Recruit and hire new security director</td>
<td>Tony, Mike</td>
<td>February 5, 2013</td>
</tr>
<tr>
<td>17) Recruit and hire new corporate compliance officer</td>
<td>Karen</td>
<td>February 1, 2013</td>
</tr>
<tr>
<td>18) Implement Nursing Leadership Development Program</td>
<td>Everyone-EM</td>
<td></td>
</tr>
<tr>
<td>19) EM complete Dale Carnegie Leadership course</td>
<td>Mike</td>
<td></td>
</tr>
<tr>
<td>20) Implement Pinpoint in Revenue</td>
<td>Mike</td>
<td></td>
</tr>
<tr>
<td>21) Implement Pinpoint dashboard roll out and education</td>
<td>Karen, Donna-Everyone-EM</td>
<td></td>
</tr>
<tr>
<td>22) Create and implement a new and comprehensive Patient Experience Plan</td>
<td>Leslie</td>
<td>January 28, 2013</td>
</tr>
<tr>
<td>23) Progress with Stage II Meaningful Use</td>
<td>Everyone-EM</td>
<td>January 22, 2013</td>
</tr>
<tr>
<td>24) At least break even financial status (profitability is goal)</td>
<td>Mike</td>
<td></td>
</tr>
<tr>
<td>25) Terrace View-Hospital Based Medicaid Rates:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
26) Develop Comprehensive Physician Plan to address:
   → Contracting (by committee)
   → P4P Reviews (by committee)
   → Recruiting (a Physician Strategic Plan)
     - i.e. – ACS recommendations (Trauma), Neurosurgery, etc., address where shortages are on the horizon
   → Liaison/Concierge Service (on boarding)

**BEHAVIORAL HEALTH CENTER OF EXCELLENCE:**
   - Horizon Health is continuing to provide resources and management services for Buffalo General Medical Center (BGMC);
   - Construction on CPEP portion of the BHCOE began in January;
   - We are expecting construction to be completed and new CPEP operational by the end of January 2014;
   - Renovation of 5th floor expected to start by March 1, 2013;
   - The first BGMC (18) bed unit is expected to be up and operational by end of September 2013;
   - The second BGMC (18) bed unit will be up and operational by end of January 2014;
   - Recruited and hired an Intake Coordinator. This position will be pivotal in the regional coordination of patients, admissions, and throughput;
   - Recruiting for new CPEP Director. Interviews underway;

**TERRACE VIEW:**
   - Successful (3) day move from the Erie County Home (Saturday 248 residents), Skilled Nursing Facility (Sunday and Monday 131 residents);
   - Next on the schedule is allowing the new facility to settle (10-14 days). Upon settling we will need to continue engaging work groups of both employees and residents (family members as well) to work through the cultural issues, the incorporation of campus on boarding, new standards and expectations. The next (6) weeks will be crucial for long term operational optimization and care delivery excellence;

**TRANSITIONAL CARE UNIT (TCU):**
   - Construction will be completed by end of March;
   - DOH will be onsite by end of February to conduct inspection;
   - Leadership team to begin meeting with physicians and major services (Dr. Orlick, Chuck Rice, Molly Shea).

**BEHAVIORAL HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP, CD OUTPATIENT CLINIC):**
   - CQI+ outcomes quality management program for psychiatry has been implemented. This will enhance management of both the operational and the quality components of the service line;
• 1280 DTC relocated temporarily to basement. By July 2013 new home will be operational at 1291 Main Street;
• Dr. Gunther, Program Manager of the Inpatient Chemical Dependency program has resigned. He accepted a new position with Horizon Health as Assistant Vice President of Behavioral Health-Chemical Dependency and will remain at ECMC. In his new role he will be directing both the inpatient and outpatient chemical dependency program;
• JCAHO survey on Detox unit 9 zone 3 was very successful;

OTHER:
• Received approval from the New York State Department of Health for the construction and renovation pertaining to Behavioral Health Center of Excellence (CPEP & Behavioral Health areas);
• DOH on site for outpatient renal survey. Exit survey indicated minor issues. A statement of deficiency will be issued and a plan of correction submitted in the next 30-45 days;
• All Executive Management annual competency assessments completed and included assignment of specific goals;
• JCAHO survey on Detox unit 9 zone 3 was very successful. (3) minor deficiencies were noted. A plan of correction will be submitted within the next 30 days.
Internal Financial Reports
For the month ended January 31, 2013

Prepared by ECMCC Finance
# Balance Sheet

Erie County Medical Center Corporation  

January 31, 2013 and December 31, 2012  

(Dollars in Thousands)

## ASSETS

<table>
<thead>
<tr>
<th>Current assets:</th>
<th>January 31, 2013</th>
<th>December 31, 2012</th>
<th>Change from Prior Year End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$9,730</td>
<td>$20,611</td>
<td>$(10,881)</td>
</tr>
<tr>
<td>Investments</td>
<td>6,582</td>
<td>3,112</td>
<td>3,470</td>
</tr>
<tr>
<td>Patient receivables, net</td>
<td>43,896</td>
<td>42,548</td>
<td>1,348</td>
</tr>
<tr>
<td>Prepaid expenses, inventories and other receivables</td>
<td>53,806</td>
<td>49,459</td>
<td>4,347</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>114,014</strong></td>
<td><strong>115,730</strong></td>
<td><strong>(1,716)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets Whose Use is Limited:</th>
<th>January 31, 2013</th>
<th>December 31, 2012</th>
<th>Change from Prior Year End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated under self-Insurance programs</td>
<td>94,380</td>
<td>93,151</td>
<td>1,229</td>
</tr>
<tr>
<td>Designated by Board</td>
<td>25,000</td>
<td>25,000</td>
<td>0</td>
</tr>
<tr>
<td>Restricted under debt agreements</td>
<td>32,143</td>
<td>32,479</td>
<td>(336)</td>
</tr>
<tr>
<td>Restricted</td>
<td>25,218</td>
<td>25,436</td>
<td>(218)</td>
</tr>
<tr>
<td><strong>Total Assets Whose Use is Limited</strong></td>
<td><strong>176,741</strong></td>
<td><strong>176,066</strong></td>
<td><strong>675</strong></td>
</tr>
</tbody>
</table>

| Property and equipment, net | 254,074 | 247,113 | 6,961 |
| Deferred financing costs | 3,078 | 3,091 | (13) |
| Other assets | 4,667 | 4,621 | 46 |
| **Total Assets** | **$552,574** | **$546,621** | **$5,953** |

## LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Current Liabilities:</th>
<th>January 31, 2013</th>
<th>December 31, 2012</th>
<th>Change from Prior Year End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current portion of long-term debt</td>
<td>$6,950</td>
<td>$6,936</td>
<td>14</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>31,471</td>
<td>29,369</td>
<td>2,102</td>
</tr>
<tr>
<td>Accrued salaries and benefits</td>
<td>17,518</td>
<td>18,661</td>
<td>(1,143)</td>
</tr>
<tr>
<td>Other accrued expenses</td>
<td>21,076</td>
<td>17,386</td>
<td>3,690</td>
</tr>
<tr>
<td>Estimated third party payer settlements</td>
<td>27,664</td>
<td>27,651</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>104,679</strong></td>
<td><strong>100,003</strong></td>
<td><strong>4,676</strong></td>
</tr>
</tbody>
</table>

| Long-term debt | 179,974 | 180,354 | (380) |
| Estimated self-insurance reserves | 57,402 | 56,400 | 1,002 |
| Other liabilities | 100,834 | 99,827 | 1,007 |
| **Total Liabilities** | **442,889** | **436,584** | **6,305** |

| Net Assets | | | |
| Unrestricted net assets | 98,835 | 99,187 | (352) |
| Restricted net assets | 10,850 | 10,850 | 0 |
| **Total Net Assets** | **109,685** | **110,037** | **(352)** |

<table>
<thead>
<tr>
<th>Total Liabilities and Net Assets</th>
<th>January 31, 2013</th>
<th>December 31, 2012</th>
<th>Change from Prior Year End</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$552,574</strong></td>
<td><strong>$546,621</strong></td>
<td><strong>$5,953</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Statement of Operations
For the month ended January 31, 2013

(Dollars in Thousands)

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/Unfavorable</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>$33,341</td>
<td>$32,168</td>
<td>$1,173</td>
<td>$30,530</td>
</tr>
<tr>
<td>Less: Provision for bad debts</td>
<td>(1,985)</td>
<td>(1,919)</td>
<td>(66)</td>
<td>(1,871)</td>
</tr>
<tr>
<td>Adjusted Net Patient Revenue</td>
<td>31,356</td>
<td>30,249</td>
<td>1,107</td>
<td>28,659</td>
</tr>
<tr>
<td>Disproportionate Share/IGT Revenue</td>
<td>4,396</td>
<td>4,513</td>
<td>(117)</td>
<td>4,702</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>2,448</td>
<td>2,464</td>
<td>(16)</td>
<td>1,835</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>38,200</td>
<td>37,226</td>
<td>974</td>
<td>35,196</td>
</tr>
<tr>
<td><strong>Operating Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries / Wages / Contract Labor</td>
<td>14,278</td>
<td>13,005</td>
<td>(1,273)</td>
<td>13,384</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>9,033</td>
<td>8,945</td>
<td>(88)</td>
<td>8,431</td>
</tr>
<tr>
<td>Physician Fees</td>
<td>4,203</td>
<td>4,301</td>
<td>98</td>
<td>4,416</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>2,770</td>
<td>2,763</td>
<td>(7)</td>
<td>2,292</td>
</tr>
<tr>
<td>Supplies</td>
<td>5,652</td>
<td>5,589</td>
<td>(63)</td>
<td>4,729</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>717</td>
<td>679</td>
<td>(38)</td>
<td>529</td>
</tr>
<tr>
<td>Utilities</td>
<td>625</td>
<td>467</td>
<td>(158)</td>
<td>564</td>
</tr>
<tr>
<td>Insurance</td>
<td>599</td>
<td>550</td>
<td>(49)</td>
<td>527</td>
</tr>
<tr>
<td>Depreciation &amp; Amortization</td>
<td>1,486</td>
<td>1,506</td>
<td>20</td>
<td>1,442</td>
</tr>
<tr>
<td>Interest</td>
<td>439</td>
<td>439</td>
<td>-</td>
<td>447</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>39,802</td>
<td>38,244</td>
<td>(1,558)</td>
<td>36,761</td>
</tr>
<tr>
<td><strong>Income (Loss) from Operations</strong></td>
<td>(1,602)</td>
<td>(1,018)</td>
<td>(584)</td>
<td>(1,565)</td>
</tr>
<tr>
<td><strong>Non-operating gains (losses):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants - HEAL 21</td>
<td>255</td>
<td>833</td>
<td>(578)</td>
<td>-</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>336</td>
<td>88</td>
<td>248</td>
<td>337</td>
</tr>
<tr>
<td>Unrealized Gains/(Losses) on Investments</td>
<td>756</td>
<td>178</td>
<td>578</td>
<td>2,379</td>
</tr>
<tr>
<td><strong>Non-operating Gains(Losses), net</strong></td>
<td>1,347</td>
<td>1,099</td>
<td>248</td>
<td>2,716</td>
</tr>
<tr>
<td><strong>Excess of (Deficiency) of Revenue Over Expenses</strong></td>
<td>$ (255)</td>
<td>$ 81</td>
<td>$ (336)</td>
<td>$ 1,151</td>
</tr>
<tr>
<td>Post Retiree Health Insurance</td>
<td>1,007</td>
<td>1,010</td>
<td>(3)</td>
<td>1,135</td>
</tr>
<tr>
<td><strong>Impact of Post Retiree Health on Operating Margin</strong></td>
<td>$ (595)</td>
<td>$ (8)</td>
<td>$ (587)</td>
<td>$ (430)</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Favorable/ (Unfavorable)</td>
<td>Prior Year</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>--------------------------</td>
<td>------------</td>
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<td>Physician Fees</td>
<td>4,203</td>
<td>4,301</td>
<td>98</td>
<td>4,416</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>2,770</td>
<td>2,763</td>
<td>(7)</td>
<td>2,292</td>
</tr>
<tr>
<td>Supplies</td>
<td>5,652</td>
<td>5,589</td>
<td>(63)</td>
<td>4,729</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>717</td>
<td>679</td>
<td>(38)</td>
<td>529</td>
</tr>
<tr>
<td>Utilities</td>
<td>625</td>
<td>467</td>
<td>(158)</td>
<td>564</td>
</tr>
<tr>
<td>Insurance</td>
<td>599</td>
<td>550</td>
<td>(49)</td>
<td>527</td>
</tr>
<tr>
<td>Depreciation &amp; Amortization</td>
<td>1,486</td>
<td>1,506</td>
<td>20</td>
<td>1,442</td>
</tr>
<tr>
<td>Interest</td>
<td>439</td>
<td>439</td>
<td>-</td>
<td>447</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>39,802</td>
<td>38,244</td>
<td>(1,558)</td>
<td>36,761</td>
</tr>
<tr>
<td><strong>Income (Loss) from Operations</strong></td>
<td>(1,602)</td>
<td>(1,018)</td>
<td>(584)</td>
<td>(1,565)</td>
</tr>
<tr>
<td><strong>Non-operating Gains (Losses)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants - HEAL 21</td>
<td>255</td>
<td>833</td>
<td>(578)</td>
<td>-</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>336</td>
<td>88</td>
<td>248</td>
<td>337</td>
</tr>
<tr>
<td>Unrealized Gains/(Losses) on Investments</td>
<td>756</td>
<td>178</td>
<td>578</td>
<td>2,379</td>
</tr>
<tr>
<td>Non Operating Gains (Losses), net</td>
<td>1,347</td>
<td>1,099</td>
<td>248</td>
<td>2,716</td>
</tr>
<tr>
<td><strong>Excess of (Deficiency) of Revenue Over Expenses</strong></td>
<td>(255)</td>
<td>81</td>
<td>(336)</td>
<td>1,151</td>
</tr>
<tr>
<td>Post Retiree Health Insurance</td>
<td>1,007</td>
<td>1,010</td>
<td>(3)</td>
<td>1,135</td>
</tr>
<tr>
<td><strong>Impact of Post Retiree Health on Operating Margin</strong></td>
<td>(595)</td>
<td>(8)</td>
<td>(587)</td>
<td>(430)</td>
</tr>
</tbody>
</table>
Erie County Medical Center Corporation  
Statement of Changes in Net Assets  
For the month and one month ended January 31, 2013

*(Dollars in Thousands)*

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th>Year-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNRESTRICTED NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess (Deficiency) of Revenue Over Expenses</td>
<td>$ (255)</td>
<td>$ (255)</td>
</tr>
<tr>
<td>Other Transfers, Net</td>
<td>(97)</td>
<td>(97)</td>
</tr>
<tr>
<td>Contributions for Capital Acquisitions</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net Assets Released from Restrictions for Capital Acquisition</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Change in Unrestricted Net Assets</td>
<td>(352)</td>
<td>(352)</td>
</tr>
</tbody>
</table>

| **TEMPORARILY RESTRICTED NET ASSETS** |           |              |
| Contributions, Bequests, and Grants | -         | -            |
| Net Assets Released from Restrictions for Operations | -        | -            |
| Net Assets Released from Restrictions for Capital Acquisition | -        | -            |
| Change in Temporarily Restricted Net Assets | -        | -            |
| Change in Total Net Assets        | (352)     | (352)        |

| Net Assets, Beginning of Period   | 110,037   | 110,037      |
| NET ASSETS, End of Period         | $ 109,685 | $ 109,685    |
Erie County Medical Center Corporation
Statement of Cash Flows
For the month and one month ended January 31, 2013

(Dollars in Thousands)

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th>Year-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$ (352)</td>
<td>$ (352)</td>
</tr>
<tr>
<td>Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>1,486</td>
<td>1,486</td>
</tr>
<tr>
<td>Provision for bad debt expense</td>
<td>1,985</td>
<td>1,985</td>
</tr>
<tr>
<td>Net Change in unrealized (gains) losses on Investments</td>
<td>(756)</td>
<td>(756)</td>
</tr>
<tr>
<td>Transfer to component units</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Capital contribution to/from Erie County</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Changes in Operating Assets and Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient receivables</td>
<td>(3,333)</td>
<td>(3,333)</td>
</tr>
<tr>
<td>Prepaid expenses, inventories and other receivables</td>
<td>(4,347)</td>
<td>(4,347)</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>2,102</td>
<td>2,102</td>
</tr>
<tr>
<td>Accrued salaries and benefits</td>
<td>(1,143)</td>
<td>(1,143)</td>
</tr>
<tr>
<td>Estimated third party payer settlements</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Other accrued expenses</td>
<td>3,690</td>
<td>3,690</td>
</tr>
<tr>
<td>Self Insurance reserves</td>
<td>1,002</td>
<td>1,002</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>1,007</td>
<td>1,007</td>
</tr>
<tr>
<td>Net Cash Provided by (Used in) Operating Activities</td>
<td>1,451</td>
<td>1,451</td>
</tr>
</tbody>
</table>

| **CASH FLOWS FROM INVESTING ACTIVITIES** |        |              |
| Additions to Property and Equipment, net |        |              |
| Campus expansion                      | (5,804) | (5,804)      |
| Routine capital                       | (2,630) | (2,630)      |
| Use of bond proceeds for campus expansion | 935    | 935          |
| Decrease (increase) in assets whose use is limited | (1,610) | (1,610)      |
| Purchases (sales) of investments, net | (2,714) | (2,714)      |
| Investment in component units         | (97)    | (97)         |
| Change in other assets                | (46)    | (46)         |
| Net Cash Provided by (Used in) Investing Activities | (11,966) | (11,966)      |

| **CASH FLOWS FROM FINANCING ACTIVITIES** |        |              |
| Principal payments on long-term debt  | (366)  | (366)        |
| Increase (Decrease) in Cash and Cash Equivalents | (10,881) | (10,881)    |
| Cash and Cash Equivalents, Beginning of Period | 20,611 | 20,611       |
| Cash and Cash Equivalents, End of Period | $ 9,730 | $ 9,730     |
### Key Statistics
#### Period Ended January 31, 2013

<table>
<thead>
<tr>
<th>Current Period</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actual</strong></td>
<td><strong>Budget</strong></td>
</tr>
<tr>
<td>Discharges:</td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>957</td>
</tr>
<tr>
<td>CD - Detox</td>
<td>121</td>
</tr>
<tr>
<td>CD - Rehab</td>
<td>21</td>
</tr>
<tr>
<td>Psych</td>
<td>193</td>
</tr>
<tr>
<td>Rehab</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td><strong>1,323</strong></td>
</tr>
<tr>
<td><strong>Average Daily Census:</strong></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>217</td>
</tr>
<tr>
<td>CD - Detox</td>
<td>15</td>
</tr>
<tr>
<td>CD - Rehab</td>
<td>15</td>
</tr>
<tr>
<td>Psych</td>
<td>86</td>
</tr>
<tr>
<td>Rehab</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total ADC</strong></td>
<td><strong>360</strong></td>
</tr>
<tr>
<td><strong>Average Length of Stay:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SNF Days</strong></td>
<td><strong>4,035</strong></td>
</tr>
<tr>
<td><strong>SNF ADC</strong></td>
<td><strong>130</strong></td>
</tr>
<tr>
<td><strong>Observation Visits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Surgeries</strong></td>
<td><strong>427</strong></td>
</tr>
<tr>
<td><strong>Outpatient Surgeries</strong></td>
<td><strong>675</strong></td>
</tr>
<tr>
<td><strong>Outpatient Visits</strong></td>
<td><strong>28,088</strong></td>
</tr>
<tr>
<td><strong>Emergency Visits Including Admits</strong></td>
<td><strong>5,311</strong></td>
</tr>
<tr>
<td><strong>Net Revenue per Adjusted Discharge</strong></td>
<td><strong>12,875</strong></td>
</tr>
</tbody>
</table>

#### Erie County Home:

| **Patient Days** | **7,797** | **7,936** | **-1.8%** | **11,251** | **Average Daily Census** | **252** | **256** | **-1.8%** | **363** |
| **FTE's** | **284** | **278** | **2.2%** | **360** | **FTE's** | **284** | **278** | **2.2%** | **360** |
| **Hours Paid per Patient Day** | **6.5** | **6.2** | **4.1%** | **5.7** |
LABORATORY – JOSEPH KABACINSKI

In January, ECMCC and Kaleida Health formally announced an effort to pursue a collaborative laboratory service strategy. The project is a physician-driven collaboration between ECMCC and Kaleida Health under the umbrella of Great Lakes Health. The venture will operate similarly to the process at Kaleida hospitals where certain tests are sent to the central production laboratory at Flint Road and other tests remain at the essential services lab (ESL) at each hospital. Physician leadership is taking into consideration the unique services at ECMCC including the Regional Adult Trauma Center, The Regional Center of Excellence in Transplantation and Kidney Care, and HIV services. The primary benefits accruing from a consolidated laboratory include a significant reduction in the cost of labor, equipment, supplies and consumables, conservation of capital resources, and savings through group purchasing. In addition, by nature of its larger size, a more robust Great Lakes’ Laboratory will be able to develop a growth strategy to increase total market share. The joint Project Steering Committee is meeting weekly establishing set deadlines and assuring necessary steps are completed timely. The Information Systems team consisting of IT and Laboratory staff from both organizations has been established to recommend an integrated Lab Information System platform solution critical to the success of the project. A timeline for the project is in development and depends on the timetable for the completion of the IT solution.

Lab Administration and the Blood Bank are working with the ECMCC Oncology Clinic to transfuse outpatients within the Oncology Department. Transfusions within Oncology should improve patient flow and timeliness of the transfusion.

ECMCC is investigating the acquisition of a bedside, wireless, mobile phlebotomy wrist band scanner and specimen labeling system. The ECMCC IT and Nursing departments are assisting in evaluating alternative vendors and systems. System demonstrations are in process. A second demo by Iatrics is scheduled for Wednesday, February 27, 2013. The system will be invaluable in reducing patient ID and specimen labeling errors.

The next UNYTS blood drive will be held on Thursday, February 28, 2013. In 2012, we collected 362 units of blood. This is a 28% increase from 2011.

AMBULATORY SERVICES – BONNIE SLOMA

Ambulatory Care Reorganization: The re-organization of the leadership in Ambulatory Care continues. A new Program Manager for the Cleve Hill Family Clinic is
scheduled to start on February 25, 2013. The search continues for a Business Manager and two additional Program Managers.

**Operational Initiatives:** Centralized scheduling is experiencing some challenges; therefore we are reassessing and refining process prior to the implementation of future clinics. Cleve Hill went live in January 28, 2013 and IMC is scheduled for go-live March 1, 2013.

The efficiency review of clinic staff, including total FTE’s, staff hours of work and cross-training continues. Positions are not being filled within individual clinics with the objective to promote cross training and revise existing staffing models in an effort to minimize future cost. Education programs to the clinic staff will be provided by nursing and outside agencies. The analysis of throughput and the impact on patient experience continues considering patient flow, triage of the patients, and their referral to support services. This review involves working with patient registration, Radiology, and Laboratory to improve times and coordination of patient throughput. The cleanliness of our clinics is a concern. We are completing environment of care rounds with environmental services to improve the cleanliness of all clinic areas. Orthopedics has been completed and in the midst of assessing Grider and Cleve-Hill to meet JCAHO requirements.

The Allscripts Steering Committee collaboration in preparation for go-live in IMC and the 4 sub-specialties on March 18 remains on track. Simultaneously, we will be completing the Patient Centered Medical Home (PCMH) standards for IMC and Cleve Hill. Gap analysis is complete and implementation is on target to meet HEAL grant requirements. We are meeting with NYSDOH to finalize the requirements necessary to meet the conditions of being selected one of only two NYS Behavioral Innovator sites in our Primary Care Clinics. In addition, we are also working with EMRS and HealthierER for case management from ER to Primary Care. The goal is to improve communication with Primary Care for at risk patients through better case management and to decrease ER visits and hospitalizations. The HealthierER and PCMH programs go hand in hand to improve continuity and follow-up of care in our patient population.

**Fiscal Initiatives:** Ambulatory Care leadership is meeting with Finance to establish a clinic dashboard to show clinic metrics with correlation to productivity, profitability and efficiency of staffing models. A number of revenue stream projects are continuing. The new financial analysis will include a P&L statement by cost center to analyze clinic productivity/profitability. Denial management is being expanded to identify process issues and provide education at clinic level to prevent future denials. This review also examines how we are capturing charges, both on the professional and technical side, to maximize our revenue streams. The track of phone logs clinic by clinic will determine volume, missed calls, and drive patient satisfaction improvement. The hire of the Ambulatory Business Manager will provide a dedicated individual to concentrate on this comprehensive evaluation and assure its completion and related improvements.
PHARMACEUTICAL SERVICES – RANDY GERWITZ

**IV Pump Upgrade:** The Department of Pharmaceutical Services (DPS) continues to press on with preparation for an IV pump conversion. Drug library preparation is well underway and is expected to be completed near the end of February. A house-wide conversion could take place as early as late April or early May.

**Bedside Medication Carts:** In collaboration with Nursing, HIS, and Administration the DPS was able to begin the process of replacing our existing bedside medication carts. The roll out of new bedside medication carts has now reached a total of 45 carts, touching all of the 7th and 8th floors as well as 12Z3. An additional 30 carts will be onsite by the end of February. To date the Nursing feedback has been very positive and the deployment has proceeded on schedule despite competing with several other IT/Pharmacy projects.

**Computerized Physician Order Entry (CPOE):** The DPS has dedicated large numbers of man hours to the CPOE project. A tremendous amount of effort has been expended in preparation for our next pilot area, 8 north. We expect this to be a very successful pilot and one that we hope will teach us a great deal as we set our sites on critical care and the medical surgical units.

IMAGING – ERIC GREGOR

**FEBRUARY RADIOLOGY STATISTICAL REPORT:**

Total Procedural Volumes in January were 1,104 or 8.25% higher than previous year.

Inpatient Procedural Volumes in January were 267 or 4.53% higher than previous year.

Outpatient Procedural Volumes in January were 840 or 11.24% higher than in previous year.

Inpatient / Outpatient Procedural mix in January was 42.8%/57.20%, a more favorable mix than in previous year.

Peripheral Supply Cost/Case in Angio/VAC is 4.60% less than in previous year. That represents an annual savings of $52,275.

Denials in January were 15.13% less than in previous year.

The 2012 Image Repeat Rate has been determined to be 2.68%, well under the National Average of 4.00%. That works out to be over 2,000 less radiation exposures to patient & staff.
Chief Medical Officer
UNIVERSITY AFFAIRS

Dr Richard Quigg, the new UB Chair for Nephrology has assumed his duties as of early January. He will be formally installed as the Arthur M. Morris Professor of Medicine and Chair of Nephrology on Thursday March 7th.

The Office of GME has developed a more formal process for the approval of Outside the Annual Plan (OAP) rotations for residents. This process requires completion of a formal application outlining the basis for the request and the process will likely take up to 3 months. The criteria for approval, particularly for offsite rotations outside UB affiliated hospitals, will largely be based on whether the offsite rotations are required for completion of the resident’s training and cannot be provided in a UB affiliated hospital.

PROFESSIONAL STEERING COMMITTEE

Next meeting will be in March.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

<table>
<thead>
<tr>
<th>UTILIZATION REVIEW</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>vs. 2012 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>892</td>
<td>907</td>
<td>957</td>
<td>up 5.0%</td>
</tr>
<tr>
<td>Observation</td>
<td>165</td>
<td>150</td>
<td>190</td>
<td>up 36.4%</td>
</tr>
<tr>
<td>LOS</td>
<td>6.2</td>
<td>6.5</td>
<td>6.6</td>
<td>down 3.8%</td>
</tr>
<tr>
<td>ALC Days</td>
<td>391</td>
<td>212</td>
<td>306</td>
<td>down 92.5%</td>
</tr>
<tr>
<td>CMI</td>
<td>2.08</td>
<td>2.15</td>
<td>1.94</td>
<td>down 5.7%</td>
</tr>
<tr>
<td>Surgical Cases</td>
<td>855</td>
<td>831</td>
<td>868</td>
<td>down 0.6%</td>
</tr>
<tr>
<td>Readmissions (30d)</td>
<td>Na</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CARDIOVASCULAR SERVICES

ECMC has been working with the New York State Department of Health and Kaleida Health to integrate ECMC cardiac services with the Gates Vascular Institute (GVI) to improve cardiac care in our region, continue to support the clinical success of ECMC’s Trauma Center, and advance the expertise offered by the GVI.

This integration was developed and recommended by the Professional Steering committee made up of physicians from both ECMC and Kaleida. This resulted in the decision to integrate ECMC with the GVI to create one cardiac program at two sites: The ECMC Health Campus and the GVI at the Buffalo General Medical Center. While ECMC will continue to have full cardiology medical services and diagnostic catheterization services, the following areas will be integrated with the Global Vascular Institute in order to meet deadlines set by the Department of Health:

1. Cardiovascular Services. Coronary Artery Bypass Graft (CABG) or “open heart” surgeries performed electively at ECMC will be integrated with the GVI. ECMC, in conjunction with the Gates Global Vascular Institute, will have the capability to perform emergency CABG for Trauma patients. ECMC will also have full Cardio Thoracic physician call and capabilities for Trauma patients. This integration will occur by 3/1/13.

2. Percutaneous Coronary Intervention (PCI). Elective and emergency PCI at ECMC will be integrated with the GVI. These services will be performed by the Gates Vascular Institute. ECMC will still provide angiography and diagnostic catheterization in its existing labs. This integration will occur by 3/1/13.

3. Electrophysiology (EP). EP services at ECMC will be integrated with the GVI. This service will be integrated at the Gates Vascular Institute. This integration will occur by 6/1/13.

ECMC and its physicians have been meeting to ensure that appropriate care is delivered in the appropriate setting. Nursing has also developed a protocol for the safe transfer of patients in the case of an emergency.

SUPPLEMENTAL INSURANCE

New York State has altered its policy on providing supplemental malpractice insurance for hospital-based physicians due to potential shortage of funds. The number of physicians that a hospital can obtain coverage for under this program is now capped based on historical numbers.
ECMC has been impacted as follows:
ECMC requested coverage for 165 doctors affiliated under this program for the 2012-2013 year but was only granted 157. Of those 110 were doctors who had been in the program for >3 years and were “grandfathered” and only 47 additional slots were allocated. The hospital has therefore had to select, largely on the basis of potential exposures the 48 physicians that it will select for this additional level of coverage. Other physicians should they desire can obtain this coverage but it would be at their own expense.

DELINQUENT CHARTS

The CMO’s office is working with HIM and IT to improve the accuracy of our Incomplete Record List and our ability to communicate it to our physicians. IT has built a report that has a selectable list of providers that have an incomplete record in Meditech. Once providers are selected it will show all relevant information about the record that makes it incomplete by provider. This list can now be sent out to each provider on a regular basis to inform them of this.

Instead of mailing/faxing the notice every two weeks, we are compiling a complete list of relevant emails which could be set to receive the list daily/weekly/monthly. We hope to implement this shortly. Chiefs are urged to make sure that their physicians have provided the Medical Staff Office with current functioning emails.
CMO Memorandum

To: BOARD OF DIRECTORS
CC: MEDICAL EXECUTIVE COMMITTEE
From: BRIAN M. MURRAY, MD, CMO
Date: January 28, 2013
Re: APPOINTMENTS/REAPPOINTMENTS CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

APPPOINTMENT 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:

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>NAME</th>
<th>TERM</th>
<th>APPT</th>
<th>REVIEW DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Howard Davis, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Stephen Downing, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Catherine Gogan, DDS</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Michael Manka, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Khalid Malik, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Joseph Izzo, Jr., MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Laboratory Medicine</td>
<td>Daniel Amsterdam, PhD</td>
<td>3 YRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>Richard Ferguson, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2014</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Gregory Bennett, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>Vanessa Barnabei, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>James Reidy, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>Richard Hall, DDS, PhD, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Philip Stegemann, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>William Belles, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Pathology</td>
<td>James Woytash, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
<tr>
<td>Plastics &amp; Reconstructive Surgery</td>
<td>Thom Loree, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2014</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Yogesh Bakhai, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>JAN 2016</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>NAME</th>
<th>TERM</th>
<th>APPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical Dependency</td>
<td>Mohammadreza Azadfar, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine, General Med.</td>
<td>Regina Makdissi, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine, Specialty Med.</td>
<td>Rocco Venuto, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine, Volunteer Fac.</td>
<td>Neil Dashkoff, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Philip Williams, DDS</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Greg Castiglia, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Radiology</td>
<td>Gregg I. Feld, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
</tbody>
</table>

(Bold depicts new appointments)
Senior Vice President of Nursing
Committee Appointment:

ViAnne Antrum, RN, Acting Assistant Director of Nursing, Medical/Surgical, has been named President-Elect of the Western New York Healthcare Executive Forum. ViAnne is currently the co-chair of the Healthcare Executive Forum’s Program Committee.

MLK Health Fair:

ECMC was represented at the Martin Luther King Health Fair which was held at Buffalo City Hall on January 22\textsuperscript{nd}. Information was displayed and distributed by Andrew Grzeskowiak, Nursing Case Manager, on the topics of Diabetes Management, Healthy Eating and the Benefits of Physical Activity. The information was well-received.

Journal Club:

Nursing staff on the night shift held a Journal Club on January 29\textsuperscript{th}. Topics discussed at the 3:15 AM get-together were “Team-Building”, “Stress Reduction”, and “Staff Camaraderie”, followed by a group discussion.

Educational Seminars:

- Patricia Kiblin, RN, Unit Manager for 7 zone 3, attended a conference held on January 28\textsuperscript{th} on the topic of, “Managing Challenging Patient and Family Behavior”.
- Paula Quesinberry, RN, Stroke Program Coordinator, participated in the Central and Western New York Stroke Coordinator Meeting in Geneva, New York on January 18\textsuperscript{th}.

SUNY School of Nursing - Dean’s Visit:

Dean Marsha Lewis of the UB School of Nursing and her Marketing Coordinator, Donna Tyrpak, spent the afternoon at ECMC on Wednesday, January 31\textsuperscript{st}. They were taken on a tour of the soon to be opened Terrace View Nursing Home, as well as our Critical Care and CPEP areas. In addition, they met with Behavioral Health management, who shared with them our plans for the new Behavioral Health building construction that is currently underway on the campus.
**2013 Nurse of Distinction and Outstanding Staff Nurse Awards:**

The Nursing Recognition Committee recently met to select ECMC’s nominations for two prestigious nursing awards:

- **Sonja Melvin, RN, Unit Manager of 12 zone 3** is our nominee for the *District I Nursing Award*. Sonja’s unit houses chronic and weaning ventilator patients, as well as patients on cardiac drip and stroke patients. She has led 12 zone 3 to achieve the distinction of being named a “TCAB” Unit (*Transforming Care at the Bedside*), which required a supportive nurse manager. Sonja was able to facilitate an advanced level of problem-solving and resource allocation to accomplish significant improvements in patient care, demonstrating true leadership qualities.

- **Daniel McCartan, RN, has been nominated for the “Outstanding Staff Nurse” Award.** In addition to serving as ECMC’s Emergency Preparedness Coordinator, Dan is also the Regional Hospital Emergency Coordinator for the 8 counties of Western New York.

  Dan was also recently nominated by Governor Cuomo to serve on the “NYS READY” Commission after Hurricane Sandy, to minimize damage after future emergencies that may occur in New York State.

  Dan also serves as a youth role model, having been involved with the Boy Scouts of America for the past forty years.

Award winners will be honored at a banquet to be held later this year.

**Oncology Nursing Presentation:**

JoAnn Wolf, 7 zone 2 Unit Manager, reported that her Unit and the Head and Neck Service submitted a poster board presentation proposal for the Oncology Nurses Society Conference to be held in April. The presentation is based on the monthly learning sessions that are held for the staff. Different topics are chosen by the staff each month, related to head and neck cancers. Their poster presentation was accepted and will be presented at the upcoming conference in Washington, DC. This was a great opportunity for staff from both areas to work together and build relationships for the benefit of our patient population.
The Health Information Systems/Technology department has completed or is currently working on the following projects.

**Clinical Automation/Strategic Initiatives.**

**Great Lakes Health Care System - Lab Integration.** A team consisting of Kaleida and ECMC staff has been formed to develop the IT strategy to support the integration of the laboratory services. Two viable solutions have been identified and have been presented to Laboratory Services leadership from both organizations. We will be working with this team to determine best fit that will meet the business model.

**Great Lakes Health Care System - Cardiovascular Services.** We are working with clinical leadership and Kaleida staff to ensure that clinicians will have appropriate access of cardiologic images from Kaleida as well as accessing Kaleida’s images while at ECMC. We will be providing access through our newly implemented Merge iConnect Access solution.

**ARRA Meaningful Use - Inpatient and Outpatient Report Card.** Continue to monitor MU stage 1 for inpatient through the Clinical Informatics Steering Committee. In preparation for MU Stage 2.

**Inpatient Computer Physician Order Entry (CPOE) and Medication Reconciliation.** The team is preparing for the Rehabilitation unit as the first pilot area for inpatient POM. This includes optimization for all ordering dictionaries, workflow design, training program and device management. We will also roll out a limited version of medication reconciliation.

**Allscripts Ambulatory Clinic Electronic Medical Record.** Preparing for go live for Internal Medicine and four sub-specialist clinics for March 19, 2013. In the process of finalizing interface development, Patient Centered Medical Home (PCMH) workflow re-design, staff and physician training and update of policies and procedures. In addition, we welcomed Paul Cavo to the IT Clinical Support team.

**Long Term Care Building and EMR.** Provided technical and operational support during the transition to Terrace View. This also included successfully re-badging all workforce members with a new security badge that contains smart technology. We are also working with LTC leadership to implement Meditech LTC module within their organization. Our attention is now back on meeting a May go live for the first phase of the LTC EHR implementation.
Sr. Vice President of Marketing & Planning
Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
February 26, 2013

Marketing
New image campaign underway
Further marketing efforts for Regional Center of Excellence in Transplantation and Kidney Care underway

Planning and Business Development
Cardiac CON for PCI and EP submitted
Operation room expansion CON approved, planning meetings in progress
Medical Office Building CON filed
Planning underway for Orthopedic Floor
Coordinating integration of cardiac services with GVI
Working with Professional Steering Committee
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Primary care practices growing and specialties seeing patients at locations

Media Report
- **The Buffalo News**: Editorial- Terrace View will improve patient care and save money. “The patient-centered care is a remarkable achievement for ECMC. The facility will improve care for its hundreds of residents while being more efficient.”
- **WIVB-TV**: WNY exceeds average ER wait times. Though the wait it long, often there is a lot of testing going on before you are admitted. Tom Quatroche quoted.
- **The Buffalo News; Buffalo Business First; Buffalo Rising; WBFO Radio 89.7; YNN; Pharmacy Choice; WBEN Radio 930; and various other local TV and radio stations**: ECMC Opens Terrace View Long–Term Care. The move from Alden to ECMC’s Health Campus focuses on providing higher quality, state-of-the-art care for residents. Jody Lomeo and Rich Cleland are quoted.
- **The Buffalo News**: Modernizing a mission, ECMC welcomes County Home transferees to new facility. The decision for close the nursing home in Alden was mission, and not financially driven. The new nursing home will reduce current operating losses by 60%. Jody Lomeo, Charlene Ludlow and Tom Quatroche are quoted.
- **Serve and Protect**: Serve and Protect welcomes Chaplain Garney Davis. Davis currently serves as the Chief Trauma Chaplain for the Erie County Medical Center.
- **Buffalo Business First**: WNY hospitals cash in on incentive program. ECMC is one of several area hospitals who will receive money in incentive payments for quality improvements.
- **The Buffalo News; WBFO Radio 89.7**: In Focus- Erie County Medical Center’s Jody Lomeo. Buffalo News reporter Brian Mayer discusses advances made at ECMC with CEO Jody Lomeo including the opening of a brand new nursing home.
- **HEALTHeLINK**: Improving care quality through clinical information exchange. Erie County Medical Center emergency room physician, Dr. David Ellis, talks about making timely decisions regarding patient care- often without knowing the patient’s medical history.
- **WGRZ-TV, Channel 2**: Jody Lomeo is guest on “Western New York Living”. Janet Snyder speaks with ECMC CEO Jody Lomeo about ECMC, its image and the growth on the campus.
- **The Buffalo News; Pharmacy Choice**: Hospitals in WNY, nationwide penalized for patient readmissions. In October, Medicare started fining hospitals, including 12 in WNY, for too many
patients returning within 30 days of discharge. ECMC amongst the lowest. Dr. Brian Murray is quoted.

- **Buffalo Healthy Living: ECMC Immunodeficiency Clinic earns NYS Department of Health Award.** The Immunodeficiency Services department at ECMC won the 2012 New York State Department of Health AIDS Institute Award of Excellence in Quality Performance.

- **WGRZ-TV, Channel 2: Update on chicken pox, shingles and flu.** ECMC doctor John Fudyma, MD, talks about chicken pox and how they differ from shingles and gives an update on the flu.

- **US News: ECMC doctor is listed in US New Top Doctors.** Erie County Medical Center’s Dr. Thom Loree, who specializes in Head and Neck Cancer, Reconstructive Surgery, Thyroid Cancer and Breast Reconstruction is listed as a top doctor in national magazine.

- **WBEN, Hardline with Dave Debo: Jody Lomeo is guest on Sunday Morning Show.** Dave Debo speaks ECMC CEO Jody Lomeo about ECMC.

**Community and Government Relations**

- Lifeline Foundation Mobile Mammography Unit screening patients and has 750 women screened
- Several tours held with community leaders and potential donors
- Continuing to work with other PBC hospitals on legislation and advocacy efforts and currently working with them on pension smoothing efforts
- Working with other NYS State PBC’s on NYS Medicaid waiver
Executive Director, ECMC
Lifeline Foundation
ECMC Corporation and ECMC Lifeline Foundation are pleased to announce plans for the 24th annual Springfest Gala! Our black-tie event will be held Saturday, May 11th, at the Buffalo Niagara Convention Center, where we will honor three outstanding members of the ECMC Community. Our 2013 Honorees are:

**Distinguished Physician Award**

**Michael Manka, MD**  
Chief of Service, Department of Emergency Medicine, ECMC Corp.

**Distinguished Nursing Award**

**Peggy M. Cramer RN, MS**  
Vice President, Trauma and Emergency Services, ECMC Corp.

**Distinguished Service Award**

**Douglas H. Baker**  
Founder and President, Mercy Flight, Inc.

The evening will include three-time Grammy Award winning entertainers “KC and the Sunshine Band.” With hits “Get Down Tonight,” “Shake Your Booty” and “That’s the Way (I like it)” the evening promises to be a party you won’t soon forget. Tickets will be limited and the event is sure to sell out quickly. Because of your support of ECMC and the ECMC Lifeline Foundation, we are giving you the first opportunity to participate before opening sponsorship to the general public on February 16th.

All proceeds from Springfest Gala directly benefit the life-saving medical mission of ECMC, our area’s Regional Adult Trauma Center. ECMC is also home to the area’s Center of Excellence for Transplantation and Kidney Care and ground will soon be broken on a new Center of Excellence in Behavioral Health Care. In addition, ECMC Lifeline Foundation provides the region’s only mobile mammography coach, ensuring that every woman in WNY has access to life-saving cancer screening.

Attached, you will find several sponsorship proposals for your review. As always, we would be happy to customize a package to better fill your needs. Call our offices at 716-898-5800 or email Stacy Roeder at sroeder@ecmc.edu. We look forward to welcoming you on May 11th to WNY’s premier gala; ECMC’s Springfest Gala.

Best regards,

Jody L. Lomeo  
Chief Executive Officer  
ECMC Corporation

Susan M. Gonzalez  
Executive Director  
ECMC Lifeline Foundation
**Presenting Sponsor $35,000**

- Company featured on all event promotional material, including invitation (commitment by 3/1)
- Company featured in ECMC newsletter “Pulse” (8,000 corporate and community leaders)
- Link on ECMC Lifeline website home page for one (1) year from time of agreement
- Company featured in targeted news releases
- Company featured on the ECMC Lifeline Foundation’s website event page
- Company featured in media & ECMC community advertisements for ECMC Gala (commitment by 3/1)
- Premium seating of three (3) VIP tables for 10 for a total of 30 guests.
- One Junior Suite overnight accommodation at the Hyatt Regency Buffalo
- Company recognition from podium and during audiovisual presentation
- Two (2) full-pages in the program book. Company executive will receive a full page for welcome address and one (1) full page for company advertisement. Opportunity for choice of placement
- Company name and logo on signage & gobo lighted logo display at gala
- Ten (10) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction
- Complimentary morning foursome and signage at the Tournament of Life Golf Classic with discounted upgrade to afternoon play.
- $2500 Bronze Race sponsorship package at ECMC’s Heroes 5k Healthwalk & Run
- Year round partnership with ECMC Lifeline Foundation to include invitation to select events and

**Platinum Sponsor $20,000**

- Company featured on all event promotional material, including invitation (commitment by 3/1)
- Company featured in ECMC newsletter “Pulse” (8,000 corporate and community leaders)
- Link on ECMC Lifeline website home page for one (1) year from time of agreement
- Company featured in targeted news releases
- Company featured on the ECMC Lifeline Foundation’s website event page
- Company featured in media & ECMC community advertisements for ECMC Gala (commitment by 3/1)
- Premium seating of two (2) tables for twenty (20) guests
- One Deluxe Room overnight accommodation at the Hyatt Regency Buffalo
- Company recognition from podium and during audiovisual presentation
- Full page ad in program book
- Company name and logo on signage & gobo lighted logo display at gala
- Eight (8) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction
- Complimentary morning foursome and signage at the Tournament of Life Golf Classic with discounted upgrade to afternoon play.
- One Water Station Sponsorship at ECMC’s Heroes 5k Healthwalk & Run
- Invitation to CEO Circle Events
GOLD SPONSOR $10,000

- Company featured on all event promotional material, including invitation (commitment by 3/1)
- Company featured in ECMC Newsletter “Pulse” (8,000 corporate and community leaders)
- Company featured on the ECMC Lifeline Foundation’s website event page
- Company featured in media & ECMC community advertisements for ECMC Gala
- Company featured in advertisements for ECMC Gala (commitment by 3/1)
- Premium Seating of one (1) table for twelve (12) guests
- One overnight room accommodation at the Hyatt Regency Buffalo
- Company recognition from podium and during audiovisual presentation
- Full page ad in program book
- Company name and logo on signage at gala
- Six (6) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction

BRONZE SPONSOR $3,500

- Company featured on all event promotional material (commitment by 3/1)
- Company featured in ECMC newsletter “Pulse” (8,000 corporate and community leaders)
- Company featured on the ECMC Lifeline Foundation’s website event page
- Company featured in ECMC community advertisements for ECMC Gala
- Company featured in advertisements for ECMC Gala (commitment by 3/1)
- Preferred seating of one (1) table for ten (10) guests
- Company recognition during audiovisual presentation
- Half page ad in program book
- Company name and logo signage at gala
- Four (4) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction

- Two (2) Complimentary tickets to Springfest Gala Pre-Party featuring a fabulous raffle & auction
2013 SPONSOR COMMITMENT

Company Name
As it should appear in advertising & signage

Contact Name_____________________________________________ Title_____________________________

Address __________________________________________________

City___________________________________ State__________ Zip__________

Phone____________ Fax__________ Email________________________

Signature
My signature indicates authorization to make this commitment on behalf of my company

☐ PRESENTING SPONSOR $35,000
☐ PLATINUM SPONSOR $20,000
☐ GOLD SPONSOR $10,000
☐ SILVER SPONSOR $5,000
☐ BRONZE SPONSOR $3,500

☐ Payment enclosed
☐ Invoice at above address
☐ Invoice other_________________________
☐ Contact me to charge by phone
☐ I’ve charged through PayPal at www.ecmclifeline.org
  (Please click on “donate now” button)

Contact for Artwork/Logo____________________________

Email _______________________________ Phone________________________

Deadline for logo submission and program ad: April 8, 2013
Note: Program booklet size 5½ X 8½ - full page size 5 X 8
□ A high resolution pdf – B&W 300dpi ad will be submitted to sroeder@ecmc.edu
□ Please design an ad of your choice, specially crafted for the event, with our logo

For questions or to customize your package please call
Susan Gonzalez or Stacy Roeder at 716-898-5800

Thank you for your support.
The ECMC Lifeline Foundation, Inc. is a 501(c)(3) not-for-profit corporation.
NYS Charity Registry # 05-65-69 Federal Tax ID # 22-3283946

TERMS: This event does not to endorse or promote any product or service of the Sponsor(s) or of any third party. The entire liability of the ECMC Lifeline Foundation, and its sponsors' exclusive remedy for damages from any cause related to or arising out of the Agreement/Event, will not exceed a refund of actual funds paid to the ECMC Lifeline Foundation by the Sponsor and not yet expended by the ECMC Lifeline Foundation.

“Supporting the Lifesaving Medical Services of ECMC”
2013 SPONSORSHIP
UNDERWRITING OPPORTUNITIES

Table Wine Sponsor - $3,000 (4 available)
- Company Name and Logo on Signage
- Opportunity for company logo table tent cards
- Full-Page Ad in Program Book
- Four Tickets with Premium Seating To Gala

Table Centerpiece Sponsor - $3,000 (4 available)
- Company Name and Logo on Signage
- Opportunity for company logo table tent cards
- Full-Page Ad in Program Book
- Four Tickets with Premium Seating To Gala

Valet Parking Sponsor - $2,500
- Company Name and Logo on Signage
- Opportunity To Place A Marketing Piece In Each Car (Provided By Sponsor)
- Half-Page Ad in Program Book
- Two Tickets To Gala

Photo Sponsor - $2,500
- Company Name and Logo on Signage at designated photo area
- Half-Page Ad in Program Book
- Two tickets to Gala

Gourmet Dessert & Coffee Station Sponsor - $2,500 (4 available)
- Company Name and Logo on Signage at gourmet pastry stations and coffee bar
- Half Page Ad in Program Book
- Two Tickets to Gala

ECMC Outstanding Employee Sponsor - $2,000
- Table of 10 guests to be utilized by ECMC’s Extraordinary Staff. We will invite on your behalf from a random lottery of all interested employees from our outstanding team of Nurses, Technicians and other personnel.
- Company Name and Logo on Table Signage
- Half-Page Ad in Program Book

Reception Sponsor - $1,000 (5 available)
- Company Name and Logo on Signage at Hors d’oeuvres Stations
- Quarter-Page Ad in Program Book

Cocktail Hour Sponsor - $1,000 (5 available)
- Company Name and Logo on Signage at Cocktail Stations
- Quarter-Page Ad in Program

Champagne Welcome Sponsor - $1,000 (5 available)
- Company Name and Logo on Signage
- Quarter-Page Ad in Program Book

Pastry Sponsor - $1,000 (5 available)
- Company Name and Logo on Signage at Biscotti & Coffee Station at event exit
- Quarter-Page Ad in Program Book

For questions or to customize your package please call
Susan Gonzalez or Stacy Roeder at 716-898-5800
UNDERWRITING SPONSOR COMMITMENT

Company Name
As it should appear in advertising & signage

Contact Name ____________________________ Title ____________________________

Address ________________________________________________________________

City ____________________________ State ___________ Zip __________________

Phone ____________________________ Fax ____________________________ Email ____________________________

Signature __________________________________________________________________
My signature indicates authorization to make this commitment on behalf of my company

☐ Table Wine Sponsor $3,000
☐ Centerpiece Sponsor $3,000
☐ Valet Sponsor $2,500
☐ Photo Sponsor $2,500
☐ Dessert/Coffee Sponsor $2,500
☐ ECMC Employee Sponsor $2,000
☐ Reception Sponsor $1,000
☐ Cocktail Sponsor $1,000
☐ Champagne Welcome Sponsor $1,000
☐ Pastry Sponsor $1,000

☐ Payment enclosed
☐ Invoice at above address
☐ Invoice other ____________________________
☐ Contact me to charge by phone ____________________________
☐ I've charged through PayPal at www.ecmclifeline.org
   (Please click on "donate now" button)

Contact for Artwork/Logo ________________________________________________

Email ____________________________ Phone ____________________________

Deadline for logo submission and program ad: April 8, 2013
Note: Program booklet size 5½ X 8½ - full page size 5 X 8

☐ A high resolution pdf - B&W 300dpi ad will be submitted to sroeder@ecmc.edu
☐ Please design an ad of your choice, specially crafted for the event, with our logo

For questions or to customize your package please call
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"Supporting the Lifesaving Medical Services of ECMC" 74 of 108
NEW BUSINESS
Medical-Dental Executive Committee
# Medical Executive Committee Meeting

**Monday, January 28, 2013 at 11:30 a.m.**

## Attendance (Voting Members):

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Amsterdam, PhD</td>
<td>C. Gogan, DDS</td>
</tr>
<tr>
<td>Y. Bakhai, MD</td>
<td>R. Hall, MD, DDS</td>
</tr>
<tr>
<td>W. Belles, MD</td>
<td>M. LiVecchi, MD</td>
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<tr>
<td>G. Bennett, MD</td>
<td>K. Malik, MD</td>
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<tr>
<td>M. Chopko, MD</td>
<td>M. Manka, MD</td>
</tr>
<tr>
<td>H. Davis, MD</td>
<td>M. Panesar, MD</td>
</tr>
<tr>
<td>R. Desai, MD</td>
<td>K. Pranikoff, MD</td>
</tr>
<tr>
<td>N. Eb ling, DO</td>
<td>A. Stansberry, RPA-C</td>
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<tr>
<td>R. Ferguson, MD</td>
<td>P. Stegemann, MD</td>
</tr>
<tr>
<td>W. Flynn, MD</td>
<td>R. Venuto, MD</td>
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## Attendance (Non-Voting Members):

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>B. Murray, MD</td>
<td>K. Ziemielski, RN</td>
</tr>
<tr>
<td>J. Fudyma, MD</td>
<td>T. Quatroche</td>
</tr>
<tr>
<td>S. Ksiazek</td>
<td>R. Gerwitz</td>
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<tr>
<td>J. Lomeo</td>
<td>R. Krawiec</td>
</tr>
<tr>
<td>A. Orlick, MD</td>
<td>C. Ludlow, RN</td>
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## Excused:

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<tbody>
<tr>
<td>M. Azadfard, MD</td>
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<tr>
<td>S. Cloud, DO</td>
</tr>
<tr>
<td>N. Dashkoff, MD</td>
</tr>
<tr>
<td>T. DeZastro, MD</td>
</tr>
<tr>
<td>S. Downing, MD</td>
</tr>
<tr>
<td>J. Izzo, MD</td>
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</tbody>
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## Absent:

<table>
<thead>
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<th>Name</th>
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## I. CALL TO ORDER

### A.

Dr. Richard Hall, President, called the meeting to order at 11:40 a.m. Dr. Hall welcomed new At-Large Representatives Mandip Panesar, MD, and Michael Chopko, MD, Andrew Stansberry, RPA-C, Allied Health Representative (without vote), and officers Khalid Malik, MD, Secretary, Timothy DeZastro, Treasurer, and Samuel Cloud, President-Elect.

### B.

**Agenda Correction** – Delete Item # III. GME Report was provided in December 2012 by Dr. Berger.
II. MEDICAL STAFF PRESIDENT’S REPORT – R. Hall, MD

A. The Seriously Delinquent Records report was included as part of Dr. Hall’s report. Dr. Murray advised that the Joint Commission survey will likely occur earlier than expected perhaps as soon as April. Therefore, please direct your attention to the delinquent records list and complete records as soon as possible and maintain lower numbers as per requirements. Please direct your staff to complete reports timely.

Dr. Murray advised that he will be taking a more direct approach to record completion. He will be contacting those with large numbers of incomplete records with serious expectation of timely completion including, when necessary, involvement of the Medical Executive Committee.

III. CEO/COO/CFO BRIEFING

A. CEO REPORT -

a. ANNUAL MEETING OF THE BOARD OF DIRECTORS – The annual meeting of the Board of Directors commenced on January 22, 2013 and Mr. Lomeo provided an overview of 2012. The presentation is online and he encouraged all to review it. The Board has set initiatives for the hospital and is stressing improvement on the Patient Experience survey scores. The Board is no longer accepting scores as they are now so Mr. Lomeo is putting together a strategic plan with hospital leadership to improve.

b. 2012 FINANCIAL RESULTS – Mr. Lomeo advised that the hospital will likely break even for 2012. While they are pleased to break even, they are hoping to improve over the coming year. Areas of attention include labor costs and obtaining a centralized lab with Kaleida which should generate additional revenue.

c. TRAUMA SURVEY – Mr. Lomeo advised that the surgical team did an outstanding job preparing for the recent visit from the American College of Physicians. Process changes will need to be put in place to address some areas of deficiency that were identified. Excellent feedback from the surveyors identified ECMC trauma as one of the best in the country.

d. TERRACE VIEW GRAND OPENING – FEBRUARY 8, 2013 – 10:00 a.m. - The new facility is completed and all are encouraged to come and see this beautiful, state-of-the-art facility. It is expected that all residents will be transferred and in place in their new home by the following week.

B. COO’S REPORT – Richard Cleland, COO

a. BEHAVIORAL HEALTH CENTER OF EXCELLENCE – Site prep for the new facility is already underway and construction will start in a couple of weeks. Some of the consolidation will be expedited and one
A unit will be added to the fifth floor of the main hospital tower once the skilled residents are transferred. A considerable amount of activity is expected on the floor with construction as well as the Center of Excellence building. It is expected that the full merger of the behavioral health programs will be completed by January of 2014.

C. FINANCIAL REPORT – Michael Sammarco, CFO
   a. VOLUMES/FINANCIAL REPORT – December volumes were strong compared to the previous year. It is expected that the hospital will break even, with a few payments yet to be received. This was achieved with no county subsidy and providing the highest level of charity care in the region. Further, this includes a winding down of the Erie County Home which also challenged the operational side of the organization.

VI. CHIEF MEDICAL OFFICER REPORT – B. Murray, M.D.
   A. Dr. Murray did not have a formal report but expanded on comments made by Mr. Lomeo stressing the need for the Medical Staff to “reinvent” itself and find ways to improve how care is delivered. It is clear patients are not satisfied and there is need for collaboration with medical staff, nursing and the entire healthcare team. Things like reducing unnecessary testing, how physicians communicate with nursing and discharge planning, and make practice more efficient.
   B. LIBRARY UPDATE – Mr. Ed Leisner, Librarian at ECMC for many years, is retiring at the end of the month. The hospital has decided not to replace the position leaving just a part-time librarian and this will reduce the services provided by the library significantly. Dr. Murray suggested that an Ad Hoc Committee be established to look at the services of the medical library and what services can be maintained going forward. Discussion ensued regarding the importance of having this resource for the medical staff and for education programs.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, Md
   A. Dr. Fudyma will provide report during executive session.

VIII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek
   A. Ms. Ksiazek’s written report was received and filed. A new publication of the Bylaws and Rules and Regulations of the ECMC Medical Staff was provided to all members as they were recently modified.
   B. SLATE OF COMMITTEE CHAIRS – A review of the MEC Committees was provided and the following committee chairs and membership were presented for approval.
1. **BYLAWS COMMITTEE**

This is an ad-hoc committee. Review and revision of each section of the bylaws and accompanying policies were completed in 2012. If further changes are necessary for 2013, the committee will be convened, with the composition as per the directive of the Medical-Dental Staff President.

2. **CREDENTIALS COMMITTEE**

Chair: Robert J. Schuder, MD  
Members: Yogesh Bakhai, MD  
Timothy G. DeZastro, MD  
David Ellis, MD  
 Gregg I. Feld, MD  
 Richard Hall, MD, DDS, PhD  
 Christopher P. John, RPA-C  
 Nirmit D. Kothari, MD  
 Susan Ksiazek, RPh, without vote  
 Philip D. Williams, DDS  
*ECMCC Legal Counsel, as needed, without vote

3. **NOMINATING COMMITTEE**

This is an ad-hoc committee, convened every 2 years on the even year.

4. **PRACTITIONER HEALTH ADVISORY COMMITTEE**

This is an ad-hoc committee, the composition based on the nature of the need. A goal for 2013 is to explore the means to operationalize the educational component of the committee.

5. **MEDICAL/DENTAL STAFF QUALITY IMPROVEMENT COMMITTEE**

Chair: John R. Fudyma, MD  
Members: Medical Executive Committee

6. **RESOURCE UTILIZATION COMMITTEE**

Chair: Arthur E. Orlick, MD  
Physician Members: Yogesh D. Bakhai, MD  
Raphael Blochle, MD  
Thomas R. Duquin, MD  
Tat Shing Fung, MD  
Nancy C. Ebling, DO  
Regina Makdissi, MD  
Khalid S. Malik, MD  
Admissions: Dave Anderson  
Finance: Deb Cudzillo  
IT: Leslie Feidt  
Case Management: C. Krol, P. Maciejewsk, S. Montesano  
Safety: Charlene Ludlow  
HIM: M. Mychalzuk  
Corporate Compliance: [currently vacant]  
Nursing: Vi-Anne Antrum  
Denial Management: K. Sweeney & J. Welch  
SW/Discharge Planning: C. Paluh
MOTION to approve the slate of Committee Chairs and members as presented.

MOTION UNANIMOUSLY APPROVED.

C. MEDICAL LEADERSHIP EDUCATION PROGRAM – MARCH 6, 2013 – Saturn Club. Ms. Ksiazek included the agenda of the program in her written report.

IX. LIFELINE FOUNDATION – Susan Gonzalez

A. Written report received and filed. Ms. Gonzalez advised that new officers will be put in place this week per the Foundation’s annual meeting.

B. SPRINGFEST – The following staff have been selected to be honored at the Springfest event - Dr. Michael Manka - Physician Honoree, Peggy Cramer - Nurse Honoree and Doug Baker - Distinguished Service honoree.

X. CONSENT CALENDAR

<table>
<thead>
<tr>
<th>MEETING MINUTES/MOTIONS</th>
<th>ACTION ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. MINUTES OF THE Previous MEC Meeting: December 17, 2012</td>
<td>Received and Filed</td>
</tr>
<tr>
<td>1. CREDENTIALS COMMITTEE: Minutes of January 8, 2013</td>
<td>Received and Filed</td>
</tr>
<tr>
<td>- Resignations</td>
<td>Reviewed and Approved (1/18/2013)</td>
</tr>
<tr>
<td>- Appointments</td>
<td>Reviewed and Approved (1/18/2013)</td>
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<tr>
<td>- Reappointments</td>
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</tr>
<tr>
<td>- Dual Reappointment Applications</td>
<td>Reviewed and Approved (1/18/2013)</td>
</tr>
<tr>
<td>- Provisional to Permanent Appointments</td>
<td>Reviewed and Approved (1/18/2013)</td>
</tr>
<tr>
<td>1. HIM Committee: Minutes of December 20, 2012</td>
<td>Received and Filed</td>
</tr>
<tr>
<td>1. Report of a Computed Tomography Scan of a Pregnant Patient</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>2. Report of Radiography/Fluoroscopy of a Pregnant Patient</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>3. Pre-Transplant Surgery Pre-Operative Note</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>4. Kidney &amp; Pancreas Transplant Intra-Operative Data Sheet</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>2. P &amp; T Committee Meeting – January 2, 2013 Minutes</td>
<td>Received and Filed</td>
</tr>
<tr>
<td>1. Behavioral Health - Pharmacy Minutes - approve</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>2. NV Acetaminophen, restricted to Anesthesiology- add to Formulary</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>3. Belatacept (Nulojix®)- add to Formulary</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>4. Didanosine 200 mg EC - add to Formulary</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>5. Didanosine 400 mg EC- Delete from Formulary</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>6. Ti-14 Risperidone Liquid - accept revision</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>7. Ti-23 Sleep Aids - accept revision</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>8. F-09 ASO- accept revision</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>9. IV-11 Adult Intravenous Octreotide Administration for Esophageal Varices – delete Policy</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>10. Ti-30 Scheduled &amp; PRN Oral Disintegrating Tablets- delete Policy</td>
<td>Reviewed and Approved</td>
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<tr>
<td>MEETING MINUTES/MOTIONS</td>
<td>ACTION ITEMS</td>
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<tr>
<td>11. IV-07 Parenteral Nutrition Solution- approve review</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>12. IV-08 Adult Potassium Chloride Intravenous Administration- approve review as revised</td>
<td>Reviewed and Approved</td>
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<tr>
<td>13. IV-10 Vancomycin Intravenous Administration Guidelines- approve review</td>
<td>Reviewed and Approved</td>
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<tr>
<td>14. IV-12 Concentrated Electrolytes - approve review</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>15. TI-29 Heparin - approve review</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>16. High Alert Medications - approve addition of opioids to the listing</td>
<td>Reviewed and Approved</td>
</tr>
</tbody>
</table>

X. CONSENT CALENDAR, CONTINUED
A. MOTION: Approve all items presented in the consent calendar for review and approval. (Of note, the Credentials Committee action items were approved via email vote received and filed as of 1/18/2013 and was forwarded to the Board of Directors for approval on 1/22/2013.)

MOTION UNANIMOUSLY APPROVED.

XII. OLD BUSINESS
A. NONE

XIII. NEW BUSINESS
A. CHIEFS OF SERVICE SLATE – The slate of Chiefs and Associate Chiefs was presented as an informational item and will be submitted for Board approval.
B. POLICY – Palliative Care and Consult Referral policy was presented as an informational item.

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

Respectfully submitted,

Khalid Malik, M.D., Secretary
ECMCC, Medical/Dental Staff
MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, DECEMBER 17, 2012 AT 11:30 A.M.

Attendance (Voting Members):

<table>
<thead>
<tr>
<th>Amsterdam, Daniel, PhD</th>
<th>Ferguson, Richard, MD</th>
<th>Stegemann, Philip, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakhai, Yogesh, MD</td>
<td>Flynn, William, MD</td>
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<tr>
<td>Bellois, William, MD</td>
<td>Gogan, Catherine, DDS</td>
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<tr>
<td>Bennett, Gregory, MD</td>
<td>Hall, Richard, MD</td>
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<tr>
<td>Cloud, DO, Samuel</td>
<td>Izzo, Joseph, MD</td>
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<tr>
<td>Dashkoff, Neil, MD</td>
<td>Kowalski, Joseph, MD</td>
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<tr>
<td>Davis, Howard, MD</td>
<td>LiVecchi, Mark, MD</td>
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<tr>
<td>Desai, Ravi, MD</td>
<td>Manka, Michael, MD</td>
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<tr>
<td>Downing, Stephen, MD</td>
<td>Pranikoff, Kevin, MD</td>
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<tr>
<td>Ebling, Nancy D.O.</td>
<td>Schuder, Richard, MD</td>
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</tbody>
</table>

Attendance (Non-Voting Members):

<table>
<thead>
<tr>
<th>J. Fudyma, MD</th>
<th>A. Victor-Lazarus, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Murray, MD</td>
<td>R. Krawiec</td>
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<tr>
<td>J. Lomeo</td>
<td>R. Cleland</td>
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<tr>
<td>S. Ksiazek</td>
<td>Siskin, Stewart</td>
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<tr>
<td>C. Ludlow, RN</td>
<td></td>
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<tr>
<td>M. Sammarco</td>
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Excused:

<table>
<thead>
<tr>
<th>A. Arroyo, MD</th>
<th>R. Venuto, MD</th>
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</thead>
<tbody>
<tr>
<td>M. Azadifar, MD</td>
<td>J. Woytash, MD</td>
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<tr>
<td>T. Loree, MD</td>
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<tr>
<td>K. Malik, MD</td>
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<tr>
<td>J. Reidy, MD</td>
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Absent:

<table>
<thead>
<tr>
<th>J. Lukan, MD</th>
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<tbody>
<tr>
<td>A. Chauncey, PA</td>
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I. CALL TO ORDER

A. Dr. Joseph Kowalski, President, called the meeting to order at 11:40 a.m. Being his last meeting as President, he was presented by Dr. Richard Hall, President-Elect, with a beautiful glass award for his two years of excellent service. Dr. Kowalski thanked administration and officers for all their support.

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

A. The Seriously Delinquent Records report was included as part of Dr. Kowalski’s report. Please direct your staff to complete reports timely.
III. UNIVERSITY REPORT – Roseanne Berger, MD – Assoc. Dean

A. GME ANNUAL REPORT – Dr. Roseanne Berger provided a report on the University Medical School Programs highlighting the following:

- 59 Programs and 3 are dually accredited by ACGME and AOA. This process is expected to change shortly and the programs will only need to be accredited by one body.
- ECMC hosts about 20% of the university training programs
- Accreditation Cycle lengths vary from 1-10 years where most will fall under the 10 year cycle.
- One item noted as a result of recent surveys is residents must have protected didactic time which was not always properly achieved.
- Resident satisfaction scores are very high (internal)
- ACGME resident satisfaction survey showed a similar response – 84% very likely recommend the program.
- Residents staying in Erie County – 75 at the end of this year which is up slightly from last year.
- Accreditation System (Accreditation Council for Graduate Medical Education) – will be changing going forward – those changes are:
  - Changing from process to outcomes driven
  - Focus on patient safety and quality and being able to respond to systems changes.
  - Data driven review – resident survey, faculty survey, EMR, Quality Improvement, Handoffs, Inter-Professional Teams and Backup when fatigued.
  - Every six months, programs will be required to submit data on board performance, resident survey, faculty survey, clinical experience, milestones, scholarly activity, program structure and resources and the clinical learning environment review.
  - Milestones are narrative descriptions of the way residents perform in the six competencies. Residents will be evaluated on these milestones every six months.
  - 7 initial programs will begin in the new evaluation system.
  - ACGME will begin surveying hospitals every 18 months to review the learning environment –
    1. EMR
    2. Patient Safety
    3. Duty Hours
    4. Fatigue Management
    5. Handoff
    6. Backoff when Fatigued

- Survey will require administration be available for a 2-3 day period to round in the hospital, along with the Assoc.
Dean and residents. The surveyors will meet with various groups including residents and faculty.
- Key questions for the survey were outlined.
  - Quality improvement projects are underway with residents.
  - Duty Hour Monitoring – Currently being monitored on a daily basis and if they are not compliant, due to institutional issues, it will be brought to the attention of the administration. Survey data was reviewed and is comparable to national data.

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT -
   a. ADMINISTRATIVE CHANGES – Richard Cleland has accepted the position of Chief Operating Officer. Charlene Ludlow has accepted the promotion of Patient Safety Officer and Susan Ksiazek will have increased responsibilities. Further changes among present administrators were briefly discussed.
   b. 2013 KEY PROJECTS - Terrace View Long Term Care Facility will be opening February 9, 2013. Further development of the one program, two sights for the Cardiac Service Line will continue in 2013. Behavioral health project is in process working with Kaleida and ground breaking is scheduled for January. The “Super Lab” concept, joining with Kaleida and the University, as an essential service lab will be underway. This is a multi-million dollar proposition for ECMC and will be developed further in the coming year.

B. COO’S REPORT – Richard Cleland, COO
   a. No additional report.

C. FINANCIAL REPORT – Michael Sammarco, CFO
   a. VOLUMES/FINANCIAL REPORT – The November financials are not yet finalized. Financials will be reported next month.

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

A. PROFESSIONAL STEERING COMMITTEE – An update was provided regarding the HealthNow Physician Network which currently has 250 MDs and 250 primary care physicians enrolled. Roll out is scheduled for January 2013. The plan is to look at practices within the organization and try to influence quality and efficiency. A report on the on-going integration of cardiac services was provided. Developing a perfusion service is underway. Mr. Cleland provided a presentation on the Behavioral Health project. ECMC representation for the coming year was
submitted as voted by the MEC to the Professional Steering Committee including the candidate for chair, Dr. Yogesh Bakhai.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT – John Fudyma, MD
A. No report.

VIII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek
A. BYLAWS CHANGE VOTE – The vote, adding RNFAQs as a category of the medical dental staff, will conclude on December 19, 2012.

B. MEMBERS PROFILES IN THE MEDICAL DENTAL STAFF DATA BASE – Profiles of the members of the medical dental staff will now be available electronically for those who may need to review that information and will go live on December 27, 2012. A preview was provided at the Chiefs Meeting and is provided as part of Sue’s written report.

IX. LIFELINE FOUNDATION – Susan Gonzalez
A. Written report received and filed.

X. CONSENT CALENDAR

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<tr>
<td>A. MINUTES OF THE Previous MEC Meeting: November 19, 2012</td>
<td>Received and Filed</td>
</tr>
<tr>
<td>1. CREDENTIALS COMMITTEE: Minutes of December 4, 2012</td>
<td>Received and Filed</td>
</tr>
<tr>
<td>1. Resignations</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>2. Appointments</td>
<td>Reviewed and Approved</td>
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<tr>
<td>3. Reappointments</td>
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<tr>
<td>4. Dual Reappointment Applications</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>5. Provisional to Permanent Appointments</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>1. HIM Committee (no minutes)</td>
<td></td>
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<tr>
<td>1. Arrival Information</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>2. Communication log</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>3. Complex or Palliative Wound Management</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>4. Wound or Non Wound Condition Profile</td>
<td>Reviewed and Approved</td>
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<tr>
<td>5. Final Discharge Note</td>
<td>Reviewed and Approved</td>
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<tr>
<td>6. Hyperbaric Orientation</td>
<td>Reviewed and Approved</td>
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<tr>
<td>7. HBO Risk Assessment</td>
<td>Reviewed and Approved</td>
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<tr>
<td>8. HBO Screening</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>9. HBO Treatment and Safety Record</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>10. HBO Treatment Physician Orders</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>11. Initial History and Physical</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>12. Initial Risk and Education Assessment</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>13. Interdisciplinary Case Management Guide Continuation</td>
<td>Reviewed and Approved</td>
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<tr>
<td>15. Medication Reconciliation</td>
<td>Reviewed and Approved</td>
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<tr>
<td>16. Nursing Care Plan</td>
<td>Reviewed and Approved</td>
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<tr>
<td>17. Nursing Non Wound Assessment</td>
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<tr>
<td>18. Nursing Wound Assessment</td>
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</tr>
<tr>
<td>19. Patient Consent to HBO Treatment</td>
<td>Reviewed and Approved</td>
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<td>MEETING MINUTES/MOTIONS</td>
<td>ACTION ITEMS</td>
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<tr>
<td>20. Patient Consent to Wound Care Treatment</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>21. Patient History</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>22. Patient Inquiry Intake</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>23. Patient Instructions</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>24. Patient or Caregiver Education and Visit Discharge</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>25. Patient Summary</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>26. Patient Summary Procedure Addendum</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>27. Physician Order</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>28. Physician Progress Procedure Note</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>29. PTCO2 Monitoring Record</td>
<td>Reviewed and Approved</td>
</tr>
<tr>
<td>30. Risk Assessment</td>
<td>Reviewed and Approved</td>
</tr>
</tbody>
</table>

2. **P & T Committee Meeting – December 5, 2012 Minutes**

   1. Testosterone Patch 2 mg/24 hr – make Therapeutically Equivalent to the 2.5 mg/24 hr testosterone patch. Reviewed and Approved
   2. Prochlorperazine injection – delete from Formulary Reviewed and Approved
   3. Scopolamine Ophthalmic 0.25% - delete from Formulary Reviewed and Approved
   4. TI-05 Statins – Approve Revisions Reviewed and Approved
   5. Rosuvastatin – delete from the Formulary Reviewed and Approved
   6. F-11 Standard Times of Medication Administration – approve revisions Reviewed and Approved
   7. IV-5 - Med. Admin by MD – approve deletion of Gonadorelin HCL from Policy Reviewed and Approved
   8. TI-19 - Sodium Phosphate and Potassium Phosphate – approve review Reviewed and Approved
   9. TI-20 - Corticosteroid Oral Inhaler Interchange – approve review Reviewed and Approved
   10. TI-21 - Citalopram – approve review Reviewed and Approved
   11. TI-22 - Topical Antibiotic Ointment – approve review Reviewed and Approved
   12. TI-23 - Sleep Aids – approve review Reviewed and Approved
   13. TI-24 - Diltiazem (Cardizem®) – approve review Reviewed and Approved
   14. TI-26 - Potassium Chloride Oral Administration – approve review Reviewed and Approved
   15. TI-27 - Insulin – approve review Reviewed and Approved
   16. TI-28 - Venlafaxine – approve review Reviewed and Approved
   17. IV-01 - Adult General Intravenous Drug Administration – approve review Reviewed and Approved
   18. IV-08 - Potassium Chloride – approve review Reviewed and Approved
   19. IV-13 - Hypotonic Solutions – approve review Reviewed and Approved
   20. A caution be placed in Meditech concerning use of dabigatran in patients over the age of 75. Reviewed and Approved
   21. Med/Exec endorse the formation of a multidisciplinary committee to address improving the Picker Scores for Communication about Medications. Reviewed and Approved
   22. Testosterone Patch 2 mg/24 hr – make Therapeutically Equivalent to the 2.5 mg/24 hr testosterone patch. Reviewed and Approved
   23. Prochlorperazine injection – delete from Formulary Reviewed and Approved

**X. CONSENT CALENDAR, CONTINUED**

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

**MOTION UNANIMOUSLY APPROVED.**
XII. OLD BUSINESS
   A. NONE

XIII. NEW BUSINESS
   A. CRITICAL VALUES REPORT – Dr. Amsterdam presented the review and revision of the critical values report that are received as the values that will be considered “critical”. Changes were outlined by Dr. Amsterdam and reviewed by the committee. (Noted: Dual reporting to both nurse and physician will continue.)

      MOTION to accept the revised critical values list as submitted effective January 1, 2013.

      MOTION UNANIMOUSLY APPROVED.

   B. FUNDING FOR LUNCHES FOR MEDICINE GRAND ROUNDS – It is noted that lunches are no longer provided for Medicine Grand Rounds and attendance has depleted considerably. While the committee would like to support it, it would not be possible to fund all departments for this type of activity. Dues for faculty are being considered by the department. The MEC refers the matter back to the department of Internal Medicine for resolution.

XIV. ADJOURNMENT
   There being no further business, a motion was made to adjourn to Executive Session, seconded and unanimously approved to adjourn the regular session of the Medical Executive Committee meeting at 12:20 p.m.

   Respectfully submitted,

   [Signature]

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

From the Chief Executive Officer
Terrace View will improve patient care and save money

The location of the Erie County Home in Alden, so far away from the families of its residents, always made it a problem for those wishing to visit loved ones. The move away from an outdated building in a rather remote location to a new facility on the Erie County Medical Center campus is welcome, and long overdue.

Several hundred nursing home residents have made the move from Alden into the $103 million Terrace View Long-Term Care Facility on Grider Street along the Kensington Expressway. The new nursing home not only reflects a sound business decision under the leadership of CEO Jody L. Romeo, it also is in keeping with today's efforts to better reflect the needs of the home's residents.

As reported in The News, the new nursing home is organized into small-scale, 12-bed households, each with a living room and fireplace, kitchen and dining room. It also includes a 60-bed short-term rehabilitation area, a 20-bed ventilation unit and beds dedicated to residents with Alzheimer's disease, dementia and traumatic brain injury.

Terrace View is named for the design feature of multiple terraces providing outside areas for residents. It is a patient-centered approach that was woefully missing with the old facility in a decrepit, 87-year-old institution across from the county jail.

The fact that the attractive, state-of-the-art 275,000-square-foot building is connected to the hospital and two other facilities on the ECMC campus via public corridor is a huge benefit to the residents.

This move not only serves residents and their families who live in the Buffalo area, it benefits the majority of the 400 employees who also live in the city. The idea of a difficult, 16-mile bus commute for workers, as Romeo pointed out, is not just a minor inconvenience. Getting and retaining good workers to care for the residents, many of whom are on Medicaid, can be a challenge. Making it easier to get to work helps.
Also saved is the estimated $900,000-a-year cost to ECMC to transport residents back and forth between the hospital and the home. Lomeo told The News that the old home lost from $4 million to $12 million a year. The new nursing home is expected to reduce current operating losses by 60 percent.

The new home is one of many changes as ECMC continues to transform itself from a county agency dependent on a county subsidy to a public benefit corporation that can act independently. The new $27 million Regional Center of Excellence for Transplantation & Kidney Care opened on the campus a year ago. The hospital announced a $35 million Regional Behavioral Health Center of Excellence, a consolidation of Kaleida’s and ECMC’s behavioral health and substance treatment facilities, into one expanded area of ECMC.

Terrace View and the centers of excellence are part of a five-year, $200 million expansion on ECMC’s health campus that is 80 percent complete.

The patient-centered Terrace View is a remarkable achievement for ECMC. The facility will improve care for its hundreds of residents while being more efficient.

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Facility

Erie County Medical Center Corp. dedicated its new $103 million, 390-bed nursing home on the ECMC Health Campus on Grider Street yesterday. Terrace View Long-Term Care Facility, named for the design feature of multiple terraces providing outside areas for residents, replaces the 87-year-old Erie County nursing home in Alden. Terrace View also combines in one location existing long-term care beds from ECMC.

Patients will be transferred from Alden into the new facility today and from the Skilled Nursing Facility at ECMC on Sunday.

The move from Alden to ECMC's Health Campus focuses on providing higher quality, state-of-the-art care for residents. It also moves residents closer to family, increases access to employment for Buffalo and suburban residents and reduces operating costs for ECMC Corp. Terrace View will save almost $1 million annually simply by eliminating resident transportation costs between Alden and Buffalo.

Terrace View will also bring approximately 400 jobs back to the City of Buffalo. In the past, the Erie County Home was challenged to provide employment opportunities for city residents who had limited transportation to Alden.

"This move to ECMC's Grider Campus took vision from our board of directors and collaboration with our community. Most importantly, this improves the lives of our residents and employees and saves ECMC Corp., Erie County and New York State taxpayers a great deal of money," said ECMC CEO Jody L. Lomeo. "We're especially pleased that residents will move to a fresh, state-of-the-art facility that incorporates the very latest in resident-centered thinking."

Medicaid is expected to reimburse portions of the construction and the operating costs based on the number of residents who receive Medicaid. The Erie County Fiscal Stability Authority financed the project through its bonding authority.

The project came together rapidly after a July 2011 ground breaking. The new home is organized into small-scale, 12-bed households, each with a living room and fireplace, kitchen and dining rooms. Each floor features a generous outdoor terrace and an indoor terrace lounge with a view to the terrace.
ECMC opens Terrace View long-term care facility – Buffalo Rising

"The new facility at ECMC is a clear step forward in design for a livable senior care community," said Richard Cleland, ECMC's chief operating officer.

Design and work on the building came mostly from local sources, including Cannon Design of Grand Island.

"What’s innovative is the personal space of each room, with a bay window, the small-scale households, the cascading terraces, the array of destinations. Shared communal spaces on the first floor, with adjacent gardens and courtyards, deliver the texture and diversity for a stimulating community for residents, families and staff," Cleland said.

According to recent resident and employee censuses, residents' families and nursing home workers will find the new home much more convenient. Eighty percent of the residents are from Buffalo or the first-ring suburbs. Terrace View will allow residents to be closer to family and loved ones who can participate in their care and well-being.

The facility, for which current residents had design input, is 275,500 square feet on five levels. It contains three floors of 96 skilled nursing beds each; one floor containing 66 sub-acute rehab beds; a 20-bed ventilator unit and 16-bed behavioral intervention unit on the ground floor, for a total of 390 beds.

The building is connected to the existing hospital and to other facilities on campus via a public corridor that will be used to transport patients and residents in need of varying degrees of medical care.

Photos by Charles Waldorf

Categories: City

COMMENTS

1 Comment

Urban Commitment
February 9, 2013 8:43 AM

A nice project that improves the quality of care for the residents and benefits the city as well.

Score: 2 (2 votes)
Cirillo, Joe

From: Google Alerts <googlealerts-noreply@google.com>
Sent: Saturday, February 09, 2013 7:12 AM
To: Cirillo, Joe
Subject: Google Alert - ECMC

News

ECMC Opens Terrace View Long-Term Care Facility

Buffalo Rising

Erie County Medical Center Corp. dedicated its new $103 million, 390-bed nursing home on the ECMC Health Campus on Grider Street yesterday. Terrace View Long-Term Care Facility, named for the design feature of multiple terraces providing outside ...

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Modernizing a mission, ECMC welcomes County Home transferees to new facility

BY: Henry Davis (mailto:hdavis@buffnews.com)  
submitted: February 8, 2013, 12:51 AM  
updated: February 8, 2013, 02:09 AM

A fleet of wheelchair vans and ambulances will transfer hundreds of elderly residents this weekend into a new nursing home on the Erie County Medical Center campus.

Officials today dedicate the 390-bed Terrace View Long-Term Care Facility, which will combine — in one location — long-term care beds from ECMC’s outdated County Home in Alden and its skilled nursing facility inside the hospital.

“The Alden Home served us well, but its age and location made it a problem,” said Jody L. Lomeo, CEO of the medical center. “Now we have a smaller, more efficient facility that offers a family atmosphere and is in line with our mission.”

The transition, months in the planning, will start Saturday with the move of 250 residents from Alden and continue Sunday, when 122 residents from the hospital’s skilled nursing facility move into the $103 million Terrace View, the new building that rises noticeably along the Kensington Expressway at Grider Street.

The new nursing home is organized into small-scale, 12-bed households, each with a living room and fireplace, kitchen and dining room.

Each floor features an outdoor terrace and an indoor terrace lounge with a view to the terrace.

It also includes a 60-bed short-term rehabilitation area, a 20-bed ventilator unit and a 12-bed behavioral intervention unit, as well as beds dedicated to residents with Alzheimer’s disease, dementia and traumatic brain injury. The 275,500-square-foot building is connected to the existing hospital and to other facilities on campus via a public corridor.

In addition to the movement of residents, about 400 employees, many of them from the city, will now work on the ECMC campus.

A large portion of the employees, as well as the residents and their families, live in Buffalo or the city's...
first-ring suburbs, making the new nursing home a more convenient location to work and visit, officials said.

"The Home in Alden is 16 miles away, and it's a difficult bus route. That made it hard to recruit and retain employees," Lomeo said.

Hospital officials estimated that ECMC spent about $900,000 a year to transport residents back and forth between the hospital and the Home, a cost that was on top of the facility’s large annual losses.

ECMC’s nursing home caters to residents dependent largely on Medicaid, the state-federal health plan that picks up long-term-care costs once elderly individuals become poor. Lomeo estimated that the Home’s losses ranged from $4 million to $12 million a year, a situation that posed a challenge for ECMC’s overall financial health.

Hospital officials estimate that use of the new facility will reduce current operating losses by 60 percent.

“Our board might have chosen to close the nursing home, but it made a decision that was mission-, and not financially, driven,” Lomeo said. “The new nursing home will continue to be a challenge, but it’s a far more efficient facility.”

The hospital, a public-benefit corporation, borrowed $48 million for the nursing home project through financing arranged by the Erie County Fiscal Stability Authority. The state-appointed control board was able to borrow money at a lower interest rate than the hospital and shortened the repayment period from 30 years to 15.

About 85 percent of the construction cost is reimbursed by Medicaid, according to Thomas J. Quattroche, ECMC’s senior vice president for marketing and planning.

The county also allocated $11.5 million toward construction, under a settlement agreement that ECMC reached with the county in 2009.

The new facility represents a reduction from ECMC’s current total of 786 long-term care beds at the Home and 126 in the hospital, as well as 10 ventilator beds in the hospital. The reduction is based on a state Health Department recommendation for fewer nursing home beds in the region.

Preparations for the transition began about three months ago and follow the hospital’s plan in case of a crisis.

About 20 wheelchair vans, with emergency vehicles on standby, will ferry residents the 16 miles from Alden to Buffalo on Saturday. A similar process will ensue Sunday when residents move from the hospital’s skilled nursing facility.

The operation required a thorough review of the medical needs of each resident, including whether each would need a staff person to accompany the patient, as well as communication with municipalities along the route in case a problem arises, said Charlene J. Ludlow, ECMC’s chief safety officer.

“We’re following the same procedure we do in our drills in case of a crisis,” she said.

After a dry run last week, hospital officials estimated that it will take about 45 minutes per trip from Alden, which includes the time it takes to load and unload the residents in their wheelchairs. The operation is expected to take place in waves over the course of the day.

About 75 people volunteered to help Saturday and 60 people Sunday, Ludlow said.

Even the move from the hospital’s skilled nursing facility poses a challenge because there are not enough employees available to push that many people in wheelchairs down the public corridor, she said. As a result, those residents also will be transported by wheelchair van.

The Erie County Home dates from 1829, when a facility known as the county poorhouse opened in the city, according to a history provided by ECMC. The poorhouse provided accommodations to paupers and vagrants. As services later turned toward long-term care to the elderly, the Erie County Board of Supervisors in 1926 built the massive 600,000-square-foot County Home in Alden.

ECMC will turn over the Home to the county as part of a past agreement.

The county hired Hamilton Houston Lownie, Architects to mothball the facility and investigate a possible
reuse, although officials in the past have noted that it will be difficult to find a reuse for the building.
Hospital officials estimated that it would take at least $48 million in improvements to bring the Home up
to modern standards.
Mothballing will include shutting off the heat, draining water lines, disconnecting utilities and installing
a fence and security system, according to Peter Anderson, a spokesman for County Executive Mark C.
Poloncarz.
The new nursing home joins Kaleida Health's HighPointe on Michigan nursing home, which opened in
late 2011, in filling a gap in long-term services left by the closings, in recent years, of Grace Manor,
Nazareth, St. Francis and other skilled nursing facilities in the city. It also is part of a five-year, $200
million expansion on ECMC's campus that includes a Regional Center of Excellence for Transplantation &
Kidney Care that opened last year.

email: hdavis@buffnews.com

ERROR: Object template ArticleByline is missing!

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SERVE & PROTECT IS PLEASED TO WELCOME CHAPLAIN GARNEY DAVIS - BUFFALO NY.
32nd Chaplain, 20th State

Chaplain Davis is a graduate and Colonel for International Police Fire Chaplains Association, and serves as a Western NY Law Enforcement Chaplain. He currently serves as the Chief Trauma Chaplain for Erie County Medical Center. He serves on the Leadership Team for the Palliative Care and Schwartz Rounds. Chaplain Davis is a DAT and DSHR volunteer for the Greater Buffalo American Red Cross since 2009.

Chaplain Garney Davis served 17 years as the Minister of Music when God called him to preach in 2003. In 2005 Garney was ordained by Bishop William T. Clark Jr., pastor of New Bethel Community Church, where he now serves as an associate pastor. For 14 years Garney worked for American Axle & Manufacturing as a machine operator and chaplain. He was appointed Assistant Regional Director Chaplain for United Auto Workers of America, where he managed all chaplaincy programs in Western NY and parts of New Jersey and Community Outreached Chairman for Local 846.

In 2006, Chaplain Davis began traveling international, building, strengthening and equipping churches in Uganda, Africa and South Africa. He trained over 150 men and women to be chaplains both in the work place and Block Club's. He travel's twice a year, sometime's leading teams from different churches throughout the region.
From the Business First

Feb 6, 2013, 8:34am EST

WNY hospitals cash in on incentive program

Tracey Drury
Buffalo Business First Reporter - Business First
Email | Twitter

Quality improvements are paying off for area hospitals, which received millions in incentive payments last year from Univera Healthcare and its parent, Excellus Healthcare.

The insurer’s hospital performance incentive program paid out $26 million collectively to 54 hospitals, including 19 from the Western New York region. Since the program began, incentive payments have exceeded $145 million.

Local hospitals receiving payments in 2012 included: two hospitals from the Lake Erie Regional Health System; Catholic Health’s three hospitals; Eastern Niagara Health System’s two hospitals; Erie County Medical Center; the five hospital sites within Kaleida Health; Mount St. Mary’s Hospital; Niagara Falls Memorial Medical Center; Roswell Park Cancer Institute; United Memorial Medical Center; WCA Hospital; and the Chautauqua Integrated Delivery System, an independent practice association.

Participating hospitals are evaluated annually on more than 300 performance measures. The four areas targeted for improvement include clinical outcomes, patient safety, patient perception of care and patient satisfaction and efficiency.

In 2012, hospitals achieved 87 percent of all target quality levels.

Total incentive payments have increased in recent years, growing from $21 million in 2011 and $19 million in 2010.

Univera executives said it the insurer will continue to work with its hospital partners to drive improvement in quality of care and patient safety.

Tracey Drury covers health/medical, nonprofits and insurance
Local
Funeral services set for Buffalo Police officer Patricia Parete

Local
Press Pass: ECMC growth & Buffalo's blue economy

Ongoing Coverage: Innovation Trail Press Pass Theatre Talk Buffalo City Forum You & the Lr

Press Pass: ECMC growth & Buffalo's blue economy

By EILEEN BUCKLEY (PEOPLE/EILEEN-BUCKLEY) AND BRIAN MEYER (PEOPLE/BRIAN-MEYER)

This week in our Press Pass conversation, WBFO's Eileen Buckley and Buffalo News reporter Brian Meyer discuss advances made at the Erie County Medical Center. They also tell us what the Buffalo Niagara Riverkeeper says is the "blue economy." Eileen and Brian begin their conversation with ECMC's plans to open a brand new nursing home this month on the Grider campus replacing the former home in Alden.

Listen

Lawmakers to mull ECMC pact

By Rick Miller Olean Times Herald | Posted: Sunday, February 3, 2013 12:11 am

OLEAN — For the past several years, Erie County Medical Center staff have been offering monthly clinics at the Cattaraugus County Health Department for people in the Southern Tier who are HIV-positive.

The Cattaraugus County Legislature’s Human Services Committee and the Finance Committee will vote Wednesday on the county Health Department’s recommendation for an open-ended renewal of the contract retroactive to Jan. 1. There is no cost to the county.

Dr. Kevin Watkins, the county Health Department’s public health director, said the program has been successful for HIV-positive individuals from four counties who don’t have to travel to the Erie County Medical Center’s AIDS Center/Immunodeficiency Services in Buffalo.

The HIV Clinic at the Health Department offices in the County Office Building in Olean serves people from Cattaraugus, Allegany, Steuben and Wyoming counties, Dr. Watkins said.

There are 18 Cattaraugus County residents who currently have HIV/AIDS, according to the Health Department, which tracks HIV/AIDS cases within the county. No new positive HIV cases were reported in the previous 12 months, Dr. Watkins said. In the past few days, however, one new HIV diagnosis was made involving a county resident.

Ten of the Southern Tier HIV/AIDS cases involve Allegany County residents.

HIV/AIDS, for example, can be contracted from unprotected sex with someone who has the virus, from the sharing of a needle with someone who has HIV/AIDS, from blood transfusions or by otherwise coming into contact with HIV-infected blood.

The monthly clinics are important follow-up visits because they help determine the viral loads of individuals and a chance to examine the individuals to make sure they are taking their antivirals, Dr. Watkins explained. The clinics are used as an educational opportunity.

“We have a very low number of HIV-positive patients in this county,” Dr. Watkins said. “We have 18 now that we know are HIV-positive. Until this week, we hadn’t had any new cases in the past year.”

Dr. Watkins said, “HIV patients have a very long life expectancy because of the new drugs available.” With new drugs that are becoming available, “They will reduce the viral load to allow HIV patients to almost alleviate developing the last stage of HIV, the AIDS virus.”

(Contact reporter Rick Miller at rmiller@oleantimesherald.com)
2/1/13 - Hospitals here, nationwide penalized for patient readmissions [The Buffalo News, N.Y.]

Feb. 01 Lillian Cretacco went into Mercy Hospital sick on Christmas Eve, and when she returned to her West Seneca home a few days later, the hospital did something hospitals never used to do.

She received special attention at discharge and then a visit from a nurse at her home to make sure her medications were all in order and a follow-up appointment with a doctor was scheduled.

Business changed big time for hospitals this year, and Cretacco’s case is one small example of what’s playing out across the nation as a result of new Medicare policies under the federal health reform law.

In October, Medicare started fining facilities, including 12 in Western New York, for too many patients returning within 30 days of discharge because of complications.

And in January, Medicare started rewarding or penalizing hospitals based on their performance on basic quality measures and surveys of patient satisfaction. A disproportionate number of Buffalo hospitals were penalized.

The new policies are meant to make hospitals more financially accountable for the care they provide. It is the government’s biggest effort yet in a movement to pay health care providers for the quality and not just the quantity of care they deliver.

Medicare penalized 71 percent of the nation’s hospitals, including 12 in Western New York, for having too many preventable readmissions, according to an analysis by Kaiser Health News. The penalties here ranged from $2,000 at Brooks Memorial Hospital in Dunkirk to $33,000 at Kenmore Mercy to $938,000 at Kaleida Health, according to initial estimates from the Healthcare Association of New York State.

On the quality measures, 92 percent of hospitals in Buffalo received a penalty and 8 percent got a bonus, making it one of the worst performing regions in the country, Kaiser found.

Nationally, on average, 46 percent of hospitals received a penalty and 52 percent a bonus.

Hospital officials see the measures as works in progress that will require refinement.

“Churning patients through hospitals and not creating comprehensive systems of care, that’s not good for patients or for costs,” said Joseph McDonald, chief executive officer of Catholic Health.

“Everybody recognizes that the reimbursement system has to take into account quality of care. That historically has not happened,” said Dr. Brian Murray, chief medical officer at Erie County Medical Center.

Murray and others noted that the way hospitals have been paid in the past encouraged shorter patient stays and, as a result, risked discharging patients too soon.

“Now we’re planning for discharge from the time a patient comes in,” he said.

Medicare is the federal health program for individuals 65 and older. About 20 percent of hospitalized Medicare patients 2.3 million people are readmitted to a hospital within 30 days of discharge, according to a key study on readmissions in the New England Journal of Medicine. About 90 percent of the readmissions were unplanned and cost the government $17.4 billion in 2004 alone, the study found.

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Visit The Buffalo News (Buffalo, N.Y.) at www.buffalonews.com
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Wednesday, January 30, 2013

Immunodeficiency Clinic earns NYS Department of Health Award

BUFFALO, NEW YORK; January 30, 2013—The Immunodeficiency Services Department at Erie County Medical Center has won the 2012 New York State Department of Health AIDS Institute Award for Excellence in Quality Performance. The award recognizes a clinic that achieves and sustains measurably high quality care. The immunodeficiency clinic received the award for demonstrating sustained improvement for patient retention and viral load suppression, as well as improving linkages to care as shown through its participation in NY Links and the In+ Care Campaign.

“The award is a result of the combined efforts of the clinic’s physicians, nurses, social workers, pharmacists and others,” emphasized Thomas A. Russo, MD, Professor and Chief of the Infectious Disease Department of Medicine, S.U.N.Y. at Buffalo. “It is truly a team award.”

The clinic, staffed in part by division faculty, is the largest and only comprehensive HIV and AIDS care center in Western New York. Physicians in the infectious diseases fellowship train at the facility during ambulatory rotations.
The award is one of several given by the HIV Quality of Care Program, a statewide initiative for systematically monitoring the quality of HIV medical care and support services. It will be presented March 14th, 2013, in New York City.

To refer to this award announcement on the UB site, log-on to: http://medicine.buffalo.edu/departments/medicine/news-and-events/news/infectious-disease/host.html/content/shared/smibs/news/2013/01/infectious-disease/hiv-aid-award-227/detail.html

The ECMC Corporation includes an advanced academic medical center (ECMC) with 550 inpatient beds and 136 skilled-nursing-home beds, on- and off-campus health centers, more than 40 outpatient specialty care clinics and a long-term care facility. ECMC is the regional center for trauma, burn care, and rehabilitation and is a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care.

No comments:

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http://buffalohealthylivingnews.blogspot.com/2013/01/immunodeficiency-clinic-earns-nys... 1/30/2013
Update on Chicken Pox, Shingles, & Flu

7:39 PM, Jan 30, 2013 | comments
BUFFALO, N.Y. -- Lots of people are buzzing about the chicken pox, thanks to Barbara Walters.

The legendary broadcaster has them and remains in the hospital. The 83-year-old never had the chicken pox as a child and never got vaccinated for it.

Wednesday on Channel 2 News First at Five, Dr. John Fudyma from ECMC/UB joined us to talk about the condition, how the shingles are different and to give us an update on the flu.

Watch his segment in the video player above.

Comments ( ) | Share your thoughts »

TOP VIDEO PICKS

Orchard Park Man Killed in Hamburg Accident

18-Year-Old Girl Killed in Depew Accident

Lloyd Taco Truck Told to Leave Amherst

Depew Dr. Charged with Sexually Abusing Patient

Don’t Touch that Ketchup: Keep Healthy by Avoiding these 8 Germ Havens (AARP.org)

The real estate comeback. It's the real deal. See our outlook for 2013. (Merrill Lynch)

Avoid Getting Sick: Top 8 Germiest Public Places Exposed (Lifescript.com)
Thom Loree, MD

Contact Information
Phone: (716) 898-3698
Erie County Med Ctr
Dept Head & Neck/Plastic & Recon Surg
462 Grider St, Main Bldg-Ground Fl
Buffalo, NY 14215

About This Physician
Gender
Male
Type of Specialist
Plastic Surgeon
Special Expertise
Breast Reconstruction
Head & Neck Cancer
Reconstructive Surgery
Thyroid Cancer

Admitting Hospital(s)
Erie County Medical Center

Board Certification(s)
Surgery 2010
Plastic Surgery 2004

George Washington University 1982

Obtained Medical Degree From
Surgery
St Lukes-Roosevelt Hosp
New York, NY
1982 - 1987

Plastic Surgery
St Lukes-Roosevelt Hosp
New York, NY
1987 - 1989

Residency(ies)
Head & Neck Surgical Oncology
Mem Sloan-Kettering Cancer Ctr

Fellowship(s)

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