

COLUCCI & GALLAHER, P.C.

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February 13, 2012

Certified Mail - Return Receipt Requested

The Honorable Mark C. Poloncarz
Erie County Executive
Erie County Office Building, 16th Floor
95 Franklin Street
Buffalo, New York 14202

Re: Erie County Medical Center Corporation

Dear County Executive Poloncarz:

In accordance with section 12.7 of the Sale, Purchase and Operating Agreement between the County of Erie, New York and Erie County Medical Center Corporation, enclosed you will find the packet of materials distributed at the February 7, 2012 regular meeting of the Board of Directors of Erie County Medical Center Corporation.

By copy of this correspondence, we are providing a copy of these materials to The Honorable Betty Jean Grant and the Erie County Attorney.

Very truly yours,

Anthony J. Colucci, III
for COLUCCI & GALLAHER, P.C.

krt

Enclosure

cc: The Honorable Betty Jean Grant
Chair, Erie County Legislature

Michael A. Siragusa
Erie County Attorney

BOARD OF DIRECTORS

Sharon L. Hanson
Chairperson

Kevin E. Cichocki, D. C.
Vice Chair

Bishop Michael A. Badger
Secretary

Richard F. Brox
Vice Chair

Kevin M. Hogan, Esq.
Vice Chair

Michael A. Seaman
Treasurer

Douglas H. Baker
Ronald P. Bennett, Esq.
Ronald A. Chapin
K. Kent Chevli, M.D.

Michael H. Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.

Jody L. Lomeo
Thomas P. Malecki
Frank B. Mesiah
Kevin Pranicoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Annual Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, February 7, 2011

4:30 P.M.

Staff Dining Room, 2nd Floor - ECMCC

Copies to: Anthony J. Colucci, III. Esq.
Corporate Counsel

ERIE COUNTY MEDICAL CENTER CORPORATION

REVISED AGENDA

AGENDA FOR THE
2012 ANNUAL MEETING OF THE
BOARD OF DIRECTORS

TUESDAY, FEBRUARY 7, 2012

	PAGES
I. CALL TO ORDER: SHARON L. HANSON, CHAIR	
II. APPROVAL OF MINUTES OF FEBRUARY 1, 2011 ANNUAL MEETING OF THE BOARD OF DIRECTORS	3-10
III. ACTION ITEMS: <i>ITEM 1: RESOLUTION ELECTING KEVIN HOGAN AS CHAIR; SHARON HANSON, MICHAEL SEAMAN AND RICHARD BROX AS VICE CHAIR; MICHAEL BADGER AS SECRETARY; AND KEVIN CICHOCKI AS TREASURER</i>	
IV. REPORTS FROM CHIEF EXECUTIVE OFFICER	
V. ADJOURN	

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE ANNUAL MEETING
FEBRUARY 1, 2011
ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Sharon L. Hanson, Chair Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D. Kevin E. Cichocki, D.C.	Kevin M. Hogan, Esq. Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki Frank B. Mesiah Michael A. Seaman
Voting Board Representatives Excused:	Bishop Michael Badger	Joseph A. Zizzi, Sr., MD
Non-Voting Board Representatives Present:	Ronald P. Bennett, Esq. Michael H. Hoffert	Jody L. Lomeo Kevin Prantikoff, M.D.
Also Present:	Mark Barabas Donna Brown Richard Cleland Anthony Colucci, III, Esq. Leslie Feidt James R. Kaskie Joseph Kowalski, M.D.	Susan Ksiazek Brian Murray, M.D. Kathleen O'Hara Thomas Quatroche Ken Richmond Rita Hubbard-Robinson Debbie Saia, CSEA Michael Sammarco

I. CALL TO ORDER

There being a quorum present, Board Vice Chair Kevin E. Cichocki, D.C. called the Annual Meeting to order at 4:31 P.M.

II. APPROVAL OF MINUTES OF FEBRUARY 2, 2010 ANNUAL MEETING OF THE BOARD OF DIRECTORS

Moved by Anthony M. Iacono and seconded by Frank B. Mesiah to approve the minutes of the February 2, 2010 Board of Directors Annual meeting.

Motion approved unanimously.

III. REMARKS BY CHIEF EXECUTIVE OFFICER

CEO Jody L. Lomeo presented a summary of ECMCC's 2010 accomplishments and comments, as follows:

- Continued collaboration with Kaleida (GLH) – Deloitte & Touche Study (Credentialing Software),
- Unveiling a multi-million dollar state-of-the-art emergency department expansion.
- Opening of two brand new operating rooms,

ERIE COUNTY MEDICAL CENTER CORPORATION

- Talking title to property on Grider Street as we begin to implement the settlement agreement with the County of Erie,
- Kick-off of our campus expansions and start of construction of the Center of Excellence in Kidney Care and Transplantation,
- Approval of our CON for a new state-of-the-art Nursing Home,
- Opening of our Hyperbaric Medicine and Wound Care Center,
- \$30 million of capital project throughout the campus,
- Initiation of a partnership with UNYTS as a primary source for blood products,
- Conversion of our Radiology Department over to an ECMCC run service,
- Completion of an 18-month Robert Woods Johnson Equity Quality Improvement collaboration (EQIC),
- Expanded (DEU) Dedicated Education Unit Academic Program with D'Youville College Nursing School,
- MRI CON Approval,
- Established a Patient Satisfaction Department and hired director to lead the team,
- Completed 27 physician contracts including AMS,
- Partnered with Kaleida Health and UB to complete a new Affiliation Agreement,
- Bringing ECMCC into the 21st century by expanding and enhancing ECMCC's IT capabilities,
- Worked with ECMCC Laboratory and with HealtheLink to develop a link to transmit all laboratory tests,
- Completed the recruitment of three nephrologists, two general surgeons, one neurologist, a rheumatologist and a vascular surgeon through the Grider Initiative,
- Participated in multiple community activities,
- Opened a farmers' market on Grider Street,
- Strengthened relationship between Administration and the Physicians.

Mr. Lomeo also stated that 2010 was not without its challenges as we continued to see volumes soften and financial pressures on the system continue. In 2010, we made an additional pension payment of \$6 million, an additional group health insurance payment of \$3 million, an additional malpractice payment of \$2.4 million and an additional workers compensation payment of \$1 million. \$10 million was taken from our balance sheet for funding the Grider Initiative. In spite of these additional expenses and commitments, we grew cash by \$5 million from 2009 to 2010 and we will show a slight surplus in 2010.

ERIE COUNTY MEDICAL CENTER CORPORATION

We continue to meet the challenges of our Behavioral Health units and have implemented several initiatives. This includes a Behavioral Health Steering Committee (a multi-disciplinary oversight group that insures that we implement programs and system-wide therapeutic changes to reduce incidents, improve employee, patient and staff safety and improve patient outcomes). Other initiatives include Labor/Management weekly meetings on implementing safety improvements and bringing in a national leader, Horizon, to manage the behavioral health programs.

Our priorities for 2011 are clear and our team has been working diligently to make sure we are successful in implementing our Strategic Plan. We must and will drive the “quality” agenda that includes transparent analysis and outcomes, as well as improving the overall patient experience. We must implement the “Growth on Grider” strategy: renal care and transplant, long-term care, orthopaedics and the Grider Street neighborhood.

It is critical that ECMC develop and implement a primary care strategy. We have focused on a primary care center for our employees. We will continue to work with GLH as well as anyone else who wishes to collaborate.

As we continue to improve relations with our physicians, it is imperative that we become even more “Physician friendly”. That same commitment will extend to all of our employees. We will strive to be the “employer of choice” in Western New York and continue to add value for our employees.

Another major priority for 2011 is to begin to implement the Great Lakes Health shared services model. We are committed to finding efficiencies and much needed savings. This activity has begun with a focus on supply chain. As the Board of Directors has clearly stated, we will collaborate where value is added and continue to grow our relationship with Kaleida to better deliver healthcare in the community.

As we prepare for Federal Healthcare Reform and Meaningful Use, the initiatives we have begun around quality and the patient experience must continue to accelerate. These initiatives will not only improve patient care, but will soon be tied to reimbursement from Medicare.

There are also many challenges that we will face in 2011. First and Foremost, we must prepare for any Medicaid cuts that are certainly coming our way. The state fiscal crisis is well documented and we have to be vigilant in our advocacy for Medicaid Redesign. We need solutions to the Medicaid problem and not just across-the-board cuts. We will work very closely with HANYS and GLH to lead in the redesign of this very dysfunctional and broken program.

Chair Sharon L. Hanson and Vice Chair Kevin E. Cichocki, D.C. thanked CEO Jody L. Lomeo and Executive Management for all their tremendous work and accomplishments for our mission and vision.

IV. RECOMMENDATIONS AND ACTION ITEMS

A. Appointment of Chief Executive Officer, Secretary, Assistant Secretary, Treasurer, Assistant Treasurer of the Corporation and Chair and Vice-Chairs of the Corporation's Board of Directors.

The secretary cast one ballot to elect the officers as recommended by the Executive Committee.

Moved by Douglas H. Baker and seconded by Frank B. Mesiah to approve:

- (1) Jody L. Lomeo as the Chief Executive Officer of the Corporation to serve until his successor is duly elected and qualified or his earlier resignation or removal from office;
- (2) Bishop Michael A. Badger as the Secretary of the Corporation to serve until his successor is duly elected and qualified or his earlier resignation or removal from office;
- (3) Patricia M. Grasha as the Assistant Secretary of the Corporation to serve until her successor is duly elected and qualified or her earlier resignation or removal from office;
- (4) Michael A. Seaman as the Treasurer of the Corporation to serve until his successor is duly elected and qualified or his earlier resignation or removal from office;
- (5) Michael A. Sammarco as the Assistant Treasurer of the Corporation to serve until her successor is duly elected and qualified or her earlier resignation or removal from office;
- (6) Sharon L. Hanson. as the Chair of the Corporation's Board of Directors to serve until his successor is duly elected and qualified or his earlier resignation or removal from office;
- (7) Kevin E. Cichocki, D.C., Kevin M. Hogan, Esq. and Richard F. Brox as Vice-Chairs of the Corporation's Board of Directors to serve until their successors are duly elected and qualified or their earlier resignation or removal from office;
- (8) this resolution shall take effect immediately.

Motion approved unanimously. Copy of resolution is attached.

Ms. Hanson thanked everyone for the Board's past and future support and stated she is pleased with the progress this small Executive Team has accomplished over the past year. It was just last year that we began our collaboration with Kaleida and has moved "mountains" over the past few months. Ms. Hanson stated

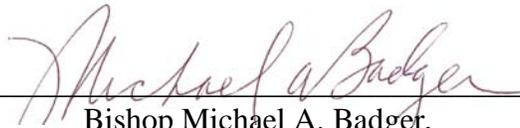
ERIE COUNTY MEDICAL CENTER CORPORATION

her appreciation at what Mr. Lomeo and Mr. James Kaskie as a team have done to build a better healthcare system for everyone.

Vice Chair Kevin Cichocki stated he feels it is important for everyone to realize what a tremendous job our small staff has accomplished with the vision of our CEO in light of the economic conditions our state is in and recognized Mr. Lomeo and his staff in supporting him.

V. ADJOURNMENT

Moved by Douglas H. Baker seconded by Anthony M. Iacono to adjourn the annual meeting at 5:11 P.M.

A handwritten signature in cursive script, reading "Michael A. Badger", is written over a horizontal line.

Bishop Michael A. Badger,
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

A Resolution of the Board of Directors of the Erie County Medical Center Corporation Appointing Officers of the Corporation and Chair of the Board of Directors

Adopted February 1, 2011

WHEREAS, pursuant to Article IV, Section 7 of the Corporation's By-Laws, the Board of Directors is required to elect officers of the Corporation at each annual meeting; and

WHEREAS, the Nominating Committee met on December 2, 2010, and unanimously recommended that the Corporation elect the following officers of the Corporation:

The Nominating Committee conducted a meeting at the direction of the Board of Directors to identify a slate of officers of the Board of Directors to be voted upon at the Annual Meeting of the Board of Directors. The committee met on Thursday, December 2, 2010 and approved the following slate of officers:

Chief Executive Officer:	Jody L. Lomeo
Secretary:	Bishop Michael A. Badger
Assistant Secretary:	Patricia M. Grasha
Treasurer:	Michael A. Seaman
Assistant Treasurer:	Michael F. Sammarco

WHEREAS, the Corporation's Board of Directors is statutorily empowered to designate one of its members to serve as chair of the board;

NOW THEREFORE, BE IT RESOLVED by the Board of Directors of the Corporation as follows:

(1) That Jody L. Lomeo be, and he hereby is, appointed the Chief Executive Officer of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

(2) That Bishop Michael A. Badger be, and he hereby is, appointed the Secretary of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

(3) That Patricia M. Grasha be, and she hereby is, appointed the Assistant Secretary of the Corporation to serve until her successor is duly appointed and qualified or her earlier resignation or removal from office.

ERIE COUNTY MEDICAL CENTER CORPORATION

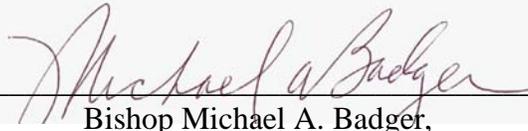
(4) That Michael A. Seaman. be, and he hereby is, appointed the Treasurer of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

(5) That Michael J. Sammarco be, and he hereby is, appointed the Assistant Treasurer of the Corporation to serve until his successor is duly appointed and qualified or his earlier resignation or removal from office.

(6) That Kevin E. Cichocki, D.C., Kevin M. Hogan, Esq. and Richard F. Brox be, and hereby is, appointed vice-chairs of the Board of Directors of the Corporation to serve until his/her successor is appointed and qualified or his/her earlier resignation or removal from office.

(7) That Sharon L. Hanson. be, and hereby is, appointed chair of the Board of Directors of the Corporation to serve until his successor is appointed and qualified or his earlier resignation or removal from office.

(8) This resolution shall take effect immediately.

A handwritten signature in cursive script, reading "Michael A. Badger", is written over a horizontal line. The signature is in dark ink and is centered on the page.

Bishop Michael A. Badger,
Corporation Secretary

BOARD OF DIRECTORS

Sharon L. Hanson
Chairperson

Kevin E. Cichocki, D. C.
Vice Chair

Bishop Michael A. Badger
Secretary

Richard F. Brox
Vice Chair

Kevin M. Hogan, Esq.
Vice Chair

Michael A. Seaman
Treasurer

Douglas H. Baker
Ronald P. Bennett, Esq.
Ronald A. Chapin
K. Kent Chevli, M.D.

Michael H. Hoffert
Anthony M. Iacono
Dietrich Jehle, M.D.

Jody L. Lomeo
Thomas P. Malecki
Frank B. Mesiah
Kevin Prantikoff, M.D.
Joseph A. Zizzi, Sr., M.D.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, February 7, 2012

4:30 P.M.

Staff Dining Room, 2nd Floor - ECMCC

Copies to: Anthony J. Colucci, III. Esq.
Corporate Counsel

ERIE COUNTY MEDICAL CENTER CORPORATION

AGENDA FOR THE
REGULAR MEETING OF THE
BOARD OF DIRECTORS
TUESDAY, FEBRUARY 7, 2012

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I. CALL TO ORDER: SHARON L. HANSON, CHAIR	
II. APPROVAL OF MINUTES OF JANUARY 10, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS	13-27
III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON FEBRUARY 7, 2012.	
IV. REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
EXECUTIVE COMMITTEE: SHARON L. HANSON	----
FINANCE COMMITTEE: KEVIN E. CICHOCKI, DC	30-32
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QI PATIENT SAFETY COMMITTEE: RICHARD F. BROX	----
VI. REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:	
A. CHIEF EXECUTIVE OFFICER	37-41
B. PRESIDENT & CHIEF OPERATING OFFICER	42-45
C. CHIEF FINANCIAL OFFICER	46-54
D. SR. VICE PRESIDENT OF OPERATIONS- RICHARD CLELAND	55-58
E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC	59-61
F. CHIEF MEDICAL OFFICER	62-67
G. ASSOCIATE MEDICAL DIRECTOR	68-70
H. SENIOR VICE PRESIDENT OF NURSING	----
I. VICE PRESIDENT OF HUMAN RESOURCES	72-74
J. CHIEF INFORMATION OFFICER	----
K. SR. VICE PRESIDENT OF MARKETING & PLANNING	76-77
L. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION	78-79
VII. REPORT OF THE MEDICAL/DENTAL STAFF: DECEMBER 19, 2011	80-88
VIII. OLD BUSINESS	
IX. NEW BUSINESS	
X. INFORMATIONAL ITEMS	91-103
XI. PRESENTATIONS	
XII. EXECUTIVE SESSION	
XIII. ADJOURN	

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION
MINUTES OF THE JANUARY REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, JANUARY 10, 2012

ECMCC STAFF DINING ROOM

Voting Board Members Present or Attending by Conference Telephone:	Bishop Michael A. Badger Douglas H. Baker Richard F. Brox Ronald A. Chapin K. Kent Chevli, M.D.	Sharon L. Hanson, Chair Kevin M. Hogan, Esq. Anthony M. Iacono Dietrich Jehle, M.D. Thomas P. Malecki, C.P.A. Michael A. Seaman
Voting Board Member Excused:	Kevin E. Cichocki, D.C.	Joseph A. Zizzi, Sr., M.D.
Non-Voting Board Representatives Present:	Ronald P. Bennett, Esq. Jody L. Lomeo	Frank B. Mesiah Kevin Pranicoff, M.D.
Also Present:	Mark C. Barabas Donna Brown Richard Cleland Anthony Colucci, III, Esq. Leslie Feidt John R. Fudyma, M.D. Joseph Kowalski, M.D.	Susan Ksiazek Kathleen O'Hara Thomas Quatroche, Ph.D. Rita Hubbard-Robinson Michael Sammarco Janet Bulger, CSEA

I. CALL TO ORDER

Chair Sharon L. Hanson called the meeting to order at 4:40 P.M.

II. APPROVAL OF MINUTES OF THE DECEMBER 6, 2011 BOARD OF DIRECTORS REGULAR MEETING

Moved by Richard F. Brox and seconded by Kevin M. Hogan to approve the minutes of the December 6, 2011 Board of Directors Regular meeting as presented.

Motion approved unanimously.

III. ACTION ITEMS

Resolution of the Board of Directors Approving the Exemption of Peace Officers from Residency Requirements

Motion Approved Unanimously. Copy of Resolution is Attached.

Dr. Bernstein. In Executive Session, the board discussed the status of current negotiations to purchase the private practice of Zale Bernstein, M.D. After returning to open session, and upon motion duly made and seconded, the board unanimously authorized the Chief Executive Officer to conclude negotiations with Dr. Bernstein.

Approval of December 6, 2012 Medical/Dental Staff Appointments and Re-Appointments.

Motion approved unanimously: Copy of resolution attached

IV. BOARD COMMITTEE REPORTS

Moved by Douglas Baker and seconded by Frank Mesiah to receive and file the reports as presented by the Corporation's Board committees. All reports, except that of the performance Improvement Committee, shall be attached to these minutes.

Motion approved unanimously.

V. REPORTS OF CORPORATION'S MANAGEMENT

- A. Chief Executive Officer:
- B. President & Chief Operating Officer:
- C. Chief Financial Officer:
- D. Sr. Vice President of Operations:
- E. Sr. Vice President of Operations:
- F. Chief Medical Officer Report:
- G. Associate Medical Director Report:
- H. Senior Vice President of Nursing:
- I. Vice President of Human Resources:
- J. Chief Information Officer:
- K. Sr. Vice President of Marketing & Planning:
- L. Executive Director, ECMC Lifeline Foundation:

1) Chief Executive Officer: Jody L. Lomeo

Mr. Lomeo reported on the following items:

- The opening of the regional Center of Excellence for Transplantation and Renal Care took place on December 9th. It is the first major clinical collaboration with Kaleida. Nirah Shah, NYS Commissioner of Health, visited ECMC to tour the new facility; he was very pleased with what he observed.
- Mr. Lomeo stated that he and Mr. Colucci have had initial discussions with County Executive Mark Polancarz. Mr. Lomeo and Mr. Colucci expressed to Mr. Polancarz that they desire to continue our partnership with the County of Erie.
- Erie County Legislator Lynn Marinelli presented a proclamation of the Erie County Legislature honoring Katthy Gellart for her years of service to Erie County and the Corporation.

ERIE COUNTY MEDICAL CENTER CORPORATION

- The new skilled nursing facility is scheduled to open January 2013. Construction is moving ahead of schedule due to the mild weather.
- ECMCC has implemented a new, independent payroll system.
- Ms. Hanson thanked everyone for their hard work and for the great accomplishments that ECMCC has had in 2011. She looks forward to the continued work that lies ahead in 2012.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through November 30, 2011 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Anthony Iacono and seconded by Richard F. Brox receive and file the November 30, 2011 reports as presented by the Corporation's Management.

VI. RECESS TO EXECUTIVE SESSION - MATTERS MADE CONFIDENTIAL BY LAW

Moved by Bishop Michael Badger and seconded by Douglas Baker to enter into Executive Session at 5:10 P.M. to consider matters made confidential by law Including certain compliance-related matters, strategic investments and business plans.

Motion approved unanimously.

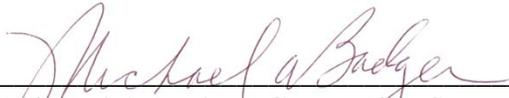
VII. RECONVENE IN OPEN SESSION

Moved by Frank Mesiah and seconded by Richard F. Brox to reconvene in Open Session at 5:40 P.M.

Motion approved unanimously.

VIII. ADJOURNMENT

Moved by Anthony Iacono and seconded by Bishop Michael Badger to adjourn the Board of Directors meeting at 5:43 P.M.



Bishop Michael A. Badger, Corporation Secretary

**A Resolution of the Board of Directors Regarding
Exemption of Peace Officers from Residency Requirements**

Approved January 10, 2012

Whereas, Erie County Medical Center's ["ECMCC's"] police department provides safety and security through the prevention of criminal activities by and against our staff, patients and visitors through detection, apprehension and detention of suspects and criminal defenders; and

WHEREAS, ECMCC has established a hospital police department [the "ECMCC Hospital Police Department"] and hired sworn peace officers in the titles of public safety officer and senior public safety officer to staff the department; and

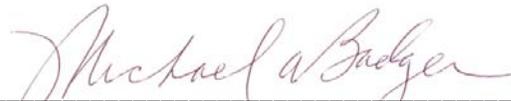
WHEREAS, the ECMCC Hospital Police Department designation is authorized under New York State Executive Law, Section 835, subdivision 8, and pursuant to an ECMCC Board Resolution adopted February 18, 2004; and

WHEREAS, appointments to peace officer positions at ECMCC are made by the Chief Executive Officer; and

WHEREAS, the Board of Directors wishes to confirm that persons appointed to peace officer positions are not required to reside in the County of Erie, as such appointees are exempt from residency requirements under the New York State Public Officers Law Sections 3(1) and 3(2).

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

1. Appointments of peace officers at ECMCC are not required to be from among Erie County residents as such appointees are exempt from Erie County residency requirements under New York State Public Officers Law Sections 3(1) and 3(2).
2. This resolution shall take effect immediately.



Bishop Michael A. Badger
Corporation Secretary

CREDENTIALS COMMITTEE MEETING

December 6, 2011

Committee Members Present:

Robert J. Schuder, MD, Chairman

Timothy G. DeZastro, MD

Brian M. Murray, MD (ex officio)

Philip D. Williams, DDS

Nirmit D. Kothari, MD (representing Internal Medicine)

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey

Emilie Kreppel

Susan Ksiazek, R.Ph.

Elizabeth O'Connor

Members Not Present (Excused *):

Yogesh D. Bakhai, MD (ex officio) *

David G. Ellis, MD (ex officio) *

Gregg I. Feld, MD *

Richard E. Hall, DDS PhD MD FACS *

Dietrich V. Jehle, MD (ex officio) *

Joseph M. Kowalski, MD (ex officio) *

Andrew J. Stansberry, RPA-C *

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of November 1, 2011 were reviewed and accepted.

RESIGNATIONS

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

- A. Deceased: Casimir F. Pietraszek, MD, Emeritus (Internal Medicine) 10/3/1919 – 11/14/2011
A chair in Smith Auditorium is to be named in his memory.

B. Resignations

Kathleen M. Barone, FNP	Surgery	
Thomas J. Brewer, DO	Internal Medicine	as of September 1, 2011
Andrea L. Skillman, RPA-C	Orthopaedic Surgery	as of September 1, 2011
David M. Snyder, RPA-C	Internal Medicine	as of September 29,
2011		
Craig W. Cooley, MD	Emergency Medicine	as of October 1, 2011
Robert C. Gibson, ACNP	Cardiothoracic Surgery	as of October 28, 2011
Jason T. Braley, PA	Neurosurgery	as of December 1, 2011
Annemarie Ross-Morse, ANP	Family Medicine	as of December 1, 2011
Lucy Modahl, MD	Teleradiology	as of December 16, 2011
John Boardman, MD	Teleradiology	as of December 18, 2011
Douglas Rusnack, MD	Teleradiology	as of December
18, 2011		
John Arias, MD	Teleradiology	as of December
19, 2011		
Lillian Cavin, MD	Teleradiology	as of December
21, 2011		
Suzanne Aquino, MD	Teleradiology	as of December 31, 2011

ERIE COUNTY MEDICAL CENTER CORPORATION

Christopher Conners, MD 31, 2011	Teleradiology	as of December
Melvyn Feliciano, MD 31, 2011	Teleradiology	as of December
Kyle Henneberry, MD 31, 2011	Teleradiology	as of December
Jonathan Jaksha, MD	Teleradiology	as of December 31, 2011
Frederick Kraus, MD	Teleradiology	as of December 31, 2011

APPLICATION PROCESSING CONCLUSION

Surgery

Danielle Catanese, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Vivian L. Lindfield

Following multiple information and documentation requests, the 180 day window for application processing defined in the bylaws has been exceeded. The committee recommends application processing conclusion.

CHANGE IN STAFF CATEGORY

Cardiothoracic Surgery

Lujean Jennings, MD Associate Staff to Courtesy, *Refer & Follow*

Kurt Von Fricken, MD Leave of Absence to Active Staff

Obstetrics & Gynecology

Kunle O. Odunsi, MD, PhD Associate Staff to Courtesy, *Refer & Follow*

Pathology

Reid R. Heffner, MD Active Staff to Emeritus

Psychology

Kim M. Dobson, MD Active Staff to Courtesy, *Refer & Follow*

PRIVILEGE ADDITION/REVISION

Cardiothoracic Surgery

Lynnette I. Luksch, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Stephen Downing

- Administration of parenteral fluids as directed
- I & D Abscess
- Insertion of Percutaneous Arterial Catheter

Internal Medicine

DeMaris Wilson, NP Allied Health Professional (Nurse Practitioner)

- Endotracheal Intubation

Surgery

Merril T. Dayton, MD Active Staff

- Fluoroscopy for foreign body localization
- Scar Revision
- Wound Care
- Debridement, Non-Selective
- Debridement, Selective
- Infection, Incision, and Drainage
- Negative Pressure Therapy
- Debridement of Skin, Partial
- Debridement of Skin, Full
- Debridement of Skin, Subcutaneous
- Decubitus Ulcer

*Practitioner is no to low volume at ECMC; staff membership is primarily academic and administrative. Existing privileges at his primary clinical affiliation; waive FPPE.

PRIVILEGE WITHDRAWAL

Internal Medicine

John K. Crane, MD Active Staff
 - Anoscopy

Urology

John M. Roemboldt, MD Associate Staff
 - Laparoscopy: Ablative and Reconstructive Procedures
 - Transcutaneous Placement of Sacral Cord Neuromodulation Electrodes

APPOINTMENTS AND REAPPOINTMENTS

- A. Initial Appointment Review (20)
- B. Reappointment Review (20 + 1)

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

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (20)

Emergency Medicine

Diane Szarafin, ANP Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. David Hughes

Internal Medicine

Robert O. Diaz Del Carpio, MD Active Staff
 Rafael Meller, MD Active Staff
 Henry Meltser, MD Associate Staff
 Neha Nainani, MD Active Staff
 Monika Niemiec, MD Active Staff
 Ruth Schap, GNP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Nelda Lawler

Mandeep Walia, MD Active Staff

Ophthalmology:

Rafael Medina, MD Active Staff

Orthopaedic Surgery

Cassandra Piccione, RPA-C Allied Health Professional

Supervising MD: Dr. Michael Rauh

Radiology

Anita Ankola, MD Active Staff

Rehabilitation Medicine

Maria Labi, MD Active Staff

Teleradiology

John Gambino, MD Active Staff

Vivek Masson, MD Active Staff

David Moon, MD Active Staff

Barbara Newman, MD Active Staff

Michael Novick, MD Active Staff

Adina Sonners, MD Active Staff

Ira Tyler, MD Active Staff

Urology

Brian Rambarran, MD Associate Staff

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (20)

Anesthesiology

David I. Shapiro, MD	Active Staff
Nancy A. Becht, CRNA	Allied Health Professional (Nurse Anesthetist)
Dana A. Brown, CRNA	Allied Health Professional (Nurse Anesthetist)

Emergency Medicine

Anthony J. Billittier, IV, MD	Active Staff
David P. Hughes, MD	Active Staff
Dietrich V. Jehle, MD	Active Staff
Laurianne Jacobs, RPA-C	Allied Health Professional (Physician Assistant)

Supervising MD: Dr. David Hughes

Internal Medicine

Donald P. Copley, MD	Active Staff
Chiu-Bin Hsiao, MD	Active Staff
Jan M. Novak, MD	Active Staff
Kishor V. Phadke, MD	Active Staff
Riffat Sadiq, MD	Active Staff
Aston B. Williams, MD	Active Staff
Kimberlee A. Wilcox, ANP	Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Robert Glover

Salvatore M. Calandra, MD	Associate Staff
Alfredo M. Rodes, MD	Courtesy, Refer & Follow

Ophthalmology

James D. Reynolds, MD	Associate Staff
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Psychiatry

Kim M. Dobson, MD	Courtesy, Refer & Follow
Marion Z. Goldstein, MD	Courtesy, Refer & Follow

Surgery

Merril T. Dayton, MD	Active Staff
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Dual Reappointments (1)

Cardiothoracic Surgery and Internal Medicine

Lynnette I. Luksch, RPA-C	Allied Health Professional (Physician Assistant)
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Supervising MD: Dr. Stephen Downing

Supervising MD: Dr. Jai Wadhvani

PROVISIONAL APPOINTMENT REVIEW, RECOMMENDED

As required by the bylaws, the Credentials Committee and the respective Chiefs of Service are reviewing Provisional Staff members for movement to the PERMANENT STAFF. Candidates shall be presented to the Medical Executive Committee. Approval of this action will allow initiation of the regular reappointment review to be conducted every two years.

Any individual not recommended to PERMANENT appointment by the Chief of Service shall require specific written documentation of deficiencies with a recommendation to the Executive Committee for the revocation and termination of clinical privileges based on standards imposed

ERIE COUNTY MEDICAL CENTER CORPORATION

by Part Three of the Credentialing Procedure Manual. Members not recommended, if any, are presented to the Executive Committee sessions for discussion and action.

The following members of the Provisional Staff from the 2010 period are presented for movement to the Permanent Staff in 2011 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

December 2011 Provisional to Permanent Staff Expires	Provisional Period
Cardiothoracic Surgery	
Wittman-Klein, Sharon, R., RPA-C 12/07/2011	Allied Health Professional
<u>Supervising MD: Dr. John Bell-Thomson</u>	
Family Medicine	
Philip, Matthews, K., MD 12/07/2011	Active Staff
Internal Medicine	
Klinkova, Olga, MD 12/07/2011	Active Staff
Whiteside, Alyssa, R., RPA-C 12/07/2011	Allied Health Professional
<u>Supervising MD: Dr. Muhammad Achakzai (Internal Medicine)</u>	
<u>Supervising MD: Dr. Mary Welch (Rehabilitation Medicine)</u>	
Neurology	
Ferguson, Richard, E., MD 12/07/2011	Active Staff
Radiology-Teleradiology	
Burgoyne, Brian, MD 12/07/2011	Active Staff
Keller, Kathy, A., MD 12/07/2011	Active Staff
Surgery	
Barone, Kathleen M., FNP* 12/07/2011	Allied Health Prof
<u>Collaborating MD: Dr. Daniel Leary</u>	

*Refer to resignations

FOR OVERALL ACTION

AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED

Expiring March 2012

Family Medicine

James C. Cumella, MD

Associate Staff

Not renewing privileges

Psychiatry

Jonathan H. Holt, MD

Courtesy, Refer & Follow

Reappointment Expiration Date 3/1/2012

Planned Credentials Committee Meeting: December 6, 2011

Planned MEC Action date: December 19, 2011

Last possible Board confirmation by: February xx, 2012

FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION

Expiring in April 2012

Anesthesiology

Erik J. Jensen, MD

Active Staff

Scott N. Plotkin, MD

Active Staff

Family Medicine

David M. Holmes, MD

Active Staff

Emmanuel Packianathan, MD

Courtesy, Refer & Follow

For information only

***FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION, -
CONTINUED***

Internal Medicine

Richard A. Carlson, Jr., MD

Active Staff

Mark D. Fisher, MD

Active Staff

Cyril Gunawardane, MD

Active Staff

Jennie Hom, MD

Active Staff

David A. Milling, MD

Active Staff

A. John Ryan, Jr., MD

Active Staff

Michael D. Sitrin, MD

Active Staff

Sarah G. Thompson, MD

Active Staff

Erica Ann J. Patino, CNP

Allied Health Professional

Gayatri Salwan, RPA-C

Allied Health Professional

Fatai A. Gbadamosi, MD

Associate Staff

Rajiv K. Jain, MD

Courtesy, Refer & Follow

Claudia J. Lee, MD

Courtesy, Refer & Follow

Kathleen M. Mylotte, MD

Courtesy, Refer & Follow

Eugene A. Steinberg, MD

Courtesy, Refer & Follow

Laboratory Medicine

Daniel Amsterdam, MD

Active Staff

Orthopaedic Surgery

Dale R. Wheeler, MD

Associate Staff

Miriam G. Inhelder, RPA-C

Allied Health Professional

Pathology

Dianne R. Vertes, MD

Psychiatry

Jeffrey L. Anker, MD

Active Staff

Claudia F. Michalek, MD

Active Staff

Marcelle Ann Mostert, MD

Active Staff

Zena S. Hyman, ANP

Allied Health Professional

Rehabilitation Medicine

Daniel M. Salcedo, MD

Active Staff

Surgery

Alan R. Posner, MD

Active Staff

Teleradiology

Thomas B. Jones, MD

Active Staff

Urology

Richard N. Gilbert, MD

Associate Staff

Reappointment Expiration Date: April 1, 2012

Planned Credentials Committee Meeting: January 3, 2012

Planned MEC Action date: January 23, 2012

Last possible Board confirmation by: March xx, 2012

Next Board Meeting: April xx, 2012 too late

OLD BUSINESS**Liability Coverage**

Discussion continued regarding two appointment applicants and liability insurance coverage. Action continues to be deferred as the Credentials Committee awaits direction from legal counsel, risk management and administration.

Dentistry

Maureen Sullivan-Nasca, DDS Active Staff

Plastic & Reconstructive Surgery

Nestor R. Rigual, MD Active Staff

Internal Medicine – Privilege Forms by Subspecialty

Final drafts of individual Internal Medicine privilege selection forms divided by subspecialty were submitted to the Chief of Service for review. The committee awaits a reply.

Bylaws Revisions

The bylaws revisions approved by the organized medical staff and the Medical Executive Committee were sent to the Board of Directors for its ratification at its meeting on 12/6/2011.

Internal Medicine - Exigence Midlevel Training

The committee continues to monitor the completion of additional credentialing criteria for the administration of deep sedation for airway intubation by Exigence Midlevel providers. A current list of midlevels along with documentation of training and competency was requested in order to proceed with a formal credentialing endorsement.

The number of midlevels allowed to be supervised by a single physician for select liability insurance carriers continues to impact the hospitalist coverage of the cardiology service. Risk Management and the involved parties continue to work on means to resolve.

New Wound Care Center Providers

Wound Care and Hyperbaric Privileges have been suggested for Infectious Disease specialists in Internal Medicine. Currently, Wound Care privileges are offered to Surgery and Podiatric applicants. In order to ensure consistency across specialty lines, a suggested draft has been presented to the Surgery and Internal Medicine Chiefs of Service.

Background Check Release

An applicant for staff membership was reluctant to sign the standard release for the background check required by the Joint Commission and our Credentials Procedures for appointment. After some discussion with the vendor and the committee, it was decided to modify the wording of the release and temper, modify or eliminate the explanation of non-applicable elements in the professional licensee background check.

Podiatry Privileges

Adaption of the Kaleida privilege format into the ECMC Podiatry delineation form has been initially endorsed by the Orthopaedic Chief of Service. A detailed proposed draft of a new Podiatry privilege form has been presented to the Orthopaedic and Surgery department Chiefs for review. Copies were presented to the committee. At last report, the Chief of Surgery was to confer with the Chief of Orthopaedics and forward his assessment to the Credentials Committee. It is anticipated that this can be accomplished for the next Credentials Committee meeting.

Immunodeficiency Providers Training Documentation

In January 2011 provisional anoscopy privileges were granted to three infectious disease physicians pending documentation of training as defined in the credentialing criteria. One member has since voluntarily withdrawn the privilege request, and for the remaining two, an inquiry has been received from the Immunodeficiency Clinic to have on-site training for them and their two midlevels. This would require the issuance of temporary privileges for an out of town midlevel. The rationale provided is that specific equipment has been procured for this procedure to be performed in the Immunodeficiency Clinic, and a provider using said equipment in this specialized

ERIE COUNTY MEDICAL CENTER CORPORATION

patient population is preferred to an ECMCC credentialed practitioner to do the training. The committee advocates that the training be done at the site where the trainer and her collaborating physician are credentialed. S. Ksiazek will further discuss with the Immunodeficiency Services program manager.

Physician Onboarding Update

S. Ksiazek updated the group on the progress made with the coordination of physician onboarding. A meeting is scheduled for December 13th to unveil the electronic onboarding tracking tool. Intradepartmental coordination is critical to optimizing physician customer satisfaction and financial reimbursement.

Laser Lead Extraction Follow Up

Dr. Murray met with Dr. Kim to discuss the training criteria proposed by the Credentials Committee and the departmental chief of service. S. Ksiazek provided Drs. Murray and Kim expert standards for laser lead removal training. Agreement on particular case volume requirements and the suitable hospital setting for training to ensure patient safety due diligence are still under discussion.

Pediatric Privileging

A policy is in development addressing the care of pediatric patients at ECMCC. The committee anticipates development of policy statements by administration and the Chief Medical Officer to address what circumstances and level of urgency should define reasonable pediatric care situations, and how these will be incorporated into the delineated privilege forms and the credentialing process.

Temporary Privilege expirations during Pending Initial Applications

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

**OVERALL ACTION
REQUIRED**

NEW BUSINESS

Fidelis Delegated Credentialing Audit

The Medical-Dental Staff Office is proud to announce the satisfactory completion of the Fidelis delegated credentialing audit. Charts and documentation were all in order. S.Ksiazek commended the staff for their diligence and hard work.

Revisions to ECMCC Appointment Application

Deferred to the next Credentials Committee meeting.

Dental Delineation of Privileges Form

The committee was satisfied with definitions of laser privileging which appear in the Departments of Dentistry and Oral and Maxillofacial Surgery privilege forms.

Crimson Contract Renewal

S.Ksiazek reported on the status of the Crimson contract renewal. After negotiation with the vendor, the terms of the renewal are favorable to ECMCC. She has forwarded the contract on for review and approval of our legal counsel and executive management.

Changes to ASA position statement regarding the monitoring of sedated patients

The committee explored the ASA position statement regarding the addition of capnography to assess ventilation during non-intubated procedures requiring moderate or deep sedation. The committee questioned the need to introduce a new level of mandated microstream analysis equipment for procedures which are brief and prone to monitoring sources of error. Advice and recommendations will be sought from the Anesthesiology Chief of Service.

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Joint Commission Update

Anticipated Joint Commission Survey Focus areas for 2012 were discussed. Radiation safety guidelines will undoubtedly be the focus of interest along with a survey of diagnostic imaging, as will be the credentialing process. S.Ksiazek advised the committee of the need to be proactive and diligent with the granting of fluoroscopy privileges. The office will work closely with the Department of Radiology and the radiation Safety Officer to ensure continued full compliance with our policy. The use of texting as a means to transmit patient orders is considered unacceptable since verification of the originator is not possible and there no means to retain the original message in the medical record.

Radiology Change in Staff Category

The content of a letter recommending a change in an applicant's staff category has undergone review by legal counsel and will be delivered as per office norm via certified return receipt.

**OVERALL ACTION
REQUIRED**

OTHER BUSINESS

Open Issues Tracking Form

The committee still awaits a response from certain applicants for a request for the documentation of the completion of credentialing requirements. The committee recommended final communication with the applicants, emphasizing the need for documentation and in the event of a non-response, the consequent automatic withdrawal of the privilege request.

FPPE-OPPE Report

FPPEs were successfully completed in the following departments:

- Emergency Medicine (1 AHP)
- Family Medicine (1 ANP, 1 RPA-C)
- Internal Medicine (1 ANP)
- Orthopaedic Surgery (1 MD)
- Psychiatry (3 MDs)

Chiropractic OPPEs were successfully completed for seven of the nine DCs. It is anticipated that the remaining two will submit their paperwork promptly.

OPPE for Cardiothoracic Surgery is in progress.

Internal Medicine OPPE has commenced.

Neurosurgery OPPE has preliminarily begun. Feedback from a group practice is expected shortly. Discussion ensued regarding the reasonable assignment of staff categories to Neurosurgery staff members even though particular case volumes may be low or non-existent. Access to possible coverage in emergency situations must be balanced with the ongoing burden of assembling OPPE documentation from external sources.

Additional discussion followed regarding the possible modification of the Cardiothoracic Surgery form which requests a listing of the volume cardiac procedures performed in the past 24 months at ECMC and other hospitals along with outcomes. The value of having a set of data demonstrating current competent may be helpful to a Chief of Service even though inconvenient to the applicant in the reappointment process. Input from the Chief of Service is requested.

FPPE Webinar

Members of the Medical-Dental Staff Office team will participate in a webinar on Focused Professional Practice Evaluation to ensure that ECMCC practices are consistent with current JC expectations.

PRESENTED FOR INFORMATION ONLY

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:40 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee

Action Items



For Approval



Executive Committee

Minutes from the



Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING
JANUARY 5, 2012
ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

MICHAEL A. SEAMAN
RICHARD F. BROX

DIETRICH JEHLE, MD
KEVIN M. HOGAN, ESQ

VOTING BOARD MEMBERS
EXCUSED:

KEVIN E. CICHOCKI, DC
DOUGLAS H. BAKER

ALSO PRESENT:

JODY L. LOMELO
MARK R. BARABAS
ANTHONY J. COLUCCI, III
MICHAEL SAMMARCO
RONALD KRAWIEC

RICHARD CLELAND
JOHN EICHNER
PAUL HUEFNER
THOMAS MALECKI
BISHOP MICHAEL A. BADGER

I. CALL TO ORDER

The meeting was called to order at 8:30 A.M., by Kevin M. Hogan, Esq., in the absence of Chairman Kevin Cichocki.

II. RECEIVE AND FILE MINUTES

Motion was made and accepted to approve the minutes of the Finance Committee meeting of November 15, 2011.

III. NOVEMBER 2011 FINANCIAL SUMMARY

Michael Sammarco provided a summary of the financial results through November 30, 2011, which addressed volume, income statement activity and key financial indicators.

Total discharges in the month of November were 113 over budget and 151 over the prior year. Acute care discharges were 142 over budget and 150 over the prior year. Total year-to-date discharges were 481 under budget and 127 over the prior year. Year-to-date acute discharges were 441, or 4% over the prior year.

Observation cases were 113 for the month and 1,444 year-to-date. Average daily census was 357 for the month of November, compared to 332 budgeted and 339 year-to-date. Average length of stay was 6.3 for the month and 6.3 budgeted. Medicare and Non-Medicare case mix was 2.12 and 1.90 for the month, respectively.

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Inpatient surgical cases were 438 for the month, 65 over budget and 83 over the prior year. Year-to-date inpatient surgical cases were 20 under budget and 405 over the prior year. Outpatient surgical cases were 585 for the month, 15 less than budget and 11 less than the prior year. Year-to-date outpatient surgical cases were 154 under budget and 87 over the prior year.

Emergency Department visits were over budget by 1.4% for the month of November, 1.2% over budget for the year and 4.8% over the prior year.

Outpatient visits were over budget by 1.6% and 4.5% over the prior year.

Hospital FTEs were 2,409 for the month, compared to a budget of 2,417, and 2,388 year-to-date. Home FTEs were 379 for the month, compared to a budget of 424.

Hospital net patient service revenue was over budget by \$2.1 million, due to increased volume. Operating expenses for the Hospital were \$2.1 million over budget, related primarily to salaries, fringe benefits, and physician fees. The Hospital experienced an operating surplus of \$605,000, and the Home experienced a \$929,000 operating loss in the month, for a consolidated monthly loss of \$324,000. The Home loss was due to the loss of 3,000 patient days related to downsizing.

Days operating cash on-hand for the month of November was 88, compared to 47 the prior month, due to the receipt of two disproportionate share payments. Days in accounts receivable were 41.5, down from 43.7 the prior month.

IV. WORKERS COMPENSATION INSURANCE PROGRAM

Mr. Sammarco explained that due to increased assessments by the State, it has become difficult to remain self-insured for workers compensation coverage. After careful consideration, the decision has been made to move to an insured Workers Comp Program for 2012. The move is expected to help us lower our assessment and gain some efficiencies by working under the Travelers Insurance Group's Workers Compensation Program.

V. ADJOURNMENT:

The meeting was adjourned at 9:15 AM by Kevin Hogan, Esq.

Minutes from the



Human Resources Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JANUARY 17, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

JODY L. LOMEQ
FRANK B. MESIAH
RICHARD F. BROX

BOARD MEMBERS EXCUSED:

JOSEPH ZIZZI, SR., M.D.

BISHOP MICHAEL A.
BADGER, CHAIR

KATHLEEN O'HARA
CARLA CLARKE
JANET BULGER

MARK BARABAS
BELLA MENDOLA

ALSO PRESENT:

I. CALL TO ORDER

Acting Chair Richard F. Brox called the meeting to order at 9:30 a.m.

II. CSEA NEGOTIATIONS

The CSEA Fact Finders report was discussed.

III. NYSNA NEGOTIATIONS

NYSNA has sent a demand for negotiations letter to the County. Kathleen O'Hara requested a copy.

IV. AFSCME

An accelerated triage arbitration was held in December. 3 pending grievances were heard. The arbitrator favored the employer in all 3.

V. KRONOS UPDATE

The new KRONOS HRIS system is still in the implementation stage. HR is working through minimal issues.

Utilization of the time and attendance tool will commence in March. A detailed report will be given at the next HR committee meeting.

VI. TRAINING

879 employees attended mandatory customer service trainings in 2011. More sessions will be scheduled for 2012.

1,350 employees attended mandatory workplace violence trainings in 2011. Additional training sessions will be offered in 2012.

Management Orientation was held in December. About 30 managers attended. As a result from feedback that was received at the orientation, a workshop regarding progressive discipline will be held early this year.

Frank Mesiah suggested Theater of Change as a training tool.

ERIE COUNTY MEDICAL CENTER CORPORATION

VII. WORKERS COMPENSATION UPDATE

Data is very comparable between 2010 and 2011. The number of days away from work is larger in 2011.

VIII. EMPLOYEE SURVEY

32% of employees responded to the employee survey. A representative from RV Rhodes, the company who administered the survey, conducted focus groups with about 140 employees. The most important issue was found to be communication. The next step will be to hold focus groups with management.

IX. TURNOVER REPORT /FTE ANALYSIS

Turnover remains low for the overall hospital. Nursing turnover is a bit higher than in the past months. The main reasons are retirements and relocations.

X. NEW INFORMATION

Discussion ensued regarding Civil Service Administration.

XI. ADJOURNMENT

Moved by Richard Brox to adjourn the Human Resources Committee meeting at 10:00am



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
FEBRUARY 7, 2012

Hopefully everyone is well and reenergized as we enter 2012. Hard to believe that it is already February; the days go by fast, the winter months have moved quickly and have been particularly friendly to us. We are very pleased how 2011 has ended and I am excited about the opportunities that lie ahead in 2012. We continue to remain focused on internal operations and have seen in a relatively short period of time that our initiatives are gaining serious momentum. We always want to make sure that our focus continues to be on quality and the patient experience.

I do want to highlight several of the projects/priorities that we are currently working on.

BEHAVIORAL HEALTH

We currently are preparing our HEAL request to the State of New York which we will send February 10th. If granted, the HEAL monies will pay a portion of the cost associated with the redesign of Behavioral Healthcare services at ECMCC and will serve the whole community. We have worked diligently with our partners in labor, elected officials, the Department of Health, Behavioral Healthcare providers, and others regarding the need for a new solution and the funding necessary to achieve it.

ORTHOPEDIC EXPANSION

Orthopedics continues to be a driver for the quality trauma and elective care that we deliver at ECMCC. We are finishing the plan that will modernize the physical space on Grider Street and add additional outpatient operating suites. We have worked with the University at Buffalo as well with Excelsior Orthopedics to bring in new orthopedic surgeons and are pleased that some of them will be joining the ECMCC family in 2012. We plan to submit a CON in February or early March. With the transplant consolidation, increased volume of plastics and reconstructive surgery, breast and orthopedic cases, our operating rooms are extremely busy. It is becoming increasingly more difficult for our surgeons to get block time and with new surgeons, the difficulty will only increase. Our breast program is growing and should continue because of the mammography bus, as well as the addition of another breast surgeon in June. We will need other operating suites so we can continue to drive our vision of growth and maintain our commitment to our physicians/surgeons and patients.

PHYSICIAN RECRUITING/IMPLEMENTATION

We continue to work with existing physicians and others in the community to recruit physicians to the ECMCC health system. As an interesting note, physicians have been contacting us to be a part of what we are doing and we all should take pride that we are now being considered by some of the top physicians in our community. We are in discussions with multiple physicians.

LONG TERM CARE OPENING AND CLOSING

On February 1st I received an email from Rich Cleland explaining that we are one year away from the new facility being completely operational. Rich and his team are doing great work and I want to thank the entire long term care team, our employees and the staff out in Alden who have been patient and willing to aide in the transition from the Alden home to the ECMCC campus.

CENTER OF EXCELLENCE FOR RENAL CARE AND TRANSPLANTATION UPDATE

We have had a smooth transition with Kaleida Health for both the patients and employees from Kaleida Health to the new Renal Center here at ECMC. We are very encouraged by the volumes at the Dialysis Center as well as the Transplant Center and the buzz that has been created around it. The physicians who have come from Kaleida are integrating well into the ECMCC family and we will continue to support them and the whole team.

ERIE COUNTY

We continue to have conversations with County Executive Polancarz and have as recently as a few weeks ago expressed our support for not only his administration but for his transition into 2012. We have pledged to work collaboratively with the county as we always have and have stressed that working together is much more effective than working against one another. We have made a recommendation to the county executive regarding his concern on the county budget, and I am looking forward to continuing a dialogue with him and his team. I have also again stressed the importance of a CSEA contract that is fair for all parties involved and is long overdue.

GREAT LAKES HEALTH

We are continuing to find ways to work with Kaleida Health. We continue to implement the Deloitte study and have realized significant savings. We are in discussions with Kaleida on the next step for integration and what that may look like. As we continue to build our health campus, it is important that we also continue to be responsible to our community and how we deliver care efficiently, cost effectively and with the highest quality to the patients involved. The Great Lakes Health Professional Steering Committee has done fantastic work on service line planning. An example of that is the Center for Transplantation that combined both the ECMCC program and the Kaleida program into one world class program here on the ECMCC campus.

The group has worked very hard on the cardiac service line and the GLHPSC has recommended the following with respect to cardiac services: “transition all appropriate cardiac care from ECMCC to the new GVI adjacent to BGH and maintain an adequate level of services to ECMCC to support trauma, the Medical Center and the very busy emergency room.” We are striving for one program servicing two sites. We have requested that the New York State Department of Health grant a waiver that will allow us to integrate some cases to the GVI and continue a cardiac catheterization and cardiac surgery program at ECMCC to ensure necessary cardiac care related to the trauma program, emergency room and ECMCC’s new regional Center of Excellence for Transplantation and Kidney Care. We will, if approved, be operating one program at two sites and bringing the clinical leadership teams from both organizations together. I will continue to update you on any information that we receive back from the Department of Health but this is the next step towards a more integrated cardiac care service line which is best for the patients of ECMCC and Kaleida.

UPDATE MAMMOGRAPHY BUS

The mammography bus is scheduled to arrive on May 1st. This is a very significant opportunity for all involved to deliver care to women who otherwise may never have been screened. Other corporations and institutions in WNY have reached out to partner with us, provide resources and help us ensure the success of this bus. I am very excited about the opportunities that this has presented for us and most excited that we will be serving a population of women who are in need of these services.

MEDICAL ONCOLOGY

I am hopeful that by the time of the board meeting our agreement with Dr. Bernstein for the medical oncology practice at ECMCC will be finalized. This is an important initiative for the hospital and for the patients we serve. Dr. Bernstein will continue to lead this practice and we will continue to support him and his team with the intention of growing the practice and supporting our head, neck, plastics and breast surgeons.

So, a lot is happening and will continue to happen. I am forever grateful for your support and vision as we continue to transform ECMCC and continue to have a positive impact for those we serve. Thank you again.

Jody L. Lomeo



President & Chief Operating Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS

MARK C. BARABAS, PRESIDENT AND CHIEF OPERATING OFFICER

FEBRUARY 7, 2012

BALANCE OF 10TH FLOOR TRANSPLANT RENOVATIONS

10zone4 which is the first 11 private patient rooms will be inspected by the Department of Health on February 27th. These rooms will be put into use in the beginning of March. You can see from the orange outline in the attached drawing what section of the tenth floor this pertains to. The balance of the tenth floor which is 10zone5; the area which will house the remaining 11 patient rooms is still on schedule to be completed no later than June 30, 2012. We are very excited to operationalize these rooms this year.

Nursing staff from 7zone4 will move to 10zone4 per our plan. Our staff has begun training in the direct post op care of transplant patients so by the time the floor is completely open, post op transplant patients will no longer have to go to the intensive care unit after their procedure. Post transplant patients will go directly to the transplant floor from the OR once training is completed and the floor is fully functional.

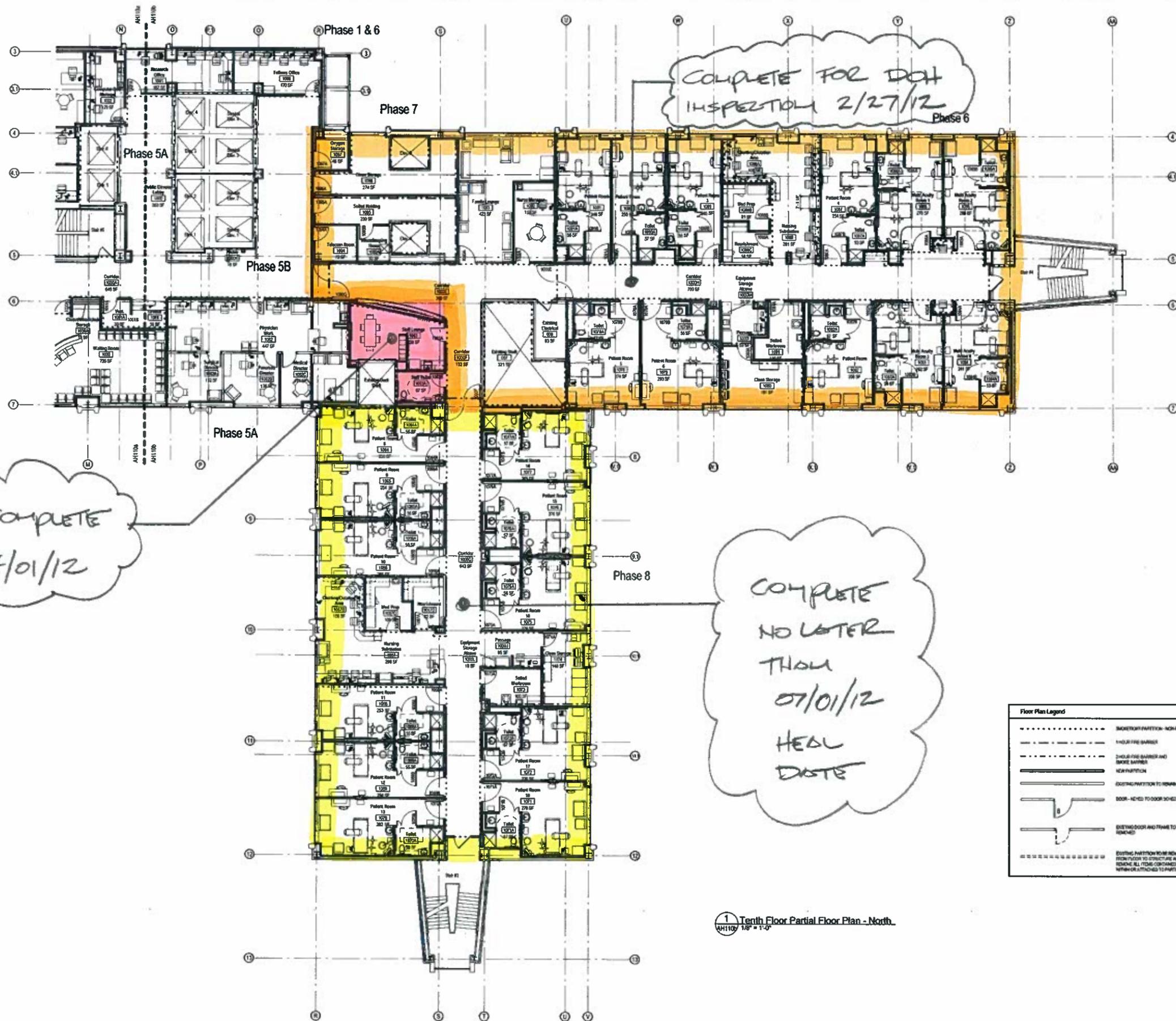
COMMUNITY HEALTH CENTER

The plans for the opening of the Community Health Center continue to progress nicely. The opening date remains February 15th. Ron will give further details in his report regarding the commencement of services at the Grider Family Health Center. At the writing of this report, Kaleida has not yet received its Certificate of Need for the OB/GYN clinic on site.

Attached is a lined drawing of the Community Health Center building. You can see from the drawing that primary care services will be contained in the area outlined in yellow. The area shaded in light blue will house the OB/GYN clinic and that the tan shaded areas are common areas. Please note that approximately 6,000 sq. ft. remain in this building available for use. I am commissioning a work group to analyze the feasibility of moving our HIV clinic into the remaining space. We expect the process of the analysis to begin shortly.

VHA REPORT

A copy of our VHA rebate report is attached. Note that cash return from VHA for the first three quarters of 2011 total \$164,188.



1 Tenth Floor Partial Floor Plan - North
A4110b 1/8" = 1'-0"

Floor Plan Legend	
.....	EXISTING PARTITION - NON-FIRE
----	1-HOUR FIRE BARRIER
- - - -	2-HOUR FIRE BARRIER AND SMOKE BARRIER
---	NEW PARTITION
---	EXISTING PARTITION TO REMAIN
---	DOOR - REFER TO DOOR SCHEDULE
---	EXISTING DOOR AND FRAME TO BE REMOVED
---	EXISTING PARTITION TO BE REMOVED FROM FLOOR TO STRUCTURE ABOVE - REMOVE ALL ITEMS CONTAINED WITHIN UNLESS ATTACHED TO PARTITION

IKM
architecture
planning
interior design
IKM Incorporated
One PPG Place
Pittsburgh, PA 15222

KIDNEY ARCHITECTS
200 John James Audubon Parkway
Buffalo, New York 14228
716-636-9700 . Fax 716-636-9783
ARCHITECTS . PLANNERS
INTERIOR & LANDSCAPE DESIGN

No.	Date	Description

Revisions
Date
30 September 2010
Project Title
The Center of Excellence for Kidney Care and Transplantation
Eric County Medical Center
Buffalo, N.Y.

Drawing Title
Tenth Floor Plan - North

Project Number
09-107
Drawing Number
A4110b



Erie County Medical Center Corporation

Patron Purchases through:

Supplier Contract Purchases
Other Purchases
Total Patron Purchases

	Quarter Ending			Year-To-Date 2011
	3/31/2011	6/30/2011	9/30/2011	
Supplier Contract Purchases	10,700,380.05	12,793,852.91	10,648,461.54	34,142,694.50
Other Purchases		22,907.01	10,311.51	33,218.52
Total Patron Purchases	10,700,380.05	12,816,759.92	10,658,773.05	34,175,913.02

Cash Value

Administrative Fees Collected from Suppliers
Standardization Program Rebates
Subtotal Revenue Collected
Core Supply Chain Charge
Core Supply Chain Return
Percent of Core Supply Chain Return to Revenue Collected
Core Regional Network Charge
Core National Network Charge
Fees and Payments net of VHA Core Charges

Additional Cash Paid by VHA

Subtotal Additional Cash Paid by VHA

Cash Value Previously Paid or Credited

Manufacturer Rebates - Supplier Direct to Members
Failure to Supply Program - Distributor Credit
Special Incentives - Resources
Subtotal Cash Value Previously Paid or Credited
Total Cash Value

Administrative Fees Collected from Suppliers	227,258.67	271,030.65	207,550.45	705,839.77
Standardization Program Rebates	9,089.35	11,824.00	16,752.00	37,665.35
Subtotal Revenue Collected	236,348.02	282,854.65	224,302.45	743,505.12
Core Supply Chain Charge	(132,962.00)	(154,004.00)	(132,424.00)	(419,390.00)
Core Supply Chain Return	103,386.02	128,850.65	91,878.45	324,115.12
<i>Percent of Core Supply Chain Return to Revenue Collected</i>	43.7%	45.6%	41.0%	43.6%
Core Regional Network Charge	(30,441.00)	(30,441.00)	(30,441.00)	(91,323.00)
Core National Network Charge	(11,250.00)	(11,250.00)	(11,250.00)	(33,750.00)
Fees and Payments net of VHA Core Charges	61,695.02	87,159.65	50,187.45	199,042.12
Subtotal Additional Cash Paid by VHA				0.00
Cash Value Previously Paid or Credited				
Manufacturer Rebates - Supplier Direct to Members	7,640.61	6,447.12	1,358.04	15,445.77
Failure to Supply Program - Distributor Credit	396.79	1,298.11	2,113.42	3,808.32
Special Incentives - Resources	5,770.72			5,770.72
Subtotal Cash Value Previously Paid or Credited	13,808.12	7,745.23	3,471.46	25,024.81
Total Cash Value	75,503.14	94,904.88	53,658.91	224,066.93

Payment from VHA

Fees and Payments net of VHA Core Charges
Custom VHA Services Purchased
GHX Payment Adjustment
Subtotal Payment from VHA
Total Payment from VHA

Fees and Payments net of VHA Core Charges	61,695.02	87,159.65	50,187.45	199,042.12
Custom VHA Services Purchased		(19,079.80)	(10,311.51)	(29,391.31)
GHX Payment Adjustment			(5,462.50)	(5,462.50)
Subtotal Payment from VHA	61,695.02	68,079.85	34,413.44	164,188.31
Total Payment from VHA	61,695.02	68,079.85	34,413.44	164,188.31



Chief Financial Officer



**ERIE COUNTY MEDICAL CENTER
CORPORATION**

Internal Financial Reports
For the month ended December 31, 2011

Prepared by ECMCC Finance

Erie County Medical Center Corporation
For the month ended December 31, 2011

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Erie County Medical Center Corporation

Balance Sheet December 31, 2011 and December 31, 2010

(Dollars in Thousands)

	December 31, 2011	Audited December 31, 2010	Change from Prior Year End
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 38,220	\$ 15,140	\$ 23,080
Investments	46,306	72,658	(26,352)
Patient receivables, net	39,217	40,951	(1,734)
Prepaid expenses, inventories and other receivables	57,504	54,407	3,097
Total Current Assets	181,247	183,156	(1,909)
Assets Whose Use is Limited:			
Designated under self-insurance programs	52,200	42,500	9,700
Designated by Board	52,226	48,829	3,397
Restricted under debt agreements	93,317	10,294	83,023
Restricted	23,587	21,849	1,738
	221,330	123,472	97,858
Property and equipment, net	163,316	95,730	67,586
Deferred financing costs	3,233	2,442	791
Other assets	1,873	1,345	528
Total Assets	\$ 570,999	\$ 406,145	\$ 164,854
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 4,249	\$ 2,250	\$ 1,999
Accounts payable	39,129	24,563	14,566
Accrued salaries and benefits	17,908	15,714	2,194
Other accrued expenses	59,932	32,197	27,735
Estimated third party payer settlements	28,211	23,077	5,134
Total Current Liabilities	149,429	97,801	51,628
Long-term debt	187,290	94,900	92,390
Estimated self-insurance reserves	47,700	38,850	8,850
Other liabilities	88,566	74,979	13,587
Total Liabilities	472,985	306,530	166,455
Net Assets			
Unrestricted net assets	50,659	52,260	(1,601)
Temporarily restricted net assets	47,355	47,355	0
Total Net Assets	98,014	99,615	(1,601)
Total Liabilities and Net Assets	\$ 570,999	\$ 406,145	\$ 164,854

Erie County Medical Center Corporation

Statement of Operations

For the month ended December 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	\$ 39,472	\$ 39,836	\$ (364)	\$ 41,512
Outpatient Services	20,313	21,069	(756)	20,275
Gross Patient Revenue	59,785	60,905	(1,120)	61,787
Less:				
Contractual Allowances	(28,565)	(28,957)	392	(28,925)
Charity Care	(958)	(1,254)	296	(1,280)
Total Contractual Allowances & Charity Care	(29,523)	(30,211)	688	(30,205)
Net Patient Revenue	30,262	30,694	(432)	31,582
Disproportionate Share/IGT Revenue	8,688	3,850	4,838	4,273
Other Revenue	2,153	1,556	597	3,375
Total Operating Revenue	41,103	36,100	5,003	39,230
Operating Expenses:				
Salaries / Wages / Contract Labor	12,862	12,877	15	12,777
Employee Benefits	3,279	8,573	5,294	(1,878)
Physician Fees	3,704	3,301	(403)	3,309
Purchased Services	3,241	2,837	(404)	2,713
Supplies	5,285	5,002	(283)	5,176
Other Expenses	1,117	646	(471)	752
Utilities	501	689	188	661
Insurance	(804)	601	1,405	3,194
Depreciation & Amortization	1,363	1,230	(133)	1,260
Interest	438	456	18	465
Provision for Bad Debts	1,775	1,849	74	1,821
Total Operating Expenses	32,761	38,061	5,300	30,250
Income (Loss) from Operations	8,342	(1,961)	10,303	8,980
Transactions with County of Erie:				
Settlements with Erie County	(15,172)	-	(15,172)	(2,300)
Contributions for Capital Acquisitions	11,500	-	11,500	-
	(3,672)	-	(3,672)	(2,300)
Non-operating gains (losses):				
Interest and Dividends	538	-	538	543
Unrealized Gains/(Losses) on Investments	749	234	515	563
Non-operating Gains(Losses), net	1,287	234	1,053	1,106
Excess of (Deficiency) of Revenue Over Expenses	\$ 5,957	\$ (1,727)	\$ 7,684	\$ 7,786

Erie County Medical Center Corporation

Statement of Operations

For the twelve months ended December 31, 2011

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Patient Revenue				
Inpatient Services	\$ 481,497	\$ 495,910	\$ (14,413)	\$ 498,100
Outpatient Services	268,033	266,031	2,002	260,292
Gross Patient Revenue	749,530	761,941	(12,411)	758,392
Less:				
Contractual Allowances	(372,411)	(369,420)	(2,991)	(385,674)
Charity Care	(12,622)	(9,322)	(3,300)	(9,612)
Total Contractual Allowances & Charity Care	(385,033)	(378,742)	(6,291)	(395,286)
Net Patient Revenue	364,497	383,199	(18,702)	363,106
Disproportionate Share/IGT Revenue	60,572	46,202	14,370	53,444
Other Revenue	28,625	21,405	7,220	18,277
Total Operating Revenue	453,694	450,806	2,888	434,827
Operating Expenses:				
Salaries / Wages / Contract Labor	155,201	151,685	(3,516)	148,599
Employee Benefits	96,387	100,938	4,551	84,511
Physician Fees	44,608	39,428	(5,180)	41,230
Purchased Services	32,015	33,407	1,392	32,929
Supplies	58,868	58,896	28	58,643
Other Expenses	9,207	7,602	(1,605)	7,453
Utilities	7,368	8,113	745	7,946
Insurance	5,747	7,077	1,330	7,313
Depreciation & Amortization	15,486	14,757	(729)	14,105
Interest	5,336	5,365	29	5,478
Provision for Bad Debts	22,213	23,087	874	22,294
Total Operating Expenses	452,436	450,355	(2,081)	430,501
Income (Loss) from Operations	1,258	451	807	4,326
Transactions with County of Erie:				
Settlements with Erie County	(16,182)	-	(16,182)	(8,044)
Contributions for Capital Acquisitions	11,500	-	11,500	-
	(4,682)	-	(4,682)	(8,044)
Non-operating Gains (Losses)				
Interest and Dividends	3,942	-	3,942	4,028
Unrealized Gains/(Losses) on Investments	(2,274)	2,803	(5,077)	2,608
Non Operating Gains (Losses), net	1,668	2,803	(1,135)	6,636
Excess of (Deficiency) of Revenue Over Expenses	\$ (1,756)	\$ 3,254	\$ (5,010)	\$ 2,918

Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and twelve months ended December 31, 2011</p>
--

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 5,957	\$ (1,756)
Other Transfers, Net	(54)	(168)
Contributions for Capital Acquisitions	-	323
Net Assets Released from Restrictions for Capital Acquisition	-	-
	5,903	(1,601)
<u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
	-	-
Change in Temporarily Restricted Net Assets	-	-
Change in Total Net Assets	5,903	(1,601)
Net Assets, Beginning of Period	92,111	99,615
NET ASSETS, End of Period	\$ 98,014	\$ 98,014

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and twelve months ended December 31, 2011

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 5,903	\$ (1,601)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,363	15,486
Provision for bad debt expense	1,775	22,213
Net Change in unrealized (gains) losses on Investments	749	(2,274)
Transfer to component unit - Grider Initiative, Inc.	54	168
Capital contribution to/from Erie County	-	(323)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	504	(20,479)
Prepaid expenses, inventories and other receivables	(10,431)	(3,097)
Accounts payable	2,092	14,566
Accrued salaries and benefits	1,523	2,194
Estimated third party payer settlements	(6,717)	5,134
Other accrued expenses	(4,642)	27,735
Self Insurance reserves	25	8,850
Other liabilities	(4,915)	13,587
Net Cash Provided by (Used in) Operating Activities	<u>(12,717)</u>	<u>82,159</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(6,925)	(59,917)
Routine capital	(1,965)	(23,946)
Decrease (increase) in assets whose use is limited	(1,521)	(97,858)
Purchases (sales) of investments, net	(26,952)	28,626
Investment in component unit - Grider Initiative, Inc.	(54)	(168)
Change in other assets	134	(528)
Net Cash Provided by (Used in) Investing Activities	<u>(37,283)</u>	<u>(153,791)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Proceeds from issuance of long-term debt	-	96,864
Principal payments on long-term debt	(225)	(2,475)
Capital contribution to/from Erie County	-	323
Net Cash Provided by (Used in) Financing Activities	<u>(225)</u>	<u>94,712</u>
Increase (Decrease) in Cash and Cash Equivalents	(50,225)	23,080
Cash and Cash Equivalents, Beginning of Period	<u>88,445</u>	<u>15,140</u>
Cash and Cash Equivalents, End of Period	<u>\$ 38,220</u>	<u>\$ 38,220</u>

Erie County Medical Center Corporation

Key Statistics

Period Ended December 31, 2011

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
1,065	950	12.1%	945	Discharges:				
201	231	-13.0%	209	Acute	12,189	12,088	0.8%	11,628
32	28	14.3%	20	Psych	2,327	2,598	-10.4%	2,459
23	45	-48.9%	45	Rehab	374	430	-13.0%	391
				Alcohol Rehab	347	535	-35.1%	530
1,321	1,254	5.3%	1,219	Total Discharges	15,237	15,651	-2.6%	15,008
				Patient Days:				
6,112	5,797	5.4%	6,175	Acute	75,270	72,522	3.8%	73,201
2,725	2,553	6.7%	2,458	Psych	32,259	32,214	0.1%	32,228
725	765	-5.2%	704	Rehab	8,841	10,382	-14.8%	9,998
432	919	-53.0%	825	Alcohol Rehab	6,782	10,506	-35.4%	10,329
9,994	10,034	-0.4%	10,162	Total Days	123,152	125,624	-2.0%	125,756
				Average Daily Census:				
197	187	5.4%	199	Acute	206	199	3.8%	201
88	82	6.7%	79	Psych	88	88	0.1%	88
23	25	-5.2%	23	Rehab	24	28	-14.8%	27
14	30	-53.0%	27	Alcohol Rehab	19	29	-35.4%	28
322	324	-0.4%	328	Total ADC	337	344	-2.0%	345
				Average Length of Stay:				
5.7	6.1	-6.0%	6.5	Acute	6.2	6.0	2.9%	6.3
13.6	11.1	22.7%	11.8	Psych	13.9	12.4	11.8%	13.1
22.7	27.3	-17.1%	35.2	Rehab	23.6	24.1	-2.1%	25.6
18.8	20.4	-8.0%	18.3	Alcohol Rehab	19.5	19.6	-0.5%	19.5
7.6	8.0	-5.5%	8.3	Average Length of Stay	8.1	8.0	0.7%	8.4
4,139	4,036	2.6%	3,951	SNF Days	48,156	48,128	0.1%	47,637
134	130	2.6%	127	SNF ADC	132	132	0.1%	131
				Occupancy:				
58.6%	58.9%	-0.4%	59.6%	% of acute licensed beds	61.3%	62.6%	-2.0%	62.6%
81.0%	77.4%	4.6%	76.1%	% of acute available beds	82.5%	79.5%	3.8%	79.9%
82.7%	78.9%	4.7%	78.6%	% of acute staffed beds	84.1%	83.5%	0.7%	83.4%
				Case Mix Index:				
1.47	1.54	-4.2%	1.57	MS DRG - CMI	1.54	1.54	0.2%	1.57
1.64	1.76	-7.1%	1.86	APR DRG - SIW	1.70	1.76	-3.5%	1.86
107	131	-18.3%	121	Observation Visits	1,551	1,750	-11.4%	1,633
381	399	-4.5%	366	Inpatient Surgeries	4,839	4,877	-0.8%	4,419
612	641	-4.5%	632	Outpatient Surgeries	7,619	7,802	-2.3%	7,552
26,008	27,164	-4.3%	25,393	Outpatient Visits	335,181	331,666	1.1%	321,267
4,829	4,707	2.6%	4,513	Emergency Visits Including Admits	63,166	62,375	1.3%	60,140
39.3	45.0	-12.7%	49.7	Days in A/R	39.3	45.0	-12.7%	49.7
6.1%	6.4%	-5.3%	5.9%	Bad Debt as a % of Net Revenue	6.4%	6.4%	-0.7%	6.5%
2,388	2,417	-1.2%	2,435	FTE's	2,384	2,417	-1.3%	2,404
3.24	3.20	1.2%	3.34	FTE's per adjusted occupied bed	3.14	3.14	0.1%	3.19
\$ 12,513	\$ 12,825	-2.4%	\$ 14,562	Net Revenue per Adjusted Discharge	\$ 1,045	\$ 1,067	-2.0%	\$ 1,092
\$ 13,261	\$ 15,686	-15.5%	\$ 13,699	Cost per Adjusted Discharge	\$ 1,270	\$ 1,235	2.8%	\$ 1,267
Erie County Home:				Patient Days				
11,464	14,270	-19.7%	15,033	Patient Days	155,382	175,559	-11.5%	181,061
370	460	-19.7%	485	Average Daily Census	426	481	-11.5%	496
63.1%	78.6%	-19.7%	82.8%	Occupancy - % of licensed beds	72.6%	82.1%	-11.5%	84.7%
367	424	-13.5%	440	FTE's	419	424	-1.1%	454



**Sr. Vice President of
Operations
- Richard Cleland -**

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
RICHARD C. CLELAND, MPA, FACHE, NHA
SENIOR VICE PRESIDENT OPERATIONS
FEBRUARY 1, 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

EC Home and the SNF had its annual Department of Health survey in January. This survey was our first under the new QIS format. Overall both facilities did very well. No harm level or immediate jeopardy citations. We are looking at a total of (12) F-Tag citations and over 50% of these low level severity;

Construction of the new nursing home is going very quickly. We are looking at an end of December 2012 completion with a “tentative” move in date by February 1, 2013;

I rounded and held informal staff meetings in both facilities in January. This was conducted following the annual DOH survey. I thanked all staff for their excellent efforts. A “thank you” lunch was provided to all three shifts in both facilities. Overall morale is very high and staff seemed very appreciative;

Created the Long Term Care Steering Committee to oversee, plan and carry out:

- Remaining downsizing initiative;
- The new care delivery model (person-centered care);
- Operational components (labor, new positions, policy & procedures, etc.);
- The move of 390 patients into the new facility;
- Appropriate exit (clear out and clean up) of the EC Home;
- Implementation of EMR and integration of the nursing home on ECMC Campus;

BEHAVIORAL HEALTH (PSYCHIATRY, CHEMICAL DEPENDENCY, CPEP,
CD OUTPATIENT CLINIC):

The Behavioral Health Steering Committee has continued to meet monthly and bring about great improvement to the overall programs and services that we provide;

ECMC received both DOH and OMH approval for relocation of the CPEP-EOB beds to the 4th floor. Cost is estimated to be about \$575,000. This should help reduce congestion and overcrowding. We are optimistic that we will have project done by May;

The Outpatient Chemical Dependency Clinic Steering Committee has been developed. This will include CSEA, Board of Directors, and employees of the outpatient clinics. Their task will be to develop a comprehensive plan by February 28, 2012. This plan will come up with strategies and actions that will improve operational operations and improve the financial viability of the program;

Meetings held with staff on each of the shifts in January. Meetings are a way to keep all staff up-to-date with all the activities of the department, management and upcoming strategies. Mike Zuber-VP of Behavioral Health, Paula Fisher-Assistant Vice President

ERIE COUNTY MEDICAL CENTER CORPORATION

Behavioral Health, and Denise Roof-ADON assisted me with the meetings. CPEP plans were the main area of concern and questions. We were able to explain what ECMC is planning to do to address the overcrowding and unsafe conditions. Generally staff seemed surprised of the efforts and the level of urgency;

Submitting a HEAL-21 application for a new CPEP;

REHABILITATION SERVICES:

Marie Johnson OTR, consultant has been appointed interim director. We are currently working on a succession plan;

Dr. Labi began November 1, 2011. We are all very excited about her returning to ECMC;

We are currently interviewing clinical director candidate from Rochester area;

Held staff meetings with both the inpatient and outpatient therapy services in January;

Rehabilitation Services Steering Committee has been created and meets monthly. This committee is comprised of both clinical and administrative staff. Main task is to enhance the growth of the rehabilitation services program in both the inpatient and outpatient areas. The program continues to re-bound from the physician changes resulting with the end of the UB Residency program and the termination of UMPRA;

HYPERBARIC/WOUND CENTER (HWC):

Dr. Matt Antalek has joined our Hyperbaric and Wound Center physician team. Dr. Antalek is the Director of Infectious Disease at Millard Fillmore Suburban Hospital. He is credentialed also in Hyperbaric Medicine. He is scheduled for the Wednesday afternoon time session;

Monthly score card includes:

- 42 new referrals;
- 52 HBOT below budget;
- 96% healed(1% above benchmark);
- 35 days to heal(at benchmark);
- 95% Press Gainey(benchmark);

TRANSITIONAL CARE UNIT (TCU):

We visited both the Jamaica Hospital TCU and Mather Hospital TCU in Queens in December. We were able to obtain a significant amount of valuable knowledge to help us get our program developed and ready to enhance revenues, shorten hospital LOS, and open up some acute beds for better patient throughput;

We are still targeting a late 3rd quarter 2012 start up;

ERIE COUNTY MEDICAL CENTER CORPORATION

FOOD AND NUTRITIONAL SERVICES:

Brian Haley is working very closely with Donna Brown and the Customer Experience Committee. The focus is on modifying menus, providing healthy meals, and meeting patient's requests and reducing complaints;



**Sr. Vice President of
Operations
- Ronald Krawiec -**

Erie County Medical Center Corporation
Report to the Board of Directors
Ronald J. Krawiec, Senior Vice President of Operations
February 7, 2012

AMBULATORY SERVICES – KATRINA KARAS

The Department of Ambulatory Services is thrilled to welcome Dr. Antonia Redhead, who will be the Medical Director of the new Grider Family Health Center. ECMC's staff has been renovating the former Community Health Center building since the first of January in preparation for the expansion of primary care on the Grider campus. In addition, our current 1st floor Instacare Clinic will also be relocated to this new space. The upgraded building will start accepting patients on February 15.

The Ambulatory Electronic Medical Record Allscripts team is gearing up for the implementation of the EMR at Grider Family Health Center, both for Instacare and Dr. Redhead's clinic. When the site opens up for business the staff and providers will be "live" on Allscripts EMR, making Grider Family Health Center completely paperless from inception. This is the second major "go-live" project for the Allscripts team and we are anticipating success.

The Department of Transplant and Renal Services is pleased to welcome John Henry, Vice President for Transplant and Renal Services. Mr. Henry will start on January 30th. He is a highly competent transplant administrator coming from the SUNY Upstate Medical University in Syracuse. He will be instrumental in the development of ECMC's Center of Excellence for Transplant and Renal Services

LABORATORY – JOSEPH KABACINSKI

The Center of Excellence for Transplant and Renal Services has generated a number of laboratory projects to support the service. Validation information was submitted to New York State for Clinical Lab Evaluation Program (CLEP) for approval of an in-house BK virus quantification PCR testing needed for the transplant program and other interested clinicians. Having this in-house assay will provide substantial savings when compared with the cost of send-out to a reference lab. The lab administration is coordinating Lab resources to accommodate the increased testing necessary to monitor post-transplant patients who will be moving to ECMCC from the former Kaleida program along with the increased Pathology necessary to accommodate the expansion of organ procurement. The Lab is now providing daily Phlebotomy service for outpatients in the Transplant Center on the 10th floor and Saturday morning coverage for immunosuppressant drug level testing as requested by the transplant program physicians.

A new center for specimen collection will open on February 15th to provide service to the patients of both the new Grider Family Health Clinic and the relocated Instacare Clinic in the refurbished former CHCB building on the ECMCC campus. Space is also being

reviewed for a new specimen collection location on the second floor of the new dialysis / physician office building along with a possible upgrade and expansion of the ECMC 1st floor Patient Service Center.

The next UNYTS Blood Drive at ECMCC is scheduled on Thursday, February 16.

IMAGING – ERIC GREGOR

Department volumes in December continued to be strong compared to previous year. Even with inpatient census being up in 2011 we saw a decrease in non-reimbursible inpatient imaging procedures while outpatient studies grew. Department volumes for all of 2011 were up by 4,178 procedures, which represented an increase of 2.54% from 2010, 4,410 of that increase was in the outpatient sector.

The modality breakdown below indicates the total 2011 increase or decrease from 2010.

2011 RADIOLOGY STATS FINAL

INPATIENT/OUTPATIENT						
MODALITY	IP PROCS	Inpatient %	OP PROCS	Outpatient %	Compared to 2010 %	TOTAL %
ANGIO	152	30.77%	56	5.70%	122.00	7.81%
CT	403	2.18%	577	3.01%	980.00	2.60%
Diagnostic	-978	-2.03%	2,569	4.20%	1677.00	2.89%
Mammography	15	83.30%	19	1.06%	34.00	1.88%
MRI	537	36.16%	672	32.05%	1209.00	33.75%
Nuclear Medicine	-104	7.24%	187	6.33%	83.00	1.89%
Ultrasound	-257	-10.98%	330	9.32%	73.00	1.24%
TOTALS:	-232	<1%	4,410	4.81%	4,178	2.54%

Even though the Department performed 4,178 more studies, the Radiology Department was \$184.00 below its 2011 Operational Budget allocation. Departmental overtime was 1.35% of total hours worked, well below the 3% target.

The continued work and scrutiny of the professional component billings of Saturn Radiology PLLC have resulted in collections of \$3,846,388.40 in 2011 up 23.70% from 2010.



Chief Medical Officer

ERIE COUNTY MEDICAL CENTER CORPORATION
REPORT TO MEDICAL EXECUTIVE COMMITTEE
BRIAN M. MURRAY, MD, CHIEF MEDICAL OFFICER
JANUARY 2012

UNIVERSITY AFFAIRS

UB, BGH Cardiologist Leads Team in WNY's First Successful Aortic Valve Implant Surgeries

Vijay S. Iyer, MD, PhD, assistant professor of medicine at the University at Buffalo School of Medicine and Biomedical Sciences, and TAVR program director at Buffalo General Hospital, has successfully led a team of highly trained physicians to implant aortic valves in two patients last week. Iyer, a board-certified interventional cardiologist, is available to speak with media today about this new procedure.

These are the first such procedures to implant aortic valves performed in Western New York; Buffalo General Hospital is the only facility approved to implant these valves west of Albany in New York State. Both patients are doing well.

PROFESSIONAL STEERING COMMITTEE

Next meeting is scheduled for March 2012.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	October	November	December	YTD vs.2010
Discharges	909	915	914	up 5.6%
Observation	110	97	105	down 10.6%
LOS	6.5	7.4	6.1	down 0.6%
CMI	2.03	1.97	2.02	down 7.5%
Surgical Cases	796	835	775	up 6.9%
Readmissions (30d)	12.6%	NA		

2012 ECNC Interdisciplinary Performance Improvement Teams

1. Pressure Ulcer Prevention
Leader(s):Peggy Cramer and Bonnie Glica
2. Fall Prevention
Leader(s):Dawn Walters and Ann Victor
3. Universal Protocol
Leader(s):Jim Turner
4. Throughput Task Force
Leader(s):Bonnie Glica
5. Infection Prevention
Leader(s):Charlene Ludlow
6. Stroke Program Compliance
Leader(s) : :DrFerguson and Paula Quesinberry

New York State Partnership for Patients (NYSPFP)

ECMC has recently committed to be part of the NYSPFP. This is a joint initiative of the healthcare Association of New York State (HANYS) and the Greater New York Hospital Association (GNYHA) who collectively represent all of the hospitals in new York State. CMS has identified 12 focus areas with a view to reducing hospital-based complications and avoidable readmissions: adverse drug events, catheter-associated urinary tract infections, central line-associated bloodstream infections, injuries from falls and immobility, obstetrical adverse events, pressure ulcers, readmissions, surgical site infections, venous thromboembolism, ventilator-associated pneumonia, culture and leadership.

NYSPFP has categorized these 12 focus areas into five core clinical domains>

- Nursing Centered Initiatives
- Infection Prevention Initiatives
- Building Culture Initiatives
- Preventable readmissions Initiatives
- Obstetrical Safety Initiatives

Each domain will be guided by a clinical workgroup comprised of clinical advisors, representatives from supporting organizations, and participating hospitals. NYSPFP will employ collaborative model or a learning network approach to assist hospital's as they implement interventions and programs to address these clinical focus areas.

U.S. to Force Drug Firms to Report Money Paid to Doctors

To head off medical conflicts of interest, the Obama administration is poised to require drug companies to disclose the payments they make to doctors for research, consulting, speaking, travel and entertainment. Many researchers have found evidence that such payments can influence doctors' treatment decisions and contribute to higher costs by encouraging the use of more expensive drugs and medical devices. Consumer advocates and members of Congress say patients may benefit from the new standards, being issued by the government under the new health care law. Officials said the disclosures increased the likelihood that doctors would make decisions in the best interests of patients, without regard to the doctors' financial interests. Manufacturers of prescription drugs and devices will have to report if they pay a doctor to help develop, assess and promote new products — or if, for example, a pharmaceutical sales agent delivers \$25 worth of bagels and coffee to a doctor's office for a meeting. Royalty payments to doctors, for inventions or discoveries, and payments to teaching hospitals for research or other activities will also have to be reported.

PAYOR INCENTIVES FOR 2011

Each year as part of our contracts with the 3 major payors (IHA, BC/BS and Univera) a portion of payments to the hospital is withheld on the basis of the Institution's performance on a number of quality metrics mutually agreed upon by the two entities. Below are the results of our performance for 2011 to date.

Also outlined are our results for two of the payors together with the proposed metrics for these two contracts for 2012. Data and metrics for IHS remain pending.

Payor	Results	Estimated Value
Blue Cross	Met 10 of 12 Measures (83.3%)	\$835,000
Univera	Met 7 of 10 Measures (70%)	\$126,000
Independent Health	Not Available	Not Available

Metrics for 2012

UNIVERA

Measure	Measurement Period	Target
AMI 1 Aspirin at arrival	10/1/11 – 6/30/12	97%
HF- 3 ACEI or ARB for LVSD	10/1/11 – 6/30/12	90%
PN Composite	10/1/11 – 6/30/12	89%
SCIP Composite	10/1/11 – 6/30/12	95%
Stroke Care – receive antithrombotics by hospital day 2	10/1/11 – 6/30/12	92%
Infection reduction – Class 1 surgical procedures	10/1/11 – 6/30/12	< 1.0/100
Total Hospital Readmissions	10/1/11 – 6/30/12	<11.6%
HCAHPS: Discharge Information	10/1/11 – 6/30/12	82%

BLUE CROSS BLUE SHIELD	BENCHMARKS	2012 Goals
MEASURES		
VAP-Trauma unit (2011 metric)	NHSN median: 4.3%	<4.3%
VAP- ICU Med-surg. Major teaching	NHSN median: 1.2%	<1.2%
VAP- Surgical-Cardiothoracic	NHSN median: 1.3%	<1.3%
Central Line Infection- MICU Major teaching (2011 metric)	NHSN median: 1.7%	<1.7%
Central Line Infection- Surgical-Cardiothoracic	NHSN median: 0.8%	<0.8%
Central Line Infection- Trauma unit	NHSN median: 2.0%	<2.0%
CAUTI- Trauma unit	NHSN median: 2.8%	<2.8%
CAUTI- Surgical-Cardiothoracic	NHSN median: 1.2%	<1.2%
CAUTI- ICU Med-surg. Major teaching	NHSN median: 1.9%	<1.9%
Readmission Rate Reduction:		full= <10.5%
		mid= 10.5%-12%
Hospital Compare (Jan 2010-June 2010): Urinary Catheters Removed 24-48 hours after surgery	NYS 90% NATIONAL 90% ECMC 85%	90%
*Hospital Compare (07/2009-06/2010): Pneumococcal Vaccination	NYS 92% NATIONAL 93% ECMC 74%	92%
*Hospital Compare (10/2009-03/2010): Influenza Vaccination contingent upon vaccine availability	NYS 90% NATIONAL 91% ECMC 91%	90%
*Hospital Compare (07/2009-06/2010): HF-3 ACE I/ARB	NYS 94% NATIONAL 94% ECMC 88%	94%
Hospital Compare Consumer Experience Metric: Discharge Instructions	NYS 80% NATIONAL 82% ECMC 80%	



Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHL, MD, ASSOCIATE MEDICAL DIRECTOR
JANUARY 23, 2011

CLINICAL ISSUES

Clinical Documentation Initiative

The physician response rate has remained high - 95% this past month - agreement rate of 91% (214 Queries).

Emergency Department Throughput

Total emergency department visits have increased by 5% for 2011 and hospital admissions from the emergency department are up by 4% compared with 2010. We worked on balancing the use of observation status versus hospital admission in 2011.

Operating Room Utilization

The operating room volume for 2011 was up by 7.2% compared to 2010. Operating room on-time starts have improved dramatically from 26% to 60- 70% of cases. There is room for improvement in terms of operating room turnover and some initiatives are in place to work on this. We initiated a program to call patients the day prior to surgery and no-show cancelations have dropped from 12% to 3-4% (significantly better than best performers nationally).

Laboratory Medicine

HIV Legislation

In 2011, more than 35 undiagnosed HIV patients were identified as a result of this voluntary testing program. The ECMC program has been one of the most successful in NY State.

Patient's Satisfaction

Hospital Noise/Cleanliness

We are working to make the hospital less noisy. We are addressing overhead pages and the fire alarm pages to see how they can be modified. Patient alarms and floor noise are also being addressed. We have moved to the 25th percentile for the 4th quarter from the 1st percentile in the 3rd quarter. Cleanliness scores have improved – 41.8% positive to 53% over 6 months – yet still significant room for improvement.

CLINICAL INFORMATICS

New Initiatives

ERIE COUNTY MEDICAL CENTER CORPORATION

The medical directors have undergone “Crimson” training and are rolling this out to the clinical chiefs.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the Jan 17th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.



Senior Vice President of Nursing



Vice President of Human Resources

ERIE COUNTY MEDICAL CENTER CORPORATION
BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING

TUESDAY, JANUARY 17, 2012
ECMCC STAFF DINING ROOM

VOTING BOARD MEMBERS
PRESENT OR ATTENDING BY
CONFERENCE TELEPHONE:

JODY L. LOMEIO
FRANK B. MESIAH
RICHARD F. BROX

BOARD MEMBERS EXCUSED:

JOSEPH ZIZZI, SR., M.D.

BISHOP MICHAEL A.
BADGER, CHAIR

KATHLEEN O'HARA
CARLA CLARKE
JANET BULGER

MARK BARABAS
BELLA MENDOLA

ALSO PRESENT:

I. CALL TO ORDER

Acting Chair Richard F. Brox called the meeting to order at 9:30 a.m.

II. CSEA NEGOTIATIONS

The CSEA Fact Finders report was discussed.

III. NYSNA NEGOTIATIONS

NYSNA has sent a demand for negotiations letter to the County. Kathleen O'Hara requested a copy.

IV. AFSCME

An accelerated triage arbitration was held in December. 3 pending grievances were heard. The arbitrator favored the employer in all 3.

V. KRONOS UPDATE

The new KRONOS HRIS system is still in the implementation stage. HR is working through minimal issues.

Utilization of the time and attendance tool will commence in March. A detailed report will be given at the next HR committee meeting.

VI. TRAINING

879 employees attended mandatory customer service trainings in 2011. More sessions will be scheduled for 2012.

1,350 employees attended mandatory workplace violence trainings in 2011. Additional training sessions will be offered in 2012.

Management Orientation was held in December. About 30 managers attended. As a result from feedback that was received at the orientation, a workshop regarding progressive discipline will be held early this year.

Frank Mesiah suggested Theater of Change as a training tool.

ERIE COUNTY MEDICAL CENTER CORPORATION

VII. WORKERS COMPENSATION UPDATE

Data is very comparable between 2010 and 2011. The number of days away from work is larger in 2011.

VIII. EMPLOYEE SURVEY

32% of employees responded to the employee survey. A representative from RV Rhodes, the company who administered the survey, conducted focus groups with about 140 employees. The most important issue was found to be communication. The next step will be to hold focus groups with management.

IX. TURNOVER REPORT /FTE ANALYSIS

Turnover remains low for the overall hospital. Nursing turnover is a bit higher than in the past months. The main reasons are retirements and relocations.

X. NEW INFORMATION

Discussion ensued regarding Civil Service Administration.

XI. ADJOURNMENT

Moved by Richard Brox to adjourn the Human Resources Committee meeting at 10:00am



Chief Information Officer



Sr. Vice President of Marketing & Planning

Marketing and Development Report
Submitted by Thomas Quatroche, Jr., Ph.D.
Sr. Vice President of Marketing, Planning, and Business Development
February 7, 2012

Marketing

New ECMC Re-branding “True Care” and “Expansion” marketing campaign for 2012 in development
New marketing materials developed for all new service lines
Coordinating internal communication efforts (conversation with the CEO, rounding, etc.)

Planning and Business Development

Assisting with orthopedic floor initiatives and new pre-education surgery program
Coordinating Accelero Orthopedic and General Surgery margin initiative
Orthopedic and Bone Health Center progressing, physician planning sessions held to revisit plans
Coordinating planning for Great Lakes Health Strategic and Community Planning Committee meetings
Working with Professional Steering Committee and assisting all subcommittees
Managing CON processes
Developing primary care and specialty strategy and have had multiple confidentiality agreements signed
Dr. Howard Sperry practice has over 1500 patients and ancillary business has had significant referrals
Two large Southtown primary care physicians signed and will be announced
Another large primary care practice signing in January

Media Report

- **Buffalo Business First: State OKs ECMC, 3 health projects.** Erie County Medical Center was approved to relocate five extended observations beds from the Comprehensive Psychiatric Emergency Program in the hospital’s emergency department to a vacant unit on the fourth floor.
- **Artvoice: The Regional Center of Excellence for Transplantation & Kidney Care at ECMC.** The ribbon cutting ceremony and press conference were held for the new \$27 million Regional Center of Excellence for Transplantation & Kidney Care at ECMC, the first clinical consolidation for ECMC and Kaleida
- **The Buffalo News: New kidney center hopes to attract living donors.** Physician leaders say the merged center will enjoy a rare opportunity to build a transplant program that can attract more living donors and, as a result, increase the number of kidney transplants, expand research and bring together a large enough team to do more kidney-pancreas transplants. Dr.s Murray and Laftavi are quoted.
- **Buffalo Business First: Healthcare systems are positioning themselves for federal reform.** “My philosophy has been and will continue to be that we have to grow our way out of this.” Jody Lomeo is quoted.

Community and Government Relations

Mammography Bus being built for Spring of 2012
Meeting held with all community agencies that assist in breast cancer prevention (Komen, Witness Project, etc.)
Discussed Behavioral Health plans and funding assistance with NYS Delegation
Rita Hibbard Robinson chosen to present at New York State Department of Health AIDS Institute
African American Symposium on ECMC’s efforts as a best practice



Executive Director, ECMC Lifeline Foundation

ECMC Lifeline Foundation Report For ECMCC Board of Directors February 7, 2012

**Submitted by
Susan M. Gonzalez, Executive Director**

Campaign to Support Regional Center of Excellence for Transplantation and Kidney Care

- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes continue biweekly
- Weekly Tours and meetings with prospective donors and campaign cabinet members are being scheduled.
- New print solicitation materials are in the final stages of design showing the construction and campaign progress to date. The Foundation website will be updated with this information as soon as it is finalized.

Event News

- **Springfest Gala 2012 - Saturday, May 12, 2012 at the Buffalo Niagara Convention center featuring Motown legends, The Commodores.**
The Annual Gift Gathering Luncheon is scheduled for **March 15th at the Buffalo Club**
A Cocktail Reception Gift Gathering will also be held on **March 22nd at Russell's**
Sponsorship meetings are in process and just over \$50,000 has been secured to date
Next Gala Committee meeting Wednesday, February 8th at 8:30 am in the staff dining room
- **Tournament of Life Golf Classic – Monday, August 13, 2012 at the Park Country Club**
Michael Seaman, Tournament Chair
Currently recruiting event planning and sponsorship committees

Foundation News

Board of Directors Annual Meeting Highlights (held January 26, 2012):

- The 2012 Lifeline Foundation budget was presented to Board of Directors and unanimously approved.
- The Foundation's 2011 annual audit will begin later this month
- The Nominating Committee met in December and presented the following slate of officers for a one year term extension to assist with continuity for the new Executive Director. Approved as stated at the meeting.
 - Todd W. Brason, Board Chair
CEO, Willcare
 - Robert Holliday, Vice Chair
Vice President & General Manager Upstate New York, AT&T
 - James F. Dentinger, Vice Chair
President, McGuire Development
 - Jonathan Dandes, Vice Chair
President, Rich Baseball Operations
 - Penny Morgante, Secretary
Vice President, First Niagara Bank
 - David R. DiMatteo, Treasurer
Partner, Brock & Schechter & Polakoff, LLP
 - Patrick Casilio, Jr., Immediate Past Chair
CEO, Casilio Companies

One new Director was also added to the Board:
Ric Seiling
Buffalo Sabres Alumni Association



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, DECEMBER 19, 2011 AT 11:30 A.M.**

Attendance (Voting Members):

Y. Bakhai, MD	W. Flynn, MD	
W. Belles, MD	C. Gogan, DDS	
G. Bennett, MD	R. Hall, MD, DDS	
S. Cloud, DO	J. Kowalski, MD	
N. Dashkoff, MD	M. Manka, MD	
H. Davis, MD	K. Pranikoff, MD	
R. Desai, MD	P. Stegemann, MD	
T. DeZastro, MD	R. Venuto, MD	
S. Downing, MD	J. Woytash, MD	
N. Ebling, DO		

Attendance (Non-Voting Members):

B. Glica, RN	M. Barabas	R. Krawiec
J. Fudyma, MD	R. Gerwitz	R. Cleland
D. Jehle, MD	C. Ludlow, RN	C. Gazda, RN
B. Murray, MD	M. Sammarco	K. Grimm, MD
J. Lomeo	A. Victor-Lazarus, RN	
S. Ksiazek	M. Cain, MD	

Excused:

D. Amsterdam, PhD	J. Izzo, MD	R. Schuder, MD
A. Arroyo, MD	T. Loree, MD	
A. Chauncey, PA	K. Malik, MD	
R. Ferguson, MD	J. Reidy, MD	

Absent:

J. Lukan, MD		

I. CALL TO ORDER

- A. Dr. Kowalski called the meeting to order at 11:40 a.m.

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

- A. The Seriously Delinquent Records report was included as part of Dr. Kowalski’s report.

III. UNIVERSITY REPORT – Dean Cain, MD

- A. **MOVING OF THE MEDICAL SCHOOL** – All preferred sites have been identified and acquisition of land has been completed where needed. Building designs are being reviewed. The Dean provided a brief report on the overall plan in its preliminary stage.

- B. **CHAIR UPDATES:** Dr. Gil Wolfe accepted the position of Chair of Neurology joining UB from the University of Texas. Marcia Lewis will be joining as Director of the School of Nursing from Emory. Searches for the chairs for OB/GYN and Radiology are underway.

IV. CEO/COO/CFO BRIEFING

- (1) **CEO REPORT - Jody Lomeo**
- A. **OPENING OF THE NEW DIALYSIS CENTER OF EXCELLENCE** – Mr. Lomeo reflected on the opening of the new Dialysis Building and the ribbon cutting ceremony a week prior. This project is the first realized collaboration within the Great Lakes Health System. He looks forward to continued collaboration in many arenas.
- B. **COMMISSIONER SHAH OF THE NEW YORK STATE DEPARTMENT OF HEALTH** – Mr. Lomeo advised that he spoke with Dr. Shah recently and had invited him to attend the ribbon-cutting ceremony. He unfortunately could not attend but did come to the campus a week later and met with the Executive Team and was provided a tour of the facility. It was very well received and the Commissioner was very impressed with ECMC and its programs. One main focus of their meeting was the improvement of the Behavioral Health program at ECMC and seeking support from the State through Heal Funds, along with orthopedic expansion and long-term care.
- C. **PRESIDENT OF HANYS PROVIDED REPORT TO THE BOARD OF DIRECTORS.** Mr. Lomeo advised that the President of HANYS provided presentation to the Board on the state of hospitals in New York State. HANYS President was also very impressed with ECMC's growth strategies.
- (2) **FINANCIAL REPORT – Michael Sammarco, CFO**
- A. **Budget Update** – Mr. Sammarco reports good activity in the month of November 2011. All volumes were up. Historically the hospital generally loses about one million dollars in the month of November but this year in November we experienced a surplus of about \$600,000. December appears to have similar volumes so surplus is anticipated next month as well. Erie County Home did experience a loss of about \$900,000 and is related to expenditures lagging behind the rate of the reduction of beds.

V. HOSPITAL PRESIDENT REPORT – Mark Barabas

- A. **PROJECT UPDATE** – Mr. Barabas announced the selection of John Henry from Syracuse, as the new Vice President of Transplant who will be joining the team shortly. 24 patients from Kaleida were successfully transferred to the new ECMC center over the last week. Updates on the 10th floor transplant project construction were provided and the unit

should be up and running shortly. Some changes in occupancy in the new Renal Center building upper floors will require a new CON and will be filed shortly.

- B. **FITNESS CENTER** – Meetings are underway and the project should move forward shortly.

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

UNIVERSITY AFFAIRS

ANNUAL PLAN

Outstanding issues concerning the surgical residents have since been resolved and the Annual Plan for 2012-2013 has been approved. A copy is attached. Interviews are ongoing for the new Division Director positions in Nephrology and Gastroenterology.

On 12/14/11, Governor Cuomo and SUNY Chancellor Zimpher came to Buffalo to announce the approval of UB's NYSUNY 2020 challenge grant application. As you may recall, in May 2011, the Governor and Chancellor established this initiative to enable UB and the other three SUNY University Centers to propose projects that strengthen our academic programs and support economic vitality in our communities. Later that month, UB presented its proposal in response to this challenge grant. Our proposal focused on UB's plan for implementing the next phase of UB 2020 by building our faculty across the disciplines, and by relocating the medical school downtown, where it will be more closely aligned with key health sciences and research partners in Buffalo's medical corridor.

PROFESSIONAL STEERING COMMITTEE

Meeting was held 12/12/11 and a verbal report was provided.

MEDICAL STAFF AFFAIRS

Provided via report by Sue Ksiazek.

CLINICAL ISSUES

UTILIZATION REVIEW	September	October	November	YTD vs.2010
Discharges	897	909	915	up 5.0%
Observation	127	110	97	down 9.6%
LOS	6.6	6.5	7.4	up0.1%
CMI	2.02	2.03	1.97	down 7.5%
Surgical Cases	780	796	835	up7.5%
Readmissions (30d)	11.0%	12.6%		

CHRONIC HEMODIALYSIS UNIT

This unit located in the new building started operations on Monday 12/12/11. The official ribbon cutting ceremony took place on 12/9/11 and the Unit was visited by The State Commissioner of health on 12/13. The project was completed 3 weeks ahead of schedule permitting the transfer of all remaining patients at the BGH Unit by 12/16/11. That unit was scheduled to close 12/31/11.

PATIENT SAFETY

The ECRI Institute , a non-profit organization that researches the best approaches to safety, quality and cost-effectiveness of patient care, recently announced its Top Ten Health Technology Hazards for 2012:

1. Alarm hazards
2. Radiation exposure from radiation therapy and CT
3. Medication errors in infusion pumps
4. Cross-contamination from flexible endoscopes
5. Failure to manage changes in device connectivity with IT
6. Enteral feeding misconnections
7. Surgical fires
8. Needlesticks
9. 9. Incomplete pre-inspection of anesthesia equipment
10. Poor usability of home devices

MEDICARE TO PAY FOR OBESITY COUNSELING.

[USA Today](#) (11/30) reports that yesterday, the Centers for Medicare and Medicaid Services (CMS) [announced](#) that Medicare "will pay for screenings and preventive services to help recipients curb obesity and the medical ailments associated with it, primarily heart disease, strokes and diabetes." Specifically, the new "benefits will include face-to-face counseling every week for one month,

then one counseling appointment every other week for the following five months for people who screen positive for obesity."

Those who lose at least 6.6 pounds during the first six months will be eligible for once-a-month visits for another six months. The obesity service will be added to other preventive services offered without cost sharing under the health care law.

VII. ASSOCIATE MEDICAL DIRECTOR REPORT - Dietrich Jehle, M.D.

CLINICAL ISSUES

Clinical Documentation Initiative

The physician response rate has remained high - 96% this past month - agreement rate of 87%.

Pharmacy

Pharmacy has been working with the renal service to reduce drug costs. We anticipate annual saving in the range of \$430,000.

Throughput

With the recent increases in acute service patient admissions (up 12 % to date for Dec) we have opened 12-5 (6 beds in old vascular access center) intermittently and utilized the 12 bed CCU. We have initiated medical director rounds on several services to help identify issues that are contributing to excessive LOS. The performance for the OR first case on time starts has gone from 26% to close to 70% of cases; OR cancellation rate dropped from 12% to 3% with prior day calls.

Hospital Noise

We are working to make the hospital less noisy. We are addressing overhead pages and the fire alarm pages to see how they can be modified. Patient alarms and floor noise are also being addressed. Although the sample size is small for the 4th quarter - 27 surveys - we have moved to the 52nd percentile for the 4th quarter from the 1st percentile (worst - 92 surveys) in the 3rd quarter.

Transfer Center

We will start marketing the transfer center information to outlying hospitals – cards available soon.

CLINICAL INFORMATICS

New Initiatives

The medical directors have undergone “Crimson” training and are rolling this out to the clinical chiefs.

PERFORMANCE IMPROVEMENT

The Board PI meeting has been restructured to incorporate hospital QI so that all clinical and support departments report twice annually to this body. A summary of the Dec 13th Board PI meeting will be provided in executive session during the QI part of the meeting. We will also present issues identified through Quantros and the HOT Team.

VIII. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek

A. BYLAWS REVISION – The Board of Directors at their December meeting approved the revisions to the Bylaws. We will be printing copies for the members of the Medical Executive Committee and an electronic version will be available on the Medical Dental Staff webpage for the rest of the members of the staff.

B. CRIMSON – This tool is much more useful for clinical departments to identify areas of quality to improve but is less useful for FPPE.

C. JOINT COMMISSION – Pursuant to a recent webinar it appears one of their focuses is going to be on radiation and radiation safety and therefore, attention will be paid to our compliance to the measure.

D. BRAIN DEATH DETERMINATION – There are new standards in this arena. The policy will be revised accordingly and staff education on the new standard will follow.

E. AUDITS – Recent audits of medical staff records were very successful and records were found in proper order.

IX. LIFELINE FOUNDATION – Thomas Quatroche

A. Written report received and filed.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS	EXTRACTIONS/ ADDENDUMS
A.	MINUTES OF THE Previous MEC Meeting: November 21, 2011	Received and Filed	
a.	CREDENTIALS COMMITTEE: Minutes of December 6, 2011	Received and Filed	
	- Resignations	Reviewed & Approved	Extraction: Kathleen Barone, NP
	- Appointments	Reviewed & Approved	
	- Reappointments	Reviewed & Approved	
	- Dual Reappointment Applications	Reviewed & Approved	
	- Provisional to Permanent Appointments	Reviewed & Approved	

	MEETING MINUTES/MOTIONS	ACTION ITEMS	EXTRACTIONS/ ADDENDUMS
	-		
a.	HIM Committee		
	1. Wound Care Outpatient – Discharge Note	Reviewed & Approved	
	2. Hyperbaric Oxygen Therapy Treatment Record	Reviewed & Approved	
	3. Wound Care Outpatient – Home Care Instructions	Reviewed & Approved	
	4. Hyperbaric Oxygen Therapy Physician Orders	Reviewed & Approved	
	5. Interdisciplinary Care Patient Summary	Reviewed & Approved	
	6. Wound Care Outpatient – Nursing Assessment and Treatment	Reviewed & Approved	
	7. Wound Care Outpatient Physician Orders/Patient Instructions	Reviewed & Approved	
	8. Wound Care Outpatient Risk Assessment	Reviewed & Approved	
	9. Wound Care Outpatient – Palliative Care Designation Form	Reviewed & Approved	
	10. Wound Care Outpatient – Patient Inquiry/Intake Data	Reviewed & Approved	
	11. Wound Care Outpatient – Physician Progress/Procedure Note	Reviewed & Approved	
	12. Wound Care Outpatient Physician Orders	Reviewed & Approved	
	13. Wound Care Outpatient – Wound Profile	Reviewed & Approved	
	14. Kidney/Pancreas Transplant Post Operative Orders	Reviewed & Approved	Addendum
	15. Kidney Transplant Post Operative Orders	Reviewed & Approved	Addendum
	16. Kidney Transplant Living Donor Recipient Admission Orders	Reviewed & Approved	Addendum
	17. Kidney Transplant Cadaveric Recipient Admission Orders	Reviewed & Approved	Addendum
	18. Transplant Services Immunosuppression Infusion Orders	Reviewed & Approved	Addendum
b.	P & T COMMITTEE – Minutes of Meeting December 7, 2011	Received and Filed	
	1. Mohammed Mohiuddin, MD – new member representing Family Medicine	Reviewed & Approved	
	2. TI-43 Low Molecular Weight Heparin – approve revisions	Reviewed & Approved	
	3. TI-17 Dose Adjustment Based on Renal Function	Reviewed & Approved	
	4. Delete dalteparin from the Formulary when Order Forms are updated	Reviewed & Approved	

A. EXTRACTIONS (1) – Credentials Committee:

- a. Applicant Kathleen Barone, NP, retract her resignation and endorse her provisional to permanent staff appointment.

B. ADDENDUMS

- a. Items 14-18 under the HIM Committee were reviewed with some minor revision recommendations that were noted by submitter Randy Gerwitz and the forms modified as requested. Approved with noted revisions.

- C. MOTION:** Approve all items presented in the consent calendar for review and approval with extractions and addendums noted.

MOTION UNANIMOUSLY APPROVED.

D. NEW BUSINESS

The following policies were reviewed by the committee for approval. There being no further discussion, the following Motions were made to approve the policies submitted.

- A. **MOTION: Approve *Medication Over Objection Policy*.**
- B. **MOTION: Approve *HIV Testing and Counseling Policy*.**

MOTIONS UNANIMOUSLY APPROVED.

X. OLD BUSINESS

NONE

XI. NEW BUSINESS

NONE

XII. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:45 p.m.

Respectfully submitted,



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

NEW BUSINESS

OLD BUSINESS

Reading Material



**From the
Chief Executive Officer**

From the Business First:

http://www.bizjournals.com/buffalo/blog/morning_roundup/2012/01/state-oks-ecmc-3-health-projects.html

State OKs ECMC, 3 health projects

Business First by Tracey Drury, Buffalo Business First Reporter

Date: Friday, January 13, 2012, 6:50am EST



Tracey Drury

Buffalo Business First Reporter - *Business First*

[Email](#)

Four projects were approved this week by state regulators for hospital and health related projects in the region.

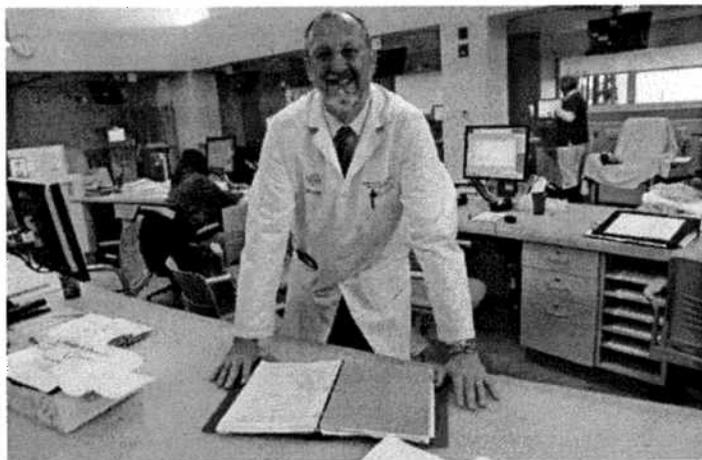
The state Department of Health okayed the following projects, some with contingencies:

- **Erie County Medical Center** was approved to relocate five extended observation beds from the Comprehensive Psychiatric Emergency Program in the hospital's emergency department to a vacant unit on the fourth floor. The project has a price tag of \$579,881.
- **Northwest Buffalo Community Health Care Center** received approval to certify podiatry services at its main site in Black Rock at 155 Lawn Ave.
- USRC Lake Plains Inc. received contingent approval to take ownership of two chronic dialysis diagnostic and treatment centers from **Medina Memorial Hospital** at extension clinics on West Center Street Extension. USRC Lake Plains is affiliated with **U.S. Renal Care**, a Texas-based dialysis services company.
- WNY Medical Management LLC received contingent approval to open a diagnostic and treatment center/single specialty ambulatory surgery center specializing in pain management procedures at 700 Michigan Ave. in Buffalo. Cost is estimated at \$405,000.

All applications were processed through the certificate-of-need system, with projects approved after administrative review.

Covers health/medical, nonprofits and insurance

BuffaloNews.com



Dr. Brian Murray, program director of the new kidney transplant center at ECMC, stands in the recently completed dialysis unit.
Sharon Cantillon / Buffalo News

New kidney center hopes to attract living donors

By **Henry L. Davis**

Published: December 27, 2011, 1:09 AM

1 Comment

[Tweet](#)

Updated: December 27, 2011, 2:11 PM

The merger of Buffalo's two kidney transplant centers will immediately make the combined program the busiest in upstate New York.

A new \$27 million Regional Center of Excellence in Transplantation and Kidney Care at Erie County Medical Center is opening in stages, combining the programs at ECMC and Kaleida Health.

The latest milestone recently occurred with the completion of a modern building to house expanded services for patients on dialysis.

Physician leaders say the merged center will enjoy a rare opportunity to build a transplant program that can attract more living organ donors and, as a result, increase the number of kidney transplants, expand research and bring together a large enough team to do more kidney-pancreas transplants.

"We have a chance to develop a robust and big program," said Dr. Mark Laftavi, who is expected to serve as surgical director of the program.

The Buffalo General kidney transplant center has been the busier of the two in recent years, performing 57 cases in 2010, while ECMC did 33, according to the Organ Procurement and Transplant Network. Officials estimate the combined program can grow to handle 150 to 200 transplants a year.

Strong Memorial Hospital in Rochester, by comparison, did 80 kidney transplants in 2010, and New York-Presbyterian Hospital/Columbia University Medical Center in Manhattan, the busiest program in the state, did 233.

The modest size of the programs here hurt their ability to mount research programs that could obtain much private or public funding, or participate in multicenter trials of new drugs and techniques, according to officials. Research into antirejection medications can improve the quality and reputation of a transplant center.

The smallness of the programs also held back efforts to identify potential living donors and expand services to other organ transplants, they said. This is important because kidney transplant success rates with deceased donors generally are lower than those with living donors, and there is a limited supply of organs from deceased donors.

Laftavi envisions creating a center for transplant immunology to study better ways to prevent rejection of organs.

"We have good researchers in Buffalo at the hospitals, at the University at Buffalo, at Roswell Park Cancer Institute, but they are not connected well. We need to collaborate," said Laftavi, currently chief of transplant services at Kaleida Health's Buffalo General Hospital.

Only about one-third of kidney transplants in Buffalo in recent years have come from living donors. That's considerably less than many of the busier transplant centers in the nation.

"This is too low, and we have to improve it," Laftavi said. "We need to build a culture in the program of using live donors."

Dr. Brian Murray, who will serve as overall program director of the center, said the combined center will have the manpower and a more streamlined process to more thoroughly investigate more potential living donors, including those who in the past might have been rejected.

In addition, he said, it's hoped the new center will attract patients from throughout the region, who went elsewhere for transplants in the past.

The transplant center is considered the first significant combination of medical services since ECMC and Kaleida Health agreed to collaborate in 2008 under the Great Lakes Health System parent organization.

A merger of the programs, an idea advocated for many years, would be complex under any circumstances. The hospitals operated with two separate administrative and medical transplant staffs, as well as different unions representing nurses and other workers. To make matters even more challenging, the relationship between the transplant centers had

been marked by aggressive competition.

The effort required compromises, officials said.

A search is under way to recruit a physician to serve as vice president of transplant services at the medical center. Dr. Oleh Pankewycz, administrative chief and medical director of the Kaleida Health kidney transplant program, is expected to work as medical director of the combined center.

In a rare break from usual policy, a committee representing ECMC's medical staff granted Laftavi an exemption from a requirement that the hospital's physicians be board-certified, meaning the doctor has special training in a particular field and passed an exam to prove knowledge of it. Most international medical graduates need to complete some required training in this country before they are able to take a particular specialty board's exam.

Laftavi, who did much of his medical training in France and Iran, received the exemption based on his training abroad and past experience.

Dr. George Blessios, who headed transplantation at ECMC, will focus on a vascular access program that specializes in care of the site on the body where blood is removed and returned during dialysis, Murray said.

Buffalo's two programs do only a handful, if any, of kidney-pancreas or pancreas-only transplants each year, a situation that Laftavi and Murray said they hope to correct.

"You need more people, so that one team of surgeons and others can harvest the donor organ and another group can perform the kidney-pancreas transplant," Laftavi said.

In addition, Murray noted that post-operative management of kidney-pancreas transplant recipients is more complex. With the addition at ECMC by the spring of an inpatient unit dedicated to transplant patients, the center will be better positioned to handle more complicated cases, he said.

Longer term, officials express optimism that the combined program can grow enough to transplant other organs, such as the liver or, if it proves successful in studies, perform islet transplantation. Islet transplantation is an experimental but promising treatment for patients with type 1 diabetes that relies on insulin-secreting cells from deceased organ donors.

"Expansion into other organs would be a costly proposition and would have to make sense for the state to approve. We would have to show there's a need," said Murray, noting that liver transplants are currently available in Rochester.

"It's something we can consider in the future. Our goal, for now, is to concentrate on creating a great kidney-pancreas program," he said.

Patients involved in the transplant community praised the merger.

"I'm relieved that finally we'll have one excellent program with the potential for growth," said Patti Merritt, a kidney transplant recipient and one of the founders of the Western New York Kidney Connection, which, through its website -- www.wnykidneyconnection.org -- helps people who need kidney transplants find others willing to donate an organ.

Kidneys clean the body's blood of harmful wastes. When people with diabetes experience kidney failure, they must undergo a kidney transplant or dialysis, a procedure that performs the function of the kidneys.

The ECMC and Kaleida Health programs have comparable recent survival data. Quality is measured by whether the transplanted organ is functioning after one and three years, and whether the patient is alive after one and three years.

The most recent patient survival rates show Buffalo General at 95.8 percent after one year and 92.7 percent after three years, and ECMC at 95.2 percent after one year and 88.7 percent after three years, according to the Scientific Registry of Transplant Recipients.

The national average is 96.8 percent for one year and 91.9 percent for three years.

hdavis@buffnews.com

Comments

SORT: NEWEST FIRST | OLDEST FIRST

How about more and better primary care facilities so people don't need kidney transplants in the first place, huh?

ROBERT GALBRAITH, BUFFALO, NY on Thu Dec 29, 2011 at 07:57 PM

FLAG AS INAPPROPRIATE

Add your comment

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HEALTH-CARE SYSTEMS

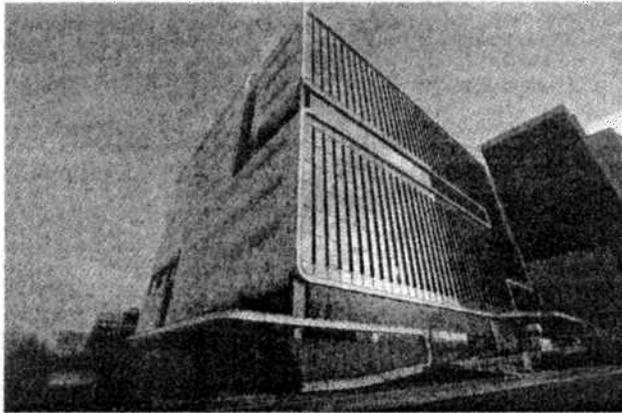
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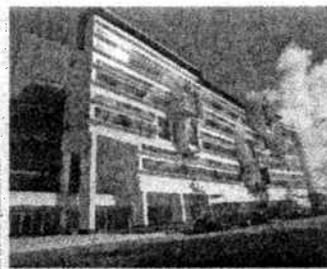
JANUARY 26 - 28, 2012 | BUFFALO BUSINESS FIRST

17

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Hospitals are undergoing major changes, including (clockwise from left) Buffalo General Hospital's adjacent emergency department in the new clinical care and research building; Roswell Park Cancer Institute's plans for a new clinical care building; and Catholic Health's Mercy Hospital, which completed an emergency department renovation last year.



Health-care systems are positioning themselves for federal reform



Ready for action

BY TRACEY DORRY | tdorry@bzjournals.com | 716-541-1609

Ask anyone working in health care and you'll hear a similar story about tight budgets, declining reimbursements and uncertainty about reimbursements.

Those challenges come in the face of continued investments in bricks and mortar, as well as back-office technology and other infrastructure designed to help prepare hospitals and health systems for changes related to federal health reform.

Collaboration continues to be the antidote for hospitals and health systems in the region. While some collaborations in recent years have been forced by state mandates, many efforts under way seem instead to be led by institutions eager for any change that allows continued services and cost savings.

"As we look down the road to see what's

going on in health care, the one theme I see over and over again is collaboration," says Sheila Kee, chief operating officer of Niagara Falls Memorial Medical Center. "It seems like such an obvious thing, but it really is new and different in the health-care arena."

For Niagara Falls Memorial, that meant joining forces with Kaleida Health to enhance access to cardiac catheterization programs. The plan failed to receive approval at the state level but nonetheless was representative of a willingness to do more together to create better access to care and greater cost efficiencies.

Other efforts involved opening a primary-care center to fill a need in the city and work-

ing with Horizon Health to provide addiction services on-site. It is now working with more than a dozen other providers to pursue a health home designation from the state aimed at providing more holistic, comprehensive services. That's especially for individuals with chronic conditions, which account for the greatest expenditures in health care.

"We're talking about how to redesign our systems to ensure we have strong linkages with community organizations," Kee says. "We're all working together in unison for the first time for the benefit of clients with very complex, normally morbid conditions."

At United Memorial Medical Center in Batavia, such efforts have meant partnering with

Health Systems in WNY:

Catholic Health System: This system was created through the merger in 1998 of four hospitals. Today, the system includes Mercy Hospital, Kenmore Mercy Hospital, Sisters of Charity Hospital and the St. Joseph Campus of Sisters, which transitioned from a stand-alone hospital site in 2010.

Eastern Niagara Health System: This system was created by the full-asset merger in 2007 of Lockport Memorial Hospital with Inter-Community Memorial Hospital, after a mandate by the state's Commission on Health Care Facilities for the 21st Century, also known as the Berger Commission.

Great Lakes Health System: Created in 2006, another mandate of the Berger Commission. The system includes Erie County Medical Center along with the Kaleida Health System, which itself was formed in 1998 after a merger among five hospitals in two counties: Buffalo General Hospital, Women & Children's Hospital of Buffalo, DeGraff Memorial Hospital, Millard Fillmore Suburban Hospital, and Millard Fillmore Gates Circle Hospital, slated to close in 2012.

Lake Erie Regional Health System: Created in 2008 based on a Berger mandate, the system includes Brooks Memorial Hospital and the two hospitals that make up the TLC Health Network: Tri-County Memorial Hospital and Lake Shore Health Care Center. Tri-County has been closed since a major flood in summer 2009.

St. Vincent Health System: Westfield Memorial Hospital is the only Western New York hospital in this Erie, Pa.-based system, which also includes St. Vincent Health Center in Erie. The hospitals have been linked for more than 10 years.

Upper Allegheny Health System: Under this arrangement, Olean General Hospital is governed by a board that also oversees Bradford Regional Health System over the border in Bradford, Pa. The system was formed in 2009.

See HOSPITALS | 18

HOSPITALS: More collaboration, new programs

FROM PAGE 17

Keuka College in the Finger Lakes to bring educational programming on-campus for nurses. Also, looking to established medical practices and bringing an OB-GYN practice in-house to enhance its labor and delivery services, says Mark Schoell, hospital president. It looked to physicians on staff as it worked to build an urgent-care center in LeRoy, with a second facility expected to open in Batavia this spring.

This year will see even more collaboration, with United Memorial working with the University of Rochester to develop a formal pain-management program; expanding a relationship to become a regional center with the Lake Erie College of Osteopathic Medicine; and developing an application for a family practice residency program for 2013.

"We're hoping to attract students who will stay a year or so," Schoell says. "We're optimistic it will work out."

The hospital is also partnering with other providers in the region, including a physician-recruitment effort with Rochester General Hospital and development of a cardiology program in the region with help from Mercy Hospital in Buffalo.

Joe McDonald, CEO of Catholic Health, says the idea is to keep things going and get ahead of the game. Collaborations help.

"We're constantly looking at where we can put strengths on strengths," he says. "Other practices and groups look at health reform of the future and see how they can be successful. They're looking to see if there's an opportunity to

snuggle up with another system."

Catholic Health has worked with the Community Health Center of Buffalo at its new facility in the former St. Joseph Home on Buffalo's East Side to provide diagnostic and lab services. The organization also has relationships with Mount St. Mary's Hospital and Health Center and Bertrand Chaffee Hospital, and has made presentations at others to find ways to work together that help both institutions. That includes other non-hospital providers, such as free-standing diagnostic centers and providers of services to people with developmental disabilities.

Such efforts help all organizations involved remain efficient, while keeping access to care available and meeting changing federal requirements.

"We are committed to leading in health reform in our community. We believe that's our responsibility," McDonald says. "We're helping our community adapt to new systems of health care, but you can only do it within the regulations of the state of New York and federal."

Toward that goal, Catholic Health also is continuing to develop its EMR systems, even as the federal government slows down its deadlines in response to requests from health systems across the country. Those efforts follow bricks-and-mortar projects such as a new emergency department at Kenmore Mercy Hospital and a redesign of its Mercy Ambulatory Care Center in Orchard Park, where an emergency room renovation is planned.

But the organization is continuing to explore the best way to streamline operations, a process that could include merging



McDonald

SEE PAGE 21

WNY hospitals, health systems

Starting here and continuing through Page 23 is a compilation of 29 Western New York hospitals and data on their parent companies. All footnotes can be found on Page 24. All data are from 2010, the most recent year for which complete information is available.

Bertrand Chaffee Hospital

System: Independent
 224 E. Main St.
 Springville, NY 14141
 592-2871
 chaffeehospitalandhome.com
 CEO: Nils Gunnerson
 Licensed beds: 24
 Revenues: \$12,617,406
 Expenses: \$13,048,724
 County market share: 0.4
 Inpatient discharges: 1,036
 Employees: 272

101 High St.
 Buffalo, NY 14203
 857-5600
 kaleid@kaleid.com
 CEO: Lawrence Zivinski
 Licensed beds: 461
 Revenues: NA
 Expenses: NA
 County market share: 14.1
 Inpatient discharges: 18,142
 Employees: 2,702

Expenses: \$12,440,530
 County market share: 0.6
 Inpatient discharges: 48
 Employees: 299

DeGraff Memorial Hospital

System: Kaleida/Great Lakes
 443 Trenton St.
 North Tonawanda, NY 14120
 694-4500
 kaleid@kaleid.com
 CEO: Anthony Zim
 Licensed beds: 70
 Revenues: NA
 Expenses: NA
 County market share: 13.7
 Inpatient discharges: 2,937
 Employees: 602

Brooks Memorial Hospital

System: Lake Erie Regional Health
 529 Central Ave.
 Dunkirk, NY 14046
 366-1111
 brookshospital.org
 CEO: Jonathan Lawrence
 Licensed beds: 65
 Revenues: \$42,414,367
 Expenses: \$40,960,222
 County market share: 25.0
 Inpatient discharges: 3,387
 Employees: 538

Catholic Health System

System: Parent
 2157 Main St.
 Buffalo, NY 14214
 878-2750
 chsbuffalo.org
 CEO: Joseph McDonaki
 Licensed beds: 550
 Revenues: \$93,068,094
 Expenses: \$93,068,094
 County market share: NA
 Inpatient discharges: NA
 Employees: 1,307

Eastern Niagara Health System

System: Parent
 521 East Ave.
 Lockport, NY 14092
 514-5502
 enhs.org
 CEO: Clare Haar
 Licensed beds: 205
 Revenues: \$63,497,522
 Expenses: \$63,105,901
 County market share: NA
 Inpatient discharges: NA
 Employees: 906

Buffalo General Hospital

System: Kaleida/Great Lakes

Cuba Memorial Hospital

System: Independent
 140 W. Main St.
 Cuba, NY 14227
 582-968-2000
 cubamemorialhospital.com
 CEO: Andrew Boser III
 Licensed beds: 6
 Revenues: \$12,079,201

SEE PAGE 22



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SERVICES: Seeking new health-care efficiencies

FROM PAGE 18

its 48 separate corporations - including hospitals, nursing homes and other programs - into one entity.

"We're going through a major re-look in 2012 to see if there's a better way of reordering the way we're corporately governed," he says.

The region's other major provider, Kaleida Health, says it is also looking at how best to offer services moving forward, through a combination of new and scaled-back services. Kaleida will open its new vascular center this spring, while continuing work on a new ambulatory surgery center for Women & Children's Hospital.



Kaskie

But it's also likely 2012 could see more closings or scaled-back services at other sites, says CEO James Kaskie, such as the closing last year of Waterfront Health Care Center and the Judge Joseph S. Martina Community Health Center on Buffalo's East Side.

"We accept and embrace the need to interrupt the cost curve and are working very hard to consolidate services, rationalize programs and compress the organization relative to layers," he says.

The focus this year will be on how best to integrate Millard Fillmore Gates Circle Hospital with Buffalo General, creating a comprehensive medical center with heart, orthopedics, vascular and neurosciences programs. Later in the year, Kaleida will complete its planning process for relocating the entire Women & Children's Hospital to the Buffalo Niagara Medical Campus, while pursuing additional partnerships with Erie County Medical Center and the Center for Hospice & Palliative Care.

It's also possible that new partnerships could emerge this year, like the one that resulted in Hospice joining Kaleida and Erie County Medical Center as an affiliate under the Great Lakes Health umbrella. That includes physician groups and other providers of services.

"It's a strong possibility," Kaskie says. "We've got a number of different ideas of how we want to look to restructure the delivery of different kinds of care. And I think we'll be very aggressive about that in 2012."

ECMC, meanwhile, is looking at how to create additional business in 2012 to help make up for cuts in funding. That includes the new kidney and transplant center adjacent to the hospital; an enhanced orthopedics department; and plans for a primary-care center on campus in a building previously occupied by the Community Health Center of Buffalo.

"We've been responding and have been creative in the development of other service lines, trying to remodel and transform the organization," says Jody Lomeo, CEO. "The problem is we continue every single year to get cut multi-millions of dollars."

"My philosophy has been and will continue to be that we have to grow our way out of this," Lomeo says.

Later this year, the organization expects to open its new 390-bed, long-term-care site on the campus, replacing the Erie County Home in Alden and a program inside the hospital. Other changes this year will likely include reductions in some specialty clinics where it looks like other providers can do a better job. But ECMC will continue to create partnerships with groups such as WNY Breast Health for a mobile breast cancer-screening effort; and HealthLink



Lomeo

and the University at Buffalo Department of Family Medicine, which are working together to create a family-centered medical home funded in part by state funds.

"All of these things we're doing are kind of hitting. We're knocking on wood, hoping that they're bearing fruit and we're changing the way we do business," Lomeo says. "What you have to do is be creative. You have to be willing to collaborate and you have to redefine how you do your business."

Although it is independent of any health system in Western New York, Mount St. Mary's Hospital benefits from its affiliation with Ascension Health, a national Catholic health ministry sponsored by the Daughters of Charity and Sisters of St. Joseph. Those affiliations also connect it closely to the region's Catholic Health system.

Last year, the hospital spent \$5 million on facility enhancements. Now it has begun a \$2.4 million electronic medical records (EMR) project aimed at linking the hospital and its extension sites, while helping the hospital meet federal health reform mandates. The new year will bring a full-blown community-needs assessment to determine how best to serve the community, says Judith Maness, president.

"We're doing some work strategizing on what our point of view on the external environment will be so we can be positioned to manage through the change coming from health-care reform," she says.

"As we move from more of inpatient focus to an ambulatory focus, that's making sure we have the right resources deployed in the right locations. That's easier to say, but harder to do."

A joint project offering online care with BlueCross BlueShield of WNY will see a full launch in 2012, as well. The organiza-

tion also is working closely with the Health Association of Niagara County Inc. on its senior-care program.

At the same time, Mount St. Mary's is reorganizing its women's services practice, expanding it beyond just labor and delivery with a renovation to put all women's services on the same floor.

"We really are trying to figure out how to reconfigure ourselves and cost structures so we can meet the needs and be sustainable," Maness says.

Tim Finan is looking to continued collaboration within the Upper Allegheny Health System as the way to keep Olean General Hospital running more efficiently. Finan, CEO of both, says the system now has a common IT platform, allowing consolidation between the finance and business departments at Olean and its sister, Bradford Regional Medical Center over the

See COOPERATION | 23



Barbara Brackelridge
Community Relations Director
Northeast Kidney Foundation
Kidney Transplant Recipient
ECMC | 2005

"The hospital was clean and comforting, and the staff went out of their way to make it feel like home."



Jody Dando
President
Rish, Bostwick Operations
Kidney Transplant Recipient
ECMC | 2007

"You want the best team on your side. That's what I found at ECMC."



Russell Behrens
Owner
Russell Stank, Chops and More
Orthopedic Patient
ECMC | 2011

"Great service comes from people who truly care. That's what I found at ECMC."



Rosemary Lawley
Williamsville, NY
Cardiac Care Patient
ECMC | 2006

"When I needed a pacemaker, I discovered one of the best hospitals in Buffalo."

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COOPERATION: Savings and better care models

FROM PAGE 21

border in Pennsylvania.

"We're building a pretty pronounced infrastructure that is absolutely a prerequisite for success," he says.

Bradford Regional is developing a new outpatient center in Kean County, while Olean is developing primary-care and dental services in Delevan, due to open by April. The hospital hopes to have its new ambulatory surgery center open by May or June, as well as a cardiac catheterization lab on the Olean campus in conjunction with Kaleida. Additionally, the organization is developing an administrative support center to house billing, patient accounting, finance and medical records in Limestone.

November was the second anniversary of the integration of Olean and Bradford, a two-year period that has seen more than \$5

million in savings resulting from consolidated services for administration, purchasing, IT and other services. With government reimbursements for Medicare and Medicaid typically coming in at about 60 percent to 65 percent of revenues, those saved dollars are vital, Finan says.

"Those government programs have flat-lined in terms of increase, so I think we're better able to cope with that reality by virtue of the fact we're integrated with another hospital and have been so successful in taking operating costs out of the system," he says.

"We're gearing up for kind of the reality of health-care reform," Finan says. "Hospitals' investments are moving away from technology, bricks and mortar and into developing the systems necessary to connect with physicians and provide better care across the continuum."

WNY hospitals, health systems, cont'd

Sheehan Memorial Health System

System: Sheehan Health Network

425 Michigan Ave.
Buffalo, NY 14203
848-2000
sheehan.com
CEO: Mary Kargbo
Licensed beds: 50
Revenues: \$7,955,515
Expenses: \$12,089,595
County market share: 1.0
Inpatient discharges: 1,322
Employees: 218

Sisters of Charity - St. Joseph Campus

System: Catholic Health System

515 Abbott Road
Buffalo, NY 14220
862-1000
chsbuffalo.org
CEO: Peter Bergmann
Licensed beds: 123
Revenues: NA
Expenses: NA
County market share: 4.3
Inpatient discharges: 5,468
Employees: NA

Sisters of Charity Hospital

System: Catholic Health System

2137 Main St.
Buffalo, NY 14202
862-1000
chsbuffalo.org
CEO: Peter Bergmann
Licensed beds: 290
Revenues: \$299,350,211
Expenses: \$289,522,619
County market share: 11.2
Inpatient discharges: 14,599
Employees: 2,755

TLC Health Network - Lake Shore

System: TLC/Lake Erie Regional Health

12644 Seneca Road
Invoia, NY 14081
951-7000
tlchealth.org
CEO: Jonathan Lawrence
Licensed beds: 45

Revenues: \$50,852,150
Expenses: \$48,351,903
County market share: 17.1
Inpatient discharges: 7,266
Employees: 905

United Memorial Medical Center

System: Independent

127 North St.
Batavia, NY 14020
585-343-6000
ummc.org
CEO: Mark Schoell
Licensed beds: 131
Revenues: \$76,404,973
Expenses: \$70,783,660
County market share: 100.0
Inpatient discharges: 5,239
Employees: 858

Upper Allegheny Health System

System: Parent

515 Main St.
Olean, NY 14760
373-2600
uah.org
CEO: Tim Finan
Licensed beds: 306
Revenues: NA
Expenses: NA
County market share: NA
Inpatient discharges: NA
Employees: NA

VA WNY Healthcare System at Buffalo

System: VA WNY Healthcare System

3495 Bailey Ave.
Buffalo, NY 14202
834-9200
buffalo.va.gov
CEO: William Feeley
Licensed beds: 123
Revenues: \$289,257,009
Expenses: \$289,257,009
County market share: NA
Inpatient discharges: NA
Employees: 1,795

WCA Hospital

System: Independent

207 Foote Ave.
Jamestown, NY 14702
487-0141
wcahospital.org
CEO: Betsy Wright

Licensed beds: 254
Revenues: \$93,873,144
Expenses: \$91,108,949
County market share: 56.7
Inpatient discharges: 7,656
Employees: 1,300

Westfield Memorial Hospital

System: St. Vincent Health System

189 E. Main St.
Westfield, NY 14787
326-4921
wvnh.org
CEO: Scott Whalen
Licensed beds: 4
Revenues: \$7,708,143
Expenses: \$9,627,680
County market share: 1.2
Inpatient discharges: 179
Employees: 131

Women & Children's Hospital of Buffalo

System: Kaleida/Great Lakes

219 Bryant St.
Buffalo, NY 14222
578-7600
kaleidabuffalo.org
CEO: Cheryl Klass
Licensed beds: 200
Revenues: NA
Expenses: NA
County market share: 11.0
Inpatient discharges: 14,291
Employees: 1,770

Wyoming County Community Health System

System: Wyoming County Community Health System

400 N. Main St.
Warsaw, NY 14569
585-786-2233
wccs.net
CEO: Leon Kuczmarski
Licensed beds: 102
Revenues: \$44,689,975
Expenses: \$43,517,177
County market share: 100.0
Inpatient discharges: 2,818
Employees: 607

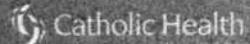
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Hospitals' priority: Prevent unnecessary re-admissions

Premium content from Business First by Tracey Drury, Buffalo Business First Reporter

Date: Friday, December 30, 2011, 6:00am EST

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As hospitals in the region prepare for 2012, some are studying how to cut costs while others are looking at collaborations to create better models of care. One thing is certain: They'll all need to make adjustments in order to adapt to changes in health reform.

First up: meeting mandates on preventing unnecessary re-admissions to prevent reduced reimbursements.

The re-admissions reduction program, which begins in 2012, is just one more challenge facing hospital administrators and comes on top of funding cuts from the state level. But administrators know this is the new reality in health care, thanks to the Patient Protection and Affordable Care Act.

Pointing to the "disastrous" federal landscape and continued revenue shortfalls at the state level, Kaleida Health, **Catholic Health System** and other industry leaders say they have no choice but to learn how to do more with less.

"I see the 2011 challenge, which is the fundamental economic landscape, continuing to be even more challenging in 2012," says Kaleida CEO [James Kaskie](#).

The company plans to expand services this year with the following: the opening of the Gates Vascular Institute and program modifications at Buffalo General Medical Center; expanded palliative care services through a partnership with Hospice Buffalo; and enhanced kidney and transplant services at a joint facility with the **University at Buffalo** and **Erie County Medical Center**.

But the organization also may close or scale back services at other sites, as it did in 2011 with a health center and long-term-care site on Buffalo's West Side.

"We've got a number of ideas on how we want to look to restructure the delivery of different kinds of care," Kaskie says. "As we go into 2012, this is a really bad economy – nationally, statewide and locally – and I don't see it getting good for a while."

Executives at the region's largest health systems agree that finding that balance – delivering high-quality programs while reducing costs – is the toughest challenge in the new year.

Catholic Health is working on changing how it does business. There's simply no choice, says CEO Joseph McDonald.

"We're trying to eliminate gaps of care. That's going to be heavy lifting for this entire country for the next 10 years. That really is part of the DNA of health reform," he says.

Catholic Health is working on building partnerships with other providers as it ramps up an application to the Centers for Medicaid and Medicare Services (CMS) to become one of the region's first Accountable Care Organizations.

The CMS-designated ACOs are groups of hospitals, physicians and other providers that work together to provide coordinated care for Medicare recipients. The goal is to prevent unnecessary duplication of services.

Already, McDonald says Catholic Health is working with Catholic Medical Partners and developing relationships with others to create a demonstration project to prepare for the ACO model.

"We have to be able to make sure we get the right care to the right patient at the right time and at the right cost," he says.

Other hospitals are developing clinical integration systems that allow physicians to share best practices while making sure physician practices can connect with hospital systems through electronic medical systems.

That's the case in Olean, where Upper Allegheny Health System is providing 50 percent subsidies toward the costs of software and support to its affiliated physician practices.

"Obviously, clinical connectivity is going to be a big issue," says Tim Finan, CEO of Upper Allegheny, which includes **Olean General Hospital** and **Bradford Regional Medical Center** in Pennsylvania. "All physicians need to use electronic medical records in meaningful use by 2015 or they begin to lose reimbursement."

Since the two hospitals came together under the Upper Allegheny umbrella two years ago, the system has seen more than \$5 million in savings through consolidation of administrative costs, operating efficiencies and purchasing costs. That's helping the hospitals better deal with reductions in Medicare and Medicaid reimbursements.

"That's been so crucial in taking operating costs out of system," Finan says.

The Niagara Region's major safety net hospital, **Niagara Falls Memorial Medical Center**, says it, too, is looking to provide a more holistic approach to care for patients, including non-health-related services.

This spring and summer, Niagara Falls Memorial hopes to become certified as a Health Home by the state, working with a range of community partners at its primary-care center to give patients more than a checkup.

"As we look down the road as to what's going on in health care, the one theme I see over and over again is collaboration," says Sheila Kee, vice president and chief operating officer. "The needs of a client with high emergency department utilization or admission rates really rest with holistic needs: Do they need housing, shelter, clothes? All of that has to be addressed."

The chief executive of ECMC, Jody Lomeo, expects it to continue to get squeezed in the new year. He says he has worked to remodel or transform the hospital to meet those challenges.

That means re-examining service lines with an eye toward cutting programs that no longer work while enhancing those that do, including some that bring in additional revenue.

As one of the region's "safety net" hospitals, which see a disproportionate share of uninsured and underinsured patients, those challenges become all the worse.

Earlier this month, it opened the Renal Center of Excellence on the ECMC campus with Kaleida and UB.

ECMC also is starting to build primary-care services through a partnership with UB's Department of Family Medicine.

"We're changing the way we do business," Lomeo says. "What you have to do is be creative. You have to be willing to collaborate and redefine how you do business."

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