

MINUTES OF THE REGULAR MEETING
OF THE BOARD OF DIRECTORS
TUESDAY, NOVEMBER 29, 2016
STAFF DINING ROOM

Voting Board Members Present:	Bishop Michael Badger Douglas H. Baker Ronald Bennett Ronald Chapin Darby Fishkin Kathleen Grimm, M.D. Sharon L. Hanson	Kevin Hogan Anthony Iacono Thomas P. Malecki, CPA Frank Mesiah Michael A. Seaman
Voting Board Member Excused:	Kevin Cichocki, D.C. Jonathan Dandes	Michael Hoffert
Non-Voting Board Representatives Present:	Thomas Quatroche Ph.D.	Kevin Prantikoff, M.D.
Also Present:	Donna Brown A.J. Colucci, III, Esq. Janique Curry Peter Cutler Andy Davis Leslie Feidt Stephen Gary Susan Gonzalez Al Hammonds	Julia Jacobia Jarrod Johnson Rev. James Lewis Charlene Ludlow Nadine Mund Brian Murray, M.D. Lorne Steinhart Jim Turner Karen Ziemianski

I. CALL TO ORDER

Chair Sharon L. Hanson called the meeting to order at 4:35 P.M.

II. APPROVAL OF MINUTES OF OCTOBER 25, 2016 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Douglas Baker and seconded by Frank Mesiah.

Motion approved unanimously

III. SUE GONZALEZ – ANNUAL GIVING CAMPAIGN

Sue encouraged everyone to donate to the Annual Giving Campaign. Every dollar is important, please make a donation. We are looking for 100% participation from the board and executive leadership.

IV. ACTION ITEMS

A. Resolution Approving Certificate of Need Application for Newly-Constructed Emergency Department.

Moved by Thomas Malecki and seconded by Michael Seaman.

Motion approved unanimously.

B. Approval of November 3, 2016 Medical/Dental Staff Appointments/Re-Appointments

Moved by Douglas Baker and seconded by Anthony Iacono.

Motion approved unanimously.

V. BOARD COMMITTEE REPORTS

All reports except that of the Performance Improvement Committee are received and filed in the November 29, 2016 Board book.

VI. REPORTS OF CORPORATION'S MANAGEMENT

President & Chief Executive Officer: Thomas J. Quatroche, Ph.D.

Quality

- Received Joint Commission Accreditation through September 2019
- Achieved a Leapfrog score of B
- Received the NCQA recognition for patient centered medical home, Level 3
- Received the Apogee Hospital of the Year Award

Patient Experience

- Rolled out "How to Say It" program to Leadership Council. The program is designed to show teammates how to speak to patients and to each other.
- Another successful "Healing Ceiling" program was recently completed.
- Nursing making holiday cards for patients for the holidays.
- Continue to have ongoing quarterly Patient Experience scores meetings with unit managers.

Culture

- Celebrated Med/Surg Nursing Week.
- Surprise day to celebrate LPN's.
- The volunteer Fashion Show held November 12 had 400 people in attendance.
- Nursing Leadership Development Day.
- Trauma training (Warsaw, Amherst)
- Patient Safe Handling Vendor Fair.
- The Justice Center is visiting ECMC to present to staff.

Operations

- New Terrace View Discharge Planner Initiative in place to educate the patients about our sub-acute program.
- Upgraded the Transplant Outpatient's electronic medical record.
- Cardiology Clinic opened 11/7.
- Ended month of October with a \$500,000 operating income.
- LOS down significantly.
- Case mix index up significantly.
- Increase in ED visits.

Chief Financial Officer: Stephen Gary

A summary of the financial results through October 31, 2016 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Chief Medical Officer: Brian Murray, MD provided a summary of the presentations at a recent Quality Improvement Committee meeting:

- Anthony DePinto, Nursing Facility Administrator of Terrace View provided a 5-Star Overview and impact of quality measures on the Terrace View Long Term Care Program. Terrace View currently has been awarded 3-stars overall as of August 1, 2016.
- Joseph Fleming, Environmental Services explained measuring tools used to improve the patient experience that include "Just for You" bags that are distributed to new admissions.
- ATP testing data was presented, a method of looking at residential bacteria. When this testing started 3 years ago, the threshold was 1,000 and now rates are near zero. The success is related to education of the staff to promote effective cleaning. These rates are extremely low in comparison to like facilities in the state.
- Dr. Castiglia, Neurosurgeon, provided a quality presentation on the Neurosurgery services at ECMC. There were no Class I surgical site infections in the first two quarters of 2016.
- Carly Gerretson, Nurse Practitioner of the Plastics and Reconstructive Program provided an overview and performance improvement plan of the department. Focus on outpatient wait times. Wait times were at 1.5 hour but have decreased with additional staff.

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

Moved by Douglas Baker and seconded by Frank Mesiah to enter into Executive Session at 5:00 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments, and business plans.

Motion approved unanimously

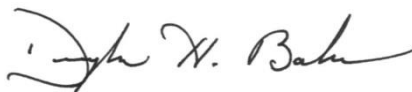
VIII. RECONVENE IN OPEN SESSION

Moved by Michael Seaman and seconded by Frank Mesiah to reconvene in Open Session at 5:55 P.M. No action was taken by the Board in Executive Session.

Motion approved unanimously.

IX. ADJOURNMENT

Moved by Bishop Michael Badger and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 6:00 P.M.



Douglas H. Baker
Corporation Secretary

**Resolution Approving Certificate of Need
Application for a Newly-Constructed Emergency Department**

Approved November 29, 2016

WHEREAS, the Corporation currently operates an Emergency Department and Adult Level 1 Trauma Center occupying approximately 26,000 square feet, including 36 physically-undersized stations that serve an average 68,000 patient visits annually; and

WHEREAS, the Building and Grounds Committee of the Corporation's Board of Directors has been studying the construction of a new Emergency Department that will include 50 treatment stations that are sized to industry standards, four trauma resuscitation suites, and related registration and administrative space occupying approximately 54,000 square feet; and

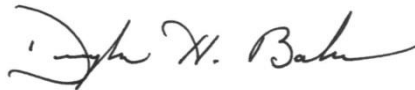
WHEREAS, the Corporation has engaged its physicians and related health professionals to provide guidance and support for the design of a newly-constructed Emergency Department; and

WHEREAS, projections show the continuing need for an expanded facility at the Corporation's Grider Street Campus for many years to come; and

WHEREAS, the Building and Grounds Committee has reviewed the final plan for a new Emergency Department having an approximate construction cost of \$51 million and unanimously recommends that the Corporation proceed with the construction;

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

1. The construction of a new Emergency Department with an approximate construction cost of \$51 million is hereby approved.
2. The Corporation is authorized to complete and file a Certificate of Need application with the New York State Department of Health and to take all steps needed to obtain the approval of the Certificate of Need.
3. The Corporation is authorized to secure financing of the construction cost of \$51 million including financing interest payments during construction and any costs of issuance up to and including an additional \$7.1 million.
4. This resolution shall take effect immediately.



Douglas H. Baker
Corporation Secretary

-Cardioversion-elective
 *FPPE will commence upon clinical activity
 Pisano, Heather, FNP Allied Health Professional
 Collaborating Physician: Dr. Tadakamalla

-NG Tube Insertion w/Guide Wire
 Martinez, Anthony, MD Active
 -Issue certification for medical marijuana

Surgery
 Kordasiewicz, Lynn, ANP* Allied Health
 Professional
 Collaborating Physician: Dr. Flynn
 -Urinary Catheter, (Female)
 -Urinary Catheter, (Male)
 -Subcutaneous Injection

*Waive FPPE as these represent core nursing privileges

**FOR OVERALL
 ACTION**

PRIVILEGE WITHDRAWAL

Skalyo, Cynthia, ANP Internal Medicine- Hospitalist (will continue to maintain Family Medicine Privileges)

INFORMATION

FOR

APPOINTMENT APPLICATIONS, recommended– comments as indicated

Initial Appointments (8)

Internal Medicine

Glover Jr., Robert F., MD Active
 Gupta, Anu, MD Active
 Meng, Jennifer, PA-C Allied Health
 Professional

Supervising Physician: Dr. Zizzi, Jr.

Ramos, Emilio, MD Active
 Spyche, Laura, ANP Allied Health
 Professional

Collaborating Physician: Dr. Pendyala

Internal Medicine - Hospitalist

Sivalingam, Devamohan, MD Active

Orthopaedic Surgery

Kish, Mary Jo, ANP Allied Health
 Professional

Collaborating Physician: Dr. Kowalski

Pathology

Bhalla, Amarpreet, MD Active
FOR OVERALL

ACTION

Dual Appointments (0)

REAPPOINTMENT APPLICATIONS, recommended – comments as indicated

Reappointment Review (25)

Anesthesiology

Hastings, Lisa, CRNA Allied Health
 Professional

Haws, Brianna, CRNA Professional	Allied Health
Meyers, Shannon, CRNA Professional	Allied Health
<u>Family Medicine</u>	
Singh, Ranjit, MD	Active
<u>Internal Medicine</u>	
Curtis, Anne, MD	Active
Ezenwa, Chinyere, MD	Active
Kim, Chee Hoon, MD	Associate
Min, Inkee, MD	Active
Pisano, Heather, FNP Professional	Allied Health
<i>Collaborating Physician: Dr. Tadakamalla</i>	
Reed, Pamela, MD Follow	Courtesy, Refer &
Sperry, Howard, MD	Active
Yacoub, Rabi, MD	Active
Zachariah, Mareena, MD	Active
<u>Ophthalmology</u>	
Pfohl, George, MD Follow	Courtesy, Refer &
<u>Oral & Maxillofacial</u>	
Campbell, John, IV, DDS	Active
<u>Orthopaedic Surgery</u>	
Callahan, John, MD	Active
Castonguay, Andrea, PA -C Professional	Allied Health
<i>Supervising Physician: Dr. Wind</i>	
Rohrbacher, Bernhard, MD	Active
Treanor, Joseph PA-C Professional	Allied Health
<i>First Assist/Supervising Physician: Dr. Anders</i>	
<u>Psychiatry & Behavioral Health</u>	
Tan, Alfonso, MD	Active
<u>Radiology</u>	
Aiad, Shahir, MD Follow	Courtesy, Refer &
Tabone, Michael, MD	Active
<u>Surgery</u>	
Glick, Philip, MD	Active
Kordasiewicz, Lynn, ANP Professional	Allied Health
<i>Collaborating Physician: Dr. Flynn</i>	
<u>Thoracic/Cardiovascular Surgery</u>	
Murphy, Mary, PA-C Professional	Allied Health
<i>Supervising Physician: Dr. Aldridge</i>	
Dual Reappointments (1)	
Kalinka, Lisa, ANP Professional	Allied Health

Internal Medicine - *Collaborating Physician: Dr. Orlick*

Otolaryngology - *Collaborating Physician: Dr. Belles*

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 on the date indicated.

November 2016 Provisional to Permanent Staff	Provisional Period
<u>Expires</u>	
<u>Emergency Medicine</u>	
Bezon, Kelsey, PA-C	Allied Health Professional 11/17/2016
<u>Family Medicine</u>	
Tazwar, Fahim, MD	Active Staff 11/17/2016
<u>Internal Medicine</u>	
Rivera, Ramon, MD	Active Staff 11/17/2016
<u>Pathology</u>	
Sun, Jihong, MD	Active Staff 11/17/2016
<u>Psychiatry</u>	
Krishnaswamy, Sudha, MD	Active Staff 11/17/2016
<u>Radiology/Imaging Services</u>	
Hoffman, Kira, PA-C	Allied Health Professional 11/17/2016
<i>Supervising Physician: Jonathan Marshall, DO</i>	
Lannon, Gail, PA-C	Allied Health Professional 11/17/2016
<i>Supervising Physician: Jonathan Marshall, DO</i>	
Ostolski, Penelope, PA-C	Allied Health Professional 11/17/2016
<i>Supervising Physician: Jonathan Marshall, DO</i>	

The future January 2017 Provisional to Permanent Staff list will be compiled for Chief of Service review and endorsement.
FOR OVERALL ACTION

AUTOMATIC CONCLUSION, Reappointment Expiration, FIRST NOTICE

None

AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

None

AUTOMATIC CONCLUSION, Reappointment Expiration, FINAL NOTICE

None

OLD BUSINESS

Office Operations

- C. Burton provided an update regarding the online re-appointment collaboration with KH. KH remains committed to a 12/30/16 go live. ECMC has not yet had an opportunity for its medical leadership to assess the tool. Drs. Murray, Panesar and Bakhai will be testing the online re-appointment application the week of 11/14 to assist with the assessment.
- C. Burton reminded the committee that in order to implement the online reappointment process, it was necessary to align re-appointment dates with KH. This resulted in a monthly re-appointment volume significantly above previous baseline. The MDSO team was applauded for devising a pro active plan to address this.

Joint Commission Survey

- S. Ksiazek updated the committee that the physician and AHP FPPE templates have been developed for all but one department. Approximately 60 templates needed to be developed in order to meet the Joint

Commission plan of correction. Efforts in coming weeks will be the implementation of the new process, dating back to the July appointments. Another review of the new process will be conducted at the November COS meeting. It was requested that a list of all the new FPPEs be prepared for that meeting.

Delegated Credentialing

- The 2016 Wellcare audit records have been submitted. The MDSO will report the results to the committee once received.
- The MDSO has received the list of files for the 2016 on site Fidelis audit on November 18th. File preparation is currently in process. Clarification will also be sought on one of the items listed on the Fidelis attestation; ECMC Corporate Compliance has already been consulted.

Privilege Forms

- **Internal Medicine**
Combined NP/PA IM privilege form; no progress
- **Orthopaedic Surgery**
Topaz Procedure – COS to investigate and make recommendation regarding privilege form prior to the December credentials meeting.
- **Rehabilitation Medicine**
The COS endorsed the formatting changes to the department privilege form. The MDSO will put the form into production.
- **Bariatric Surgery**
Awaiting endorsement from the COS to add intragastric balloon procedure as a separate delineated privilege on the Bariatric Surgery privilege form.

Dues Increase

A letter explaining the rationale for the incremental dues increase is being crafted by the MDSO Presidents and will be attached to the 2017 and 2018 dues notices.

Temporary Privileges

Refer to the attached tracker of Urgent and Temporary Privilege issuance and expiration. All temporary privileges issued since the last meeting, with the justification of need for each, were reviewed for the committee. The quality control checks confirmed that all were executed in full compliance with policy.

FOR OVERALL ACTION

NEW BUSINESS

2017 Meeting Schedule

Committee members were polled and agreed to the same day and time for the 2017 meetings (1st Thurs of the month at 3pm).

Board of Director Meeting Schedule

The MDSO has been notified that there will be no BOD meetings for both December 2016 and 2017. The MDSO has made a concerted effort to bring new appointments to the November 2016 and January 2017 credentials meetings to minimize the need for temporary privileges. Our appointment specialist has already notified many of the practice plans of the above.

Delinquent Dues

Delinquent dues have significantly declined due to the diligence of the MDSO staff. For 2016 there is only one delinquent practitioner. This practitioner is on the delinquent list every year. The medical leadership authorized the MDSO to issue the standard delinquent dues letter to said practitioner.

Application Due Diligence

The MDSO appointment specialist reviewed an application recently received. It was clear that the application was not vetted by the practice plan before forwarding to ECMC. This has been a recurrent challenge with the practice plan. Issues identified by the ECMC staff were referred back to the practice plan, who decided to withdraw the application. The potential seriousness of the issues requires further investigation; the MDSO will follow up with the CMO.

FOR OVERALL ACTION

OPEN ISSUES

- Atherectomy – add as a delineated privilege? Which forms other than Radiology?
Action: Referred to CMO and Credentials Chair to address with Radiology and Surgery Chiefs
- Expireables – impact of HR policy change for physicals and PPDs; contract options to provide care in development. Per Chief Safety Officer, they will still offer influenza vaccine to ALL;
Action: The CMO is working with Executive Management on this issue and will report back.
- Hospitalist group – turnover. Since last meeting have submitted a list of providers; data incomplete. MDSO has reached out to the group requesting additional detail.

FOR INFORMATION

OTHER BUSINESS

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

FPPE (Focused Professional Practice Evaluation) (0)

Refer to pg. 4 for update

OPPE (Ongoing Professional Practice Evaluation) (18)

Report from the PSO – OPPE’s completed since last report:

Chemical Dependency (10)

Dermatology (1)

OB/GYN (7)

FOR INFORMATION

ADJOURNMENT

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

Respectfully submitted,



Yogesh Bakhai, MD
Chairman, Credentials Committee