

ERIE COUNTY MEDICAL CENTER CORPORATION
NOVEMBER 23, 2021 MINUTES OF THE
BOARD OF DIRECTORS REGULAR MEETING
DR. JOSEPH A. ZIZZI, SR. CONFERENCE CENTER

Present: Bishop Michael Badger, Rev. Mark Blue (via Zoom), Ronald A. Chapin (via Zoom), Anthony J. Colucci, III (via Zoom), Jonathan Dandes, Darby Fishkin (via Zoom), Sharon Hanson, Michael Hoffert (via Zoom), Christian Johnson (via Zoom), James Lawicki (via Zoom), Christopher O'Brien, Justice John O'Donnell, Jennifer Persico (via Zoom), Thomas J. Quatroche, Eugino Russi(via Zoom) , Michael Seaman, Benjamin Swanekamp

Excused: Ronald Bennett, Kathleen Grimm

Also

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

I. Call to Order:

The meeting was called to order at 4:30 p.m. by Chair Jonathan Dandes.

II. Minutes

Upon a motion made by Sharon Hanson and seconded by Bishop Michael Badger, the minutes of the October 26, 2021 regular meeting of the Board of Directors were unanimously approved.

III. Presentations

2021 Diversity, Equity and Inclusion Update

Cynthia Bass, Director of Diversity and Inclusion

Cindy Bass presented the Diversity, Equity and Inclusion vision, initiatives and accomplishments attained in 2021.

MWBE Report

Diane Artieri, Vice President of Materials Management

Nicholas Long, MWBE/SDVOB Analyst

Nicholas Long reported on MWBE utilization statewide, locally and within the hospital. Mr. Long also announced that ECMC would be receiving the MWBE Champions Award at the NYS MWBE Forum in Albany.

IV. Action Items

Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Purchase of Intuitive Robotic Surgical Systems

Moved by Michael Seaman and seconded by Christopher O'Brien

Motion approved unanimously

Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Amendments to the Medical/Dental Staff Bylaws, Rules and Regulations
and Credentials Procedures Manual

Moved by Michael Hoffert seconded by Michael Seaman

Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Moved by Bishop Michael Badger and seconded by Sharon Hanson

Motion approved unanimously

Dr. Murray presented Dr. Yaron Perry, MD to the Board for approval in the position of Chief of Cardiothoracic Surgery

Moved by Sharon Hanson and seconded by Michael Hoffert

Motion approved unanimously

V. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Quatroche gave an updated report on COVID-19 volumes and length of stay. The hospital census continues to be extremely high and the left-without-being-seen number has been around 20%. Dr. Quatroche emphasized how stressful the current situation is on both the community and the hospital staff.

Dr. Quatroche reviewed quality score initiatives and patient experience scores. He also reported on hospital operations including daily bed huddles and digital health.

Chief Financial Officer

A summary of the preliminary financial results through October 31, 2021 was briefly reviewed and the full set of these materials are received and filed. Jonathan Swiatkowski included an update on the financial impact of COVID-19 on the 2021 budget, funding relief efforts and year-end items to monitor.

VI. Standing Committees

- a. **Executive Officers Committee:** Mr. Dandes reminded the board of the importance of participation in the Annual Fund.
- b. **Finance Committee:** No report was given.
- c. **Audit Committee:** Darby Fishkin reported that the Audit Committee discussed the audit plan for the upcoming year.

- d. **Buildings and Grounds Committee:** James Turner reported on the most recent meeting held by the committee.
- e. **Post-Acute QI Committee:** No report was given.
- f. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported on presentations given at the most recent meeting held by the committee.

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

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

Moved by Sharon Hanson and seconded by Bishop Michael Badger to enter into Executive Session at 6:24 p.m. to consider matters made confidential by law, including certain litigation matters, strategic investments, and business plans.

Motion approved unanimously.


VIII. Reconvene in Open Session

Moved by Eugenio Russi and seconded by Darby Fishkin to reconvene in Open Session at 6:31 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

IX. Adjournment

Moved by Michael Seaman and seconded by Christopher O'Brien to adjourn the Board of Directors meeting at 6:32 p.m.



Michael A. Badger
Corporation Secretary

**A Resolution of the Board of Directors of Erie County Medical Center Corporation
Approving Purchase of Intuitive Robotic Surgical Systems**

Approved November 23, 2021

WHEREAS, Erie County Medical Center Corporation (the "Corporation") has determined the Corporation has need to lease certain surgical navigation systems for use by its surgeons;

WHEREAS, to this end, the Corporation has received a joint agreement with Kaleida Health and Intuitive Surgical, Inc. ("Intuitive") for the lease of Intuitive's robotic surgery products and equipment, such agreement procured pursuant to NY Public Health Law § 2803-a;

WHEREAS, the terms of the proposed arrangement have been reviewed and deemed to be favorable to the Corporation, and have further been reviewed and approved by its Finance Committee of the Board of Directors of the Corporation (the "Board");

WHEREAS, the Board has previously approved the Corporation's 2022 overall budget, including both its capital and operating budgets, with its capital budget including the purchase of a robotic surgical machine in 2022;

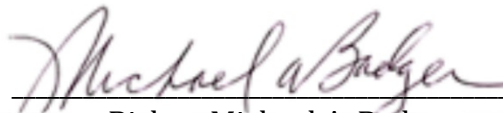
WHEREAS, through negotiations, the Corporation has secured more favorable terms by obtaining the required equipment via lease as set forth above, and accordingly seeks Board approval to move monies from the capital budget to the operating budget to effectuate the lease alternative;

WHEREAS, the Board wishes to authorize the transaction as proposed;

WHEREAS, to the extent the final contract documents reflect an installment purchase contract as defined within NY General Municipal Law § 109-b, the Board of Directors further desires to approve via this resolution execution of an installment purchase contract for the equipment by the Corporation;

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

1. The Corporation and the appropriate officers of the Corporation are hereby authorized to execute and deliver on behalf of the Corporation such agreements as are necessary to obtain the equipment and products.
2. The appropriate officers of the Corporation are authorized and directed to do or cause to be done all such other acts, including making all payments, required pursuant to the agreements.
3. 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 Amendments to the Medical/Dental Staff Bylaws, Rules and
Regulations and Credentials Procedures Manual**

Approved November 23, 2021

WHEREAS, in accordance with Article XII, Section 12.2, of the Medical/Dental Staff Bylaws Part I, amendments to the Medical/Dental Staff Bylaws, Rules and Regulations and Credentials Procedures Manual (collectively, the “Bylaws”) require an affirmative vote of the Medical Executive Committee, followed by an affirmative vote of the Active Medical/Dental Staff, and approval by the Erie County Medical Center Corporation (the “Corporation”) Board of Directors (the “Board”); and

WHEREAS, the Medical Executive Committee met and reviewed proposed amendments to the Bylaws on October 25, 2021; and

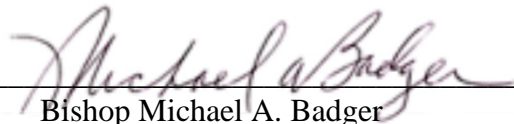
WHEREAS, the Active Medical/Dental Staff met and reviewed proposed amendments to the Bylaws on November 10, 2021; and

WHEREAS, the Medical Executive Committee and the Active Medical/Dental Staff approved amendments to the Bylaws at their respective meetings; and

WHEREAS, the Board has been provided with copies of the Bylaws with proposed amendments tracked for ease in reference and the opportunity to review;

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

1. The Board of Directors of Erie County Medical Center Corporation hereby approves the amendments to the Medical/Dental Staff Bylaws, Rules and Regulations and Credentials Procedures Manual substantially in the form set forth in the documents distributed to the Board of Directors.
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

MEDICAL DENTAL STAFF ANNUAL MEETING
NOVEMBER 10, 2021 – 7:30 AM AND 12:00 NOON
MICROSOFT TEAMS VIRTUAL PLATFORM

I. CALL TO ORDER/REPORT FROM THE PRESIDENT – Michael Cummings, MD

Michael Cummings, MD, President, Medical-Dental Staff called the meeting to order. A quorum was confirmed at both the 7:30 am and Noon Sessions.

II. In Memoriam – Michael Cummings, MD

President Cummings recognized two colleagues who had passed in 2021.

James Nolan, MD – (6/21/29-8/19/21) Dr. Nolan was Chairman of the Department of Medicine of the University at Buffalo from 1979-1995 and served as Chief of Service for the Department of Medicine at ECMC from 1980-1995. He was a talented and widely published researcher and a skilled and empathetic clinician who was committed to ECMC and its mission.

Kamal Tourbaf, MD – (2/25/32 – 7/11/21) Dr. Tourbaf, originally from Tehran, completed his residency at ECMC and specialized in the fields of Hematology and Oncology. Dr. Tourbaf spent decades working at ECMC and at the University at Buffalo School of Medicine and enjoyed a medical career that spanned nearly 50 years.

III. Bylaws Revisions – President Cummings

A. President Cummings presented (5) revisions to the ECMC Medical Dental Staff Bylaws and related documents. These revisions were approved by the Medical Executive Committee at the October 25, 2021 meeting and the documents were sent to all Medical Dental Staff members on that date for their review. (All motions as listed below were approved unanimously at both the 7:30 am and Noon sessions.)

1. Part II Collegial Intervention: Article III Corrective Actions

3.1 AUTOMATIC RELINQUISHMENT/VOLUNTARY RESIGNATION

In the following instances, the practitioner's privileges and/or membership will be considered relinquished, or limited as described, which action shall be final without a right to hearing. Where a bona fide dispute exists as to whether the circumstances have occurred, the relinquishment, suspension, or limitation will stand until the MEC determines it is not applicable. The MEC will make such a determination as soon as practicable.

The Medical/Dental Staff President may reinstate the practitioner's privileges or membership if she/he determines the triggering circumstances have been rectified or are no longer present within sixty days of the relinquishment. After sixty (60) (unless specified otherwise below) days the practitioner will have to reapply for membership and/or privileges. In addition, further corrective action may be recommended in accordance with these bylaws whenever any of the following actions occur.

MOTION was made and seconded to approve the **3.1 AUTOMATIC RELINQUISHMENT/VOLUNTARY RESIGNATION** revision as presented. There was no further discussion. A vote was called and the **motion was unanimously approved.**

2. **Part II Collegial Intervention: Article III Corrective Actions**

3.1.8 FAILURE TO EXECUTE RELEASE AND/OR PROVIDE DOCUMENTS

A practitioner who fails to execute a general or specific release and/or provide documents when requested by the president of the medical staff or designee in order to evaluate the competency and credentialing/privileging qualifications of the practitioner to assure patient safety shall be considered to have automatically relinquished all privileges. If the release is executed and/or documents provided within sixty (60) calendar days of notice of the automatic relinquishment, the practitioner may be reinstated. Thereafter, the member will be deemed to have resigned voluntarily from the staff and must reapply for staff membership and privileges.

MOTION was made and seconded to approve the **3.1.8 FAILURE TO EXECUTE RELEASE AND/OR PROVIDE DOCUMENTS** revision as presented. There was no further discussion. A vote was called and the **motion was unanimously approved.**

3. **Medical/Dental Staff Rules and Regulations, Part I**

Changes align the process with the previously established Practice Improvement Process, specifically allowing the Physician Leadership Council to act in accordance with the current policy on Professionalism, in this instance as it pertains to Delinquent Records.

6. Delinquent Records. Physicians who have been continuously on the medical records delinquent list for more than three (3) months with more than twenty (20) delinquent charts or physicians that have been on the delinquent list continuously for more than twelve (12) months will be contacted in writing by the CMO Office. This first communication will indicate that all charts must be completed within fourteen (14) days so that the physician may be removed from the delinquent list. Should the physician not meet this requirement, the CMO Office and President of the Medical-Dental Staff will issue a second and final written communication via courier or overnight express carrier. This final communication will notify the physician that if the records are not completed by a certain date (at least fourteen (14) days from the date of the letter), the matter will be referred to the Leadership Council for consideration in accordance with the Medical/Dental Staff's Professionalism Policy.

MOTION was made and seconded to approve the **Medical Dental Staff Rules and Regulations, Part I, 6. Delinquent Records** revision as presented. There was no further discussion. A vote was called and the **motion was unanimously approved.**

4. **Credentials Procedure Manual, Article I, Sec B (10) and (22)**

Includes compliance with vaccinations required by Federal or New York State Law for all applicants to the Medical/Dental Staff and removes ANNUAL Tuberculin testing per NYS Law.

(10) Agrees to provide proof of immunization from Rubeola, Varicella, Rubella, and any other vaccinations required by federal or New York state law. Alternatively, an applicant may obtain an appropriate waiver in accordance with the Medical Center's immunization policy. Provide proof of tuberculin testing or history of positive PPD within the past twelve (12) months at time of initial application;

(22) Agrees to maintain current and provide to the Medical-Dental Staff Office all applicable expirable documents between re-appointment cycles. This includes, but is not limited to license, DEA registration, annual health assessment and PPD test results, malpractice insurance, board certification renewals, required certifications including, but not limited to NYS Infection Control Training and any vaccinations required by federal or New York state law.

MOTION was made and seconded to approve the **Credentials Procedure Manual, Article I, Sec B (10) and (22)** revision as presented. There was no further discussion. A vote was called and the **motion was unanimously approved.**

5. **Credentials Procedure Manual, Article VII, Sec C, 1(f) and 2(c)**

(Section C, Compliance with NYS Health Mandates was approved in March of 2021. This revision adds compliance with vaccinations required by federal or NYS Law.)
Upon Initial Appointment:

.... f. Documentation of any other vaccinations required by federal or New York state law.

Annually thereafter, the Provider agrees to submit:

.....c. Documentation of any other vaccinations required by federal or New York state law.

MOTION was made and seconded to approve the **Credentials Procedure Manual, Article VII, Sec C, 1(f) and 2 (c)** revision as presented. There was no further discussion. A vote was called and the **motion was unanimously approved.**

IV. PRACTICE IMPROVEMENT PROCESS – President Cummings

A. Dr. Cummings reviewed the roles of both the **Leadership Council** and the **Quality Executive Committee**. He provided a workflow of all activities as it relates to medical staff peer review.

To date in 2021, the Leadership Council has conducted 22 reviews which resulted in 1 collegial intervention session, 2 collegial counseling letters, 5 informational letters, 2 unsubstantiated claims and 1 referral to the QEC for review of process and possible improvement.

V. PRESIDENT & CEO REPORT – Tom Quatroche, PhD

Dr. Quatroche provided an overview of 2021 which included quality, hospital operations, and Diversity, Equity and Inclusion.

A. Thank you! – Dr. Quatroche made a point of thanking the medical staff for their hard work.

B. Quality Awards – ECMC and Terrace View has been the recipient of multiple quality awards over the last year.

C. High Census – ECMC realized its highest census day in its history on October 11, 2021 of 562 patients. This has been impacted by our inability to discharge patients to congregate settings, and the market dynamic with the recent Mercy Hospital strike. It has led to a significant increase in our left without being seen rates. We are working with local providers to improve our ALC length of stay and improve throughput. We have also opened 20 beds for med/surg patients on 8z3, opened 14 observation beds in the old ER area and converted 9z1 to house ALC patients as they await disposition. MICU has increased staffed beds from 12 to 22.

D. Operations

1. Window Project – Is near completion with an expected finish date of January 2022.
2. Launch of ECMC Virtual Care Platform
 - a) ECMC has completed over 68,000 virtual visits since the beginning of the pandemic
 - b) Prior to March 15, ECMC virtual visit volume limited to UEMS service with DOCCS
 - c) On June 1st, ECMC launched a standardized telemedicine platform: ECMC Virtual Care
 - d) On-going efforts focused on work flow optimization and increasing adoption

E. Diversity, Equity and Inclusion

- a) Cultural Competency Educational Sessions are held for staff
- b) Spirituality in Healthcare Series - monthly spiritual and religious topics in the context of healthcare
- c) Employee Resource Groups – voluntary, employee led groups ex. Professional Women's Network, Young Professional, LGBTQ, African American, & Hispanic / Latinx
- d) Organizational Collaborations ex. the Wellness team focused on Diverse health topics and MWBE, diverse community vendors event
- e) Cultural Awareness Celebrations

F. COVID19 Vaccination Center

The vaccine center has been open since last year and has administered thousands of vaccines. They now offer COVID vaccine, boosters and influenza for both staff and the public.

VI. CHIEF MEDICAL OFFICER REPORT – Brian Murray, MD

- A. University Appointment – With the retirement of Dr. Michael Cain, the University has appointed Dr. Alison Brashear who will assume her duties as Dean of the Medical School on December 6th. She hails from the University of California Davis School of Medicine in Sacramento, California.
- B. Flash Report (as of 11/9)
Dr. Murray reviewed the census showing high ER volumes, admissions and behavioral health census. The Med Surg volumes have been significantly higher in 2021 when compared to prior two years. Contributing factors include prolonged LOS with decreased nursing home beds, loss of elective inpatient surgeries which traditionally are a short length of stay, the COVID pandemic, Mercy Hospital strike, the window project and staff recruitment challenges. ECMC has responded with daily bed huddles (twice a day and once a day on weekends), suspension of elective surgeries, same day joint replacement, increased beds as was mentioned, increased recruitment efforts and collaboration with Dr. Paul Shields with his help via the Elderwood care system and Hospital at Home program.
- C. Quality Dashboard – Dashboard was reviewed showing areas such as falls with hip fracture rate, pressure ulcer rate and perioperative pulmonary embolism and DVT rates higher than desired. Improvement measures are underway within the QAPI process. Patient experience rates were reviewed and are lower than prior years.
- D. COVID19 Hospital Trends and current statistics were presented. Dr. Murray reviewed COVID interventions and outlined the development of the COVID Task Force and Therapeutics. Current challenges, patient census was reviewed. The NYS Vaccine mandate along with the Federal mandate was discussed.

VII. QUALITY EXECUTIVE COMMITTEE – William Flynn, MD

- A. Dr. Flynn provided a review of the activity of the QEC. The following activity report was provided:
 - 1) First Meeting: January 2021
 - 2) First case reviews conducted: April 2021
 - 3) Year to date:
 - a. 17 case reviews
 - i. 3 Post-op respiratory failure
 - ii. 3 Peri-operative PE/DVT
 - iii. 2 Unanticipated outcomes
 - iv. 2 Procedure related complications
 - v. 1 Mortality
 - vi. 3 Potentially avoidable CAUTIs
 - vii. 3 Medical management concerns
- B. Source of Referrals – Hospital QAPI Committees, clinical department, Quantros reports, Leadership Council members and clinical registries such as TQIP.

- C. Outcomes
 - a) 7 cases resulted in no opportunity for improvement or a letter to the provider thanking them for exemplary care (2).
 - b) 3 letters to individual providers noting an opportunity for improvement.
 - c) 3 letters to providers noting an educational opportunity.
 - d) 3 letters to Chiefs of Services regarding departmental educational opportunities.
 - e) 3 System, or process of care opportunities identified

VIII. TREASURER'S REPORT – Michael Manka, MD, Treasurer

A. Dr. Manka offered a summary of the 2021 Medical Dental Staff Treasury highlighting a few items. The treasury is strong receiving \$283,695 in dues income and total expenses of \$91,574 to date. We are anticipating \$15,000 expenditure for the Up to Date product which represents 12% of the total cost.

IX. Professional Development & Wellness Committee – Matthew Ruggieri, MD

A. Dr. Ruggieri, Chair of the PDWC, provided a brief update on the Committee's activities. The Committee conducted a "Virtual Front Porch" encouraging a safe, casual conversation with two committee members and any medical staff who might care to participate. The Committee was able to react to a couple of the suggestions offered. Further sessions are planned.

Wellness Welcomes – In person receptions for new medical staff members where they can meet some key medical staff. The first session is planned this month and will be a planning session with committee members from QEC and Leadership Council along with the Wellness Committee members to discuss how the event will flow and how to approach invites, etc.

Pop Up Flu Shot Clinic – Scheduled for November 19th at the Ramp entrance for the convenience and encouragement of the medical dental staff.

X. CLOSING COMMENTS AND ADJOURNMENT

- A. There being no further business, the meeting was adjourned with wishes for a safe and healthy remainder of 2021. Many thanks for all the medical staff does to ensure we provide the highest level of care to our patients in all times, no matter the challenges we are faced with.

Respectfully submitted,



Andrea Manyon, MD
Secretary

PROPOSED CHANGES TO THE MEDICAL STAFF BY-LAWS, RULES & REGULATIONS, CREDENTIALS PROCEDURE MANUAL

Part II Collegial Intervention: Article III Corrective Actions:

(This section allows for automatic relinquishment/voluntary resignation from the staff when certain events happen. The language change aligns section 3.1.8 more appropriately with the preamble.)

3.1 AUTOMATIC RELINQUISHMENT/VOLUNTARY RESIGNATION

In the following instances, the practitioner's privileges and/or membership will be considered relinquished, or limited as described, which action shall be final without a right to hearing. Where a bona fide dispute exists as to whether the circumstances have occurred, the relinquishment, suspension, or limitation will stand until the MEC determines it is not applicable. The MEC will make such a determination as soon as practicable. The Medical/Dental Staff President may reinstate the practitioner's privileges or membership if she/he determines the triggering circumstances have been rectified or are no longer present within sixty days of the relinquishment. After sixty (60) (unless specified otherwise below) days the practitioner will have to reapply for membership and/or privileges. In addition, further corrective action may be recommended in accordance with these bylaws whenever any of the following actions occur:

3.1.1 LICENSURE

3.1.1.1 REVOCATION AND SUSPENSION

Whenever a practitioner's license or other legal credential authorizing practice in this or another state is revoked, suspended, or voluntarily relinquished to avoid disciplinary action, medical staff membership and clinical privileges shall be automatically relinquished by the practitioner as of the date such action becomes effective.

3.1.1.2 RESTRICTION

Whenever a practitioner's license or other legal credential authorizing practice in this or another state is limited or restricted by an applicable licensing or certifying authority, any clinical privileges that the practitioner has been granted at this hospital that are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

3.1.1.3 PROBATION

Whenever a practitioner is placed on probation by the applicable licensing or certifying authority, his or her membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

3.1.1.4 MEDICARE, MEDICAID, TRICARE (A MANAGED-CARE PROGRAM THAT REPLACED THE FORMER CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES), OR OTHER FEDERAL PROGRAMS

Whenever a practitioner is sanctioned or barred from Medicare, Medicaid, Tricare, or other federal programs, medical staff membership and clinical privileges shall be considered automatically relinquished as of the date such action becomes effective. Any practitioner listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals/Entities will be considered to have automatically relinquished his or her privileges.

3.1.2 CONTROLLED SUBSTANCES

3.1.2.1 DEA CERTIFICATE

Whenever a practitioner's United States Drug Enforcement Agency (DEA) certificate is revoked, limited, or suspended, the practitioner will automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

3.1.2.2 PROBATION

Whenever a practitioner's DEA certificate is subject to probation, the practitioner's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

3.1.3 PROFESSIONAL LIABILITY INSURANCE

Failure of a practitioner to maintain professional liability insurance in the amount required by state regulations and medical staff and Board policies and sufficient to cover the clinical privileges granted shall result in immediate automatic relinquishment of a practitioner's clinical privileges. If within 60 calendar days of the relinquishment the practitioner does not provide evidence of required professional liability insurance (including tail coverage for any period during which insurance was not maintained), the practitioner shall not be considered for reinstatement and shall be considered to have voluntarily resigned from the medical staff. The practitioner must notify the medical staff office immediately of any change in professional liability insurance carrier or coverage.

3.1.4 MEDICAL STAFF DUES/SPECIAL ASSESSMENTS

Failure to promptly pay medical staff dues or any special assessment shall be considered an automatic relinquishment of a practitioner's appointment. If within 60 calendar days after written warning of the delinquency the practitioner does not remit such payments, the practitioner shall be considered to have voluntarily resigned membership on the medical staff.

3.1.5 FELONY/MISDEMEANOR CONVICTION

A practitioner who has been convicted of, or pled "guilty", "no contest", or its equivalent to a felony or to a misdemeanor involving a charge of moral turpitude in any jurisdiction shall automatically relinquish medical staff membership and privileges. Such relinquishment shall become effective immediately upon such conviction or plea, regardless of whether an appeal is filed. Such relinquishment shall remain in effect until the matter is resolved by subsequent action of the Board or through corrective action, if necessary.

3.1.6 FAILURE TO SATISFY THE SPECIAL APPEARANCE REQUIREMENT

A practitioner who fails without good cause to appear at a meeting where his special appearance is required in accordance with these bylaws shall be considered to have automatically relinquished all clinical privileges with the exception of emergencies and imminent deliveries. These privileges will be restored upon compliance with the special

appearance requirement. Failure to comply within thirty (30) calendar days will be considered a voluntary resignation from the medical staff.

3.1.7 FAILURE TO PARTICIPATE IN AN EVALUATION

A practitioner who fails to participate in an evaluation of his qualifications for medical staff membership or privileges as required under these bylaws (whether an evaluation of physical or mental health or of clinical management skills), shall be considered to have automatically relinquished all privileges. These privileges will be restored upon compliance with the requirement for an evaluation. Failure to comply within thirty (30) calendar days will be considered a voluntary resignation from the medical staff.

3.1.8 FAILURE TO EXECUTE RELEASE AND/OR PROVIDE DOCUMENTS

A practitioner who fails to execute a general or specific release and/or provide documents when requested by the president of the medical staff or designee in order to evaluate the competency and credentialing/privileging qualifications of the practitioner to assure patient safety shall be considered to have automatically relinquished all privileges. If the release is executed and/or documents provided within sixty (60) calendar days of notice of the automatic relinquishment, the practitioner may be reinstated. Thereafter, the member will be deemed to have resigned voluntarily from the staff and must reapply for staff membership and privileges.

3.1.9 MEC DELIBERATION

As soon as practicable after action is taken or warranted as described in Sections 3.1.1 through Section 3.1.8, the MEC shall convene to review and consider the facts, and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth in the Section 2.3 above.

Medical/Dental Staff Rules and Regulations, Part I

(Changes align the process with the previously established Practice Improvement Process, specifically allowing the Physician Leadership Council to act in accordance with the current policy on Professionalism, in this instance as it pertains to Delinquent Records.)

6. Delinquent Records. Physicians who have been continuously on the medical records delinquent list for more than three (3) months with more than twenty (20) delinquent charts or physicians that have been on the delinquent list continuously for more than twelve (12) months will be contacted in writing by the CMO Office. This first communication will indicate that all charts must be completed within fourteen (14) days so that the physician may be removed from the delinquent list. Should the physician not meet this requirement, the CMO Office and President of the Medical-Dental Staff will issue a second and final written communication via courier or overnight express carrier. This final communication will notify the physician that if the records are not completed by a certain date (at least fourteen (14) days from the date of the letter), the matter will be referred to the Leadership Council for consideration in accordance with the Medical/Dental Staff's Professionalism Policy.

Credentials Procedure Manual, Article I, Section B (10) and (22)

(Includes compliance with vaccinations required by Federal or New York State Law for all applicants to the Medical/Dental Staff and removes ANNUAL Tuberculin testing per NYS Law.)

- (10) Agrees to provide proof of immunization from Rubeola, Varicella, Rubella, and any other vaccinations required by federal or New York state law. Alternatively, an applicant may obtain an appropriate waiver in accordance with the Medical Center's immunization policy. Provide proof of tuberculin testing or history of positive PPD within the past twelve (12) months at time of initial application;
- (22) Agrees to maintain current and provide to the Medical-Dental Staff Office all applicable expirable documents between re-appointment cycles. This includes, but is not limited to license, DEA registration, annual health assessment and PPD test results, malpractice insurance, board certification renewals, required certifications including, but not limited to NYS Infection Control Training and any vaccinations required by federal or New York state law.

Credentials Procedure Manual, Article VII, Section C, 1(f) and 2(c)

(Section C, Compliance with NYS Health Mandates was approved in March of 2021. This revision adds compliance with vaccinations required by federal or NYS Law.)

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.
 - d. 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). Documented outcomes following referral for high risk or positive findings should be provided to the Medical Dental Staff Office.

- e. Documentation of vaccination against influenza or declination, indicating education and consent to wear a procedure mask.

f. Documentation of any other vaccinations required by federal or New York state law.

- 2. 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 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, indicating education and consent to wear a procedure mask.

c. Documentation of any other vaccinations required by federal or New York state law.

- 3. 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.
- 4. Failure to comply with these requirements will be addressed through the ECMC Bylaws, Rules & Regulations.

CMO Conference Room

November 4, 2021

Present: Dr. Yogesh Bakhai, Dr. Mandip Panesar, Richard Skomra, CRNA, Dr. Ashvin Tadakamalla, Dr. Victor Vacanti, Dr. Mark LiVecchi, Dr. Samuel Cloud, Dr. Robert Glover, Dr. Richard Hall

Excused: Dr. Brian Murray

Agenda Item	Discussion/Recommendation	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:05 p.m.		
II. ADMINISTRATIVE			
A. Minutes	<ul style="list-style-type: none"> The minutes of the October 7th meeting were reviewed. 	Motion made, all in favor, to approve as written.	Via these minutes, the actions of the Credentials Committee are submitted to the Medical Executive Committee for review and action.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None
F. Leave of Absence (6)	<p><u>Anesthesiology</u></p> <ul style="list-style-type: none"> Kristen Phillips, CRNA- 11/17/2021; maternity Edna Stercula, CRNA- unknown <p><u>Emergency Medicine</u></p> <ul style="list-style-type: none"> Sarah Nienburg, PA-C- 10/31/2021; maternity Katherine Witter, PA-C- 10/24/2021; military and maternity <p><u>Family Medicine</u></p> <ul style="list-style-type: none"> Julie Fasanello, NP- 01/31/2021; maternity 	For informational purposes only	None necessary.

		Internal Medicine <ul style="list-style-type: none"> Jihae Lee, MD- 10/31/2021; maternity 		
G. Resignations (10)		Files are updated and resignation protocol followed.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/ SUPERVISING	DATE
Alessandra Harfouche, PA-C	Emergency Medicine	<ul style="list-style-type: none"> UEMS Leaving UEMS and ECMC for another job Confirmed in email 	N/A	10/14/21
Ryan Bowe, MD	Family Medicine	<ul style="list-style-type: none"> UBMD Refused vaccination- UBMD resigned him Confirmed in email 	N/A	11/03/21
Steven Buslovich, MD	Family Medicine	<ul style="list-style-type: none"> Health Solutions WNY Does not come to ECMC Confirmed in email 	N/A	10/28/21
Barinder Chana, MD	Internal Medicine	<ul style="list-style-type: none"> Apogee Left practice plan Confirmed in email 	N/A	10/11/21
Allyson Kirk, PA-C *	Internal Medicine	<ul style="list-style-type: none"> GPPC Did not accept the position due to hours Confirmed in email 	N/A	10/29/21
Hemal Patel, DO	Internal Medicine	<ul style="list-style-type: none"> Apogee Travel team- not coming back to ECMC Confirmed in email 	N/A	11/03/21
Sam Samuel, MD	Internal Medicine	<ul style="list-style-type: none"> UBMD Moving out of Buffalo Confirmed in email 	N/A	09/30/21

Highlight: Initiate FPPE

Jeannlis Sanchez, MD	Internal Medicine	<ul style="list-style-type: none"> • Apogee • No longer coming to ECMC • Confirmed in email 	N/A	11/02/21
Meredith Lavocat, FNP	Orthopaedic Surgery	<ul style="list-style-type: none"> • UB Ortho • Refused vaccination- UB Ortho let her go • Confirmed in email 	N/A	09/27/21
Elisabeth Dexter, MD	Thoracic/Cardiovascular Surgery	<ul style="list-style-type: none"> • Roswell • Contract ending • Confirmed in email 	N/A	10/31/21
III. CHANGE IN STAFF CATEGORY				
A. John Fudyma, MD	<u>Internal Medicine</u> Change from Active to Courtesy, Refer and Follow		For informational purposes only	None necessary.
IV. CHANGE/ADD DEPARTMENT				
A. Nicole Scovazzo, PA-C	<u>Internal Medicine</u> <ul style="list-style-type: none"> • Adding Orthopaedic Surgery • Supervising Physician: Dr. Anders (4 PA) <u>Privileges</u> <ul style="list-style-type: none"> • Level 1 Core • Surgical First Assist Level 1 • Temps will be needed for the 11/18/21 start 		The Committee voted, all in favor, to approve with privileges as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
V. CHANGE/ADDITION Collaborating/Supervising		None	None	None
A. Nicole Ksiazek, PA-C	<u>Thoracic/Cardiovascular Surgery</u> <ul style="list-style-type: none"> • Change from Dr. A. Picone to Dr. Y. Perry (1 PA) 		For informational purposes only	None necessary.
B. Joseph Rasnick, ANP	<u>Thoracic/Cardiovascular Surgery</u> <ul style="list-style-type: none"> • Change from Dr. A. Picone to Dr. Y. Perry (1 PA/ 1 NP) 		For informational purposes only	None necessary.
C. Marc Siebert, ANP	<u>Thoracic/Cardiovascular Surgery</u>		For informational purposes only	None necessary.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> Change from Dr. A. Picone to Dr. Y. Perry (1 PA/ 2 NP) 		
D. Sarah Sporski, FNP	<u>Thoracic/Cardiovascular Surgery</u> <ul style="list-style-type: none"> Change from Dr. A. Picone to Dr. Y. Perry (1 PA/ 3 NP) 	For informational purposes only	None necessary.
VI. PRIVILEGE ADDITION/ REVISION			
A. Jenna Nassar, NP	<u>Internal Medicine</u> <ul style="list-style-type: none"> Adding Ventilator Management *Case logs submitted 	The Committee voted, all in favor, to approve the privileges as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
VII. PRIVILEGE WITHDRAWAL			
A. Stephanie Reesor, PA-C	<u>Neurosurgery</u> <ul style="list-style-type: none"> Withdrawing Level II and Surgical First Assist Core privileges 	For notification purposes.	None necessary.
B. Thomas Bevilacqua, MD	<u>Radiology</u> <ul style="list-style-type: none"> Withdrawing Nuclear Medicine- In vivo therapeutic procedure 	For notification purposes.	None necessary.
C. James Rinaldi, MD	<u>Radiology</u> <ul style="list-style-type: none"> Withdrawing Nuclear Medicine- In vivo therapeutic procedure 	For notification purposes.	None necessary.
VIII. UNACCREDITED FELLOWSHIPS	<u>Neurosurgery</u> <ul style="list-style-type: none"> Matthew McPheeters, MD, MBA Anticipated start date is January 1, 2021 Working with Chopko in Critical Care 	The MDSO will reach out to the GME office and verify if the current Accredited Fellowship will cover him. If so, there is no need to credential Dr. McPheeter as an Unaccredited Fellow	None
IX. INITIAL APPOINTMENTS (11)			
Jennifer Muscarella, PA-C Anesthesia Pain Management	<ul style="list-style-type: none"> Cuyahoga Community College Associate of Applied Science Surgical Physician Assistant May 2003 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical

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	<ul style="list-style-type: none"> • Radiology Physician Assistant; Akron Radiology June 2003 to July 2005 and October 2016 to October 2021; Southtowns Radiology August 2005 to August 2016 • Joining General Physicians PC Anesthesia Pain Management November 2021 • Supervising Physician: Thomas Suchy, III, MD (5) • NCCPA certified 		Executive Committee for approval.
Debra Buscaglia, PA-C Family Medicine	<ul style="list-style-type: none"> • Gannon University Bachelor of Science Physician Assistant May 1990 • Surgical Physician Assistant Columbus Cabrini Medical Center, Chicago IL; August 1990 to June 1992 • Physician Assistant ECMC Trauma and Burn Unit; September 1992 to August 1994 • Occupational Health Department Manager and Physician Assistant Grandview Hospital Dayton, OH; September 1994 to August 1997 • Medical Biller and Office Manager Cosmetic Vein and Laser Center August 1997 to May 2010 • Stay at home mother/homemaker; May 2010 to August 2018 • Physician Assistant Niagara Falls Urgent Care and Suboxone Clinic August 2018 to July 2021 • Hired by UBMD Family Medicine – Addictions • Supervising Physician: Mohammadreza Azadfard, MD (11) 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • NCCPA certified 		
Mahmoud Fenire, MD Internal Medicine	<ul style="list-style-type: none"> • Al-Fateh University for Medical Sciences, Libya MBCh June 2004 • University of Tripoli, Libya Internal Medicine Internship June 2004 to June 2005 • Internal Medicine Practitioner – Tripoli Medical Center, Libya September 2005 to November 2009 • Observership Norwegian American Hospital and Saints Mary and Elizabeth Hospital, Illinois September 2005 to July 2010 • Volunteer Mount Sinai Hospital August 2010 to December 2010 • Medical profession English and communication training January 2011 to June 2011 • Texas Tech University Internal Medicine Residency July 2011 to July 2014 • Quillen College of Medicine Infectious Disease Fellowship August 2014 to July 2016 • Physician at Tripoli Medical Center Libya September 2016 to March 2017 • UBMD Internal Medicine Hospitalist at Buffalo General April 2017 to current • Joining ECMC November 29, 2021 • American Board of Internal Medicine certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Fnu Sadarat, MD Internal Medicine	<ul style="list-style-type: none"> • Liaquat University of Medical and Health Sciences MD November 2011 • Medical Officer in Pakistan November 2011 to July 2017 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive

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	<ul style="list-style-type: none"> • ECFMG certificate issued October 2015 • Albert Einstein College of Medicine Internal Medicine Residency July 2017 to June 2020 • Associate Program Director Apogee Physicians at Olean General September 2020 to October 2021 • Temporary privileges requested for November 8, 2021 for immediate patient need • American Board of Internal Medicine certified 		Committee for approval.
Erfanul Saker, MD Internal Medicine	<ul style="list-style-type: none"> • St. George's University School of Medicine MD June 2016 • ECFMG certificate issued June 2016 • Icahn School of Medicine at Mount Sinai Internal Medicine Residency July 2017 to June 2020 • Traveling Hospitalist Physician with Apogee Physicians September 2020 to current • Anticipated to work at ECMC November 29, 2021 • American Board of Internal Medicine certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Marquita Scott, NP Internal Medicine	<ul style="list-style-type: none"> • D'Youville College Master of Science Family Nurse Practitioner August 2019 • Registered Nurse – ECMC Critical Care November 2010 to May 2014; Catholic Health - Case Manager May 2012 to July 2014, Clinical Nurse Manager July 2014 to April 2015, ER RN April 2015 to March 2016, Assistant Director of Nursing March 2016 to December 2019; Absolut 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.

	<p>Care – Nursing Supervisor August 2006 to November 2017</p> <ul style="list-style-type: none"> • Family Nurse Practitioner BLT Medical Group January 2020 to current • Joining Apogee Physicians • Collaborating Physician: Ashvin Tadakamalla, MD (17) • ANCC certified 		
Tegbeer Singh, MD Internal Medicine	<ul style="list-style-type: none"> • American University of the Caribbean School of Medicine April 2016 • University Science Tutor June 2016 to May 2017 • Jacobs School of Medicine Internal Medicine Residency June 2017 to July 2020 • Signed contract with Latus Medical Care March 2020. Began onboarding process during pandemic but unable to complete step 3 until August 2020 since testing centers were closed. Medical license issued April 2021 due to pandemic related workflow. After consideration with immigration lawyer and Latus Medical Care, mutually agreed to withdraw the offer since an H1B VISA being received in a timely fashion had closed. Began applying to medical groups in Buffalo and ultimately decided to sign with Apogee Physicians • Temporary privileges granted October 12, 2021 for immediate patient need 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> American Board of Internal Medicine eligible, sat August 2021 pending results 		
Johannie Uy, MD Internal Medicine	<ul style="list-style-type: none"> University of the Philippines College of Medicine May 2012 Time gap June 2012 to June 2014 – studying, vacation and applying for US Residency ECFMG certificate issued December 2013 St. Vincent’s Medical Center Internal Medicine Internship and Residency July 2014 to June 2017 Traveling Hospitalist Physician with Apogee Physicians July 2017 to current Anticipated to work at ECMC winter 2021 American Board of Internal Medicine certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Allison Mazurek, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> Daemen College Master of Science Physician Assistant May 2018 Orthopaedic Physician Assistant with United Memorial Medical Center August 2018 to October 2021 Joined General Physicians, PC Orthopaedics October 2021 Temporary privileges granted October 25, 2021 for immediate patient need Supervising Physician: Marcus Romanowski, MD (6) NCCPA certified 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Ammitai Worob, DC Rehabilitation Medicine	<ul style="list-style-type: none"> New York Chiropractic College DC March 2009 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Gap history April 2009 to October 2009 – recovering from shoulder surgery and setting up entity to practice • Clinic Director, Chiropractor, Sea Change Family Chiropractic Ithaca, NY October 2009 to present • Adjunct Clinical Assistant Professor D'Youville College August 2021 to present • Temporary privileges granted November 2, 2021 for immediate patient need 		Committee for approval.
Andrea Zucchiatti, MD Surgery	<ul style="list-style-type: none"> • Università' di Genova, Italy MD March 2005 • San Martino University Hospital Genoa, Italy, General Surgery Internship September 2005 to May 2006 • University of Rochester Medical Center - Research Fellow in Trauma/Burn/Emergency Surgery June 2006 to June 2007; General Surgery Internship July 2007 to June 2008; General Surgery Residency July 2008 to June 2012 • ECFMG certificate issued January 2007 • General Surgeon with United Memorial Medical Center September 2012 to April 2021 • Gap history May 2021 to October 2021 • General Surgeon with USI – Wyoming County Community Health System • American Board of Surgery certified 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.

X. TEMPORARY PRIVILEGES (4)	<ul style="list-style-type: none"> Chandrarekha Americhetty, MD Internal Medicine October 11, 2021 Liam Knott, MD Surgery October 12, 2021 Tegbeer Singh, MD Internal Medicine October 12, 2021 Allison Mazurek, PA-C Orthopaedic Surgery October 25, 2021 	For informational purposes.	None necessary.
XI. REAPPOINTMENTS (43)	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested.	Via these minutes, recommendation to Medical Executive Committee for approval.

NAME	DEPARTMENT	CATEGORY	OPPE	PRIVILEGES
Duffy, Brian MD	Anesthesia	Active		
Miller, Raymond	Dentistry	CRF		Changing from Active to CRF
Butski, Crystal FNP Collaborating: Dr. Varughese	Emergency Medicine	AHP		
Ellis, David MD	Emergency Medicine	Active		
Igoe Gerald MD	Emergency Medicine	Active		
Strauss, Jessica MD	Emergency Medicine	Active		
Wilkins, Kimberly MD	Family Medicine	Active		2 New Privileges: Pap Smear Screening; Biopsy, excision and incision of skin growths, nails and superficial soft tissues
Desai, Ravi MD	Internal Medicine	Active		
Jenkins, Richard MD	Internal Medicine	Active		
Kareem, Samer MBBS	Internal Medicine	Active		
Lu, Yifan MD	Internal Medicine	Active		
Pendyala, Prashant MD	Internal Medicine	Active		
Pie, Cynthia MD	Internal Medicine	Active		
Pili, Roberto MD	Internal Medicine	CRF		
Sadiq, Riffat MD	Internal Medicine	Active		
Shah, Ahmed MD	Internal Medicine	Active		
Wikerd, Zachary MD	Internal Medicine	Active		
Radovic, Vladan MD	Neurology	Active		
Mullin, Jeffrey MD	Neurosurgery	Active		

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Reynolds, James MD	Ophthalmology	CRF		Changing for Active to CRF
Frawley, Thomas DDS	Oral & Maxillofacial Surgery	Associate		
Sindoni, Frank DDS, MD	Oral & Maxillofacial Surgery	Active		
Castonguay, Andrea PA Supervising: Dr. Dyskin	Orthopaedic Surgery	AHP		
DiPaola, Matthew MD	Orthopaedic Surgery	Active		
Dyskin, Evgeny MD	Orthopaedic Surgery	Active		
Falcone, Joseph DO	Orthopaedic Surgery	Active		14 New Privileges: OR Assist; Ambulatory non-procedural Privileges;;Incision of superficial; Excision of head of radius; Excision of chondroma Osteochondroma; Muscle biopsy superficial or deep; Drainage of tendon sheath; acute suppurative tenosynovitis; Division of iliotibial band open operation; Tenotomy subcutaneous corrective – digits, adductor, hip; Tenolysis;; Other peripheral nerve block; Arthroscopy knee surgical osteochondral autografts; Arthroscopy knee surgical osteochondral allograft; Arthroscopy chondrocyte implantation knee.
Aftab, Lalarukh MD	Pathology	Active		
Paterson, Joyce MD	Pathology	Active		
Adragna, Michael MD	Psychiatry & Behavioral Health	Active		
Hanrahan, Laura MD	Psychiatry & Behavioral Health	Active		
Drumsta, Douglas MD	Radiology	Active		
Grinstead, Richard DO	Radiology	Active		4 New Privileges: Neuroradiology; Discography; Nuclear Medicine – In Vivo Diagnostic procedure; Nuclear Medicine – In vivo therapeutic procedure
Spirer, David MD	Radiology – Teleradiology	Active		
Turaif, Najat MBBS	Radiology	Active		
Englert, Amanda FNP Collaborating: Dr. LiVecchi	Rehabilitation Medicine	AHP		

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Frank, Thomas DC	Rehabilitation Medicine	AHP		
Rippe, Bridget PsyD	Rehabilitation Medicine	AHP		
Diina, David ANP Collaborating: Dr. Kayler	Surgery	AHP		
Dryjski, Maciej MD	Surgery	Active		
Glick, Philip MD	Surgery	CRF		
Hoffman, Aaron MD	Surgery	Active		
McCallion, Eamon PA Supervising: Dr. Lukan	Surgery	AHP		1 New Privilege: Application of Compression Dressings
Roehmoldt, John MD	Urology	Active		
XII. AUTOMATIC CONCLUSION		Reappointment Expiration		
1st Notice	<u>Internal Medicine</u> <ul style="list-style-type: none"> Haseley, Anna, FNP- Letter received 9-21-2021 stating that she will not be renewing her privileges from Apogee. Priv. Expire 1-31-2022		For informational purposes.	None necessary.
2nd Notice	<u>Thoracic & Cardiovascular Surgery</u> <ul style="list-style-type: none"> Nwogu, Chukwumere, MD – Email stating that Roswell pulling the malpractice as of Jan. 1, 2022. Priv. Expire 11-30-2021 		For informational purposes.	None necessary.
3rd Notice	<u>Radiology - Teleradiology</u> <ul style="list-style-type: none"> Kaplan, Liat, MD - Email stating that she will not be renewing her privileges as of 11-30-2021, due to change in business need. Priv. Expire 11-30-2021			
XIII. PROFESSIONAL PRACTICE EVALUATIONS	<u>FPPE</u> <u>October</u> Internal Medicine 6 Neurosurgery 1 Cardiothoracic Surgery 1 Plastics & Reconstructive Surgery 1 Anesthesiology 1 Psychiatry 1 Total 11 Total #left open 1		All reviewed by the Chief of Service. No FPPE for cause identified.	Continue to monitor.

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		Total # closed			10		
OPPE: Department	Total number of Providers		# of Providers who met all measures	# of Providers who did not meet one or more measures	# of Providers who did not provide supplemental data	Was Action Taken by the Chief of Service if Necessary?	
Neurosurgery	21		21	0	1	Yes	
Pathology	20		20	0	0	Yes	
Orthopaedic Surgery	83		81	2	4	Yes	
Teleradiology	37		37	0	0	Yes	
Radiology	31		31	0	0	Yes	
XIV. OLD BUSINESS							
A. Expirables		<u>Psychiatry</u> <ul style="list-style-type: none">Frank, Tawni MD- Health Assessment Exp. 10-31-2021 <u>Internal Medicine</u> <ul style="list-style-type: none">Michaelles, Christopher MD- ACLS Exp. 10-31-2021Yonis, Mahfuz MD- Health Assessment Exp. 10-27-2021				Chiefs of Service notified. Assistance requested.	None necessary
B. DEA		<u>November</u> <ul style="list-style-type: none">1 DEA8 Licenses				For informational purposes.	None necessary.
C. Covid Vaccination		<ul style="list-style-type: none">The MDSO will keep the Committee updated as to any changes in NYS regarding the Religious exemption					
XIIV. NEW BUSINESS							
A. Verify Credential Committee information for 2022		<ul style="list-style-type: none">The Committee agreed to keep the meeting dates/times the same in 2022				For informational purposes.	None necessary.
B. Medical Staff Services Week		The Director of the Medical Dental Staff Office announced that the following week begins Medical Staff Services week. The Committee expressed their appreciation for the team.				For informational purposes.	None necessary.
XIIIV. ADJOURNMENT		The meeting was adjourned at 3:34 p.m.					

Respectfully submitted,



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Yogesh Bakhai, MD
Chair, Credentials Committee

**Temporary Privileges for Important Patient Care Needs
2019**

REASON	QC CHECK	NAME AND DEPARTMENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	CC/BOD APPROVAL
		Anesthesiology:					
IMP.PT.CARE		Pia Musielak, PA-C- add Dept			7/22/21-10/22/21		BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Steven Bradley, PA-C		8/25/21-10/25/21			BOD 9/28/2021
		Dentistry:					
		Emergency Medicine:					
IMP.PT.CARE		Crystal Butski, NP	01/01/21-01/20/21				Temps issued due to Dec BOD being cancelled 1/26/2021
IMP.PT.CARE	Completed-TMB	Nicole Barrett, NP	06/01/21-6/30/21				BOD 6/22/2021
IMP.PT.CARE		Calloway Pichette, MD	7/7/21-7/28/21				BOD 7/27/2021
IMP.PT.CARE		Maria Kaisler, MD	7/15/21-7/28/21				BOD 7/27/2021
IMP.PT.CARE		Meghan Ballou, PA-C	9/1/21-9/30/21				BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Caroline Brady, PA-C	9/1/21-9/30/21				BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Rebecca Meli-Cornwell, PA-C	9/1/21-9/30/21				BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Jaime Vona, PA-C	9/1/21-9/30/21				BOD 9/28/2021 - Aug Cancelled
		Family Medicine:					
IMP.PT.CARE		John Slisz, PA-C			12/09/20-03/09/21		BOD 1/26/21
IMP.PT.CARE		Bridget Golinski, NP		1/20/21-2/24/21			BOD 2/23/2021
IMP.PT.CARE		Ellen McStravick, NP		8/9/21-9/30/21			BOD 9/28/2021 - Aug Cancelled
		Internal Medicine:					
IMP.PT.CARE		Benson Babu, MD			12/1/20-03/01/21		BOD 2/23/2021
IMP.PT.CARE		Adaora Otubelu, NP			12/9/20-3/9/21		BOD 01/26/21
IMP.PT.CARE		Stephanie Kaminska, PA-Dept addition		12/15/20-02/15/21			BOD 01/26/21
IMP.PT.CARE		Josh Sabatino, NP			12/16/20-3/16/21		BOD 01/26/21
IMP.PT.CARE		Carolina Flickinger, NP				12/24/20-04/24/21	BOD 2/23/2021
IMP.PT.CARE		Amy Foster, NP-Dept addition		01/04/21-03/04/21			BOD 1/26/21
IMP.PT.CARE		Jeannlis Sanchez, MD	3/5/21-3/24/21				BOD 3/23/21
IMP.PT.CARE		Marja Cormack-Price, NP	6/17/21-6/23/21				BOD 6/22/21
IMP.PT.CARE		Sandeep Kumar, MD	7/7/21-7/27/21				BOD 7/27/2021
IMP.PT.CARE		Maheswara Koppula, MD	7/8/21-7/27/21				BOD 7/27/2021
IMP.PT.CARE		Nicole Jurek, PA-C-Dept addition			07/26/21-10/26/21		BOD 7/27/2021
IMP.PT.CARE		Ayesha Chowdhury, MD		8/16/21-10/1/21			BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Maryam Saleemi, MD		8/16/21-10/1/21			BOD 9/28/2021
IMP.PT.CARE		Anumeet Sandhu, DO		8/16/21-10/1/21			BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Naveen Gnanabakthan, MD		8/30/21-10/1/21			BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Richard Raptopoulos, NP		8/30/21-10/1/21			BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Marissa Boniszewski, MD		9/1/21-11/1/21			BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Jamal Ansari, MD		9/13/21-11/13/21			BOD 9/28/2021
IMP.PT.CARE		Allyson Kirk, PA-C		9/29/21-10/27/21			BOD 10/26/2021
IMP.PT.CARE		Ercan Sozen, MD		10/05/21-12/05/21			BOD 10/26/2021
IMP.PT.CARE		Chandrarekha Americhetty, MD	10/11/21-10/27/21				BOD 10/26/2021
IMP.PT.CARE		Tegbeer Singh, MD		10/12/21-12/12/21			BOD 11/23/2021
		Neurology:					
		Neurosurgery:					
		Obstetrics and Gynecology					

**Temporary Privileges for Important Patient Care Needs
2019**

REASON	QC CHECK	NAME AND DEPARTMENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	CC/BOD APPROVAL
		Oral-Max:					
		Orthopaedic Surgery:					
IMP.PT.CARE		Edward Rutkowski, PA-C-dept addition			11/9/20-2/9/21		BOD 1/26/2021 DEC cancelled
IMP.PT.CARE		Michael Smith, PA-C			11/17/20-2/17/21		BOD 1/26/2021 DEC cancelled
IMP.PT.CARE		Scott Nodzo, MD			12/1/20-3/1/21		BOD 1/26/2021 DEC cancelled
IMP.PT.CARE		Allison Mazurek, PA-C	10/25/21-11/24/21				BOD 11/23/2021
		Otolaryngology					
		Pathology					
		Plastic & Reconstructive Surgery:					
IMP.PT.CARE		Marielle Ferstenberg, MD	3/19/21-3/24/21				BOD 3/23/2021
		Psychiatry:					
IMP.PT.CARE		Jaskiran Nagra, NP		01/04/21-03/04/21			BOD 2/23/2021
IMP.PT.CARE		Mary Chima, MD	1/7/21-1/27/21				Temps issued due to Dec BOD being cancelled 1/26/2021
IMP.PT.CARE		Michael DiGiacomo, MD		1/18/21-2/24/21			BOD 2/23/2021
		Radiology					
		Rehab Medicine					
		Surgery:					
IMP.PT.CARE		Mark Dy-Liacco, MD- priv addition only		5/13/21-7/13/21			BOD 6/22/2021
IMP.PT.CARE		Kathleen Speta, FNP- Dept/priv addition			8/9/21-11/9/21		BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Michael Peyser, MD			8/13/21-10/1/21		BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Liam Knott, MD	10/12/21-10/27/21				BOD 10/26/2021
		Thoracic/Cardiovascular Surgery					
IMP.PT.CARE		Claudia Koenig, PA-C-dept/priv addition	09/20/21-10/20/21				BOD 9/28/2021
		Urology:					
IMP.PT.CARE		Jacquelyn Gonka-Griffo, MD		8/16/21-10/1/21			BOD 9/28/2021 - Aug Cancelled
IMP.PT.CARE		Gina Tundo, MD		08/30/21-10/30/21			BOD 9/28/2021 - Aug Cancelled
		Going to CC; waiting for approval at BOD					
		completed					