

ERIE COUNTY MEDICAL CENTER CORPORATION
APRIL 27, 2021, 2021 MINUTES OF THE
BOARD OF DIRECTORS REGULAR MEETING
MEETING HELD VIA ZOOM

Present: Bishop Michael Badger, Ronald Bennett, Ronald A Chapin, Anthony J. Colucci, III, Jonathan Dandes, Darby Fishkin, Kathleen Grimm, MD, Sharon Hanson, Michael Hoffert, James Lawicki, Jennifer Persico, Thomas J. Quatroche, Eugino Russi, Michael Seaman

Excused: Scott Bylewski, Christopher O'Brien, William Pauly, Jack Quinn,

Also

Present: Donna Brown, Peter Cutler, Andrew Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Keith Lukasik, Nadine Mund, Brian Murray, MD, Jonathan Swiatkowski, James Turner, Karen Ziemianski

I. Call to Order:

The meeting was called to order at 4:30 p.m.

II. Minutes

Upon a motion made by Ronald Chapin and seconded by Sharon Hanson, the minutes of the March 23, 2021 regular meeting of the Board of Directors were unanimously approved.

III. Board Presentations

ECMC Campus Transformation Project
James Turner, Vice President of Operations
Andrew Davis, Chief Operating Officer

Andrew Davis reported on the status of the hospital's building envelope project. He reviewed the project timing, changes in scope of the project and the expected financial impact of those changes.

IV. Action Items

Resolution Approving Capital Expenditures on Building Envelope
Moved by Michael Hoffert and seconded by Ronald Bennettn
Motion approved unanimously

Resolution of the Board of Directors of Erie County Medical Center Corporation Approving Service Contracts in Excess of One Year
Moved by Jennifer Persico and seconded by Sharon Hanson
Motion approved unanimously

Resolution of the Board of Directors of Erie County Medical Center Corporation Supporting ECMC's Verified Level 1 Trauma Center

Moved by Michael Seaman and seconded by Jennifer Persico

Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for March

Moved by Jennifer Persico and seconded by Eugenio Russi

Motion approved unanimously

IV. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Quatroche gave a brief summary on COVID-19 patients, vaccinations and hospital infection rates for the month. He announced that Angela Vicanti was the 2021 Nurse of Distinction as awarded by the Professional Nurse's Association of Western New York and identified other honors received by employees of the hospital. Patient experience scores also were reviewed.

Dr. Quatroche reported on the monthly virtual events being held at the hospital, including the Diversity, Equity and Inclusion – Women Empowerment Session which featured several board members and a COVID-19 Town Hall. Dr. Quatroche stated that the hospital's surge plan has commenced, the New York State budget has been completed and a staffing bill is being considered by the NY State Legislature. The restructure of Great Lakes Health also was presented.

Chief Financial Officer

A summary of the preliminary financial results through March 31, 2021 was briefly reviewed and the full set of these materials are received and filed. Jonathan Swiatkowski included the financial impact of Covid-19 on the budget and funding relief efforts.

V. Standing Committees

- a. **Executive Officers Committee:** Mr. Dandes thanked board members for their response to the CEO review and the skills matrix.
- b. **Finance Committee:** No report was given.
- c. **Buildings and Grounds Committee:** Jennifer Persico reported on the status of the ongoing construction projects.
- d. **Contracts Committee:** Jennifer Persico had nothing further to report.

- e. **Governance Committee:** Sharon Hanson reported about the Governance Committee meeting held in March.
- f. **Post-acute Quality Improvement Committee:** No report was given.
- g. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported on the presentations given during the monthly QI/Patient Safety Committee meeting.

All reports except that of the Performance Improvement Committee are received and filed.

VI. Recess to Executive Session – Matters Made Confidential by Law

Moved by Michael Hoffert and seconded by Jennifer Persico to enter into Executive Session at 5:17 p.m. to consider matters made confidential by law, including certain litigation matters, strategic investments, and business plans.

Motion approved unanimously.

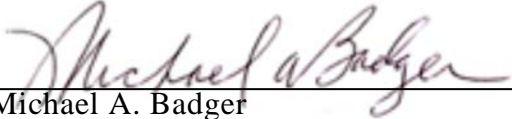
VII. Reconvene in Open Session

Moved by Jennifer Persico and seconded by Sharon Hanson to reconvene in Open Session at 5:32 p.m. No action was taken by the Board of Directors in Executive Session.

Motion approved unanimously

VIII. Adjournment

Moved by Christopher O'Brien and seconded by Jack Quinn to adjourn the Board of Directors meeting at 5:33 p.m.



Michael A. Badger
Corporation Secretary

Resolution Approving Capital Expenditures on Building Envelope

Approved April 27, 2021

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is performing numerous capital construction and renovation projects on its Grider Street campus (the "Projects"); and

WHEREAS, the Corporation obtained financing for the Projects through certain tax-exempt bonds issued by the Erie County Fiscal Stability Authority (the "Financing"); and

WHEREAS, changes in conditions regarding certain aspects of the Projects, adjustments and additions in the overall scope of work, and delays caused by the COVID-19 pandemic have necessitated increases in costs associated with the Projects; and

WHEREAS, the Corporation seeks approval from the Board of Directors of the Corporation to fund costs exceeding the budgeted amounts; and

WHEREAS, the Executive Committee of the Board of Directors reviewed this request at its April 20, 2021 meeting;

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

1. The Chief Financial Officer of the Corporation is authorized to allocate sums from the general and/or capital funds of the Corporation in amounts as presented to the Board in order to fund the increased costs associated with its ongoing capital projects.
2. This resolution shall take effect immediately.


Bishop Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Service Contracts in Excess of One Year**

Approved April 27, 2021

WHEREAS, in accordance with New York Public Authorities Law § 2879(3)(b)(ii), all agreements for services to be rendered in excess of one year (the “Applicable Contracts”) are required to be reviewed and approved by the Erie County Medical Center Corporation (the “Corporation”) Board of Directors (the “Board”) via resolution; and

WHEREAS, in accordance with Article VI, Section 20 of the Corporation By-Laws, the Corporation has delegated primary responsibility for review of these contracts to the Contracts Committee of the Board; and

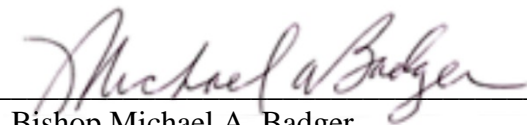
WHEREAS, on April 21, 2021, the Contracts Committee met and reviewed the Applicable Contracts executed during the period between January 1, 2021 through March 31, 2021; and

WHEREAS, the Contracts Committee approved the ratification of the Applicable Contracts in their current form; and

WHEREAS, the Contracts Committee recommends to the Board that the Corporation approve and ratify the Applicable Contracts;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the Applicable Contracts described in the attachment to this Resolution.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

Contracts Committee
New Contracts: January 1, 2021 - March 31, 2021

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Abbott Point of Care	Service Plan Agreement	Laboratory	5/1/2021	3/30/2023	Servicing for i-STAT wireless analyzers.	\$13,657
Advanced Medical Physics, PLLC	Medical Physics Services Agreement	Imaging	2/12/2021	12/31/2023	Diagnostic radiological physics and medical nuclear physics services.	\$60,280
Aspire Technology Partners, LLC	Telehealth Services Agreement	Administration	4/1/2021	9/30/2025	Joint agreement with Kaleida for telehealth platform, including network licensing and branding.	\$76,666 annually, plus \$65,000 initial fee
Canon Medical Systems USA, Inc.	Service Plan Agreement	Imaging	2/10/2021	2/9/2026	Servicing on cardiovascular imaging equipment.	\$108,500
Crisis Prevention Institute, Inc.	Crisis Prevention Training Agreement	Nursing	3/18/2021	3/17/2024	Provides nonviolent crisis intervention training to ECMCC nursing staff.	\$20,340
Crothall Healthcare, Inc.	Fourth Amendment to Environmental Services Agreement	Environmental Services	1/1/2021	2/28/2022	Reduces Patient Experience Manager from Crothall cleaning services management agreement.	Reduces fees by \$60,000 annually (now \$693k total annually)
Cushman & Wakefield U.S., Inc.	Portfolio Administration Services Agreement	Administration	2/23/2021	2/22/2024	Joint agreement with Kaleida for the provision of lease administration and management services.	\$18,087, plus commission based on savings resulting from audit
Epoch Health Solutions, LLC	First Amendment to Charge Description Master Review	Revenue Cycle	2/2/2021	5/31/2023	Review and audit of ECMCC's charge description master, including recommendations for enhancements for the capture and reporting of charges.	\$49,250
HMB Pharmacy Management, LLC d/b/a Metcare RX	First Amendment to 340B Pharmacy Services Agreement	Pharmacy	1/11/2021	Evergreen	Amendment removes nonprofitable location from 340B pharmacy agreement and amends language pertaining to standard acquisition cost definition.	New annual estimated expenditure \$70,000
Hutcheson, Affronti & Deisinger, P.C.	Medical Malpractice Legal Services Engagement Letter	Legal	3/18/2021	Evergreen	Firm to provide medical malpractice legal services on an as-assigned basis.	\$20,000
Lighthouse Services, LLC	Hotline Services Agreement	Compliance	3/17/2021	3/16/2022	Compliance hotline for anonymous reporting to compliance department.	\$2,825
Medtronic USA, Inc.	Service and Support Agreement	Surgical	1/30/2021	1/29/2025	Servicing for O-Arm surgical equipment.	\$134,640
Nexera, Inc.	Second Amendment to Statement of Work	Materials Management	3/1/2021	12/31/2022	Amendment to joint SOW with Kaleida for management services related to ECMCC-Kaleida Value Analysis program; reduces FTE and compensation in Year 2 from \$437,976 and in Year 3 from \$450,393.	New ECMC share: \$577,282 (year 1), \$400,733 (year 2), \$319,237 (year 3)
Optimum Information Services, Inc. d/b/a Answer Buffalo	Telephone Answering Services Agreement	Ambulatory	2/22/2021	2/21/2024	Telephone answering services for cardiovascular, ambulatory, and bariatric.	\$6,200

Pharmacy Corporation of America	Amendment to 340B Pharmacy Services Agreement	Pharmacy	2/11/2021	Evergreen	Amendment removes two nonprofitable locations from 340B pharmacy agreement.	New annual estimated expenditure \$40,000
Ricotta, Mattrey, Callocchia, Markel & Cassert	Medical Malpractice Legal Services Engagement Letter	Risk Management	3/11/2021	Evergreen	Firm to provide medical malpractice legal services on an as-assigned basis.	\$450,000
Roach, Brown, McCarthy & Gruber	Medical Malpractice Legal Services Engagement Letter	Risk Management	4/1/2021	Evergreen	Firm to provide medical malpractice legal services on an as-assigned basis.	\$350,000
Trellis Rx, LLC	Specialty Pharmacy Services Agreement	Pharmacy	5/1/2021	4/30/2028	Trellis to provide capital, staffing, and operations of provider-based integrated hospital outpatient specialty pharmacy.	Amount varies annually; average estimated annual expenditure \$4,660,624. Payments may also be increased or reduced based on Trellis performance.
University Orthopaedic Services, Inc.	Fourth Amendment to Professional Services Agreement	Orthopedics	9/1/2020	12/31/2021	Extends date of orthopedic services agreement through 2021; adds assigned professional; clarifies additional PA services may be provided as needed.	No change to previous; remains estimated \$1,542,315, plus collections from billings for inpatient services.
University Psychiatric Practice, Inc.	Professional Services Agreement	Psychiatry	5/19/2020	5/18/2023	UPPI to provide clinical and administrative psychiatric services pertaining to implementation of the Access to Psychiatry through Intermediate Care program.	\$350,000

Annual review
January 1, 2020 - March 31, 2020 previously approved agreements

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Bayer Corporation	Service Agreement	Imaging	1/1/2020	12/31/2022	Service agreement for Bayer CT scanners.	\$13,396
Press Ganey Associates LLC d/b/a Press Ganey Associates, inc.	Amendment	Administration	3/1/2020	12/31/2022	Amendment to master Press Ganey Agreement for dialysis patient satisfaction surveys.	\$5,000
Stericycle	Additional Site Form	Terrace View	2/10/2020	6/30/2021	Adding Terrace View to ECMCC's existing Stericycle medical waste disposal agreement.	\$14,304
Twenty-First Century Press, Inc.	Printing Services	Marketing	1/1/2020	12/31/2021	M/WBE contractor to provide prepress, printing, bindery, and mail house services.	As needed; \$10,000 estimated spend
University at Buffalo Neurosurgery, Inc.	Professional Services Agreement (Second Amendment)	Medical	6/13/2019	12/31/2021	Extends term of professional services agreement for neurosurgery services.	\$677,979, plus RVUs for clinic sessions

**A Resolution of the Board of Directors of Erie County Medical Center Corporation
Supporting ECMC's Verified Level 1 Trauma Center**

Approved April 27, 2021

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is a public benefit corporation organized under Article 10-C of New York Public Authorities Law and is the owner and operator of Erie County Medical Center; and

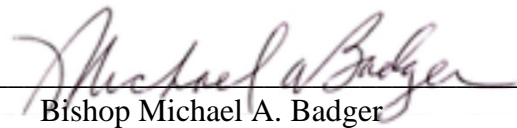
WHEREAS, in 2015 and 2018, Erie County Medical Center was verified by the American College of Surgeons as a Level 1 Trauma Center and likewise designated by the New York State Department of Health; and

WHEREAS, Erie County Medical Center continues to provide emergency, specialty and subspecialty clinical trauma services, as well as professional and public education, injury prevention research, and performance improvement programs (collectively the "Trauma Program"); and

WHEREAS, Erie County Medical Center intends to continue to meet all requirements and criteria to maintain Level I trauma center designation and verification and will continue to support its Trauma Program;

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

1. As the governing body of the Corporation, the Board of Directors resolves that the Corporation supports and will continue to support the Erie County Medical Center Trauma Program and will continue to take all necessary steps to maintain the existing verification and designation as a Level 1 Trauma Center.
2. This resolution shall take effect immediately.


Bishop Michael A. Badger

Corporation Secretary

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, FEBRUARY 22, 2021
MEETING HELD BY MICROSOFT TEAMS PLATFORM

Attendance (Voting Members):

Anillo, S., MD	Spiro, R, MD		
Azadfard, M., MD	Stegemann, P., MD		
Bakhai, Y., MD	Tadakamalla, A., MD		
Balos, L., MD	Yedlapati, S., MD		
Brewer, J., MD	Sieminski, S., MD		
Chevli, K. MD			
Cummings, M., MD			
DePlato, A., MD			
Griffith, S., MD			
Hall, R., MD, DDS, PhD			
Hosking, P., MD			
Izzo, Jr., J., MD			
Kapral, E., MD			
LiVecchi, M., MD			
Manka, M., MD			
Manyon, A., MD			
Marshall, D., MD			
Pugh, J., MD			

Attendance (Non-Voting Members & Guests):

Panesar, M, MD	Jones, D., RN, FACHE	Gomez, M.
Murray, B, MD	Ludlow, C., RN	Cain, M., MD – University
Cloud, S, DO	Swiatkowski, J, CFO	Davis, C.
Orlick, A., MD	Quatroche, T., PhD	Mund, N.
Skomra, R., CRNA	Ziemianski, K., RN, MS	Turner, J., RN, EVP
Carpenter, C.	DelPrince, B., RN	Cavaretta, C.
Davis, A., COO	Cumbo, J.	Cutler, P.
		Vail, R.

Excused:

Belles, W., MD	Loree, T., MD	
Drumsta, D., MD	Picone, A., MD	
Ferguson, R., MD	Rich, E., MD	
Flynn, Jr. W., MD	Sullivan, M., DDS	
Grimm, K., MD		

Absent:

None		
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I. CALL TO ORDER

A. Roll call was taken and a quorum was confirmed.

B. PRESIDENT's REPORT: The delinquent records report was included in the Medical Executive packet. Please review and complete records as soon as possible.

II. ADMINISTRATIVE REPORTS

A. CEO/COO/CFO REPORT – Dr. Thomas Quatroche, CEO, Jon Swiatkowski, CFO & Andrew Davis, COO

1. CEO REPORT

- a. **Thank a Resident Week** - This week we acknowledge our residents and all they do for our organization. We are proud of our partnership in education with the University.
- b. **Black History Month** – There have been outstanding presentations throughout the month including one with the University.
- c. **TICU Beacon Award** – A celebration with staff to acknowledge this outstanding achievement was enjoyed this month.
- d. **COVID Update** – Infection rates and hospitalizations are going down here and in the region. We have dropped from an average of 60 admissions to about 44 today. We have treated a total of 873 patients to date.
- e. **Vaccine** – 70% of the staff have received their full vaccination doses. We have also participated in pop up clinics in the community. A committee has been formed to review how we will vaccinate patients.
- f. **Hospital Volume** – Volumes have been up and the hospital is very busy. We are in the process of hiring additional nursing staff to accommodate.
- g. **Windows Replacement Project** – Presently in a pause. Working with the contractors to establish a timeline for completion.

2. COO REPORT – Andrew Davis

- a. **Vaccine Pop-Up Clinics** – Mr. Davis announced two clinics ECMC has established at Mt. Olive and St. Johns in the local community.
- b. **COVID Task Force** – Continues to meet on a daily basis. We have adequate PPE in house at present.
- c. **Family Health and Internal Medicine Clinics** – Received their certification renewal as a Patient-Centered Medical Home.
- d. **Black History Program** – Please attend the virtual program Cindy Bass is leading on Thursday. Thanks to the University for their program “Beyond the Knife” they presented on diversity and inclusion.

3. CFO Report – Jon Swiatkowski

- a. **Financial and Data Report** – We did see the impact of the restrictions put in place on December 4, 2020 and was in place through the third week of January. Our overall statistics were down in some of our higher reimbursement areas. Discharges were down about 247 cases which is about 14%, inpatient and

outpatient surgeries were down 23 and 53% respectively. Our overall loss for the month of January was \$7.9 million. We have received HHS Provider Relief Funding of \$10.5 million recently and have received about \$50 million in all. We have incurred about \$90 million in COVID related expenses. There may be more funding forthcoming but it is unclear when and how much at this time.

b. **State Budget** – The proposed budget does include cuts in Medicaid but it is early in the process. More information to come.

4. Chief Nurse Report – Karen Ziemianski, RN

a. **Doctors Day** – Preparing for the award related to this event.

b. **Lab Surveys** – Preparing for upcoming surveys.

B. UNIVERSITY REPORT – Dean Michael Cain, MD

a. **Resident Week** – Thank you for honoring the residents this week at ECMC.

b. **Diversity & Inclusion** – Appreciate our partnership with ECMC in enhancing diversity and inclusion related to clinical care and research.

c. **NIH Grant** – Tim Murphy put together a \$2.7 million application focused on healthcare disparities specifically in how well we vaccinate underserved areas in Western New York. This would be very beneficial working with the panel Dr. Cain and Quatroche are participating in related to the vaccination in the region. Should hear on this by April.

d. **Present on the New Medical School Curriculum** – Dr. Cain requested time in the Spring to present on the new curriculum to this group of which he will be afforded.

C. Associate Medical Director Reports

1. CMIO Report - Dr. Mandip Panesar

a. **Up to Date Contract Renewal** – Dr. Panesar advised the MEC that he will begin negotiations on this agreement which is due for renewal. The Medical Staff Treasury is responsible for a small portion of the cost.

b. **Information Blocking and the Cures Act** – Nadine Mund provided a brief presentation on this new legislation. The ONC's Cures Act supports seamless and secure access, exchange and use of electronic health information. It is designed to give patients and their healthcare providers secure access to health information. It calls on the healthcare industry to adopt standardized application programming interfaces, which will help allow individuals to securely and easily access structured electronic health information using smartphone applications.

Informational Blocking is a practice that is likely to interfere with, prevent, or materially discourage access, exchange or use of electronic health information. Formal restrictions such as the office requires staff to obtain a patient's written consent before sharing any EHI with unaffiliated providers for treatment purposes, technical limitations such as a provider disables the use of an EHR capability, or isolated interferences such as

taking several days to respond. The compliance date for this legislation is April 5, 2021.

III. FOUNDATION REPORT

A. ECMC FOUNDATION REPORT – No report.

IV. CHIEF MEDICAL OFFICER REPORT – Brian Murray, MD

A. UNIVERSITY AFFAIRS

ECMC has again been chosen to host the CLER (Continuous Learning Environment Review) review for the Graduate Medical Education program. The CLER Program is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback that addresses the following six areas: patient safety; health care quality; care transitions; supervision; well-being; and professionalism. To accomplish this, the ACGME conducts CLER site visits to the hospitals, medical centers, and other clinical settings of accredited institutions that sponsor residency and fellowship programs. During these visits, CLER Field Representatives meet with the executive leadership of the organizations; the organization's leaders in patient safety, health care quality, and well-being; leaders of graduate medical education (GME); and groups of residents and fellows, faculty members, and program directors. Additionally, the CLER team visits various patient floors, units, and service areas to gather input from the broader range of clinical staff members as to how the organization functions as a learning environment. At the conclusion of each visit, the CLER team meets with the organization's executive leadership to share its observations of resident and fellow engagement in the six CLER Focus Areas. It is through this feedback that the ACGME seeks to improve both physician education and the quality of patient care within these organizations. The visit will be virtual and will occur on March 15-16th.

B. GME Meeting

The minutes for the January meeting are included in the Book for your review.

C. PROFESSIONAL STEERING COMMITTEE

No meeting took place in December. Next meeting would be March 2021.

D. UTILIZATION REVIEW

The Flash report for January 2020 was distributed. Discharges were 12% below projected. Length of stay exceeded budget (7.7 vs 76.7). CMI was above projected (1.98 vs 1.89). Surgical procedures were significantly below projected (45%) reflecting the continued restrictions on elective surgeries imposed by New York State. However in late January the Governor announced that he would be lifting these restrictions and elective surgeries resumed at ECMC on January 29th so we expect February's figures to be much improved.

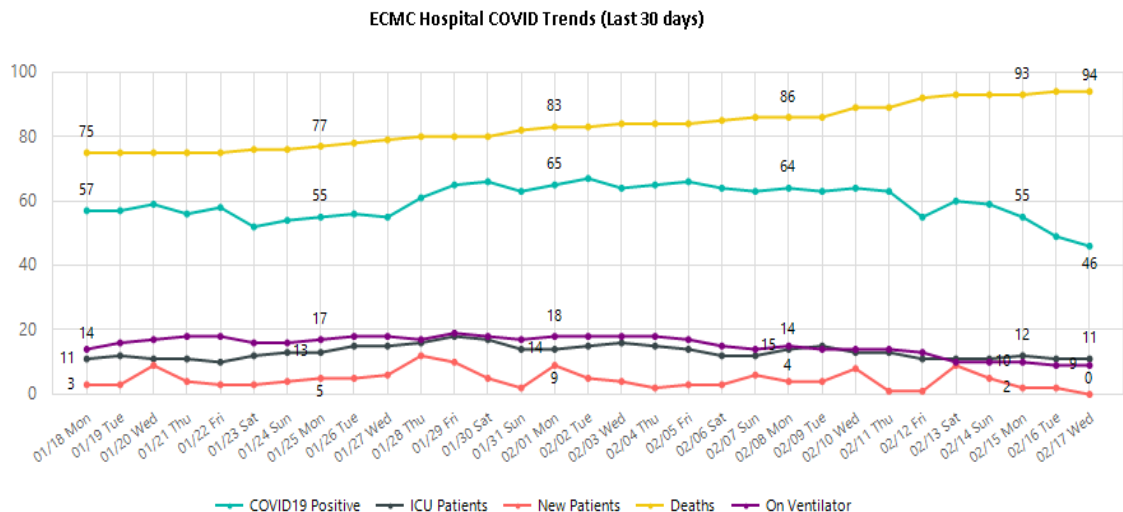
E. Coronavirus Update ECMC Coronavirus Statistics

As of 2/17/21

There are 46 COVID positive patients in house with no additional patients undergoing testing. Over the past week we have had 29 new COVID cases with 30 discharges and 7 deaths. There are 11 patients in critical care with 9 requiring mechanical ventilation. The remaining patients are on 12 Zone 2, 10 Zone 3 and 4, 9 Zone 2 and 7 Zone 3. Five additional patients are currently in Quarantine isolation because of out-of-state travel or COVID exposure.

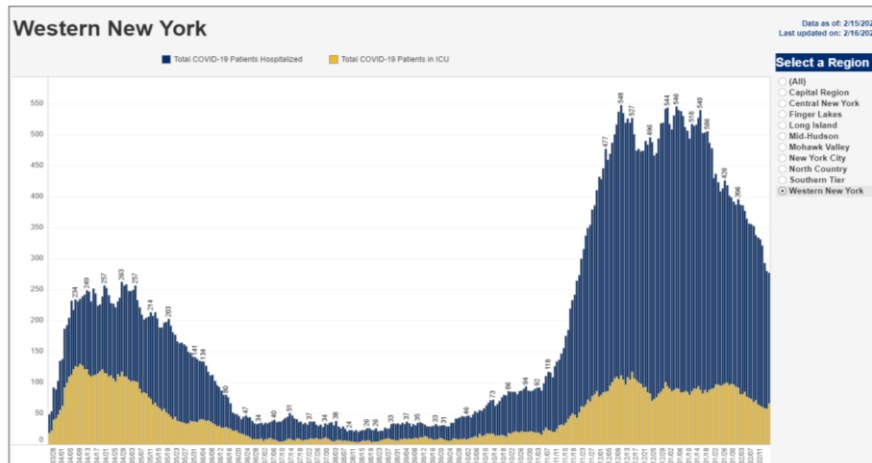
The graph below shows the trends in a number of patient metrics for ECMC over the past month. The number of deaths is cumulative since the beginning of the pandemic. We are finally showing a downward trend.

ECMC



WESTERN NEW YORK

This means we are finally reflecting the already existing downward trend of regional COVID hospitalizations



TESTING ISSUES

Standard tests

COBAS 6800 ordered as SARS COV-2 PCR

Roche has increased our weekly allotment to 4800/wk so we are in good shape.

Thermo Fisher TAQPath

Serving as backup

Rapid Tests

LIAT ordered as SARS COV-2 + FLU A&B RAPID PC

Currently 36 in house. 100 promised for later this week.

BIOFIRE ordered as RESP PANEL RAPID PCR W/ COVID-19

240 in stock this morning. 320 promised for later this week.

FLU Testing in COVID positive patients

Infection Control has asked me to continue to emphasize the importance of ensuring that you also order FLU testing on all COVID –positive patients. New York State requires that all patients who expire with COVID also have a documented influenza test. This has led to us having to swab patient's postmortem when no FLU test was done. This often occurs when patients are transferred from other institutions with the COVID diagnosis.

TERRACE VIEW UPDATE

No new additional patients have been found to be COVID positive during State mandated routine testing at Terrace View.. Four patients remain hospitalized. To date 13 residents of Terrace View have expired from COVID since the start of the pandemic.

COVID VACCINATION PROGRAM

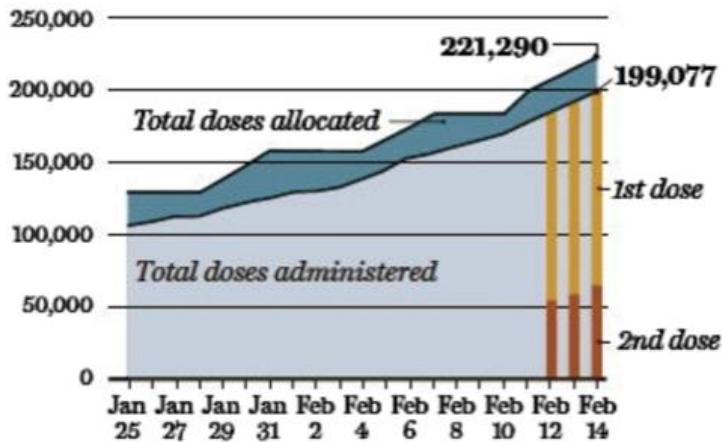
This week ECMC is completing vaccination of Group 1A individuals with any additional vaccine being used for individuals >65.

Later this week we are expecting a limited shipment for Erie County of vaccines to be used for ECMC patients. A task force was set up to develop a plan equitably, starting with our highest risk groups (e.g dialysis patients and those with immunosuppression) and then proceeding to our oldest patients.

The image below from The Buffalo news shows the state of WNY vaccination as of 2/15/21.

Picking up the pace

Western New York's vaccine rollout is accelerating



WNY administered 9.2% of 2.2 million doses needed for each adult to receive two shots

If region continued vaccinating at rate it did that week, it would take approximately 328 days for every adult to be vaccinated

As of Feb. 14; The state did not report data on Jan. 26

Source: New York State Department of Health

RESUMPTION OF PATIENT VISITATION

As the coronavirus infection rate fell in Erie County Medical Center, New

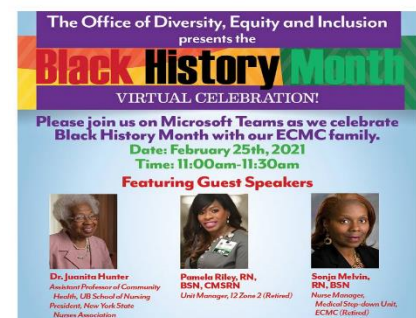
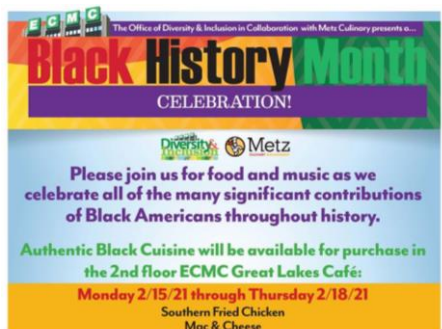
York State also provided guidance for the resumption of patient visitation and hospitals. Patient visitation was resumed at ACA and MCA effective 2/4/2021 with 1 designated inpatient visitor per day permitted. Also permitted were a support person to accompany people during visits to our emergency department. Visitation with patients who are Covid positive remained suspended.

F. **TICU RECEIVES BEACON AWARD**

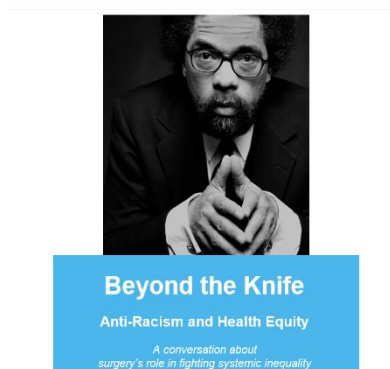
The Trauma Intensive Care Unit in January was awarded a silver-level American Association of Critical Care Nurses Beacon Award for Excellence, which is a designation highlighting the. Receiving this prestigious national recognition is just another example of the high-quality care and dedication of our entire ECMC family. We are very proud of the Unit's accomplishment and the Trauma team's skilled and compassionate care they provide to their patients. With this important national recognition of excellence, our TICU caregivers joined their colleagues in the MICU and Burn Unit as silver-level Beacon Award for Excellence recipients.

G. **BLACK HISTORY MONTH**

MARCH IS Black History Month and ECMC hosted a number of events to mark the occasion.



In a similar vein UB Jacobs School of Medicine is hosted a Webinar on February 18th entitled Beyond The Knife: Anti-Racism and Health Equity with featured speaker Cornel West.



V. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		
1.	MINUTES of the Previous MEC Meeting: January 25, 2021	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of February 4, 2021	Received and Filed
	• Appointments	Reviewed and Approved
	• Reappointments	Reviewed and Approved
	• Resignations	Reviewed and Approved
	• Dual Reappointment Applications	Reviewed and Approved
	• Internal Medicine – Nephrology Privilege Form	Reviewed and Approved
3.	HIM Committee Meeting – Minutes of January 28, 2021	Received and Filed
	1. ORD.187 – Ophthalmology Pre-Operative Orders	Reviewed and Approved
	2. SUR.012 – Patient Database for Ambulatory Surgery	Reviewed and Approved
	3. SUR.039 - Patient Selection Criteria & Approval for Listing Kidney, Simultaneous Pancreas & Kidney, & Pancreas Transplant	Reviewed and Approved
4.	P & T Committee Meeting – February 2, 2021	Received and Filed
	1. Formulary line extension/deletion: a. Sodium Acetate 2 mEq/mL (line extension) b. Sodium Acetate 4 mEq/mL (line deletion)	Reviewed and Approved
	2. POLICY: FRM-142 – Critical Care Pharmacy Drug Therapy Monitoring and Adjustment	Reviewed and Approved
	3. POLICY: FRM-101 – Pharmacy & Therapeutics Committee	Reviewed and Approved
	4. POLICY: FRM-127 Pharmacy to Dose	Reviewed and Approved
5.	Professional Development & Wellness Committee – Minutes of February 11, 2021	Received and Filed
6.	Resource Management Committee – Minutes of January 13, 2021	Received and Filed
7.	OR Committee – Minutes of January 27, 2021	Received and Filed
8.	Transfusion Committee Meeting – November 12, 2021	Received and Filed
9.	GME Committee Meeting Minutes – January 19, 2021	Received and Filed
10.	Ethics Committee Meeting Minutes – January 15, 2021	Received and Filed

1. **MOTION** to APPROVE all items in the CONSENT CALENDAR was made and seconded. The Credentials Committee Internal Medicine Nephrology Privilege form was discussed briefly. The form has been reviewed and approved by the respective departments and the Credentials Committee. There was no further discussion.

Motion to approve all items in the Consent Calendar is carried.

UNANIMOUSLY APPROVED.

VII. NEW BUSINESS

A. Committee Appointments – Dr. Cummings presented the slates of all committees. This report was received and filed.

BYLAWS COMMITTEE

This is an ad-hoc committee. A comprehensive review and revision of each section of the bylaws and accompanying policies was completed in 2015, updated in April 2016 and with subsequent revisions to accompanying policies in both 2016, 2017 and 2018.

ECMCC policy and JC standards require review and revision of the Medical-Dental Staff Bylaws no less than every 3 years. This committee will be convened at a time sufficient to complete the review and approval process prior to April 2019.

Chair: TBD

Members: Brian Murray, MD (Ex Officio)
Arthur Orlick, MD
Samuel Cloud, DO
Ravi Desai, MD
Katie Grimm, MD
Michael Cummings, MD
Richard Hall, MD, DDS, PhD
Yogesh Bakhai, MD
William Flynn, MD (President)

CREDENTIALS COMMITTEE

Chair: Yogesh Bakhai, MD

Members: Samuel Cloud, DO
Robert Glover Jr., MD
Richard Hall, MD, DDS, PhD
Mark Livecchi, DMD, MD, MBA
Mandip Panesar, MD
Victor Vacanti, MD
Richard Skomra, CRNA
Ashvin Tadakamalla, MD
Brian Murray, MD (Ex Officio)
*ECMCC Legal Counsel, as needed, without vote

NOMINATING COMMITTEE

This committee is now part of the Leadership Council.

PROFESSIONAL DEVELOPMENT AND WELLNESS COMMITTEE*

Chair: TBD
Members: Yogesh Bakhai, MD
Kathleen T. Grimm, MD
Dori Marshall, MD
Mandip Panesar, MD
Jennifer Pugh, MD
Matthew Ruggieri, MD
Richard Skomra, CRNA

MEDICAL-DENTAL STAFF QUALITY IMPROVEMENT COMMITTEE

Chair: Brian M. Murray, MD
Members: Chiefs of Service / Medical Executive Committee

QUALITY EXECUTIVE COMMITTEE

Chair William Flynn, Jr., MD
Kathleen Grimm, MD
William Flynn, Jr., MD
Eamon McCallion, PA
Sam Cloud, DO
Donna Jones, RN
Christina Sanders, MD
Thomas Duquin, MD
Eric Jensen, MD
Vernon Clifton, MD
Siva Yedlapati, MD
Matthew Ruggieri, MD
Cheryl Carpenter
Thomas LoStracco, MD
Jennifer Caldwell, DO

LEADERSHIP COUNCIL COMMITTEE

Chair: Michael Cummings, MD
Jennifer Pugh, MD
Sam Cloud, DO
Brian Murray, MD
Andrea Manyon, MD
Michael Manka, MD

William Flynn, Jr., MD
Yogesh Bakhai, MD
Cheryl Carpenter

RESOURCE UTILIZATION (MANAGEMENT) COMMITTEE

Chair: Arthur Orlick, MD
Physician Members: Ashvin Tadakamalla, MD
Siva Yedlapati, MD
Jennifer Pugh, MD

Ad-hoc Members: As needed additional representation by surgical and medicine practitioners

CANCER COMMITTEE

Co-Chairs: Kathleen Grimm, MD
Saurin Popat, MD
Physician Members: Maureen Sullivan, DDS
John McGrath, MD
Thom Loree, MD
Naheed Alam, MD

Ad-Hoc Members: As needed additional representation and alternates from applicable departments.

VII. EXECUTIVE SESSION

- A. The meeting was adjourned at 12:15 pm to Executive Session for the purpose of discussion of the quality report from Ms. Jones, Leadership Council Report from President Cummings and a summary of the Board Quality and Patient Safety Committee presentations in February. The Committee returned to regular session at 12:45 pm.

VIII. QUALITY MATERIALS RECEIVED AND FILED

- A. The Chiefs Meeting and Board Quality & Patient Safety Committee minutes from January 2021 were distributed. Motion to receive and file the minutes from the January 2021 Chiefs of Service meeting and the January 2021 Board Quality & Patient Safety Committee was made and seconded. Motion unanimously approved.

MOTION UNANIMOUSLY APPROVED.

IX. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, March 22, 2021 at 11:30 am. Meeting was adjourned at 12:50 pm.

Respectfully submitted,

A handwritten signature in cursive script that reads "Andrea T. Manyon, MD". The signature is written in dark ink on a white background.

Andrea Manyon, MD
Secretary, ECMCC, Medical/Dental Staff

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, MARCH 22, 2021
MEETING HELD BY MICROSOFT TEAMS PLATFORM

Attendance (Voting Members):

Anillo, S., MD	Pugh, J, MD		
Azadfard, M., MD	Sieminski, S., MD		
Balos, L., MD	Spiro, R., MD		
Bakhai, Y., MD	Tadakamalla, A., MD		
Belles, W., MD	Yedlapati, S., MD		
Brewer, J., MD	Skokmra, R., CRNA		
Cummings, M., MD			
DePlato, A., MD			
Drumsta, A., MD			
Griffith, S., MD			
Hall, R., MD, DDS, PhD			
Hosking, P., MD			
Izzo, Jr, J., MD			
Kapral, E., MD			
LiVecchi, M., MD			
Manka, M., MD			
Manyon, A., MD			
Marshall, D., MD			
Panesar, M., MD			

Attendance (Non-Voting Members & Guests):

Carpenter, C.	Quatroche, T., PhD	Kwiatkowski, A.
Cloud, S., DO	Ziemianski, K., RN, Exec VP Nursing	Cavaretta, C.
Davis, A., COO	Cain, M., MD – Dean	Lukasik, K.
Ludlow, C., RN	Gonzalez, S.	DelPrince, B., RN
Murray, B., MD	Halloran, A., PharmD	Vail, R.
Orlick, A., MD	Mund, N. Corp Comp	
Swiatkowski, J., CFO	Turner, J., RN – Exec VP	
	Mogavero, J.	

Excused:

Jones, D., RN, FACHE	Rich, E., MD	
Chevli, K., MD	Stegemann, P., MD	
Ferguson, R., MD		
Flynn, W. MD		
Picone, A., MD		

Absent:

None		
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I. CALL TO ORDER

A. Roll call was taken and a quorum was confirmed.

B. PRESIDENT's REPORT: The delinquent records report was included in the Medical Executive packet. Please review and complete records as soon as possible.

II. CLINICAL TRIAL PATIENTS – Joseph Izzo, Jr., MD; Joe Mogavaro

A. This project was put together to better identify clinical trial patients should they present to the hospital. This is ultimately a patient safety issue and is a regulatory expectation that consents are part of the patient's EMR.

B. Key Steps in documenting an active Research Study

- Register Patient Client Account in Meditech to the "Clinical Research Study" Location
- "Study Patient" term entered as "Allergy" within EMR info button
- Paper Consents Digitized and scanned to OnBase
- "Research Protocol Active" Note added to PDOC notes
- "Research Protocol Concluded" Note added to PDOC in order to conclude study
- "Study Patient" term Removed from Allergy section

C. Register Clinical Research Trial Patients

Patients are registered with a new ECMC visit and located to "Clinical Research Trial"

Erie County Med. Ctr. - Cardiac Clinic	Unknown Service Date	Hand Pain, Cramping, Swelling	Acct Num:	
Erie County Med. Ctr. - Internal Medicine Center (Phc)	Jan 16, 2021	Copd Exacerbation	Acct Num:	
Erie County Med. Ctr. - Emergency Room	Jan 12, 2021	Shortness Of Breath	Acct Num:	
Erie County Med. Ctr. - Emergency Room	Jan 7, 2021	Hr 1/1 Chf Copd	Acct Num:	
Erie County Med. Ctr. - Internal Medicine Center (Phc)	Dec 31, 2020		Acct Num:	
Erie County Med. Ctr. - Clinical Research Trial	Dec 30, 2020	Copd Exacerbation	Acct Num:	
Erie County Med. Ctr. - Discharged: Jan 1, 2021	Dec 28, 2020	Copd Exacerbation	Acct Num:	
Erie County Med. Ctr. - Emergency Room	Dec 17, 2020		Acct Num:	
Erie County Med. Ctr. - Internal Med Clinic Ancillary	Sen 17, 2020	Pre On Covid Screening	Acct Num:	

D. "Study Patient" Allergy Term

- Patients who visit ECMC are identified as a CRT patient by the documented Allergy term of "Study Patient"
- Study Patient Allergy Term should only be modified by the Clinical Research Study Team.

Enterprise Medical Record

Br. [REDACTED]
DOB: 7/25/[REDACTED]

Allergy/AdvReac: Penicillins, **STUDY PATIENT**, acetaminophen, ibuprofen

E. Digitizing/Scanning Paper Consents

- Paper consents are scanned into OnBase and associated with patient's Clinical Research Study Visit.

F. Documenting Synopsis (Research Protocol Provider Notes) in Meditech EMR

- Research Notes are now documented electronically (via PDOC) and associated with patient's CRT.

- Completed document accessible from the “other reports” panel.

G. Concluding Research Study

- Complete the “Research Protocol Concluded” PDOC note
- Remove the Allergy Term “Study Patient” from the patient record.

H. Reports and Notifications

- For CRT patients with an allergy term of “Study Patient”, a notification will be sent if the following conditions are met:
- If/when this patient is admitted as an Emergency, Inpatient or Observation patient.
- The “Study Patient” Allergy is removed.
- Notifications are sent via encrypted email to the Clinical Research Trial team.

I. Investigator Inputs the information

- The Investigator inputs the “Study Patient” info into the allergies and concludes the patients.
- Nursing sometimes think this is an error and will delete the study patient under the allergies tab. Karen Z. indicated she will follow up on the issue raised.
- In order to disseminate this to other clinicians, this will be discussed with Dr. Cloud, Chair of the Research Committee, and other pertinent players, to ensure all are aware of the process.

III. ADMINISTRATIVE REPORTS

**A. CEO/COO/CFO REPORT – Dr. Thomas Quatroche, CEO,
Jon Swiatkowski, CFO & Andrew Davis, COO**

1. CEO REPORT

- COVID Pandemic Hits One Year Mark** - We have cared for near 1,000 Covid infected patients and have vaccinated 15,000 individuals.
- Orthopaedic Recognition from Healthgrades** – Healthgrades recognizes the top 10% of practices and Ortho received the Surgery Excellence Award names the top 10% in the nation for overall orthopedic services in 2021 and a five star recipient for hip fracture treatment for 11 years in a row (2011-2021).
- Expanding Med/Surg Capacity** – Due to high volumes, the hospital is working on expanding the med/surg capacity. Dr. Quatroche thanked everyone for working efficiently to safely discharge patients in a timely manner.
- Annual Audit** – The Board will vote on the 2020 audited financials. We recorded a \$79 million loss. While this is a significant loss, the team did a great job at managing processes to reduce costs. It is hopeful that more CARES act dollars will be received to off set some of the COVID expenses.

2. COO REPORT – Andrew Davis

- Culture of Safety Survey** – Will be conducted in the coming weeks.
- Commission on Cancer Application** – Application has been filed and survey is expected later this year.
- Vaccination Clinic** – Mr. Davis commends those coordinating the various vaccine clinics doing a fantastic job with both the on site clinic and pop up clinics in the community.

d. **Terrace View** – We do not have any COVID positive residents at present and are hoping to reopen visitation by early April. Currently on hold due to a positive employee.

3. CFO Report – Jon Swiatkowski

a. **Financial and Data Report** – As COVID numbers drop recently, we did still see a rather high number of COVID patients in February which did have an impact on our volumes and revenue. Inpatient volume and inpatient surgeries (down 17%) have been impacted. Impacts with Terrace View and COVID have left us below capacity at times.

Volume metrics are starting to move in the right direction but still operating at a loss. Federal relief monies have been approved but yet to be distributed. We are waiting patiently to see how those are going to be distributed.

The New York State Budget is being negotiated at present. It was expected to include some cuts in Medicaid but with the Rescue Plan it appears there may not be with these additional dollars going to the state.

4. Chief Nurse Report – Karen Ziemianski, RN

a. **Doctors Day** – The Nursing Department extends congratulations and well wishes to the physicians in honor of Doctors Day. The Nursing Recognition Committee received a number of nominations for the Doctor and Allied Health Professional award. They have selected Dr. James Lukan and Ashley Provenzo for the awards this year – both well deserved!

b. **Virtual Nursing Scholarships Celebration March 9th** – there were over 83 nursing scholarship recipients. Not all are in the nursing department, some are from other areas who are looking to get involved in nursing.

B. UNIVERSITY REPORT – Dean Michael Cain, MD

a. **Match Day** – The University celebrated an outdoor, COVID compliant match day. 179 of the University medical students matched. 54 have matched at our UB programs, the highest number ever. All 67 of our shared residency programs that UB sponsors filled their vacancies.

b. **Outdoor Commencements** – The University is planning for outdoor commencements that will be COVID compliant.

C. Associate Medical Director Reports

1. CMIO Report - Dr. Mandip Panesar

a. **Information Blocking Update** – Dr. Panesar has been preparing for this by contacting his colleagues both locally and nationally to determine what will be excluded. He presents the following tests to be blocked from the Patient Portal.

- Open neural tube defects tests (spina bifida & anencephaly)
- Cancer risk screening (ovarian, breast, leukemia, lymphoma)

- Gene rearrangement (lymphomas)
- Molecular (PCR & RT-PCR for leukemias)
- Cytogenetics (FISH)/karyotyping (chromosomal analysis)
- Disease association detection (ankylosing spondylitis, IBD, reactive arthritis)
- Mutation detection (clotting factors, cancer, essential thrombocythemia, myelofibrosis, hemoglobinopathies, MTHFR)

A **MOTION** was made and **SECONDED** to approve this list for exclusion from the Patient Portal. Motion carried.

MOTION UNANIMOUSLY APPROVED.

b. **Psychiatry Notes** – Dr. Panesar requests that all psychiatry notes would be blocked from the patient portal. Dr. Bakhai requests that he discuss this with his department prior to determining if these should be blocked. These notes will be blocked until this is finalized next month.

c. **Operative Notes** – Will discuss these reports for potential blocking at next month's Chiefs meeting.

2. MEDITECH UPGRADE – April 15th

A Meditech upgrade is scheduled for April 15th. This will involve 4 hours of downtime.

III. FOUNDATION REPORT

A. ECMC FOUNDATION REPORT

1. **Hardship Fund Request** – Ms. Gonzalez thanked everyone for their generous support of this funds. We have had an unprecedented number of requests in the past year and included things like spouse suicide, house and apartment fires of total loss. Gifts are made to families in amounts of up to \$2,500. She asks the medical staff to consider a contribution for this year. The MEC will consider and bring a proposal next month.

IV. CHIEF MEDICAL OFFICER REPORT – Brian Murray, MD

A. UNIVERSITY AFFAIRS

ECMC hosted the CLER (Continuous Learning Environment Review) review for the Graduate Medical Education program on March 15th -16th. The CLER Program is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic

feedback that addresses the following six areas: patient safety; health care quality; care transitions; supervision; well-being; and professionalism.

B. GME Meeting

The minutes for the February meeting are included in the Book for your review.

C. PROFESSIONAL STEERING COMMITTEE

March meeting was cancelled. Next scheduled meeting will be June 2021.

D. UTILIZATION REVIEW

For February 2020 Discharges were 6% below projected. Length of stay exceeded budget (8.7 vs 7.5). CMI was below projected (1.82 vs 1.95). Surgical procedures were significantly below projected (25%) but improved over January reflecting the lifting of restrictions on elective surgeries imposed by New York State.

E. Coronavirus Update

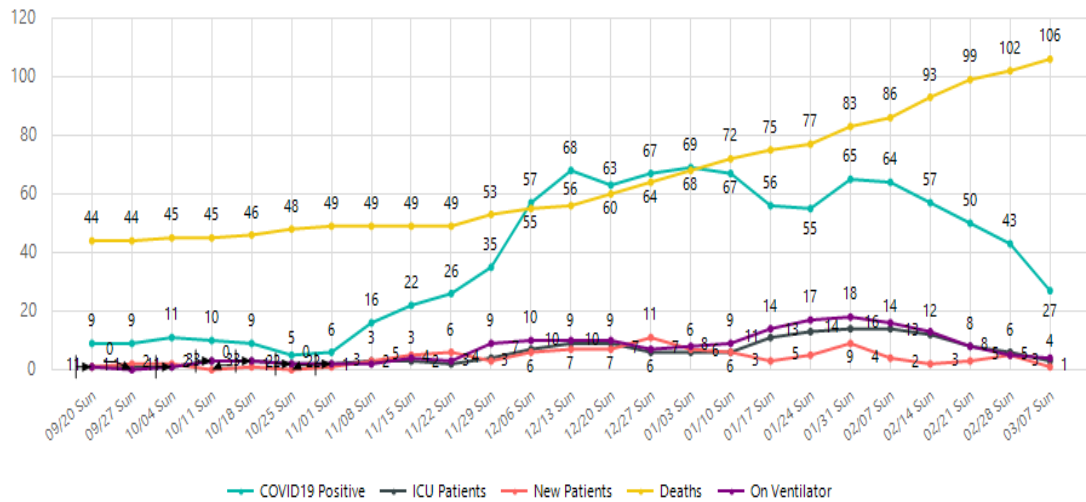
ECMC Coronavirus Statistics

There are 34 COVID positive patients in house with no additional patients undergoing testing. This is a higher number and is a bit concerning. Over the past week we have had 18 new COVID cases with 22 discharges and no deaths. There are only 3 patients in critical care with all 3 requiring mechanical ventilation. The remaining patients are on 12 Zone 2, 10 Zone 4, 9 Zone 2 and 7 Zone 3. Two additional patients are currently in Quarantine isolation because of out-of-state travel or COVID exposure.

The graph below shows the trends in a number of patient metrics for ECMC over the past month. The number of deaths is cumulative since the beginning of the pandemic. It shows a continued downward trend.

ECMC

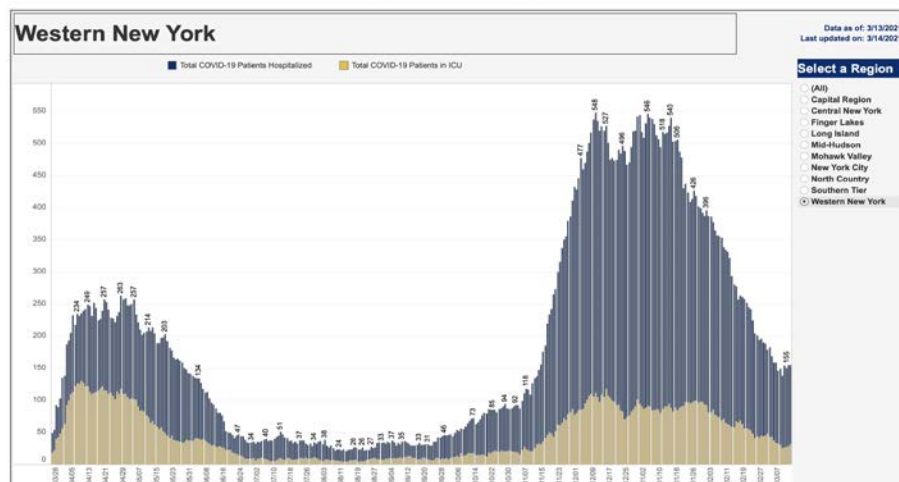
ECMC Hospital COVID Trends



WESTERN NEW YORK

The same is true for the region in general which is also experiencing a downward trend of regional COVID hospitalizations. The numbers are plateauing at a much higher rate than over the summer.

REGIONAL DASHBOARDS



TESTING ISSUES

Standard tests

COBAS 6800 ordered as SARS COV-2 PCR

We remain in good shape thanks to Roche increasing our weekly allotment to 4800/wk .

Thermo Fisher TAQPath

Serving as backup

Rapid Tests

LIAT ordered as SARS COV-2 + FLU A&B RAPID PC

Current supplies are adequate for current demand.

BIOFIRE ordered as RESP PANEL RAPID PCR W/ COVID-19

Current supplies are adequate for current demand. We will now be offering rapid test in the outpatient setting for patients presenting with symptoms.

TERRACE VIEW UPDATE

No new additional patients have been found to be COVID positive during State mandated routine testing at Terrace View last week. This is the fifth week in a row where we have not had a new positive test in a patient. One patient from Terrace View remains hospitalized with previously diagnosed infection. To date 15 residents of Terrace View have expired from COVID since the start of the pandemic. We were able to resume general visitation March 6th but unfortunately had to suspend it on 3/10 when an employee tested positive.

THERAPEUTIC UPDATE and CHANGES TO THE GUIDELINES

Tocilizumab has been added for use by Critical Care

Baricitinib for patients unable to take steroids. Not recommending further until additional studies and data is available.

CDC Guideline for schools has been changed from 6 feet to 3 feet.

Use of both Bamlanivimab and Etesevimab is suggesting a reduced susceptibility of NYS variant

ELECTIVE SURGERY IN PATIENTS WHO HAVE HAD COVID

- Any person having an elective/non-urgent procedure needs to be tested per the guidance.
- If the procedure is elective/non-urgent they should not be having the procedure prior to the end of the isolation period.
- If, after isolation is complete, the individual is still positive and suspect of prolonged PCR positivity, the procedure or surgery can go forward if it is determined either through an ID review (or through following a protocol developed by the facility ID leadership) that the person is not currently infectious and the positive result can be attributed to a prior infection.

COVID VACCINATION PROGRAM

AztraZeneca has received approval for its vaccine bringing total vendors approved to 5.

The vaccine shows 79% efficacy with 0 hospitalizations.

ECMC to date has administered 14,498 vaccines as of 3/11/21 and we continue to receive vaccine both directly from the State and also through Erie County.

- We have been notified that this week we will receive 1170 doses of first dose Pfizer from the State
 - This shipment is for administration of **first doses** to eligible individuals.
 - No notification that we will receive any J & J vaccine to prioritize inpatients so that program has been suspended

New State Guidance on Return to Work for Healthcare Personnel After COVID exposure or Out-of-State Travel

Guidelines for Asymptomatic Healthcare Personnel Returning to Work After Being Exposed to COVID-19

Asymptomatic HCP who have had exposure to, or been in contact with, a confirmed or suspected case of COVID-19 (e.g. had higher-risk prolonged close contact in a healthcare setting with a patient, visitor, or HCP with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment per CDC guidelines; had close community contact within 6 feet of a confirmed or suspected case for 10 minutes or more; or was deemed to have had an exposure [including proximate contact] by a local health department), **may return to work* after completing a 10 day quarantine without testing if no symptoms have been reported during the quarantine period**, providing the following conditions are met:

- HCP must continue daily symptom monitoring through Day 14;
- HCP must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene, the use of face masks or other appropriate respiratory protection face coverings, and the use of eye protection;

HCP must be advised that if any symptoms develop, they should immediately self-isolate and contact the local public health authority and/or their supervisor to report this change in clinical status and determine if they should seek testing.

*Exception: HCP exposed to COVID-19 who are working in **nursing homes or adult care facilities** certified as Enhanced Assisted Living Residences (**EALR**) or licensed as Assisted Living Programs (**ALP**) who complete the 10 day quarantine **cannot return** to their workplace (must furlough) until the 14th day after exposure. • Asymptomatic HCP returning from travel to a non-contiguous US state or territory may return to work consistent with the essential worker requirements set forth in the Department's travel advisory, however such **HCP must receive a COVID-19 diagnostic test within 24 hours of arrival in New York, and again on the fourth day after their return.**

Asymptomatic HCP returning from travel to another country must follow CDC's international travel requirements including showing proof of negative diagnostic test result no more than 3 days before flight departure or documentation of recovery from COVID-19 prior to boarding, and must either quarantine for 7 days with a test 3-5 days after travel or quarantine for 10 days with no test. New York State essential worker exemptions do not apply to international travel.

Asymptomatic Fully Vaccinated HCP Exposed to COVID-19 and Quarantine/Furlough

Asymptomatic HCP who have been fully vaccinated against COVID-19 do **not** need to quarantine or furlough during the first 3 months after full vaccination if:

- Such HCP is fully vaccinated (i.e >2 weeks following receipt of the second dose in a 2-doses series , or >2 weeks following receipt of one dose of a single dose vaccine);
- Such HCP is within 3 months following receipt of the last dose in the series;
- Such HCP has remained asymptomatic since the last COVID-19 exposure.

F. Clinical Update

Change in Family Medicine Patient Cap

In accordance with the ACGME and NYS 405 rules, on 3/1/21, the FM Residency Program will return to the guidelines from our Fall 2018 meeting. A summary of those guidelines for the Family Medicine Inpatient Service at ECMC include:

- A census goal of 15 patients maximum, regardless of resident team size. A hard cap of 18 patients. Consults count toward the daily census.
- No unreferral patient admissions on days when a resident is post-call, unless the census is less than 10. In that case, a maximum of 2 unreferral admissions would be permitted that day.
- A maximum of 9 home calls scheduled per resident per module
- One continuity clinic session scheduled per week for each resident on the Family Medicine Inpatient Service

President signs \$1.9 trillion COVID-19 relief bill into law; view AHA summary.

President Biden today signed into law the American Rescue Plan Act of 2021, a \$1.9 trillion COVID-19 relief package, which includes a number of provisions that affect

hospitals and health systems.

The legislation includes provisions to bolster the nation's COVID-19 health care response with additional resources for vaccines, treatment, personal protective equipment, testing, contact tracing and workforce development; additional new funding for rural hospitals and health care providers for COVID-19 relief; increased health care coverage through Medicaid and federal subsidies for insurance marketplaces and COBRA; and changes to the Medicare wage index; among other provisions.

UBMD Orthopedics Receive Recognition

UBMD Orthopedics was recognized with the Healthgrades 2021 Orthopedic Surgery Excellence Award™

- Named Among the Top 10% in the Nation for Overall Orthopedic Services in 2021
- Five Star Recipient for Hip Fracture Treatment for 11 Years in a Row (2011-2021)

V. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		
1.	MINUTES of the Previous MEC Meeting: February 22, 2021	Received and Filed
2.	CREDENTIALS COMMITTEE: Minutes of March 4, 2021	Received and Filed
	• Appointments	Reviewed and Approved
	• Reappointments	Reviewed and Approved
	• Resignations	Reviewed and Approved
	• Dual Reappointment Applications	Reviewed and Approved
3.	HIM Committee Meeting – Minutes of February 28, 2021	Received and Filed
	1. Consent for Kidney and/or Pancreas Transplant Recipient Evaluation	Reviewed and Approved
	2. Living Donor Consent	Reviewed and Approved
4.	P & T Committee Meeting – March 2, 2021	Received and Filed
	1. Oral supplement and tube feed formulary review <ul style="list-style-type: none"> a. Albee with C- Remove from formulary b. Icatibant (Firazyr) – Add to formulary c. Selegiline – Add to formulary 	Reviewed and Approved
	2. POLICY: FIV-101 Adult general intravenous drug administration	Reviewed and Approved
	3. POLICY: FIV-104 Medication administration I presence of a physician	Reviewed and Approved
	4. POLICY: FIV-103 Intravenous medication administration restrictions for nurses	Reviewed and Approved
	5. POLICY: FIV-107 Parenteral nutrition solutions	Reviewed and Approved

MEETING MINUTES/MOTIONS

	6. POLICY: FIV-113 Hypotonic solutions	Reviewed and Approved
	7. POLICY: FRM-102 Drug formulary	Reviewed and Approved
	8. POLICY: FRM-109 Automatic stop orders	Reviewed and Approved
5.	Professional Development & Wellness Committee – Minutes of March 11, 2021	Received and Filed
6.	Resource Management Committee – Minutes of February 10, 2021	Received and Filed
7.	OR Committee – Minutes of February 24, 2021	Received and Filed
8.	Transfusion Committee Meeting – February 11, 2021	Received and Filed
9.	GME Committee Meeting Minutes – February 16, 2021	Received and Filed

1. **MOTION** to APPROVE all items in the CONSENT CALENDAR was made and seconded. Motion to approve all items in the Consent Calendar is carried.

UNANIMOUSLY APPROVED.

V. NEW BUSINESS

A. REVISION TO THE ECMC BYLAWS, CREDENTIALS MANUAL

Proposed: Article VII of the Credentials Procedure Manual related to Practitioner Health


SECTION C: COMPLIANCE WITH NEW YORK STATE DEPARTMENT OF HEALTH MANDATES

All credentialed providers will comply with New York State requirements regarding documentation of health status, including but not limited, to the following:

1. Upon Initial Appointment:
 - a. Provision of a physical examination and recorded medical history, of sufficient scope to ensure the provider is free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties or granted clinical privileges.
 - b. Certification of immunity against rubella by one of the following
 - i. Evidence of immunization
 - ii. Serologic evidence of rubella antibodies
 - iii. Evidence of immunization/serologic evidence of rubella antibodies received from a prior employer or the school attended by the provider.
 - c. Certification of immunity against measles by one of the following:
 - i. Evidence of immunization
 - ii. Serologic evidence of measles antibodies

- iii. Documentation of having had measles, by the provider who diagnosed the provider's measles.
 - iv. Evidence of immunity as received from a prior employer or the school attended by the provider.
 - a. An initial tuberculosis (TB) risk assessment, symptoms evaluation and TB test (either tuberculin skin test or FDA approved blood assay for the detection of latent tuberculosis infection). Any positive findings should be addressed by the provider's primary care provider or by contacting ECMCC's Center for Occupational & Environmental Medicine (COEM).
 - b. Documented outcomes following referral for high risk or positive findings should be provided to the Medical Dental Staff Office. Documentation of vaccination against influenza or declination, indicating education and consent to wear a procedure mask
1. Annually thereafter, the Provider agrees to submit:
- a. Provision of a Medical Evaluation Statement, completed by a licensed independent practitioner not related to the Provider by blood or marriage:
 - i. Includes documentation that the applicant is free from physical or mental impairment including habituation or addiction to depressants, stimulants, narcotics, alcohol or other behavior altering substances which might interfere with the performance of duties or would impose a potential risk to patients or personnel.
 - ii. Includes an appropriate tuberculosis risk assessment screening tool, indicating that the provider is deemed low risk, annual screening is recommended.
 - iii. Documentation may be accepted from another qualifying institution if all of the requirement elements are met and documented appropriately.
 - iv. Should the tuberculosis risk assessment identify the need for PPD testing and/or if any additional testing/treatment is needed, the provider may seek consult/treatment from his/her primary care provider or ECMC's Center for Occupational & Environmental Health Office, and will provide documentation of same to the Medical Dental Staff Office.
 - b. Evidence of annual flu vaccine or declination
2. These requirements apply to all credentialed medical staff providers, with the exception of those physicians who are practicing medicine from a remote location, as a condition of affiliation.
3. Failure to comply with these requirements will be addressed through the ECMC Bylaws, Rules & Regulations.

Revised Health Form:



Return to:
MEDICAL-DENTAL STAFF SERVICES OFFICE
462 Grider Street • Buffalo • NY 14215 Office: (716)
898-3130 Fax: (716) 898-3108

ANNUAL HEALTH ASSESSMENT WITH TUBERCULOSIS RISK ASSESSMENT SCREENING TOOL
MEDICAL – DENTAL STAFF APPLICANTS

This Medical Evaluation shall be requested ANNUALLY as required by the NYS Department of Health


Medical Evaluation Statement
In keeping with the requirements of the New York State Health Department, I certify by my signature below that I have performed a medical evaluation, including TB risk assessment on:

Print or Type Name of Applicant _____ On _____ Date of Evaluation _____
...and determined, except as noted below, the applicant to be free from physical or mental impairment including habituation or addiction to depressants, stimulants, narcotics, alcohol or other behavior altering substances which might interfere with the performance of duties or would impose a potential risk to patients or personnel. The following active problems were identified which might interfere with the performance of the applicant's duties:

NYS REQUIRED TUBERCULOSIS RISK ASSESSMENT SCREENING TOOL

SECTION 1 To be completed by the Applicant:

Please answer the following questions:	YES	NO
Are you aware of being exposed to anyone with active TB? (i.e. friends, family, co-worker, patient)		
Have you ever had any previous TB exposure, disease or diagnostic testing for active infection?		
Have you ever received treatment for active TB or Latent TB infection?		
If yes, please describe when/where/treatment received:		
Have you held temporary or permanent residence of 30 days or more in a country with a high TB rate? (Any country OTHER than the US, Canada, Australia, New Zealand, those in Northern or Western Europe since your last annual health assessment?)		
If yes, where/when/how long?		
Are you currently on any medications that suppress your immune system?		
If yes, please list:		
Do you have any signs or symptoms of active Tuberculosis Disease?		
Unplanned weight loss of more than 10 pounds?		
Cough: more than 3 weeks?		
Blood streaked sputum?		
Night sweats?		
Persistent low-grade fever?		
Loss of appetite?		



Return to:
MEDICAL-DENTAL STAFF SERVICES OFFICE
462 Grider Street • Buffalo • NY 14215 Office: (716)
898-3130 Fax: (716) 898-3108

SECTION 2 To be completed by the evaluating physician:

I have assessed and discussed the answers to the above questions concerning risk of tuberculosis exposure or latent infection and note:

☐ The provider is deemed to be at low risk: REPEAT ANNUAL SCREENING.

☐ Based on results of the screening tool and discussion with the provider, Tuberculin testing is recommended.

(Provider will provide evidence of Tuberculin skin test (PPD) or QuantiFERON-TB Gold or QFT. If positive, the provider agrees to seek appropriate clinical follow-up. Options for following include the applicant's primary care provider or the applicant may contact ECMC's Center for Occupational & Environment Medicine. Documentation of testing/treatment must be provided with the assessment to the Medical-Dental Staff Services Office at ECMC.)

Date _____ Signature of Applicant _____

Date _____ Signature of Evaluating Provider _____

NOTE: The Evaluating provider MUST sign this form indicating that both the medical evaluation and the tuberculosis risk assessment have been performed. The evaluating provider must not be related by blood or marriage.

FOR MEDICAL STAFF OFFICE USE ONLY:

☐ Complete: Record and update for annual assessment

☐ Incomplete: Hold for review, receipt of additional documentation (Tracking required)

MOTION made and seconded to approve proposed changes to the ECMC CREDENTIALS MANUAL and Annual Health Assessment and Tuberculosis Screening Form as presented. Motion passes.

MOTION UNANIMOUSLY APPROVED.

B. POLICY APPROVAL: Professionalism Policy

Policy was brought forth for review and approval by the MEC. This policy governing professional conduct reflects the core values of Erie County Medical Center Corporation and its Medical/Dental staff, including integrity,

community, respect, compassion, stewardship, excellence and service. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. This replaces the Code of Conduct policy.

A **MOTION** was made and seconded to approve the Professionalism Policy and seconded. Motion unanimously approved.

MOTION UNANIMOUSLY APPROVED.

VII. EXECUTIVE SESSION

- A. The meeting was adjourned at 12:15 pm to Executive Session for the purpose of discussion of the quality report from Ms. Jones, Leadership Council Report from President Cummings and a summary of the Board Quality and Patient Safety Committee presentations in February. The Committee returned to regular session at 12:45 pm.

VIII. QUALITY MATERIALS RECEIVED AND FILED

- A. The Chiefs Meeting and Board Quality & Patient Safety Committee minutes from February 2021 were distributed. Motion to receive and file the minutes from the February 2021 Chiefs of Service meeting and the February 2021 Board Quality & Patient Safety Committee was made and seconded. Motion unanimously approved.

MOTION UNANIMOUSLY APPROVED.

IX. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, April 26, 2021 at 11:30 am. Meeting was adjourned at 12:50 pm.

Respectfully submitted,



Andrea Manyon, MD
Secretary, ECMCC, Medical/Dental Staff