Board of Director's Board Meeting

Oct 28, 2014 at 04:30 PM - 06:30 PM
Staff Dining Room - 2nd Floor
462 Grider Street
Buffalo
AGENDA

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

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

II. APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 REGULAR MEETING OF THE BOARD OF DIRECTORS

APPROVAL OF MINUTES OF SEPTEMBER 30, 2014 SPECIAL MEETING OF THE BOARD OF DIRECTORS

III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON OCTOBER 28, 2014.

IV. BOARD PRESENTATION: TERRACE VIEW
JEANNINE BROWN MILLER & CHRIS KOENIG

V. REPORTS FROM STANDING COMMITTEES OF THE BOARD:
EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ.
BUILDINGS & GROUNDS: RICHARD BROX
FINANCE COMMITTEE: MICHAEL A. SEAMAN
QI PATIENT SAFETY COMMITTEE: DOUGLAS BAKER

VI. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:
A. PRESIDENT & CHIEF OPERATING OFFICER-INTERIM CEO
B. CHIEF FINANCIAL OFFICER
C. SR. VICE PRESIDENT OF OPERATIONS – MARY HOFFMAN
D. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC
E. CHIEF MEDICAL OFFICER
F. SENIOR VICE PRESIDENT OF NURSING
G. VICE PRESIDENT OF HUMAN RESOURCES
H. CHIEF INFORMATION OFFICER
I. SR. VICE PRESIDENT OF MARKETING & PLANNING
J. EXECUTIVE DIRECTOR OF ECMC LIFELINE FOUNDATION

VII. REPORT OF THE MEDICAL/DENTAL STAFF: SEPTEMBER 22, 2014

VIII. OLD BUSINESS

IX. NEW BUSINESS

X. INFORMATIONAL ITEMS

XI. PRESENTATIONS

XII. EXECUTIVE SESSION

XIII. ADJOURN
I. **CALL TO ORDER**
Chair Kevin M. Hogan called the meeting to order at 4:30 P.M.

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

Moved by Bishop Michael Badger and seconded Anthony Iacono.

**Motion approved unanimously.**
III. ACTION ITEMS

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

Moved by Michael Seaman and seconded by Michael Hoffert.
Motion Approved Unanimously

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

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

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

Moved by Richard Brox and seconded by Frank Mesiah.
Motion Approved Unanimously

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

Moved by Bishop Michael Badger and seconded by Anthony Iacono.
Motion Approved Unanimously

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

V. REPORTS OF CORPORATION’S MANAGEMENT
A. President & Chief Operating Office-Interim CEO:
B. Chief Financial Officer:
C. Sr. Vice President of Operations:
D. Chief Medical Officer:
F. Sr. Vice President of Nursing:
G. Vice President of Human Resources:
H. Chief Information Officer:
I. Sr. Vice President of Marketing & Planning:
J. Executive Director of ECMC Lifeline Foundation:
1) President & COO-Interim CEO: Richard C. Cleland
   - Operations are 12% higher on average across the board for the month of August and 7% greater YTD.
   - September has been a busy month; volumes continue to reflect favorable trends.
   - The Living Donor Program re-opened September 5, 2014.
   - ECMC is completing an independent PEER Review for the entire transplant program. A report will be provided in 4-6 weeks.
   - UNOS review in spring 2015.

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

2) Chief Financial Officer: Stephen M. Gary
   A summary of the financial results through August 31, 2014 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

VII. RECESS TO EXECUTIVE SESSION – MATTERS MADE CONFIDENTIAL BY LAW
Moved by Michael Badger and seconded Sharon L. Hanson to enter into Executive Session at 5:15 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

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

Motion approved unanimously.

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

Sharon L. Hanson
Corporation Secretary
W H E R E A S ,  in connection with his duties and responsibilities as set forth in the Corporation’s by-laws, the Chief Executive Officer is required to periodically assess the numbers and qualifications of employees needed in various departments of the Corporation and to establish, assess and allocate resources accordingly, subject to the rights of the employees as they may appear in the Civil Service Law or any collective bargaining agreement; and

W H E R E A S ,  the Chief Executive Officer has determined that a position must be abolished for budgetary and efficiency reasons; and

W H E R E A S ,  Chief Executive Officer and the Executive Committee have reviewed this matter and recommend it is in the best interests of the Corporation that the position indicated below be abolished.

N O W ,  T H E R E F O R E ,  the Board of Directors resolves as follows:

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

   Unit Manager – Behavioral Health       Position # 51008881

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

3. This resolution shall take effect immediately.

   ________________________________
   Sharon L. Hanson
   Corporation Secretary
A Resolution of the Board of Directors Approving
a Tentative Agreement between the Corporation and NYSNA

Approved September 30, 2014

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

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

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

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

1. Based upon the review and recommendation of the Chief Executive Officer and the Finance Committee, the Tentative Agreement, a copy of which is attached hereto, is hereby approved.

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

3. This resolution shall take effect immediately.

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

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

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

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

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

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

1. That, upon the recommendation noted above, M&T Bank is approved as the financial institution of the Corporation and is designated as the institution that shall open and maintain the accounts of the Corporation.

2. The Board of Directors hereby authorizes the Corporation to direct KeyBank to close the Corporation’s accounts maintained by KeyBank and transfer all funds held in such accounts to M&T Bank.

3. The Corporation is authorized to establish accounts in the Corporation’s own name and to establish an unsecured line of credit with M&T Bank.

4. That the Chief Executive Officer, Chief Financial Officer and/or the Treasurer are authorized and directed to execute any and all documents and to take all action necessary and incidental to the establishing of the Corporation’s accounts with M&T Bank, the closing of the Corporation’s existing accounts with KeyBank and the transferring funds from KeyBank to M&T Bank.
5. That the Secretary of the Corporation is authorized and directed to conform this resolution to whatever form or substance may be required by KeyBank or M&T Bank to satisfy their respective requirements for transferring and establishing the Corporation’s financial accounts.

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

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

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

A. Deceased
B. Applications Withdrawn
   Faisal Rafiq, MD  Psychiatry
C. Application Processing Cessation - None
D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature) - None
E. Resignations
   Renee Mapes, DO  Anesthesiology  08/18/14
   Sun Park, MD  Internal Medicine  08/31/14
   Nauman Tahir, MD  Internal Medicine  08/22/14
   Vincent Imbrogno, DO  Ophthalmology  07/31/14

FOR INFORMATION

CHANGE IN STAFF CATEGORY

Family Medicine
Khalid Malik, MD  Active Staff to Courtesy Staff, Refer and Follow

Internal Medicine
Alfredo Kua, MD  Active Staff to Associate Staff
James Nolan, MD  Active Staff to Emeritus Staff

Psychiatry
Ana Cervantes, MD  Courtesy Staff, Refer and Follow to Active Staff
Howard C. Wilinsky, MD  Active Staff to Emeritus Staff

FOR OVERALL ACTION
**CHANGE OR DEPARTMENT ADDITION**

<table>
<thead>
<tr>
<th>Obstetrics and Gynecology - Adding Internal Medicine</th>
<th>Kirsten Smith, NP   Allied Health Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervising Physician:</strong> Dr. Neal Rzepkowski</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine- Changing to Internal Medicine</td>
<td>Stephanie Snios, PA-C   Allied Health Professional</td>
</tr>
<tr>
<td><strong>Supervising Physician:</strong> Dr. Colin Tauro</td>
<td></td>
</tr>
</tbody>
</table>

**FOR OVERALL ACTION**

**CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING**

<table>
<thead>
<tr>
<th>Internal Medicine</th>
<th>Joel Noworyta, PA-C   Allied Health Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervising Physician:</strong> From Dr. Cindrea Bender to Dr. Yahya Hashmi</td>
<td></td>
</tr>
<tr>
<td>Jennifer Anzelone-Kieta, PA-C   Allied Health Professional</td>
<td></td>
</tr>
<tr>
<td><strong>Supervising Physician:</strong> From Dr. Yahya Hashmi to Dr. Mark Fisher</td>
<td></td>
</tr>
<tr>
<td>Alyssa Whiteside, PA-C   Allied Health Professional</td>
<td></td>
</tr>
<tr>
<td><strong>Supervising Physician:</strong> From Dr. Yahya Hashmi to Dr. Colin Tauro</td>
<td></td>
</tr>
<tr>
<td>Joshua Washburn, PA-C   Allied Health Professional</td>
<td></td>
</tr>
<tr>
<td><strong>Supervising Physician:</strong> From Dr. Nauman Tahir to Dr. Sarosh Vaqar</td>
<td></td>
</tr>
</tbody>
</table>

**FOR OVERALL ACTION**

**PRIVILEGE ADDITION/REVISION**

| Internal Medicine                              | Alfredo Kua, MD*  
|                                              | -Non-Procedural (Level I Core Privileges) |
|                                              | -Procedural (Level I Core Privileges)     |
|                                               | **FPPE not required; core departmental privileges delineated separately in form revision** |
| Neil Parikh, MD*                               | Active                                      |
|                                               | -Consultation- General Internal Medicine    |
|                                               | **FPPE not required; process, not cognitive privilege** |
| Kirsten Smith, NP*                             | -Central Venous Catheter Insertion          |
|                                               | **FPPE satisfied with completion of training defined in the credentialing criteria** |
| Surgery                                        | Samuel Shatkin, Jr.                        |
|                                               | –Skin Lesion Excision                      |
|                                               | **FPPE waived; core competency based on specialty training/practice** |

**FOR OVERALL ACTION**

**APPOINTMENTS AND REAPPOINTMENTS**

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

Nineteen initial and twenty reappointment requests were presented to the Credentials Committee for review. The dossiers were found to be in order and are endorsed to the Medical Executive Committee for its approval with comments (if any) as indicated.
A. Initial Appointment Review (19)

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

Dentistry
Michelle Augello, DDS  Active Staff

Emergency Medicine
Madelyn Pecyne, PA-C  Allied Health Professional
  Supervising Physician: Dr. Ronald Moscati
Tera Ciesla, PA-C  Allied Health Professional
  Supervising Physician: Dr. Kerry Cassel

Family Medicine
Torin Finver, MD  Active Staff
Stefan Kantrowitz, MD  Active Staff

Internal Medicine
Nicole Alberti, PA-C  Allied Health Professional
  Supervising Physician: Dr. Neil Parikh
Mary Colleen Bracken, ANP*  Allied Health Professional
  Supervising Physician: Dr. Raffat Sadiq

  *pending review and approval of the Medical Executive Committee

  Jayaprakash Dasari, MD  Active Staff
Susan Glose, ANP  Allied Health Professional
  Supervising Physician: Dr. Bruce Troen
Wajdy Hailoo, MD  Active Staff
Laura Pfalzgraf, PA  Allied Health Professional
  Supervising Physician: Dr. Neil Parikh
Amelia Smith, PA-C  Allied Health Professional
  Supervising Physician: Dr. Deepthi Tirunagari
Kristen Szabad, PA-C  Allied Health Professional
  Supervising Physician: Dr. Mark Fisher
Gregory Weldy, PA-C  Allied Health Professional
  Supervising Physician: Dr. Sarosh Vaqar

Pathology
John Tomaszewski, MD  Active Staff

Psychiatry
Alexander Welge, MD  Active Staff

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

FOR OVERALL ACTION

C. Reappointment Review (20)

Anesthesiology

REAPPOINTMENT APPLICATIONS, RECOMMENDED
Stacey Forgensi, CRNA  Allied Health Professional

**Dentistry**
Alfonse Gambacorta, DDS  Active Staff

**Emergency Medicine**
James Hurd, PA-C  Allied Health Professional

*Supervising Physician: Dr. Gerald Igoe*

**Family Medicine**
Muhammad Ghazi, MD  Active Staff

**Internal Medicine**
Muhammad Achakzai, MD  Active Staff
Jaspreet Dhillon, MD  Active Staff
Adam Kotowski, MD  Active Staff
Alfredo Kua, MD  Associate Staff
John Patti, MD  Active Staff
Grzegorz, Rozmus, MD  Associate Staff
Christopher Schaeffer, MD  Active Staff

**Neurosurgery**
John Fahrbach, MD  Active Staff

**Obstetrics & Gynecology**
Stacey Akers, MD  Courtesy Staff, Refer & Follow
Vanessa Barnabei, MD  Active Staff
Taechin Yu, MD  Active Staff

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

*Supervising Physician: Dr. Joshua Jones*

**Radiology / Imaging Services**
Gregory Phillies, MD  Active Staff

**Rehabilitation Medicine**
Tat Fung, MD  Active Staff

**Surgery**
Samuel Shatkin, MD  Associate Staff
Charles Wiles, MD  Active Staff

FOR OVERALL ACTION

**PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED**

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

**September 2014 Provisional to Permanent Staff  Provisional Period Expires**

**Emergency Medicine**
Butski, Crystal, M., FNP  Allied Health Professional  09/24/2014
Collaborating Physician: Dr. Ronald Moscati
Stefko, Deana, L., FNP               Allied Health Professional     09/24/2014

Collaborating Physician: Dr. Ronald Moscati
Internal Medicine
Batra, Manav, MBBS                   Active Staff              09/24/2014
Bent-Shaw, Luis, MD                  Active Staff              09/24/2014
Chinthakindi, Ravi, Kumar, MD        Active Staff              09/24/2014
Kuhadiya, Nitesh, Devji, MD MPH     Active Staff              09/24/2014
Russell, Rebecca, A., PA-C           Allied Health Professional 09/24/2014

Supervising Physician: Dr. Deepthi Tirunagari
Szarpa, Kristie, L., MSN ANP         Allied Health Professional 09/24/2014

Collaborating Physician: Dr. Christopher Jacobus
Yedlapati, Siva, Harsha, MD          Active Staff              09/24/2014

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

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

Collaborating Physician: Dr. Jogesh Bakhai
Ruggieri, Matthew, Lucas, MD         Active Staff              09/24/2014
Sengupta, Sourav, MD MPH             Active Staff              09/24/2014

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

FOR OVERALL ACTION

AUTOMATIC CONCLUSION - REAPPOINTMENT EXPIRATION FINAL NOTICE

Dentistry
Kevin Apolito, DDS   Dentistry   10/31/2014

Orthopaedics
Brian McGrath, MD    Active Staff 11/01/2014

Reappointment Expiration date as indicated above
Planned Credentials Committee Meeting: September 2, 2014
Planned MEC Action date: September 22, 2014
Planned Board confirmation by: September 30, 2014
(Last possible Board confirmation by: October 2014)

FOR OVERALL ACTION

OLD BUSINESS

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

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

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

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

**Tenex Procedure Equipment Update**
No report since last meeting.

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

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

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

- **Occupational and Environmental Health**
  A privilege form draft was reviewed and edited by the Chief of Service. The Credentials Committee endorses the form to the Medical Executive Committee.
### Physician Request for Clinical (Patient Care) Privileges:

**Enter “✓” in Physician Request Column**

**Occupational and Environmental Medicine**

**Level I Core Privileges**

#### Non-Procedural (Cognitive) Privileges

| Management of occupational and environmental health disease including diagnosis, treatment, consulting, follow up and referral; |
| Work injury management: assessment, treatment and referral; |
| Exposures: assessment, clinical monitoring, industrial hygiene intervention and counseling; Physical examinations: screening, monitoring, exposure, regulatory; Medical Surveillance exams: pre-placement, annual, exit, executive, OSHA, etc.; Certification examination: DOT, OSHA compliance, respirator use, firefighters, construction and abatement workers; Hazmat evaluation; Fitness for duty and return to work evaluation; Hearing conservation; Medical evaluation and representation; Independent medical examinations (IME); Worksite health, safety and industrial hygiene assessment, counseling; Health care workers & blood-borne pathogens exposures management; Workers Compensation evaluation, management and referral; Impairment / disability assessment and management; Wellness: education, counseling, screening and management; Medical records review and assessment. |

<table>
<thead>
<tr>
<th>Physician Request</th>
<th>Recommend</th>
<th>Chief of Service action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>If Yes, indicate any requirements; If No, provide details. See p. 5</td>
</tr>
</tbody>
</table>

#### Procedural Privileges

| Vaccination for work related exposure to infectious disease; Procedure performance and interpretation: audiometry, spirometry with and without bronchodilator/exercise; pulse oximetry, ECG; Testing: vision (chart), hearing (tinnitus), phlebotomy, urine collection for: UA, exposure markers and social drugs use, stool tested for blood; Referral for radiological studies, advanced pulmonary function testing, stress testing and other indicated procedures and referral to specialties for assessment / treatment / follow up; Respirator use fitness: medical clearance and fit testing using qualitative method; Administer medication: vaccines, PPD, bronchodilator inhalation, others as needed. |

### Ambulatory Care Privileges

**Ambulatory Care Privileges for Out Patient Service only**

<table>
<thead>
<tr>
<th>Physician Request</th>
<th>Recommend</th>
<th>Special Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>
Interventional Nephrology-Surgery-Radiology Credentialing Criteria

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

![Credentialing Form](image-url)
Bariatric Surgery Privilege Delineation

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Level</th>
<th>Volume</th>
<th>Physician Request</th>
<th>Chief of Service Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgery</td>
<td>Level II</td>
<td>Procedural Privileges</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Open bariatric surgery</strong></td>
<td>25/xx</td>
<td>See Crtt</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced laparoscopic surgery</strong></td>
<td>25/xx</td>
<td>See Crtt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopic adjustable gastric banding</td>
<td>10/xx</td>
<td>See Crtt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment of gastric banding</td>
<td></td>
<td>See Crtt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass</td>
<td></td>
<td>See Crtt</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Bariatric Surgery                               | Level III | Procedural Privileges | | |
|------------------------------------------------|------------|-----------------------|-------------------------|
| Laparoscopic Roux-en-Y gastric bypass           | 5/xx       | See Crtt               | | |
| Laparoscopic sleeve gastrectomy                 | 5/xx       | See Crtt               | | |
| Extended (Distal) Roux-en-Y gastric bypass      | 5/xx       | See Crtt               | | |
| Biliopancreatic diversion                       | | See Crtt | | |
| Revision Bariatric Surgery                      | | See Crtt | | |
**Additional Bariatric selection additions to the General Surgery form**

<table>
<thead>
<tr>
<th>Requested by Applicant</th>
<th>Recommended by Chief of Service</th>
<th>N</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>General Thoracic Surgery</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Plastic and Reconstructive Surgery</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Colorectal Surgery</td>
<td>Gynecologic Surgery</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Head and Neck Surgery</td>
<td>Bariatric Surgery</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**SURGICAL SPECIALTY**

- General Surgery
- General Thoracic Surgery
- Vascular Surgery
- Plastic and Reconstructive Surgery
- Colorectal Surgery
- Hand Surgery
- Head and Neck Surgery
- Bariatric Surgery

**B. GI Tract**

- Bariatric Surgeons to select appropriate GI procedures below

  - Gastric surgery - all types
  - Small bowel surgery
  - Colon surgery
  - Appendectomy - acute
  - Abdominoperineal resection
  - Colorectal (fissures, fistula, hemorrhoids, abscess, etc.)
  - Dobhoff tube placement

**D. Liver and Biliary Tract**

- Bariatric Surgeons to select appropriate Biliary procedures below

  - Gall bladder and common duct
  - Major biliary reconstructive surgery
  - Liver - biopsy, aspiration, drainage
  - Liver - resection (partial)
  - Complete hepatic lobectomy

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**Laparoscopic Adjustable Gastric Banding**

- Bariatric Surgeons - Select additional laparoscopic privileges on separate Bariatric form
Status Reports
The committee was updated on the status of the response rates for the Annual Re-Orientations and Department of Justice Code of Conduct Attestations. Both are at approximately 50% at the time of the meeting. Departmental physician leaders have been called upon to champion staff response.

Temporary Privilege expirations during Pending Initial Applications
Refer to the attached tracker.

NEW BUSINESS

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

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

Radiology - TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS)
Radiology/Imaging Services has requested the addition of the TIPS procedure to their privilege offerings.
The committee noted that:

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

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

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

OVERALL ACTION REQUIRED

OPEN ISSUES

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

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

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

FOR COMMITTEE INFORMATION

OTHER BUSINESS

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

**FPPE (Focused Professional Practice Evaluation)**

- Anesthesiology (1 MD closed)
- Cardiothoracic (1 AHP, 1 AHP concluded)
- Dentistry (1 DDS concluded)
- Emergency Medicine (1AHP)
- Family Medicine (1 DO, 2 AHP concluded, 1 AHP closed)
- Internal Medicine (5 MD concluded 1 MD closed, 1 MD waived, 2 AHP, 1 AHP concluded)
- Neurology (1 MD concluded, 1 MD waived)
- Ophthalmology (1 MD concluded)
- Oral MaxilloFacial Surgery (2 low volume DDS with partial FPPE; 1concluded, 1 closed)
• Orthopaedics (1 MD concluded)
• Plastic and Reconstructive Surgery (1 MD)
• Psychiatry (5 MD, 2 MD concluded, 2 AHP, 1 AHP closed)
• Surgery (1 AHP concluded)
• Urology (6 no volume MD concluded, 1 MD FPPE closed)

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

**OPPE** *(Ongoing Professional Practice Evaluation)*
• No report from the Safety Office
• Anesthesiology (Completed OPPEs have been received for 15 CRNAs; 4 CRNA’s in FPPE cycle)

FOR COMMITTEE INFORMATION

**ADJOURNMENT**

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee
att.
MINUTES OF THE SPECIAL BOARD TELECONFERENCE MEETING
TUESDAY, SEPTEMBER 30, 2014
ECMCC EXECUTIVE CONFERENCE ROOM

Voting Board Members: Kevin M. Hogan, Esq., Chair
Present or Attending by Conference Telephone:
Sharon L. Hanson
Bishop Michael A. Badger
Richard F. Brox
Ronald A. Chapin
K. Kent Chevli, M.D.
Kevin Cichocki, D.C.

Sharon L. Hanson
Michael Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.
Frank B. Mesiah
Michael A. Seaman
Thomas P. Malecki

Voting Board Members Excused:
Douglas H. Baker
Joseph A. Zizzi, Sr., MD

Non-Voting Board Representatives Present:
Kevin Pranikoff
Richard C. Cleland

Also Present:
Anthony Colucci, III, Esq.
Stephen M. Gary

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

II. ACTION ITEM
A. Approval of 2015 Operating Budget.
Following a presentation by Stephen Gary, Chief Financial Officer, the board discussed the proposed operating budget.
Moved by Michael Seaman and seconded by Bishop Michael Badger to approve the budget as presented.
Motion Approved Unanimously.

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

Sharon L. Hanson,
Corporation Secretary
Committee Members Present:
Robert J. Schuder, MD, Chairman
Yogesh D. Bakhai, MD
Christopher P. John, PA-C
Mandip Panesar, MS MD

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

Medical-Dental Staff Office and Administrative Members Present:
Tara Boone, Medical-Dental Staff Services Coordinator
Judith Fenski, Credentialing Specialist

Members Not Present (Excused *):
Gregg I. Feld, MD *
Timothy G. DeZastro, MD *
Susan Ksiazek, RPh, Director of Medical Staff Quality and Education

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

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

A. Deceased
Majeed Siddiqui, MD Internal Medicine 09/26/14

B. Applications Withdrawn

C. Application Processing Cessation - None

D. Automatic Processing Conclusion (inactive applications > 180 days from date of signature)

E. Resignations
Kortman, Amy, CRNA Anesthesiology 08/05/14
Philip Williams, DDS Dentistry 10/07/14
Butski, Crystal, FNP Emergency Medicine 09/01/14
Clancy, Kristen, PA-C Emergency Medicine 08/31/14
Campbell, Lorne, MD Family Medicine - Chief of Service 10/31/14
Eckert, Dhaliah, ANP Family Medicine (Family Choice) 08/31/14
Holynski, Camille, ANP Family Medicine (Family Choice) 08/31/14
Sworts, Jinyan, ANP Family Medicine 08/31/14
Ahuja, Karuna, MD Internal Medicine 08/31/14
Kozinn, Marc, MD Internal Medicine 09/30/14
Daost, Jeffrey, PA-C Orthopaedic Surgery 07/01/14
Hurley, John, DPM Orthopaedic Surgery-Podiatry 09/17/14
Ripstein, Jennifer, PA-C Orthopaedics 08/31/14
Silliman, Carrie, FNP Transplant 03/31/14
Jones, Damian, DDS Dentistry 09/23/14

FOR INFORMATION
### CHANGE IN STAFF CATEGORY

<table>
<thead>
<tr>
<th>Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nour Masud, DDS</td>
</tr>
<tr>
<td>Associate Staff to Courtesy Staff, Refer &amp; Follow</td>
</tr>
</tbody>
</table>

**FOR OVERALL ACTION**

### CHANGE OR DEPARTMENT ADDITION

<table>
<thead>
<tr>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyle Wiktor, NP</td>
</tr>
<tr>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

*Supervising Physician: Victoria Brooks, MD*

**FOR OVERALL ACTION**

### CHANGE OR ADDITION IN COLLABORATING/SUPERVISING ATTENDING

<table>
<thead>
<tr>
<th>Therese Ball, ANP</th>
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</thead>
<tbody>
<tr>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Tracy Sturm, FNP</th>
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</thead>
<tbody>
<tr>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

*Supervising Physician: From Dr. Sun Park, MD to Alyssa Shon, MD*

**FOR OVERALL ACTION**

### PRIVILEGE ADDITION/REVISION

<table>
<thead>
<tr>
<th>Cardiothoracic Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elisabeth Dexter, MD*</td>
</tr>
<tr>
<td>-Extrapleural enucleation of empyema with lobectomy</td>
</tr>
<tr>
<td>-Wedge resection of lung, single or multiple</td>
</tr>
<tr>
<td>-Pericardial biopsy</td>
</tr>
<tr>
<td>-Ventilator Management</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Family Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcia Shiel, FNP</td>
</tr>
<tr>
<td>-Basic Substance Withdrawal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Barone, FNP*</td>
</tr>
<tr>
<td>-Perform EKG</td>
</tr>
<tr>
<td>-Urinary Catheter, (Female)</td>
</tr>
<tr>
<td>-Urinary Catheter, (Male)</td>
</tr>
<tr>
<td>-Subcutaneous Injection</td>
</tr>
<tr>
<td>-Vein Puncture</td>
</tr>
</tbody>
</table>

*FPPE waived; core nursing competencies*

<table>
<thead>
<tr>
<th>Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfredo Kua, MD*</td>
</tr>
<tr>
<td>-Non-Procedural (Level I Core Privileges)</td>
</tr>
<tr>
<td>-Procedural (Level I Core Privileges)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Neil Parikh, MD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Staff</td>
</tr>
<tr>
<td>-Consultation- General Internal Medicine</td>
</tr>
<tr>
<td>-Central Venous Catheter Insertion</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Kirsten Smith, NP*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Professional</td>
</tr>
</tbody>
</table>

*Supervising Physician: Dr. Neal Rzepkowski*

- Anoscopy

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

**FOR OVERALL ACTION**
PRIVILEGE WITHDRAWAL

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

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

FOR OVERALL ACTION

APPOINTMENTS and REAPPOINTMENTS

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

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

APPOINTMENT APPLICATIONS, recommended

A. Initial Appointment Review (8)

Emergency Medicine
Baumler, Nicole PA-C  Allied Health Professional

Supervising Physician: David Hughes, MD
McCormack, Robert, MD  Active Staff

Internal Medicine
Baker, Kristine, ANP  Allied Health Professional

Supervising Physician: Nancy Ebling, DO
Beintrexler, Heidi, MD  Active Staff
Claus, Jonathan, MD  Active Staff

Obstetrics and Gynecology
Swenson, Krista, MD  Active Staff

Pathology
Liu, Weigno, MD  Active Staff

Psychology
Baker, Teresa, ANP  Allied Health Professional

Supervising Physician: Michael Cummings, MD
McCunn, Karen, MD  Active Staff
Pidor, Haidee, MD  Active Staff

Surgery
Dominguez, Ivan, MD  Active Staff

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, recommended

C. Reappointment Review (26)

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

Dentistry
Nour Masud, DDS  Courtesy Staff, Refer and Follow

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

Internal Medicine-Cardiology
Reza Banifatemi, MD  Active Staff
JoAnne Cobler, MD  Active Staff
Michael D’Angelo, MD  Active Staff
Robert Gatewood, MD  Active Staff
Lisa Kozlowski, MD  Active Staff
George Matthews, MD  Active Staff
Brian Riegel, MD  Active Staff
Scott Sobieraj, MD  Active Staff

Internal Medicine
Leah Gorsline, PA-C  Allied Health Professional
  Supervising Physician-Dr. Nancy Ebling
Anthony Martinez, MD  Active Staff
Richard Quigg, MD  Active Staff
Alyssa Whiteside, PA-C  Allied Health Professional
  Supervising Physician-Dr. Cindrea Bender

Neurology
Richard Ferguson, MD  Active Staff

Ophthalmology
Sandra Everett, MD  Active Staff

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

Plastic & Reconstruction Surgery
Paul Tomljanovich, MD  Active Staff

Psychiatry
Semen Spirin, MD  Active Staff

Radiology/Imaging Services
Shantikumar Bedmutha, MBBS  Active Staff

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

Radiology/Imaging Services-Teleradiology
Brian Burgoyne, MD  Active Staff
Jon Engbreton, MD  Active Staff
Russ Savit, MD  Active Staff

FOR OVERALL ACTION
PROVISIONAL APPOINTMENT REVIEW, recommended

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Provisional Period Expires</th>
<th>Provisional to Permanent Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2014</td>
<td></td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Troen, Bruce, Robert, MD</td>
<td>Active Staff</td>
<td>10/29/2014</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Allied Health Professional</td>
<td>10/29/2014</td>
</tr>
<tr>
<td>Dudziak, Daniel, Gerard, BS PA</td>
<td>Supervising MD: John J. Callahan, MD</td>
<td>10/29/2014</td>
</tr>
<tr>
<td>Plastic &amp; Reconstructive Surgery</td>
<td>Allied Health Professional</td>
<td>10/29/2014</td>
</tr>
<tr>
<td>Marczak, Juliet, Marie, ANP</td>
<td>Collaborating MD: Thom R. Loree, MD</td>
<td>10/29/2014</td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
<td>Williams, Stephen, Clay, MD</td>
</tr>
</tbody>
</table>

Reappointment Expiration, recommended

None

Reappointment Expiration date as indicated above
Planned Credentials Committee Meeting: October 7, 2014
Planned MEC Action date: October 27, 2014
Planned Board confirmation by: November, 2014
(Last possible Board confirmation by: December 2014)

FOR OVERALL ACTION

OLD BUSINESS

Ad hoc BOD Committee Report - Oral Maxillofacial applicant
The Credentials Committee awaits the detail requested. The Chief of Service states the applicant has an international family emergency and requests additional time for follow up.

Vendor for Corporate Compliance Due Diligence
Corporate Compliance states the resource to support this started on October 7th. Need to meet with IT to develop the necessary electronic reports for the vendor. CC and the MDSO have communicated to IT the regulatory and accrediting standards that apply to due diligence obligations and ask that this be taken into consideration as IT requests are prioritized.

Pathology credentialing
Six additional applications have been received. Dr. Balos is working very closely with Dr. Tomaszewski and the ECMC MDSO, but cannot guarantee that if read requires expertise of an MD not yet on our staff, that it will not be forwarded to that MD.

IM Voluntary Application Withdrawal
An applicant to the ECMC Medical-Dental Staff with training overseas and a CV which suggests that his formal training was in both “Internal Medicine/Family Medicine” is not board eligible in either. Upon review of the requirements for membership as defined in the ECMC Medical-Dental Staff bylaws, the application is voluntarily withdrawn as per his employer.
Tenex Procedure Equipment Update
Delayed in Purchasing. S.Ksiazek has done customer service recovery with the involved surgeon and has received the full cooperation of the Department of Orthopaedics to prompt this to closure quickly.

Follow up of applicant review at the September 2014 MEC meeting
The MEC at its recent meeting made specific recommendations for a recent Nurse Practitioner applicant to appear for an additional interview before consideration of her dossier. These recommendations are consistent with the purview of the Credentials and Medical Executive committees as defined in policy. The Practitioner Health Advisory Committee focus was that of wellness, as competency review was completed through the standard credentialing process. The finding so of the advisory committee will be presented to the MEC at its October meeting for further deliberation and recommendation.

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

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

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

Temporary Privilege expirations during Pending Initial Applications
Refer to the attached tracker.

NEW BUSINESS

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

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

Family Medicine Privilege Form
A Family Medicine staff member requested privilege addition to include “Bursa and joint injections”. With the endorsement of the Chief of Service, the committee recommended that the Arthrocentesis offering will be expanded to include the above text.
Medical Staff Member VISA Expirations

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

Surgery- Transplant Surgeons

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

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

<table>
<thead>
<tr>
<th>Requested by applicant</th>
<th>Recommended by Chief of Service</th>
<th>SURGICAL SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>General Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Thoracic Surgery</td>
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<td></td>
<td></td>
<td>Vascular Surgery</td>
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<td></td>
<td></td>
<td>Plastic and Reconstructive Surgery</td>
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<td></td>
<td></td>
<td>Colorectal Surgery</td>
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<td></td>
<td></td>
<td>Hand Surgery</td>
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<tr>
<td></td>
<td></td>
<td>Head and Neck Surgery</td>
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<td></td>
<td></td>
<td>Transplant Surgery</td>
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<td></td>
<td></td>
<td>Bariatric Surgery</td>
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<td></td>
<td></td>
<td>Critical Care,</td>
</tr>
</tbody>
</table>

OPERATIONS ISSUES

Dues Report

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

Quality Control

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

Change in Supervising Physicians

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

One service finds it necessary to make assignment changes on a frequency basis above that of other services, and there have been challenges with prompt notification. Often, the changes occur only upon the prompting of the Medical-Dental Staff Office. The practice plan has been contacted in writing and reminded of the need to promptly notify and to pre-review the privileges of the MDs prior to making those assignment changes to ensure that they line up with the AHP they will be matched with. The practice plan can also assist with MD site
assignment information. There is currently an open issue with a physician who has separated from the practice plan without advanced notification of the re-assignment of his three midlevels.

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

OVERALL ACTION REQUIRED

OPEN ISSUES

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

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

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

NP Law change effective January 2015
The committee was reminded of the need to incorporate revisions to the ECMC Nurse Practitioner privilege forms to reflect the changes in the law. The Credentials Committee and MEC have endorsed that ECMC retain the process of a designated collaborating physician for the purposes of privilege review, and attesting to current competency (FPPE/OPPE). In addition, a letter was to be issued to all nurse practitioners on staff explaining the rationale for ECMC maintaining its current process.

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

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

Status Report on Attestations
Regarding Department of Justice Certification of Compliance – all but two received to date (97%). Remaining outstanding staff members will be contacted by the Chief of Service.
Compliance for the Annual Reorientation documentation has better response than last year with less that ~100 outstanding to date. The administrative assistant to the CMO has asked the Medical-Dental Staff Office staff to help obtain the attestations from outstanding practitioners due to re-appointment.

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

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

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**FOR COMMITTEE INFORMATION**

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**OTHER BUSINESS**

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

**FPPE (Focused Professional Practice Evaluation)**

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

**OPPE (Ongoing Professional Practice Evaluation)**

Family Medicine (13 Family Choice NPs)

No report from the Patient Safety Office.

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

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**FOR COMMITTEE INFORMATION**

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**ADJOURNMENT**

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

Respectfully submitted,

Robert J. Schuder, MD,
Chairman, Credentials Committee

att.
I. CALL TO ORDER
Richard Brox called the meeting to order at 9:30 a.m.

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

III. UPDATE – RECENTLY COMPLETED INITIATIVES/PROJECTS

Behavioral Health Center of Excellence Project (HEAL21)
- Renovations: 4 Zone 3 / Joint DOH / OMH inspection was held on 08/12/14, since then punchlist and late design changes have been completed, with expectations of opening this service next Monday 10/20/14.

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

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

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

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

**3rd Floor Relocations**
- The previously vacated Nursing Education space is being renovated into the new Chief Medical Officer Suite. This Suite will be ready for occupancy by the end of the month. Once relocated into their new space the former CMO office space shall be updated into DSRIP office space.

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

**2014 CAPITAL GROUP A PROJECTS**

**Universal Care Unit @ 6 Zone 1 (June 2014 – December 2014)**
- This project shall renovate 6Z1 into a “universal care” unit, which shall be capable of accommodating any type of medical/surgical patient. This unit to be available for use as a “swing” space, facilitating future medical/surgical inpatient bed zone renovations.
- Interior finishes including painting, ceiling grid, and flooring all in progress.

**Orthopedic COE Initiative / In Patient Bed Zones (July 2014 – February 2015)**
- Project includes full renovation of 6 Zone 3 and 4 into (22) high end private rooms, with improved support & PT space in 6 Zone 5.
- Systems rough-in and stud partitioning in progress at varying stages across the renovation.

**GI Lab Renovations (June 2014 – November 2014)**
- Project scope is the expansion of the Pre / Post Procedural Bays, work to be completed on a 2nd shift basis, as to not disturb surrounding clinical services.
Flooring work underway with millwork installations to follow shortly thereafter.

**Signage & Wayfinding Initiative / Site Signage (July 2014 – November 2014)**
- Project scope includes new and improved site signage across the campus.
- Foundation work in progress, signs in fabrication w/installations expected to begin by months end.

V. UPDATE – PENDING INITIATIVES/PROJECTS

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

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

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

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

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

**Bariatric CT & Fluoroscopy Units**
- A project scope & budget are being expedited pursuant to an intended CON submission for the addition of a new CT unit and the replacement of an existing fluoroscopy unit, both units to be bariatric grade.
Loading Dock / Waste Stream Renovations

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

Facility Asset Tracking

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

Operating Rooms C & D @ Ambulatory Center

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

Roofing Replacement @ DKMiller

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

Dental & Oral Surgery Renovations

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

Emergency Power @ Enhancements

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

7 North Renovation

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

NYSERDA Incentives – Main Bldg Envelope Study

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

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

VI. ADJOURNMENT

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

Next Building & Grounds meeting – December 9, 2014 at 9:30 a.m. - Staff Dining Room
I. CALL TO ORDER
The meeting was called to order at 8:34 a.m. by Dietrich Jehle, MD who sat in for Michael Seaman, Chair, who joined the meeting at 8:37 a.m.

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

III. AUGUST 2014 FINANCIAL STATEMENTS
Dr. Jehle asked that a motion be made to receive and file the financial statements for August. Bishop Michael Badger made the motion; Richard Brox seconded. The motion passed unanimously.

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

Mr. Gary reviewed variances in volume, case mix, revenue and expenses with discussion between the members of the committee. Patient volumes continue to exceed last year but are short of budget both monthly and year-to-date. Length of stay continues to improve.
The $40 Thousand of operating income included a net of $755 Thousand of unfavorable adjustments related to various prior period matters that Mr. Gary also reviewed.

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

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

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

VII. ADJOURNMENT
The meeting was adjourned at 9:30 a.m. by Michael Seaman, Chair.
I. CALL TO ORDER
The meeting was called to order at 8:00 a.m. by Michael Seaman.

II. 2015 BUDGET
Mr. Gary reviewed the key financial ratios, statement of revenues and expenses, balance sheets and operating performance reconciliation with the committee. He also discussed key initiatives, acute care volume reconciliation, and salaries, wages and FTEs. Mr. Gary answered questions from the committee and continued by evaluating the impact of a range of assumptions analysis. He then engaged the committee in a discussion of contingency plans. He also assessed emerging issues and accounting pronouncements and summarized the capital budget. Finally, Mr. Gary summarized the projected budget for Terrace View.

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

VII. ADJOURNMENT
The meeting was adjourned at 9:02 a.m. by Mr. Malecki on behalf of the Chair.
Erie County Medical Center Corporation

Report to the Board of Directors
Richard C. Cleland MPA, FACHE, NHA
President, COO & Interim Chief Executive Officer
October 28, 2014

Customer Service (Value Based Purchasing) + Quality

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

<table>
<thead>
<tr>
<th>Key Drivers</th>
<th>NRC Average* Current</th>
<th>Qtr 2 2014‡</th>
<th>Qtr 1 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-to-Date</td>
<td>YTD Previous Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>78.9% 76.5% PR=31 71.9% PR=10</td>
<td>78.8%</td>
<td>74.4%</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>80.6% 76.7% PR=21 72.2% PR=7</td>
<td>77.3%</td>
<td>76.1%</td>
</tr>
<tr>
<td>Communication About Meds</td>
<td>64.4% 61.9% PR=32 56.7% PR=8</td>
<td>61.9%</td>
<td>62.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Scores</th>
<th>NRC Average* Current</th>
<th>Qtr 2 2014‡</th>
<th>Qtr 1 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-to-Date</td>
<td>YTD Previous Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Information</td>
<td>87.1% 89.1% PR=68 84.6% PR=32</td>
<td>89.6%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>78.9% 76.5% PR=31 71.9% PR=10</td>
<td>78.8%</td>
<td>74.4%</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>80.6% 76.7% PR=21 72.2% PR=7</td>
<td>77.3%</td>
<td>76.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lowest Scores</th>
<th>NRC Average* Current</th>
<th>Qtr 2 2014‡</th>
<th>Qtr 1 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-to-Date</td>
<td>YTD Previous Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness / Quietness</td>
<td>66.2% 52.7% PR=5 52.0% PR=2</td>
<td>57.3%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Communication About Meds</td>
<td>64.4% 61.9% PR=32 56.7% PR=8</td>
<td>61.9%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>71.0% 63.1% PR=21 63.5% PR=22</td>
<td>62.4%</td>
<td>63.8%</td>
</tr>
</tbody>
</table>

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

Kudos to Karen Ziemianski and her team on receiving the Gold Plus Stamp for treatment of congestive heart failure from the American Heart Association. Many thanks to all for the hard work!
HOSPITAL OPERATIONS
Volumes continue to reflect favorable trends with continued improvement over prior year actual results (by an average 13% across the board for September YTD). September operations resulted in a loss of $187K. This includes several one-time favorable and unfavorable adjustments. Management continues executing its operational performance improvement plan. A year to date $950,000 operating loss is much improved over last year, same period ($2.9 million dollar operating loss same period 2013). Several key statistics include:

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

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

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

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

UNOS approved ECMCC to resume living donor transplants on September 5, 2014. Our first LD transplant surgery is expected to take place on October 27, 2014.
In addition to engaging Transplant Leadership Group, ECMCC has completed an independent PEER Review for the entire transplant program in early October. We are expecting this report by early November. This will help us prepare for two UNOS reviews coming in the spring of 2015.
DSRIP (Delivery System Reform Incentive Payment)

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

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

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

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

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

BRIDGE

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

Physician dashboards have been developed and are being distributed monthly.

OTHER

Kudos to Sue Gonzalez, Executive Director of Lifeline Foundation, for a tremendous month of October. Sue, her staff and the Lifeline Foundation, have demonstrated tremendous leadership in bringing awareness to and fighting breast cancer. Several events, including the “Billieve” event on October 10th and the Bills game on October 12, 2014, have become “the standard” of excellence as it relates to all the Lifeline does for the community.
I would like to thank our medical dental staff for the “Day of Caring” during which the medical dental staff donated and served 2,719 meals to our staff. In addition, I would like to thank all ECMCC staff since this one day event raised over $60,000 in employee donations (new) to the Lifeline Foundation.

Sincerely yours,

Richard C. Cleland
The American Heart Association proudly recognizes

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

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

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

*Nancy Brown*
Chief Executive Officer
American Heart Association

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

*Elliott M. Antman, MD, FAHA*
2014-2015 American Heart Association President
Internal Financial Reports
For the month ended September 30, 2014
Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended September 30, 2014

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

- Discharges for September were 16% greater than the prior year and 59 (3.5%) less than budget at 1,614 and 1,673 respectfully. The unfavorable September discharge variance is primarily due to 91 fewer behavioral health services, 5 fewer in transitional care services and 2 fewer in medical rehab services. This was offset by 31 more acute services and 8 more chemical dependency services. Through the third quarter discharges were 9% greater than the prior year and 1,333 (9%) less than budget at 13,366 and 14,699 respectively.

- The Medicare acute case mix for September was 1.71 compared to budget of 1.82 and Non-Medicare acute case mix for September was 1.68 compared to budget of 1.78.

- An increase in professional related billings contributed to the positive operating revenue variance. $500 Thousand of IGT revenue was recognized for an increase in the estimated of the total amount due to ECMC. In addition, $350,000 was recognized as grant revenue related to the DSRIP/IAAF program to offset an increase in expenses.

- Salaries and contract labor were unfavorable to budget for September by $113,000. A volume and productivity variance of $89,000 and a PTO adjustment of $26,000 contributed to the favorable variance. The favorable variances were offset by an increase of $0.22 in average hourly rate accounting for $111,000 and unfavorable variance in contract labor by $117,000.

- Benefits were favorable to budget for September by $121,000 primarily due to an updated projection of year end pension funding ($286,000). The pension liability will have a favorable impact for the remainder of the year. In addition, a lower than anticipated costs for employment related taxes, workers' compensation and unemployment also contributed to the favorable budget variance by $128,000. This was offset by an increase in health insurance related costs by $293,000.

- Physician fees were unfavorable to budget in September by $691,000. This is consistent with the year to date variance of $3,614,000 (average monthly variance of $402,000) plus contracts settlements and change in estimates of approximately of $290,000.
Purchased services were to unfavorable to budget in September by $185,000 primarily due to increased costs related to the DSRIP/IAAF program. However, these were offset by an increase in grant revenue as noted above.

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

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

Operating Income/(Loss)    | 1,127   | (1,843)  | (716)          | 155            |
### Assets

#### Current Assets:
- **Cash and cash equivalents**
  - September 30, 2014: $8,088
  - December 31, 2013: $8,235
  - Change: $(147)
- **Investments**
  - September 30, 2014: 28,830
  - December 31, 2013: 2,394
  - Change: $26,436
- **Patient receivables, net**
  - September 30, 2014: 50,874
  - December 31, 2013: 47,815
  - Change: $3,059
- **Prepaid expenses, inventories and other receivables**
  - September 30, 2014: 66,691
  - December 31, 2013: 60,597
  - Change: $6,094

**Total Current Assets**: 154,483

#### Assets Whose Use is Limited:
- **Designated under self-Insurance programs**
  - September 30, 2014: 74,545
  - December 31, 2013: 77,428
  - Change: $(2,883)
- **Designated by Board**
  - September 30, 2014: 5,865
  - December 31, 2013: 15,546
  - Change: $(9,681)
- **Restricted under third party agreements**
  - September 30, 2014: 31,746
  - December 31, 2013: 25,063
  - Change: $6,683
- **Designated for long-term investments**
  - September 30, 2014: 21,513
  - December 31, 2013: 23,183
  - Change: $(1,670)

**Total Assets Whose Use is Limited**: 133,669

**Property and equipment, net**
- September 30, 2014: 288,239
- December 31, 2013: 289,224
- Change: $(985)

**Other assets**
- September 30, 2014: 26,586
- December 31, 2013: 9,109
- Change: $17,477

**Total Assets**: $602,977

### Liabilities & Net Assets

#### Current Liabilities:
- **Current portion of long-term debt**
  - September 30, 2014: 7,358
  - December 31, 2013: 7,226
  - Change: $132
- **Accounts payable**
  - September 30, 2014: 28,013
  - December 31, 2013: 37,359
  - Change: $(9,346)
- **Accrued salaries and benefits**
  - September 30, 2014: 17,740
  - December 31, 2013: 19,689
  - Change: $(1,949)
- **Other accrued expenses**
  - September 30, 2014: 67,591
  - December 31, 2013: 22,041
  - Change: $45,550
- **Estimated third party payer settlements**
  - September 30, 2014: 24,694
  - December 31, 2013: 22,133
  - Change: $2,561

**Total Current Liabilities**: 145,396

#### Long-term debt
- September 30, 2014: 170,510
- December 31, 2013: 173,129
- Change: $(2,619)

#### Estimated self-insurance reserves
- September 30, 2014: 52,989
- December 31, 2013: 50,894
- Change: $2,095

#### Other liabilities
- September 30, 2014: 116,864
- December 31, 2013: 110,115
- Change: $6,749

**Total Liabilities**: 485,759

#### Net Assets
- **Unrestricted net assets**
  - September 30, 2014: 106,169
  - December 31, 2013: 104,959
  - Change: $1,210
- **Restricted net assets**
  - September 30, 2014: 11,049
  - December 31, 2013: 11,049
  - Change: 0

**Total Net Assets**: 117,218

**Total Liabilities and Net Assets**: $602,977
### Operating Revenue:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$36,986</td>
<td>$36,849</td>
<td>$137</td>
<td>$33,056</td>
</tr>
<tr>
<td>Less: Provision for uncollectable accounts</td>
<td>(2,100)</td>
<td>(2,060)</td>
<td>(40)</td>
<td>(1,896)</td>
</tr>
<tr>
<td><strong>Adjusted Net Patient Revenue</strong></td>
<td>34,886</td>
<td>34,789</td>
<td>97</td>
<td>31,160</td>
</tr>
<tr>
<td>Disproportionate share / IGT revenue</td>
<td>4,759</td>
<td>4,259</td>
<td>500</td>
<td>5,846</td>
</tr>
<tr>
<td>Other revenue</td>
<td>3,096</td>
<td>2,567</td>
<td>529</td>
<td>1,999</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>42,741</td>
<td>41,615</td>
<td>1,126</td>
<td>39,005</td>
</tr>
</tbody>
</table>

### Operating Expenses:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; wages / Contract labor</td>
<td>14,898</td>
<td>14,785</td>
<td>(113)</td>
<td>13,944</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>8,809</td>
<td>8,929</td>
<td>120</td>
<td>8,823</td>
</tr>
<tr>
<td>Physician fees</td>
<td>5,422</td>
<td>4,764</td>
<td>(658)</td>
<td>4,646</td>
</tr>
<tr>
<td>Purchased services</td>
<td>3,290</td>
<td>3,105</td>
<td>(185)</td>
<td>2,562</td>
</tr>
<tr>
<td>Supplies</td>
<td>5,817</td>
<td>5,369</td>
<td>(448)</td>
<td>4,980</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1,379</td>
<td>1,076</td>
<td>(303)</td>
<td>1,279</td>
</tr>
<tr>
<td>Utilities</td>
<td>433</td>
<td>560</td>
<td>127</td>
<td>383</td>
</tr>
<tr>
<td>Depreciation &amp; amortization</td>
<td>2,173</td>
<td>1,803</td>
<td>(370)</td>
<td>1,653</td>
</tr>
<tr>
<td>Interest</td>
<td>707</td>
<td>695</td>
<td>(12)</td>
<td>711</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>42,928</td>
<td>41,086</td>
<td>(1,842)</td>
<td>38,981</td>
</tr>
</tbody>
</table>

### Income/(Loss) from Operations

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income/(Loss) from Operations</strong></td>
<td>(187)</td>
<td>529</td>
</tr>
</tbody>
</table>

### Non-operating Gain/(Loss):

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividends</td>
<td>398</td>
<td>-</td>
</tr>
<tr>
<td>Grants - HEAL 21</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unrealized gain/(loss) on investments</td>
<td>(1,588)</td>
<td>292</td>
</tr>
<tr>
<td><strong>Non-operating Gain/(Loss)</strong></td>
<td>(1,190)</td>
<td>292</td>
</tr>
</tbody>
</table>

### Excess of Revenue/(Deficiency) Over Expenses

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement health insurance</td>
<td>1,375</td>
<td>1,385</td>
<td>(10)</td>
<td>1,576</td>
</tr>
<tr>
<td>New York State pension</td>
<td>1,822</td>
<td>2,112</td>
<td>(290)</td>
<td>2,094</td>
</tr>
<tr>
<td><strong>Impact on Operations</strong></td>
<td>$3,197</td>
<td>$3,497</td>
<td>$300</td>
<td>$3,670</td>
</tr>
</tbody>
</table>
# Erie County Medical Center Corporation

**Statement of Operations**  
For the nine months ended September 30, 2014

*(Dollars in Thousands)*

## Operating Revenue:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$322,854</td>
<td>$328,781</td>
<td>(5,927)</td>
<td>$302,813</td>
</tr>
<tr>
<td>Less: Provision for uncollectable accounts</td>
<td>(19,241)</td>
<td>(18,366)</td>
<td>(875)</td>
<td>(17,657)</td>
</tr>
<tr>
<td>Adjusted Net Patient Revenue</td>
<td>303,613</td>
<td>310,415</td>
<td>(6,802)</td>
<td>285,156</td>
</tr>
<tr>
<td>Disproportionate share / IGT revenue</td>
<td>55,426</td>
<td>38,333</td>
<td>17,093</td>
<td>41,012</td>
</tr>
<tr>
<td>Other revenue</td>
<td>23,183</td>
<td>23,100</td>
<td>83</td>
<td>18,210</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td><strong>382,222</strong></td>
<td><strong>371,848</strong></td>
<td><strong>10,374</strong></td>
<td><strong>344,378</strong></td>
</tr>
</tbody>
</table>

## Operating Expenses:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; wages / Contract labor</td>
<td>135,540</td>
<td>134,513</td>
<td>(1,027)</td>
<td>126,850</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>77,749</td>
<td>80,507</td>
<td>2,758</td>
<td>76,258</td>
</tr>
<tr>
<td>Physician fees</td>
<td>46,158</td>
<td>42,875</td>
<td>(3,283)</td>
<td>39,176</td>
</tr>
<tr>
<td>Purchased services</td>
<td>31,983</td>
<td>28,222</td>
<td>(3,761)</td>
<td>25,346</td>
</tr>
<tr>
<td>Supplies</td>
<td>52,084</td>
<td>49,189</td>
<td>(2,895)</td>
<td>47,831</td>
</tr>
<tr>
<td>Other expenses</td>
<td>9,293</td>
<td>9,676</td>
<td>383</td>
<td>6,422</td>
</tr>
<tr>
<td>Utilities</td>
<td>5,897</td>
<td>5,512</td>
<td>(385)</td>
<td>5,315</td>
</tr>
<tr>
<td>Depreciation &amp; amortization</td>
<td>18,227</td>
<td>16,231</td>
<td>(1,996)</td>
<td>14,847</td>
</tr>
<tr>
<td>Interest</td>
<td>6,271</td>
<td>6,258</td>
<td>(13)</td>
<td>6,186</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>383,202</strong></td>
<td><strong>372,983</strong></td>
<td><strong>(10,219)</strong></td>
<td><strong>348,231</strong></td>
</tr>
</tbody>
</table>

## Income/(Loss) from Operations

|                                    | (980)      | (1,135)    | 155                      | (3,853)    |

## Non-operating Gain/(Loss):

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Favorable/ (Unfavorable)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividends</td>
<td>2,165</td>
<td>-</td>
<td>2,165</td>
<td>2,446</td>
</tr>
<tr>
<td>Grants - HEAL 21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12,770</td>
</tr>
<tr>
<td>Investment Income/(Loss)</td>
<td>854</td>
<td>2,625</td>
<td>(1,771)</td>
<td>3,002</td>
</tr>
<tr>
<td><strong>Non-operating Gain/(Loss)</strong></td>
<td><strong>3,019</strong></td>
<td><strong>2,625</strong></td>
<td><strong>394</strong></td>
<td><strong>18,218</strong></td>
</tr>
</tbody>
</table>

## Excess of Revenue/(Deficiency) Over Expenses

|                                    | $2,039     | $1,490     | $549                     | $14,365    |

|                                    | Retirement health insurance | 12,375 | 12,478 | (103) | 9,985 |
|                                    | New York State pension      | 18,081 | 18,964 | (883) | 17,479 |
| **Impact on Operations**           | **$30,456** | **$31,442** | **$(986)** | **$27,464** |

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The difference between healthcare and true care™

Page 6
Erie County Medical Center Corporation  
Statement of Changes in Net Assets  
For the month and nine months ended September 30, 2014

(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</td>
<td>$ (1,377)</td>
<td>$ 2,039</td>
</tr>
<tr>
<td>over expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other transfers, net</td>
<td>(91)</td>
<td>(829)</td>
</tr>
<tr>
<td>Contributions for capital</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>acquisitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets released from</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>restrictions for capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquisition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Change in Unrestricted Net</td>
<td>(1,468)</td>
<td>1,210</td>
</tr>
<tr>
<td>Assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Temporarily Restricted Net    |         |              |
| Assets:**                      |         |              |
| Contributions, bequests, and   | -       | -            |
| grants                         |         |              |
| Other transfers, net           | -       | -            |
| Net assets released from       | -       | -            |
| restrictions for operations    |         |              |
| Net assets released from       | -       | -            |
| restrictions for capital       |         |              |
| acquisition                    |         |              |
| **Change in Temporarily        | -       | -            |
| Restricted Net Assets**        |         |              |
| **Change in Net Assets**       | (1,468) | 1,210        |
| **Net Assets, beginning of     | 118,686 | 116,008       |
| period                         |         |              |
| **Net Assets, end of period**  | $ 117,218 | $ 117,218    |
### Liquidity Ratios:

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2014</th>
<th>December 31, 2013</th>
<th>3 Year Avg. 2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio</td>
<td>1.1</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Days Operating Cash, includes current Investments</td>
<td>27.1</td>
<td>8.5</td>
<td>33.9</td>
</tr>
<tr>
<td>Days in Designated Cash &amp; Investments (Covenant 57 days)</td>
<td>101.8</td>
<td>101.9</td>
<td>134.9</td>
</tr>
<tr>
<td>Days in Patient Receivables</td>
<td>45.7</td>
<td>47.4</td>
<td>44.1</td>
</tr>
<tr>
<td>Days Expenses in Accounts Payable</td>
<td>20.5</td>
<td>30.0</td>
<td>30.2</td>
</tr>
<tr>
<td>Days Expenses in Current Liabilities</td>
<td>106.6</td>
<td>87.2</td>
<td>102.6</td>
</tr>
<tr>
<td>Cash to Debt</td>
<td>66.0%</td>
<td>57.4%</td>
<td>80.5%</td>
</tr>
<tr>
<td>Working Capital</td>
<td>$ 9,087</td>
<td>$ 10,593</td>
<td>$ 19,379</td>
</tr>
</tbody>
</table>

### Capital Ratios:

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2014</th>
<th>December 31, 2013</th>
<th>3 Year Avg. 2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Debt to Fixed Assets</td>
<td>59.2%</td>
<td>59.9%</td>
<td>82.5%</td>
</tr>
<tr>
<td>Assets Financed by Liabilities</td>
<td>80.6%</td>
<td>79.2%</td>
<td>80.6%</td>
</tr>
<tr>
<td>EBIDA Debt Service Coverage (Covenant &gt; 1.1)</td>
<td>1.8</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Capital Expense</td>
<td>3.5%</td>
<td>3.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Debt to Capitalization</td>
<td>62.6%</td>
<td>63.2%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Average Age of Plant</td>
<td>13.1</td>
<td>14.9</td>
<td>15.7</td>
</tr>
<tr>
<td>Debt Service as % of NPSR</td>
<td>3.9%</td>
<td>4.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Capital as a % of Depreciation</td>
<td>94.6%</td>
<td>252.3%</td>
<td>376.0%</td>
</tr>
</tbody>
</table>

### Profitability Ratios:

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2014</th>
<th>December 31, 2013</th>
<th>3 Year Avg. 2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>-0.3%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Net Profit Margin</td>
<td>0.6%</td>
<td>2.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Return on Total Assets</td>
<td>0.5%</td>
<td>1.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Return on Equity</td>
<td>2.3%</td>
<td>6.9%</td>
<td>-1.8%</td>
</tr>
</tbody>
</table>

### Productivity and Cost Ratios:

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2014</th>
<th>December 31, 2013</th>
<th>3 Year Avg. 2011 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Asset Turnover</td>
<td>0.9</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Total Operating Revenue per FTE</td>
<td>$ 186,575</td>
<td>$ 174,160</td>
<td>$ 165,737</td>
</tr>
<tr>
<td>Personnel Costs as % of Total Revenue</td>
<td>53.1%</td>
<td>55.0%</td>
<td>56.2%</td>
</tr>
</tbody>
</table>
### Key Statistics
Period Ended September 30, 2014

#### Terrace View Long Term Care:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% to Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Days:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M/S - Acute</td>
<td>11,038</td>
<td>10,613</td>
<td>4.0%</td>
<td>11,440</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>11,421</td>
<td>11,520</td>
<td>-0.7%</td>
<td>11,421</td>
</tr>
<tr>
<td>CD - Detox</td>
<td>50.1</td>
<td>50.1</td>
<td>1.6%</td>
<td>50.1</td>
</tr>
<tr>
<td>Medical Rehab</td>
<td>21.5</td>
<td>21.5</td>
<td>1.7%</td>
<td>21.5</td>
</tr>
<tr>
<td>TCU</td>
<td>3.93</td>
<td>3.93</td>
<td>1.0%</td>
<td>3.93</td>
</tr>
</tbody>
</table>

### Average Daily Census (ADC): Discharges:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% to Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med/Surg (M/S) - Acute</td>
<td>288,486</td>
<td>297,972</td>
<td>-3.6%</td>
<td>307,781</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>27,772</td>
<td>27,772</td>
<td>0.0%</td>
<td>27,772</td>
</tr>
<tr>
<td>Chemical Dependency (CD) - Detox</td>
<td>2,720</td>
<td>2,720</td>
<td>0.0%</td>
<td>2,720</td>
</tr>
<tr>
<td>CD - Rehab</td>
<td>24,881</td>
<td>25,032</td>
<td>-0.6%</td>
<td>25,032</td>
</tr>
<tr>
<td>Medical Rehab</td>
<td>3,407</td>
<td>3,407</td>
<td>0.0%</td>
<td>3,407</td>
</tr>
<tr>
<td>Transitional Care Unit (TCU)</td>
<td>54,974</td>
<td>54,974</td>
<td>0.0%</td>
<td>54,974</td>
</tr>
</tbody>
</table>

#### Total Discharges

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% to Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Days:</td>
<td>133,666</td>
<td>146,699</td>
<td>-9.1%</td>
<td>121,414</td>
</tr>
</tbody>
</table>

### Average Daily Census (ADC):

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% to Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/S - Acute</td>
<td>107,772</td>
<td>112,167</td>
<td>-3.9%</td>
<td>109,545</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>255,125</td>
<td>262,169</td>
<td>-2.7%</td>
<td>267,041</td>
</tr>
<tr>
<td>CD - Detox</td>
<td>6,271</td>
<td>6,271</td>
<td>0.0%</td>
<td>6,271</td>
</tr>
<tr>
<td>Medical Rehab</td>
<td>11,421</td>
<td>11,520</td>
<td>-0.7%</td>
<td>11,421</td>
</tr>
<tr>
<td>TCU</td>
<td>3.93</td>
<td>3.93</td>
<td>1.0%</td>
<td>3.93</td>
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</table>

#### Average Length of Stay:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% to Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/S - Acute</td>
<td>8.1</td>
<td>7.6</td>
<td>5.7%</td>
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</tr>
<tr>
<td>Behavioral Health</td>
<td>13.0</td>
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</tr>
<tr>
<td>CD - Detox</td>
<td>13.8</td>
<td>11.2</td>
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</tr>
<tr>
<td>Medical Rehab</td>
<td>24.8</td>
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<td>21.5</td>
</tr>
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<td>TCU</td>
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### Occupancy:

<table>
<thead>
<tr>
<th></th>
<th>% of M/S Acute staffed beds</th>
<th>Case Mix Index</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual Budget</td>
<td>Medicare (Acute)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Medicare (Acute)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observation Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inpatient Surgeries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient Surgeries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Visits Including Admits</td>
</tr>
</tbody>
</table>

#### Days in A/R

<table>
<thead>
<tr>
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<th>Budget</th>
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<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in A/R</td>
<td>45.7</td>
<td>45.0</td>
<td>1.6%</td>
<td>50.1</td>
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#### Bad Debt as a % of Net Revenue

<table>
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<th>Budget</th>
<th>% to Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debt as a % of Net Revenue</td>
<td>6.6%</td>
<td>6.2%</td>
<td>5.9%</td>
<td>6%</td>
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</table>

#### FTE's per Adjusted Occupied Bed

<table>
<thead>
<tr>
<th></th>
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<th>Budget</th>
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</thead>
<tbody>
<tr>
<td>FTE's per Adjusted Occupied Bed</td>
<td>3.45</td>
<td>3.50</td>
<td>-1.5%</td>
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### Net Revenue per Adjusted Discharge

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<th>Budget</th>
<th>% to Budget</th>
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<tbody>
<tr>
<td>Net Revenue per Adjusted Discharge</td>
<td>$11,490</td>
<td>$10,854</td>
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<td>$11,657</td>
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### Cost per Adjusted Discharge

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<tr>
<td>Cost per Adjusted Discharge</td>
<td>$14,226</td>
<td>$12,962</td>
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<td>$14,104</td>
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### Hours Paid per Patient Day

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<tr>
<td>Hours Paid per Patient Day</td>
<td>6.5</td>
<td>6.4</td>
<td>1.7%</td>
<td>6.7</td>
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REPORT TO THE BOARD OF DIRECTORS
MARY L. HOFFMAN
SENIOR VICE PRESIDENT OF OPERATIONS
OCTOBER 2014

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

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

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

TERRACE VIEW:
- New Administrator, Anthony DePinto, to begin on November 17.
- Received notification on October 20 of CMS approval of NYS QI payments Terrace View placed in 2nd quintile with estimated $120,000 in additional revenue which will be added to M/A rate; effective date pending.
- Working with Chris Koenig from McGuire Group to develop a leadership and quality plan with the goal of moving Terrace View to a 5-star facility.
**TRANSPLANT SERVICES:**
- Interim leader making progress in improving workflows.
- Independent Peer Review completed September 29 & 30, pending final report. Allocation process needs to be reviewed and modified.
- Staff teambuilding retreat held October 3 – very well received. Served as kick-off to staff involvement in process improvement process.
- On 10/13/14 an unannounced CMS 2 day survey related to living donor death went well, awaiting final report.
- Interview Committee assembled to interview two finalists identified by Transplant Leadership Institute on October 21.

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

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

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

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

SERVICE LINES:

Oncology/Hematology

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

Head and Neck / Plastic and Reconstructive Surgery

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

General Dentistry Clinic

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

Oral Oncology Maxillofacial Prosthetics

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

Bariatrics

- Surgical case volume for September was 42
- Clinic Visits for September were 91
- Bariatric Application for Accreditation with the American Society for Metabolic and Bariatric Surgery (MBSAQIP) has been submitted, waiting for site visit
- CON for Synergy Bariatrics approved, transition in process
Impact of change in drug distribution
Genentech recently notified all pharmacy directors and purchasing managers of U.S. hospitals on September 16 that Avastin®, Herceptin® and Rituxan® would no longer be available through regular pharmacy authorized distributors. Instead, effective October 1, these products are only available to hospitals and clinics through six Genentech approved specialty distributors. This sudden change has a profoundly negative impact on the day-to-day operations of hospitals and clinics, and resulted in an immediate 5% increase in the price of these very expensive drugs. To mitigate the financial impact, ECMC purchased approximately four months supply of product prior to the change at a saving of around $10,000. Novation has taken a number of actions to address the issue with Genentech, health care advocates and other pharmaceutical suppliers.

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

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

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

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

General Project Updates

- The final phase of the Behavioral Health Center of Excellence Project, 4 Zone 3 is completed and opened for business on Monday, October 20.

- Universal Care Unit at 6 Zone 1 is on target for occupancy on January 1.

- GI Lab Renovation is on target for occupancy on December 1.

- Exterior Signage Project is on target for full completion by the end of November.

- Orthopedic Inpatient Care at 6 North is on target for occupancy on March 1.

- Renovation of the Lifeline Suite is in full swing, the "fast-tracked" approach has our in-house staff prioritizing this aggressively scheduled project, targeted completion being December 1.

- Renovation of the new Chief Medical Officer Suite nearing completion in the former Nursing In-Service area of the third floor.

- Exterior Signage Package – The final signage design was approved and the manufacturing of the exterior signs is currently in progress. The exterior signage foundation excavation work is underway with completion expected before winter.

FOOD & NUTRITIONAL SERVICES – MORRISON

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

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

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

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

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

PROFESSIONAL STEERING COMMITTEE

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

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

UTILIZATION REVIEW

See attached Flash report

CLINICAL ISSUES

Time Out Documentation

Issued by the Patient Safety Officer

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

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

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

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

1) We need to revise screens ASAP.
2) Need to get word out to providers of requirement to document pre-procedure.
3) Need to develop an intervention for Nursing.
Mandatory Electronic Prescribing Goes into Effect on March 27, 2015

Effective March 27, 2015 it will be mandatory for practitioners, excluding veterinarians, to issue electronic prescriptions for controlled and non-controlled substances. Please note, it is currently permissible in New York State to electronically prescribe controlled substances (EPCS) in Schedules II through V, in addition to non-controlled substances. However, in order to process electronic prescriptions for controlled substances, a practitioner must use an electronic prescribing computer application that meets all federal requirements and must register the certified electronic prescribing computer application with the New York State Department of Health (DOH), Bureau of Narcotic Enforcement (BNE). For additional information regarding the federal security requirements for EPCS, please visit the Drug Enforcement Administration’s web page at http://www.deadiversion.usdoj.gov/ecomm/e_rx/. For information regarding the Department of Health’s registration process for certified electronic prescribing computer applications, please visit www.nyhealth.gov/professionals/narcotic.

After March 27, 2015, practitioners may still use the Official New York State Prescription forms in the event of a power outage or technological failure. Should you have any questions regarding the mandate to issue electronic prescriptions for controlled substances, please contact the Bureau of Narcotic Enforcement at narcotic@health.state.ny.us or call us at 1-866-811-7957, Option 1.
Clinical Learning Environment Review (CLER)
Visit Preparation October 2014

Notes from conference call 10/16/14 –
Dr. Roseanne Berger (bergerrc@buffao.edu) 829-6126,
Katy Cich (krcich@buffalo.edu) 829-6133,
Valerie Kennedy (vmk@buffalo.edu) 380-6030,
Lisa Giacomazza (ECMCC) (LGiacomazz@ecmc.edu) 898-3936,
Alisa Creighton (BGH) (acreighton@kaleidahealth.org) 859-8831

The site visit will last 2.5 days

Required attendees: CEO, CMO, CNO, DIO
Highly recommended that Chief Quality Officer is available, possibly COO, CFO and CIO as well

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

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

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

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

- Organizational charts – if quality and safety departments are not displayed on the overall Org Chart, please submit those charts as well
- Supervision Policy or statement that your institution follows the UB GME policy
- Duty Hour Policy or statement that your institution follows the UB GME policy
- Care Transitions Policy
- Patient Safety protocol/strategy (approved by your Board of Directors)
- Quality strategy (approved by your Board of Directors)
- Quality & safety committee membership roster(s) identifying resident members if relevant
The interviewer will direct questions directly to the CEO – others in the room can supplement answers.

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

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

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

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

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

The site visitors will meet with the Program Directors, faculty, and residents for about 1 ½ hours each on the first and second days. GME will determine these group participants. The site visitors will bring an audience response system and a projector. The room must have a screen or blank wall to use for presentation. They will use the results of the response system in preparing their report. These meetings will probably be structured similarly to a JHACO visit but are not punitive. The ACGME is conducting these visits to establish baseline data, and we will receive helpful feedback as part of this free consultation. A “staging area” should also be reserved so the groups can gather in one area and enter the interview room seamlessly and quickly, as a group.

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

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

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

Multiple walk rounds will be interspersed with group meetings.

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

GME will reach out to Chief Residents to identify when & where sign-out rounds occur. The site visitors will want to observe these possibly 5 or 6 times.
GME will develop a grid so the site visitors can randomly decide which sign-outs they want to observe. They may decide by program so we need to provide this information as an overview so they can choose which rounds to attend.

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

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

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

GME will provide a bulleted list for the CEO, notifying him/her of relevant GME resources offered in the 6 CLER focus areas (e.g. SAFER training module completed by all residents pre-orientation).
### ECMC Flash Report for 9/30/2014

#### Budget

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#### Behavioral Health

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#### Chemical Dependency

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<tr>
<td>835</td>
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#### Rehab Medicine

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<td>807</td>
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#### Transitional Care

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<tr>
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#### Operating Room

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<td>939</td>
<td>-67</td>
<td>-6.7 %</td>
</tr>
<tr>
<td>489</td>
<td>484</td>
<td>-5</td>
<td>-1.0 %</td>
</tr>
<tr>
<td>517</td>
<td>455</td>
<td>-62</td>
<td>-12.0 %</td>
</tr>
</tbody>
</table>

#### Emergency Department

<table>
<thead>
<tr>
<th>MTD</th>
<th>Diff</th>
<th>Diff %</th>
<th>PMTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,692</td>
<td>4,707</td>
<td>15</td>
<td>0.3 %</td>
</tr>
<tr>
<td>824</td>
<td>892</td>
<td>68</td>
<td>8.3 %</td>
</tr>
<tr>
<td>17.6</td>
<td>19.0</td>
<td>1.4</td>
<td>17.0 %</td>
</tr>
<tr>
<td>174</td>
<td>195</td>
<td>21</td>
<td>12.1 %</td>
</tr>
<tr>
<td>1,228</td>
<td>1,024</td>
<td>-204</td>
<td>-16.6 %</td>
</tr>
<tr>
<td>352</td>
<td>332</td>
<td>-20</td>
<td>-5.7 %</td>
</tr>
<tr>
<td>5,920</td>
<td>5,731</td>
<td>-189</td>
<td>-3.2 %</td>
</tr>
</tbody>
</table>

#### Outpatient Visits

<table>
<thead>
<tr>
<th>MTD</th>
<th>Diff</th>
<th>Diff %</th>
<th>PMTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,125</td>
<td>2,839</td>
<td>-286</td>
<td>-9.2 %</td>
</tr>
<tr>
<td>5,673</td>
<td>4,632</td>
<td>-1,041</td>
<td>-18.4 %</td>
</tr>
<tr>
<td>7,367</td>
<td>6,417</td>
<td>-950</td>
<td>-12.9 %</td>
</tr>
<tr>
<td>2,005</td>
<td>2,566</td>
<td>561</td>
<td>28.0 %</td>
</tr>
<tr>
<td>1,795</td>
<td>1,804</td>
<td>9</td>
<td>0.5 %</td>
</tr>
<tr>
<td>2,681</td>
<td>1,919</td>
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</tr>
<tr>
<td>770</td>
<td>742</td>
<td>-28</td>
<td>-3.6 %</td>
</tr>
<tr>
<td>1,719</td>
<td>1,633</td>
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</tr>
<tr>
<td>530</td>
<td>471</td>
<td>-59</td>
<td>-11.1 %</td>
</tr>
</tbody>
</table>

#### Radiology

<table>
<thead>
<tr>
<th>MTD</th>
<th>Diff</th>
<th>Diff %</th>
<th>PMTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3,874</td>
<td>-</td>
<td>-</td>
<td>3,664</td>
</tr>
<tr>
<td>-9,115</td>
<td>-</td>
<td>-</td>
<td>8,299</td>
</tr>
<tr>
<td>-413</td>
<td>-</td>
<td>-</td>
<td>338</td>
</tr>
<tr>
<td>-294</td>
<td>-</td>
<td>-</td>
<td>331</td>
</tr>
<tr>
<td>-622</td>
<td>-</td>
<td>-</td>
<td>620</td>
</tr>
</tbody>
</table>
CMO Memorandum

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

APPOINTMENT OF CHIEF OF SERVICE AND ASSOCIATE CHIEF OF SERVICE

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

1. **Appointment:** Each Chief of Service and Associate Chief of Service shall be appointed by the Board for a one to three (1-3) year term.

2. **Term of Office:** The Chief of Service and Associate Chief of Service shall serve the appointment term defined by the Board and be eligible to succeed himself.

3. **Removal:** Removal of a Chief of Service from office may be made by the Board acting upon its own recommendation or a petition signed by fifty percent (50%) of the Active department members with ratification by the Medical Executive Committee and the Board as outlined in Section 4.1.6 for Removal of Medical Staff Officers within the Medical/Dental Staff Bylaws.

4. **Vacancy:** Upon a vacancy in the office of Chief of Service, the Associate or Assistant Director, or division chief of the department shall become Chief of Service or other such practitioner named by the Board until a successor is named by the Board.

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

<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>Erik Jensen, MD</td>
<td>1 YR</td>
<td>JUN 2014</td>
<td>JAN 2015</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Mark Jajkowski, MD</td>
<td>3 YRS</td>
<td>JAN 2014</td>
<td>DEC 2016</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Maureen Sullivan-Nasca, DDS</td>
<td>1 YR</td>
<td>JAN 2014</td>
<td>DEC 2014</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Michael Manka, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Lorne Campbell, MD</td>
<td>1 YR</td>
<td>JUN 2014</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Joseph Izzo, Jr., MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Laboratory Medicine</td>
<td>Daniel Amsterdam, PhD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Neurology</td>
<td>Richard Ferguson, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Gregory Bennett, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>Vanessa Barnabei, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>James Reidy, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</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>DEC 2015</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Philip Stegemann, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>William Belles, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Pathology</td>
<td>Lucia Balos, MD</td>
<td>1 YR</td>
<td>JAN 2014</td>
<td>DEC 2014</td>
</tr>
<tr>
<td>Plastics &amp; Reconstructive Surgery</td>
<td>Thom Loree, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Yogesh Bakhai, MD</td>
<td>3 YRS</td>
<td>JAN 2013</td>
<td>DEC 2015</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 Azadfard, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Sergio Anillo, 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</td>
<td>Rebecca Calabrese, MD</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>
<tr>
<td>Anesthesia</td>
<td>Scott Plotkin, MD</td>
<td>1</td>
<td>BY CHIEF OF SERVICE</td>
</tr>
</tbody>
</table>

(Bold depicts new appointments)
The Department of Nursing reported the following activities in the month of September:

- On October 15, 2014 “Making Connections” was presented to the public as well as employees. This was a program to raise awareness about domestic violence. Several nurses attended this program along with many individuals from the community. Nurses who attended were: Karen Ziemianski, Karen Beckman, Peggy Cieri, Tiffany Ciurczak, Anne Marie Gallineau, Donna Gatti, Audrey Hoerner, Melinda Lawley, Donna Oddo, Christine Pigeon, Denise Thompson, Richard Waterstram, and Kelly Zgoda.

- Paula Quesinberry (Program Coordinator for Sepsis) presented an on-line, live description outlining the successful use of this proven quality improvement strategy in ECMCC’s Emergency Department. This improvement strategy was used to develop a system of screening every patient every shift for sepsis as recently mandated by the NYSDOH. This program was presented on Tuesday, October 7, 2014 at 1000. Paula's presentation was a small but essential part of the program.

- ECMC’s Conversation Ready Project Outreach Team lead by Sandra Lauer along with Valerie Czajka, presented at the P2 Collaborative Conference on Oct. 9th. The Conference hosted Keynote Speaker, Ellen Goodman, co-founder and Director of The Conversation Project. The Conversation Project is a national campaign dedicated to helping people talk about their wishes for end-of-life care. Our team shared stories of our experiences and data on end-of-life conversations that we’ve collected from presenting, The Conversation Project, in our community. ECMC’s Outreach Team is continuing to present in the community and our work on the Conversation Project has been featured in local news articles, television, and multiple radio programs.
I. **EMPLOYEE NUMBERS**

ECMC ACTIVE EMPLOYEES 10/14: 2897

TERRACE VIEW ACTIVE EMPLOYEES 10/14: 445

II. **EMPLOYEE HIRING**

**ECMCC TOTAL NUMBER JOBS FILLED**

<table>
<thead>
<tr>
<th>Period</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/14 - 10/20/14</td>
<td>113</td>
</tr>
<tr>
<td>10/1/13 - 10/2013</td>
<td>62</td>
</tr>
<tr>
<td>YTD 2014</td>
<td>838</td>
</tr>
</tbody>
</table>

**ECMCC TOTAL AVERAGE TIME TO FILL**

<table>
<thead>
<tr>
<th>Period</th>
<th>Average Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/14 – 10/20/14</td>
<td>38.12 DAYS</td>
</tr>
<tr>
<td>10/1/13-10/20/13</td>
<td>58</td>
</tr>
<tr>
<td>YTD 2014</td>
<td>44.08</td>
</tr>
</tbody>
</table>

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

III. **WELLNESS/BENEFITS**

The Benefits Fair was held October 8, 2014 6 Am – 4 PM. Over 750 people attended.

ECMCC Annual Open Enrollment period is Monday, October 20 – Friday, November 21st, with an effective date of January 1, 2015.

IV. **TRAINING**

**RECRUITING AND HIRING TRAINING FOR MANAGERS IS SCHEDULED FOR NOVEMBER 2014**

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

**BACK INJURY PREVENTION – ECC Grant**
• Sessions will be conducted on December 5 & 14, 2014

ERGONOMIC TRAINING – ECC Grant
• Sessions will be conducted on October 31 and November 28, 2014

V. RECRUITING ACTIVITIES

4/24/14 – 10/9/14:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETC &amp; CAO Job Fair</td>
<td>JFK Community Center</td>
</tr>
<tr>
<td>Buffalo Academy of Sciences Charter Resume</td>
<td>Charter School</td>
</tr>
<tr>
<td>Workshop</td>
<td>Protocol Restaurant</td>
</tr>
<tr>
<td>Martin Luther King Job Fair</td>
<td>ECC South</td>
</tr>
<tr>
<td>Adult Edu. Center BPS</td>
<td>St. Lawrence Street</td>
</tr>
<tr>
<td>Pathways to Careers in the Medical Sector</td>
<td>EOC Conference Center</td>
</tr>
<tr>
<td>Canisius College</td>
<td>Canisius College</td>
</tr>
<tr>
<td>Buffalo Niagara Medical Campus</td>
<td>BNMC Career Center</td>
</tr>
<tr>
<td>Erie 2 BOCES LPN Program</td>
<td></td>
</tr>
<tr>
<td>Graduate Job Fair</td>
<td>New Hope Learning Center</td>
</tr>
<tr>
<td>Nursing and Transfer Job Fair</td>
<td>Genesee Community Coll.</td>
</tr>
<tr>
<td>LPN</td>
<td>Erie BOCES - West Seneca</td>
</tr>
</tbody>
</table>
The Health Information Systems/Technology department has completed or is currently working on the following projects.

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

**Meaningful Use (MU).**

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

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

**Clinical Automation.**

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

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

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

**Infrastructure Support.**

We have completed its initial implementation of Microsoft System Center Configuration Manager (SCCM). This software tool is intended to enhance our ability to effectively manage our end-
user desktop environment. The most recent effort was capped off by a week-long engagement with an onsite Microsoft engineer, who provided specific high level training and configuration help with various aspects of the system. Specific examples of enhancements to our management environment with SCCM, keeping in mind we are still in early stages of implementation:

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

HIS is scheduled to continue implementation with separate engagements throughout the remainder of the year, and expects to complete an accurate PC inventory, accurate software inventory, a better representation of physical location of assets, and a more complete automated deployment model by that time. Having these data and processes are critical ahead of our expected transition to virtual desktop infrastructure starting in 2015.
Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning and Business Development
October 28, 2014

Marketing

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

Planning and Business Development

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

Media Report

- The Buffalo News; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WGRZ-TV, Channel 2: Erie County Medical Center is prepared to deal with Ebola. The main job for local hospitals is quickly identifying and then safely isolating a potential Ebola case. Dr. Brain Murray is quoted.
- Buffalo Business First: ECMC works to grow surgical capacity in $3.2 M expansion. The hospital filed plans with the state Department of Health to build out the surgical operating rooms
- The Buffalo News; Buffalo Healthy Living; WIVB-TV, Channel 4; Williamsville Courier: Going Pink for a cause. On Monday, Oct. 6, Erie County Medical Center (ECMC) lit up its building as they went Pink for Breast Cancer Awareness Week.
- Buffalo Healthy Living: ECMC to host “Making Connections: A Program to Raise Awareness about Domestic Violence”. During Domestic Violence Month (October) the Erie County Medical Center will host an adults-only program to raise awareness about Domestic Violence.
- The Buffalo News: High School teams again in the pink for breast cancer fund raising. Pink gear donated by ADPRO Sports toes to schools which pledge to raise funds which go entirely to support ECMC’s Mobile Mammography Unit, a coach bus-sized vehicle equipped with two digital mammography systems.
Niagara Frontier Publications: Pinktober celebrated in Niagara Falls. Along with the American Cancer Society, the Canadian Cancer Society, Erie County Medical Center, the ECMC Lifeline Foundation, the Buffalo Bills and Nicholas Picholas of WKSE “Kiss” 98.5-FM, the Hard Rock Café gathered survivors, Bills fans and musicians to raise awareness and funds in a united front against breast cancer.

Community and Government Relations
Working with KPMG to develop governance structure for DSRIP application
Upper Alleghany and Niagara Falls DSRIP is joining in ECMC DSRIP
Advocating to Legislators and DOH for DSRIP, letters sent to Governor from delegation
Attending Community Foundation meetings with “emerging applications” to discuss collaboration
Farmer’s market had record year
Mammography coach celebrated 2 year anniversary
ECMC hosted NFL “Crucial Catch” event with over approximately 200 women attending

Surgical Services
- Orthopedic volume continues to grow from UB Orthopedics and Excelsior with 617 more cases (18%) than last year, 375 new volume growth of bariatric surgery. Main OR volume for September was 813 cases
- The new surgical center preformed 128 cases in September. Total YTD is 1,191 surgical cases. Main contributors to increase are Orthopedics, Bariatric and Laparoscopic general surgery.
- YTD: 716 (9.2%) volume increase of combined surgical center and Main OR areas.
### ECMC ANNUAL GIVING 2015
#### 10/2 DAY OF GIVING - EMPLOYEE CAMPAIGN

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

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

#### 2015 EMPLOYEE CAMPAIGN - MONTH OF OCTOBER TOTALS

- **OVERALL GIVING - LIFELINE & UNITED WAY**  $ 77,654.00
- **OVERALL GIVING DESIGNATED TO LIFELINE**  $ 62,524.00
MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, SEPTEMBER 22, 2014 AT 11:30 A.M.

Attendance (Voting Members):

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Amsterdam, PhD</td>
<td>M. Manka, MD</td>
</tr>
<tr>
<td>M. Azadfard, MD</td>
<td>M. Panesar, MD</td>
</tr>
<tr>
<td>Y. Bakhai, MD</td>
<td>K. Pranikoff, MD</td>
</tr>
<tr>
<td>L. Balos, MD</td>
<td>R. Schuder, MD</td>
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<tr>
<td>V. Barnabei, MD</td>
<td>P. Stegemann, MD</td>
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<tr>
<td>G. Bennett, MD</td>
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<tr>
<td>L. Campbell, MD</td>
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<tr>
<td>M. Chopko, MD</td>
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<td>S. Cloud, DO</td>
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<tr>
<td>R. Desai, MD</td>
<td></td>
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<tr>
<td>R. Ferguson, MD</td>
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<tr>
<td>W. Flynn, MD</td>
<td></td>
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<tr>
<td>R. Hall, MD, DDS, PhD</td>
<td></td>
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<tr>
<td>J. Izzo, MD</td>
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<tr>
<td>M. LiVecchi, MD</td>
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Attendance (Non-Voting Members):

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>B. Murray, MD</td>
<td>R. Gerwitz</td>
<td>B. Del Prince</td>
</tr>
<tr>
<td>R. Cleland</td>
<td>S. Gonzalez</td>
<td>T. Quatroche</td>
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<tr>
<td>S. Ksiezek</td>
<td>R. Krawiec</td>
<td>M. Hoffman</td>
</tr>
<tr>
<td>A. Orlick, MD</td>
<td>C. Ludlow, RN</td>
<td></td>
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<tr>
<td>K. Ziemianski, RN</td>
<td>A. Victor-Lazarus, RN</td>
<td></td>
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<tr>
<td>L. Feidt</td>
<td>B. Sloma</td>
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Excused:

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<tr>
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<tbody>
<tr>
<td>W. Belles, MD</td>
<td>T. Loree, MD</td>
<td>R. Venuto</td>
</tr>
<tr>
<td>N. Dashkoff, MD</td>
<td>M. Sullivan, DDS</td>
<td>Non-Voting:</td>
</tr>
<tr>
<td>T. DeZastro, MD</td>
<td>J. Reidy, MD</td>
<td>M. Cain</td>
</tr>
<tr>
<td>N. Ebling, DO</td>
<td>J. Serghary, MD</td>
<td>J. Fudyma, MD</td>
</tr>
<tr>
<td>M. Jaikowski, MD</td>
<td>A. Sinha, MD</td>
<td>S. Gary</td>
</tr>
<tr>
<td>E. Jensen, MD</td>
<td>A. Stansberry, RPA-C</td>
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Absent:

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<th>Name</th>
<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.

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

A. The Seriously Delinquent Records report was included as part of Dr. Hall’s report. Please review carefully and address with your staff. Please remind attendings they must check their e-sign ques each day and particularly attestations must be signed prior to patient discharge.
III. THANK YOU FROM MATH & TECH SCHOOL FOR DONATION

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

IV. CEO/COO/CFO BRIEFING

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

B. CFO Report – Steve Gary

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

A. UNIVERSITY AFFAIRS

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

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

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

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

Erie County Medical Center - Medical Executive Committee
September 22, 2014 Minutes of Record

2 | P a g e
Surgery increased from 17.50 to 19.0
Dental increased from 8.0 to 13.0
Ob/GYN increased from 1.0 to 1.73

B. PROFESSIONAL STEERING COMMITTEE

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

C. UTILIZATION REVIEW

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

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

D. CLINICAL ISSUES

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

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

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

MOTION UNANIMOUSLY APPROVED.

VI. ASSOCIATE MEDICAL DIRECTORS REPORTS

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

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

A. October 3, 2014 is Employee Appreciation Day – ECMC Goes Pink! The Medical Dental staff is contributing to the program and all are encouraged to participate in serving at the event. Meal times were outlined. Female staff will be encouraged to have a mammogram that day on the mammo bus to promote breast health.

B. ECMC Annual Day of Giving–ECMC Employees are asked to make their annual financial commitment to the Foundation and/or United Way. Lifeline will be collecting pledge forms in the Employee Hallway for 18 continuous hours to hit all shifts. Thank-you gifts are given to each donor and there is a raffle for all participants. Those 12 hours are where we receive the most gifts.

VIII. NOMINATING COMMITTEE REPORT

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

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

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

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

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


   Already seated officers, 2014 ascension as listed below:
   President: Samuel Cloud, DO
   President-Elect: Timothy DeZastro, MD
   Immediate Past President: Richard Hall, MD, DDS, PhD
Open officer seats:
Treasurer: Katie Grimm, MD
Secretary: Michael Cummings, MD

3. Medical Executive Committee Seats

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

(1) Allied Health Professional: Dan Ford, PA

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

5.1.3 NOMINATIONS

a) By Nominating Committee: The Nominating Committee shall convene at least ninety (90) days prior to the Annual Meeting of the Medical/Dental Staff and shall submit to the President of the Medical/Dental Staff a list of one or more qualified nominees for each office and at-large members to the Medical Executive Committee, to which is attached a statement of the Chair of the Nominating Committee that each nominee has agreed to stand for election to office. The names of such nominees shall be made available to all voting Medical/Dental Staff members at least thirty (30) days prior to the Annual Meeting;

(b) By Petition: Nominations may also be made by petition signed by at least twenty (20) members of the Active Staff with voting rights, to which is attached a statement signed by the nominee attesting to his willingness to stand for election to the office, and filed with the President of the Staff at least seven (7) days prior to the Annual Meeting. As soon after filing of a petition as is reasonably possible, the name(s) of these additional nominee(s) shall be made available to all voting Medical/Dental Staff members;

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

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

MOTION UNANIMOUSLY ACCEPTED.
**IX. CONSENT CALENDAR**

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

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

MOTION UNANIMOUSLY APPROVED.

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

MOTION APPROVED PER VOTE.

X. OLD BUSINESS

A. None

XI. NEW BUSINESS

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

XII. ADJOURNMENT

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

Respectfully submitted,

Richard Hall, M.D., President
ECMCC, Medical/Dental Staff
Erie County prepared in the event of Ebola here

Pre-existing protocols described by officials

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

If Ebola arrives here, Erie County is ready.

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

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

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

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

The main job for local hospitals boils down to quickly identifying and then safely isolating a potential Ebola case.
Once that is done, experts from the federal Centers for Disease Control and Prevention would take over, likely in a matter of hours, and transfer a patient to one of eight designated Ebola “supercenters” in the state for longer-term treatment, county and hospital officials said.

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

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

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

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

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

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

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

• Risk to the general population?

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

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

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

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

• What are hospitals in Buffalo doing?

Steps include “town hall” meetings with employees, creation of special response teams, mandatory training for certain staff, purchase of personal protective equipment for
employees who might come into contact with a patient, identification of areas to isolate patients, and drills.

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

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

- How are potential Ebola patients screened?

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

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

"We even have the people who do our valet parking asking questions," D'Arcy said.

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

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

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

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

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

- What about ambulance personnel?

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

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

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

The CDC on Monday issued updated Ebola guidelines for protecting health care workers. Doctors, nurses, and others caring for patients with Ebola should wear single-use personal protective equipment that does not expose any skin, and be trained and monitored in how to put it on and take it off, according to the agency.
Nurses across the nation have voiced concern about adequate equipment and training at hospitals. Locally, it’s difficult to gauge the progress of hospitals in meeting the guidelines. But one key group representing workers at Kaleida Health reports positive signs.

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

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

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

email: hdavis@buffnews.com
ECMC works to grow surgical capacity in $3.2M expansion

Oct 21, 2014, 3:30pm EDT

Tracey Drury
Buffalo Business First Reporter- Buffalo Business First

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

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

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

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

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

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

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

The project requires only an administrative review by the state health regulators.
250 Delaware Ave., the future home of Delaware North Cos, as well as a
are and Chippewa Street is a project of Uniland Development.

The power of pink

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

Man charged
with secretly
taping women

BY ROBERT J. McCARTHY
NEWS STAFF REPORTER

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

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

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

See Arrested on Page D2
Publisher's Blog

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

by Annette Pinder on 10/07/14

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

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

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

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

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

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

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

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

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

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

Winners will be announced Nov. 12.

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

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

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

by jmaloni
Tue, Oct 14th 2014 05:30 pm

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

by Carreen Schroeder

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

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

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

Hard Rock is continuing its efforts to raise funds and awareness throughout the month of October with a long line of Pinktober merchandise for sale, including men's and women's T-shirts and pins. Hard Rock hotels are joining the campaign and encouraging guests to "Get into Bed for the Cause" with special room rentals draped with Hard Rock's pink sheets, pink robes, pins and more. A portion of the room rate also will benefit several breast cancer charities.
It's All About The Fight. The American Cancer Society operates with more than 3 million volunteers working to help eradicate cancer. The ACS leads the nation as the largest non-governmental investor in cancer research and has contributed about $3.4 billion toward the fight.

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

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

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

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