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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.

~ Regular Meeting ~



ERIE COUNTY MEDICAL CENTER CORPORATION

Tuesday, April 24, 2012

4:30 P.M.
Staff Dining Room, 2nd Floor - ECMCC

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

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Mission

To provide every patient the highest quality of care delivered with compassion.

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

The difference between
healthcare and true care™





Core Values

ACCESS

All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

EXCELLENCE

Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

DIVERSITY

We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

FULFILLING POTENTIAL

We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

DIGNITY

Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

PRIVACY

We honor each person's right to privacy and confidentiality.

FAIRNESS and INTEGRITY

Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

COMMUNITY

In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

COLLABORATION

Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

COMPASSION

All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

STEWARDSHIP

We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.

The difference between
healthcare and true care™



AGENDA FOR THE
APRIL 2012 REGULAR BOARD MEETING
BOARD OF DIRECTORS

TUESDAY, APRIL 24, 2012

		<u>PAGES</u>
I.	CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR	
II.	APPROVAL OF MINUTES OF MARCH 27, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS	5-23
III.	RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON APRIL 24, 2012.	
IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
	EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. CHAIR	----
	BUILDINGS & GROUNDS: RICHARD F. BROX	25-29
	FINANCE COMMITTEE: MICHAEL A. SEAMAN	30-32
	QI PATIENT SAFETY COMMITTEE: MICHAEL A. SEAMAN	----
V.	REPORTS FROM SENIOR MANAGERS OF THE CORPORATION:	
	A. CHIEF EXECUTIVE OFFICER	34-38
	B. PRESIDENT & CHIEF OPERATING OFFICER	39-50
	C. CHIEF FINANCIAL OFFICER	51-58
	D. SR. VICE PRESIDENT OF OPERATIONS- RICHARD CLELAND	59-66
	E. SR. VICE PRESIDENT OF OPERATIONS – RONALD KRAWIEC	67-71
	F. CHIEF MEDICAL OFFICER	72-76
	G. ASSOCIATE MEDICAL DIRECTOR	77-78
	H. SENIOR VICE PRESIDENT OF NURSING	----
	I. VICE PRESIDENT OF HUMAN RESOURCES	79-81
	J. CHIEF INFORMATION OFFICER	82-83
	K. SR. VICE PRESIDENT OF MARKETING & PLANNING	84-85
	L. EXECUTIVE DIRECTOR, ECMCC LIFELINE FOUNDATION	86-87
VI.	REPORT OF THE MEDICAL/DENTAL STAFF MARCH 26, 2012	90-99
VII.	OLD BUSINESS	
VIII.	NEW BUSINESS	
IX.	INFORMATIONAL ITEMS	
X.	PRESENTATIONS	100-108
XI.	EXECUTIVE SESSION	
XII.	ADJOURN	

Minutes from the



Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE MARCH REGULAR MEETING
OF THE BOARD OF DIRECTORS

TUESDAY, MARCH 27, 2012

ECMCC STAFF DINING ROOM

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

I. CALL TO ORDER

Chair Kevin M. Hogan, Esq. called the meeting to order at 4:35 P.M.

II. APPROVAL OF MINUTES OF THE FEBRUARY 7, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.

Moved by Richard F. Brox and seconded Frank B. Mesiah to approve the minutes of the February 7, 2012 regular meeting of the Board of Directors as presented.

Motion approved unanimously.

APPROVAL OF MINUTES OF THE MARCH 6, 2012 SPECIAL MEETING OF THE BOARD OF DIRECTORS.

Moved by Kevin E. Cichocki, D.C. and seconded Anthony Iacono to approve the minutes of the March 6, 2012 special meeting of the Board of Directors as presented.

Motion approved unanimously.

III. ACTION ITEMS

A. Receiving and Filing the Corporation's Audit Report and Approving the Corporation's Annual Report

Moved by Anthony Iacono and seconded by Douglas H. Baker.

Motion approved with Mr. Malecki abstaining from the vote. Copy of resolution is attached.

B. Appointing Kevin M. Hogan, Esq. to Represent ECMCC on the Board of Trustees of Great Lakes Health

Moved by Frank B. Mesiah and seconded by Anthony Iacono

Motion approved unanimously. Copy of resolution is attached.

C. Approving the Restated Binding Agreement Between the Corporation, Kaleida Health and Great Lakes Health

Moved by Anthony M. Iacono and seconded by Richard F. Brox.

Motion approved unanimously. Copy of resolution is attached.

D. Approving Joseph A. Zizzi, M.D. as Board Member *Emeritus* in Recognition for His Years of Service to the Corporation

Moved by Sharon L. Hanson and seconded by Kevin E. Cichocki, D.C.

Motion approved unanimously. Copy of resolution is attached.

E. Approval Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments of March 6, 2012

Moved by Douglas Baker and seconded by Dietrich Jehle.

Motion approved unanimously. Copy of resolution is attached.

IV. BOARD COMMITTEE REPORTS

Moved by Michael Seaman 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. PRESENTATION BY JOHN FUDYMA, M.D.

QUALITY IMPROVEMENT COMMITTEE

Dr. Fudyma summarized the role of the following committees/ task groups that work through the Quality Improvement Committee: Response Team, Pathology Services, PSA Screening, Emergency Department, Throughput Initiative, Infection Control and Cardiology Outcomes. A copy of presentation is available upon request.

PRESENTATION BY DONNA BROWN

PATIENT SATISFACTION

Ms. Brown defined the Patient Experience Steering Committee as a multidisciplinary cross section of the hospital that includes Nursing, Physicians, Dietary, Human Resources, Environmental Services, Security, Medical/Dental Staff, Patient Advocacy, and Discharge Planning. The goal is to create an overall positive experience for the patient and their families. A copy of presentation is available upon request.

VI. **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's report is attached in the Board book for review.
- The opening of the Gates Vascular Institute was a great and proud moment for Buffalo and Western New York.
- ECMC closed on the asset purchase agreement with Dr. Zale Bernstein on March 12, 2012.

ERIE COUNTY MEDICAL CENTER CORPORATION

- It is with great sadness that Dr. Zale Bernstein passed away on March 21, 2012. He will be greatly missed by all.
- April Topic of the Month – Labor (Presented by Kathleen O’Hara.)
- It is with hope that a HEAL decision will be made shortly for Behavioral Health.
- Mr. Lomeo thanked Kevin Cichocki for his hard work as a board member to the GLH board. As he steps down, we welcome Kevin Hogan, Esq. as the newest board member to the GLH board.
- The Oshei Foundation gifted \$1.0 million to transplant services.

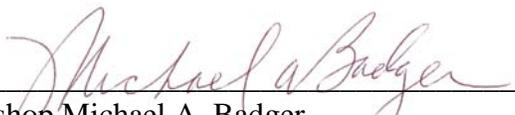
2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through February 2012 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows are attached in the Board Book for review.

Moved by Dietrich Jehle, M.D. and seconded by Frank Mesiah to receive and file the February 2012 reports as presented by the Corporation’s Management.

VII. ADJOURNMENT

Moved by Douglas Baker and seconded by Anthony Iacono to adjourn the Board of Directors meeting at 6:15 P.M.



Bishop Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution of the Corporation
Receiving and Filing the Corporation's Audit Report and
Approving the Corporation's Annual Report**

Approved March 27, 2012

WHEREAS, pursuant to section 3642 of the New York Public Authorities Law, the Corporation is obligated to complete an annual audit of its books and records by an independent public accountant and to submit to various public officers and bodies the detailed report required by section 2800 of the New York Public Authorities Law; and

WHEREAS, the Corporation has engaged the services of an independent public accountant to complete the annual audit required by law and has distributed the report of the independent public accountant to the members of the Corporation's Board of Directors; and

WHEREAS, the Corporation has prepared an annual report containing the detailed information set forth in section 3642 of the New York Public Authorities Law as well as the information required by other applicable laws and guidance provided by the New York Authorities Budget Office;

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

1. The 2011 audited financial statements and audit report from the Corporation's independent public accountant are received and filed.
2. The Corporation's annual report prepared in accordance with applicable law and guidance is approved in substantially the form as presented at the meeting of the Board of directors on March 27, 2012.
3. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution of the Corporation
Appointing Kevin M. Hogan, Esq. as a Representative
On the Great Lakes Health Board of Trustees**

Approved March 27, 2012

WHEREAS, the Corporation entered into a Binding Agreement with Kaleida Health and Great Lakes Health of WNY, Inc. to implement the intent of Western Region Recommendation Number 5 of the Commission on Healthcare Facilities in the 21st Century; and

WHEREAS, the Binding Agreement calls for the Corporation to appoint three (3) representatives to the governing body of Great Lakes Health, known as the Board of Trustees, and the Corporation recently appointed Kevin M. Hogan, Esq. as its Board chair and desires that Mr. Hogan become a representative of the Corporation on the Great Lakes Health Board of Trustees;

WHEREAS, Kevin E. Cichocki, D.C. has selflessly served as a representative of the Corporation on the Great Lakes Health Board of Trustees for many years and will now be retiring from the Great Lakes Health Board of Trustees;

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

1. Kevin M. Hogan, Esq. is duly appointed as a representative of the Corporation on the Board of Trustees of Great Lakes Health to serve until a successor is appointed or his death or resignation.
2. The Corporation accepts the retirement of Dr. Cichocki and gratefully acknowledges his many years of service to the Corporation in the capacity of board member and representative of the Corporation on the Board of Trustees of Great Lakes Health.
3. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution of the Corporation
Approving the Restated Binding Agreement**

Approved March 27, 2012

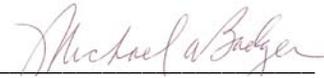
WHEREAS, the Corporation entered into a Binding Agreement with Kaleida Health and Great Lakes Health of WNY, Inc. to implement the intent of Western Region Recommendation Number 5 of the Commission on Healthcare Facilities in the 21st Century; and

WHEREAS, the Binding Agreement calls for the signatories to evaluate the efficacy of the agreement after three years and the parties to that agreement undertook an evaluation of the effectiveness of the covenants contained in the agreement; and

WHEREAS, the parties have worked together to restate the covenants in the agreement to more closely reflect their common intent and mutual promises and the Executive Committee and Governance Committee of the Corporation have both evaluated the new agreement and have voted to recommend to the Board of Directors that the Restated Binding Agreement be approved;

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

1. The Restated Binding Agreement is approved in substantially the form as presented to the Board of Directors on March 27, 2012.
2. The chair of the Board of Directors is authorized to execute the Restated Binding Agreement once it has been approved by all of the proposed signatories.
3. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**Resolution of the Corporation
Appointing Joseph A. Zizzi, Sr., M.D.
As a Board Member *Emeritus***

Approved March 27, 2012

WHEREAS, Joseph A. Zizzi, Sr., M.D. has served the Corporation in various capacities over the years; has dedicated his entire medical and professional career to the institution and to the care of our patients; and in fact, the institution has been reinvented and renamed twice during his tenure; and

WHEREAS, in 1963, Dr. Zizzi became a full-time attending physician at the then newly-built, E.J. Meyer Hospital; in 1969, he became Clinical Director of Cardiology; in 1978, the present Erie County Medical Center tower was completed and Dr. Zizzi became the Assistant Medical Director; from 1988 to 1991, Dr. Zizzi accepted a position as Deputy Medical Director and helped lead ECMC to receive its designation as Western New York's Regional Trauma and Burn centers; and for more than two decades thereafter, Dr. Zizzi has served as an active cardiologist and Clinical Director of Cardiology; and

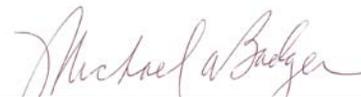
WHEREAS, Dr. Zizzi has served on the ECMC Board of Managers as well as the Corporation's Board of Directors for several decades and has held the leadership position of Administrator of ECMC and Interim Chief Executive Officer of the Corporation and has, as well, served as Chair of the Board of Directors of the Corporation; and

WHEREAS, during his tenure at ECMC and with the Corporation, Dr. Zizzi has never strayed from his principal commitment to put the patients served by the institution before all other priorities; and

WHEREAS, the Corporation owes Dr. Zizzi an incalculable debt for his work ethic, his guidance and the compassion he shared with patients, his colleagues and coworkers alike;

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

1. Joseph A. Zizzi, Sr., M.D. is hereby appointed "Board Member *Emeritus*" in honor of, and with gratitude for, his years of dedication to improving the health of Western New York.
2. This resolution shall take effect immediately.



Michael A. Badger
Corporation Secretary

CREREDENTIALS COMMITTEE MEETING
March 6, 2012

Committee Members Present:

Robert J. Schuder, MD, Chairman	Yogesh D. Bakhai, MD (ex officio)
Timothy G. DeZastro, MD	Brian M. Murray, MD (ex officio)
Andrew J. Stansberry, RPA-C	Philip D. Williams, DDS

Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey	Emilie Kreppel
Susan Ksiazek, R.Ph.	Elizabeth O'Connor

Members Not Present (Excused *):

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) *	

CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of February 7, 2012 were reviewed and accepted with one update. Madeline S. Tukov, ANP had rescinded her resignation shortly after the February Credentials Committee meeting. Her request to remain on staff was presented to the Medical Executive Committee via the consent calendar and approved.

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.

Resignations

7, 2012	Vani Singh, MD	Family Medicine	as of February
9, 2012	Kathleen Glass, ANP	Urology	as of January
2012	Kevin McGee, DO	Emergency Medicine	as of February 1, 2012
	Faraz Qureshi, MD	Psychiatry	as of February 6, 2012
	Benjamin S. Dunevitz, DC	Chiropractic	as of February 21,
27, 2012	Peter Holt, MD	Radiology/Teleradiology	as of February
2012	Leslie Manohar, MD	Orthopaedic Surgery	as of March 1,

CHANGE IN STAFF CATEGORY

Emergency Medicine

Heidi N. Suffoletto, MD Active Staff to Courtesy Staff, *Refer & Follow*

Internal Medicine

Michael Banas, MD Active Staff to Courtesy Staff, *Refer & Follow*

Richard J. Corbelli, MD Active Staff to Associate Staff

Oral & Maxillofacial Surgery

Robert A. Engl, DMD Active Staff to Courtesy Staff, *Refer & Follow*

Orthopaedic Surgery

Leon Ber, DPM Active Staff to Courtesy Staff, *Refer & Follow*

Rehabilitation Medicine

Carl V. Granger, MD Courtesy Staff, *Refer & Follow* to Emeritus

CHANGE IN DEPARTMENT

Vivian L. Lindfield, MD Surgery to **Plastic and Reconstructive**

Surgery

Sharon M. Galbo, FNP Internal Medicine to **Family**

Medicine

Collaborating MD: Dr. Antonia Redhead

Nancy C. Prospero, FNP Internal Medicine to **Family Medicine**

Collaborating MD: Dr. Antonia Redhead

Karen S. Konikoff, FNP Internal Medicine to **Family Medicine**

Collaborating MD: Dr. Antonia Redhead

CHANGE IN COLLABORATING / SUPERVISING ATTENDING

Family Medicine

Sharon M. Galbo, FNP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Antonia Redhead

Nancy C. Prospero, FNP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Antonia Redhead

Karen S. Konikoff, FNP Allied Health Professional (Nurse Practitioner)

Collaborating MD: Dr. Antonia Redhead

PRIVILEGE WITHDRAWALS

Internal Medicine

Christopher P. John, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Nancy Ebling

- Abdominal Paracentesis
- Arterial Catheter Insertion, Percutaneous
- Femoral Vein CVP Placement
- Pneumothorax Management, including emergency needle
- Tracheostomy Tube Replacement
- Ventilator Management

Privilege form annotated accordingly

PRIVILEGE ADDITION/REVISION

Family Medicine

Mark D. Fisher, MD Active Staff
 - ROUTINE Management of Substance Abuse and Chemical Dependence
 - Management of COMPLEX Substance Abuse and Chemical Dependence

Internal Medicine

Yahya Hashmi, MD Active Staff
 - Placement Arterial and Central Venous Lines*

**FPPE waived; per Chief of Service, this is further delineation of existing privileges*

Christopher P. John, RPA-C Allied Health Professional (Physician Assistant)

Supervising MD: Dr. Nancy Ebling

- Privileges requested for Cardiac Care Unit (CCU)

Arthur E. Orlick, MD Active Staff

- External Pacer Placement
 -Tilt Table Testing

**FPPE waived; per Chief of Service, this is further delineation of existing cardiology privileges*

Neurosurgery

Lee R. Guterman, MD Active Staff

- Decompression other peripheral nerve (Neuroplasty)*

FPPE waived; per Chief of Service, this is further delineation of existing privileges

Orthopaedic Surgery-Podiatry

David M. Davidson, DPM

- Podiatry Level I Procedural Privileges
- Podiatry Level II Procedural Privileges
- Podiatry Level III Procedural Privileges
- Decompression / Neurolysis intermetatarsal nerve w/wo endoscope (Fluoroscopy)
- Small Fragment Set/ AO-Osteosynthesis, forefoot

FOR OVERALL ACTION

APPLICATION WITHDRAWALS

None

APPOINTMENTS AND REAPPOINTMENTS

A. Initial Appointment Review (8)

B. Reappointment Review (35)

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

APPOINTMENT APPLICATIONS, RECOMMENDED

A. Initial Appointment Review (8)

Anesthesiology

ERIE COUNTY MEDICAL CENTER CORPORATION

Edna Stercula, CRNA	Allied Health Professional (Nurse Anesthetist)
Dentistry	
Maureen Sullivan Nasca, DDS	Active Staff
	<i>Liability insurance documentation received.</i>
Internal Medicine	
Linda Blazier, ANP	Allied Health Professional
	<i>Collaborating MD: Misbah Ahmad, MD</i>
Jeffrey Goldstein, MD	Active Staff
Kristen Webb, RPA-C	Allied Health Professional (Physician Assistant)
	<i>Supervising MD: Michael Sitrin, MD</i>
Neurology	
Gil Wolfe, MD	Active Staff
Oral & Maxillofacial Surgery	
Basel Sharaf, MD, DDS	Active Staff
Rehabilitation Medicine	
John Bialecki, DC	Allied Health Professional (Chiropractic)

FOR OVERALL ACTION

REAPPOINTMENT APPLICATIONS, RECOMMENDED

B. Reappointment Review (35)

Cardiothoracic Surgery	
Stephen W. Downing, MD	Active Staff
Emergency Medicine	
Steven J. Krolczyk, RPA-C	Allied Health Professional (Physician Assistant)
	<i>Supervising MD: Dr. Michael Manka</i>
Michael A. Manka, Jr., MD	Active Staff
David L. Pierce, MD	Active Staff
Family Medicine	
Joanne Hemme, FNP	Allied Health Professional (Nurse Practitioner)
	<i>Collaborating MD: Dr. David Eubanks</i>
Kevin L. Hennessy, ANP	Allied Health Professional (Nurse Practitioner)
	<i>Collaborating MD: Dr. David Eubanks</i>
Shannon D. Marzullo, ANP	Allied Health Professional (Nurse Practitioner)
	<i>Collaborating MD: Dr. David Eubanks</i>
Internal Medicine	
Michael D. Banas, MD	Courtesy Staff, <i>Refer & Follow</i>
Richard J. Corbelli, MD	Associate Staff
Patricia A. Dauer, FNP	Allied Health Professional (Nurse Practitioner)
	<i>Collaborating MD: Dr. Nelda Lawler</i>
Judy L. Dobson, FNP	Allied Health Professional (Nurse Practitioner)
	<i>Collaborating MDs: Dr. Chee Kim & Dr. Nancy Ebling</i>
	<i>*Completion of Moderate Sedation course in process</i>
Kenton E. Forte, MD	Active Staff
David E. Gunther, MD	Courtesy Staff, <i>Refer & Follow</i>
Nadeem Ul Haq, MD	Active Staff
Yahya J. Hashmi, MD	Active Staff
Christopher P. John, RPA-C	Allied Health Professional (Physician Assistant)
	<i>Supervising MD: Dr. Nancy Ebling</i>
Arthur E. Orlick, MD	Active Staff
Mandip Panesar, MD	Active Staff

ERIE COUNTY MEDICAL CENTER CORPORATION

Ellen P. Rich, MD Active Staff
James L. Rycyna, MD Active Staff
Mary Carol Scrocco, FNP Allied Health Professional (Nurse Practitioner)
Collaborating MDs: Dr. Robert Glover & Dr. Neil Dashkoff
Cynthia A. Skalyo, ANP Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Nancy Ebling

Gordon C. Steinagle, DO, MPH Courtesy Staff, *Refer & Follow*
Raghupathy Varavenkataraman, MD Courtesy Staff, *Refer & Follow*

Neurosurgery

Ryan P. DenHaese, MD Courtesy Staff, *Refer & Follow*
Lee R. Guterman, MD Active Staff

Obstetrics & Gynecology

Kirsten A. Smith, WHNP Allied Health Professional (Nurse Practitioner)
Collaborating MD: Dr. Lawrence Gugino

Ophthalmology

Donald J. Armenia, MD Courtesy Staff, *Refer & Follow*

Orthopaedic Surgery

Leon Ber, DPM Courtesy Staff, *Refer & Follow*

REAPPOINTMENT APPLICATIONS, RECOMMENDED (CON'D)

Jeffrey A. Daoust, RPA-C Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Christopher Ritter

Mark T. Orłowski, RPA-C Allied Health Professional (Physician Assistant)
Supervising MD: Dr. Paul Paterson

Plastic & Reconstructive Surgery

Vivian L. Lindfield, MD Active Staff

Psychiatry

Yogesh D. Bakhai, MD Active Staff
Dori R. Marshall, MD Active Staff
Linda Pessar, MD Active Staff

Rehabilitation Medicine

Lisa A. Keenan, PhD Allied Health Professional
(Psychologist)

FOR OVERALL ACTION

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

ERIE COUNTY MEDICAL CENTER CORPORATION

Miller, Paula, M., RPA-C

Allied Health Professional 07/01/2010

Supervising MD: Dr. Daniel Leary

Reappointment Expiration Date: July 1,

2012

Planned Credentials Committee

Meeting: April 3, 2012

Planned MEC Action date: April 23,

2012

Last possible Board confirmation by:

May 22, 2012

Subsequent Board Meeting: June 26,

2012

FOR INFORMATION ONLY

OLD BUSINESS

Dentistry

With the receipt of documentation of medical liability insurance coverage, the committee moved to extend its endorsement to the Medical Executive Committee for a recommendation for staff appointment of Maureen Sullivan Nasca, DDS.

Liability Coverage

Action was deferred at the November 2011 Credentials Committee meeting regarding the staff appointment of Dr. Nestor Rigual until matters involving liability insurance coverage were resolved. The MDSO has reached out to the practitioner to clarify if appointment remains sought. If so, an updated signed application will be obtained.

Internal Medicine – Privilege Forms by Subspecialty

The final review of individual Internal Medicine privilege forms divided by subspecialty has been conducted by the Chief of Service and respective subspecialty chiefs or reviewers. The Credentials Committee also endorses the attached new Internal Medicine forms to the Medical Executive Committee for its approval.

Medical-Dental Staff Office Efficiency Report

The Medical-Dental Staff Office team continues to introduce improvements to facilitate the appointment / reappointment process. With the next re-appointment packet mailing, the previous blank re-appointment applications will be replaced with forms pre-populated with information housed in the credentialing software. This is anticipated to result in enhanced customer satisfaction.

Effective April 1st, the Medical-Dental Staff Office will begin its journey toward a paperless process. The MDSO Team has identified a defined set of documents that will be scanned into the credentialing software obviating the need to store paper copies. These items include: License renewals, DEA registration renewals, Liability Insurance, History and Physical, and PPD results. This will be expanded to other select expirables such as Infection Control and Moderate Sedation course documentation. Until completely paperless, the credentials files will be a hybrid mix of electronic and paper. Any dossier with electronically stored documents with no paper back up will be flagged with a sticker. This will alert of the need to access the electronic record for documents upon an accreditation or regulatory survey. Procedures are also in place to ensure against loss of electronically stored data.

In an effort to better manage increased staff volumes with existing resources, the potential of staggering the first re-appointment date to months with low numbers is being explored. This will afford a more even distribution of re-appointments, smoothing out the spikes currently experienced. A review of the Medical-Dental Staff Bylaws and accompanying documents finds nothing that would prohibit this approach, as long as any re-appointment period does not exceed 2 years. The MDSO Team will plot out the suggested course and present to the Credentials Committee at the April meeting.

ERIE COUNTY MEDICAL CENTER CORPORATION

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 will be attached.

**OVERALL ACTION
REQUIRED**

NEW BUSINESS

Board of Directors Meeting Date Change

The committee was informed that as of March 2012, the monthly Board of Directors meeting will be held on the fourth Tuesday of the month. The committee agreed that no change in its processes need to be made as a result.

Moderate sedation for Physician Assistants in the Department of Surgery

The Medical-Dental Staff Office has received an inquiry for Moderate Sedation privileges delineation for Physician Assistants within the Department of Surgery. Currently, moderate sedation by PA's is only offered in Emergency Medicine and Internal Medicine. This request was forwarded to the Surgery Chief of Service for endorsement. The committee has received approval from the Surgery Chief of Service and so requests the same of the Medical Executive Committee.

Draft:

Department of Surgery

Moderate Sedation for Surgery Physician Assistants

DEPT. ACTION			
Recommended under General Supervision	Recommended under Direct Supervision	Recommended under Personal Supervision	Not Recommended

xx. Moderate Sedation/Analgesia See Credentialing Criteria page x.

Performed under the direction of a supervising physician in the proximal area who must also be a privileged in moderate sedation. Attach training certificate every four years and current ACLS.

The Chief of Service shall indicate the level of supervision for each privilege requested.

Medical Staff Office use:

Current Moderate Sedation Training Certificate date: _____ (must be within last 4 years)

ACLS Expiration date: _____

Supervising Physician possesses Moderate Sedation Privileges Y/N

Fluoroscanner Privilege Request Form

Dan Bednarek, PhD, Radiation Safety Officer, was asked to review the existing Fluoroscanner request form to ensure procedure and contact information are current. Revisions will be presented to the Credentials Committee at the April meeting.

Moderate Sedation Training

The committee received a request from a current NP member re-appointee asking for other recognized training (ATLS, nursing competencies) to substitute for the moderate sedation course requirement. After thoughtful review and discussion, it was determined that the moderate sedation course requirement needed to be applied consistently across all requesters regardless of other more advanced training, unless as defined as approved exceptions to the Moderate Sedation credentialing criteria.

Chief of Service Dossier Review Procedure

ERIE COUNTY MEDICAL CENTER CORPORATION

The Medical-Dental Staff Office staff remains available to all Chiefs of Service during the dossier review process. Applications and privilege forms are flagged with any changes or privilege requests requiring additional documentation. Every effort is made to obtain information and reconcile discrepancies before the dossier is presented to the Chief of Service. It is helpful when the Chiefs of Service engage the staff in the review process, especially when deferrals or change in staff category are recommended. This allows for further follow up with the practitioner before the date of the Credentials Committee meeting.

OVERALL ACTION REQUIRED

OTHER BUSINESS

Open Issues Correspondence

The committee was pleased to receive notice of the completion and resolution of multiple open issues involving particular credentialing questions. Most notable from last month was the review of criteria for “out of state” insurance policies by RM; all was reported in order. Continued vigilance is necessary to ensure closure.

The committee was informed of a previous communication with a staff member regarding the deferral of action on selected privileges. Additional clarification is needed. The chairman will draft correspondence if necessary.

FPPE-OPPE Report

FPPE

FPPEs were successfully completed in the following departments: Internal Medicine (1 MD)
Neurosurgery (2 RPA-Cs)

There are six outstanding FPPEs in the department of Rehabilitation Medicine for AHPs that have not been completed because the practitioners have not yet delivered care in the MRU. Of the six, four were initiated over a year ago. The remaining two were initiated in May of 2011.

The committee agreed that it would be appropriate to seek clarification from the practice as to plans

for MRU coverage. It may be possible that given the amount of time that has elapsed with no

activity, MRU privileges may be voluntarily withdrawn for some of these AHPs.

OPPE

Oral and Maxillo-Facial Surgery OPPE was successfully completed for 17 practitioners.

Dentistry OPPE has been completed for 6 dentists with the Chief of Service still outstanding.

Radiology OPPE is completed with 1 radiologist outstanding.

Neurosurgery OPPE is complete with the exception of one MD. The Chief of Service will follow up.

ERIE COUNTY MEDICAL CENTER CORPORATION

Emergency Medicine, Family Medicine, Orthopaedic Surgery and Urology OPPEs are in process.

PRESENTED FOR INFORMATION

ADJOURNMENT

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 4:20 PM.

Respectfully submitted,



Robert J. Schuder, MD,
Chairman, Credentials Committee



Executive Committee

Minutes from the



Buildings & Grounds Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING

APRIL 10, 2012

ECMCC STAFF DINING ROOM

BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	RICHARD F. BROX, CHAIR MARK BARABAS MICHAEL HOFFERT	DIETRICH JEHLER, M.D.
EXCUSED:	RONALD CHAPIN JODY L. LOMELO	FRANK MESIAH JOSEPH A. ZIZZI, SR., M.D.
ALSO PRESENT:	DOUGLAS FLYNN	

I. CALL TO ORDER

Richard F. Brox called the meeting to order at 9:40A.M.

II. RECEIVE AND FILE FEBRUARY 14, 2012 MINUTES

Moved by Richard F. Brox and seconded by Michael Hoffert to receive and file the Buildings and Grounds Committee minutes of February 14, 2012 as presented.

III. UPDATE – PENDING CAPITAL INITIATIVES

2009 Capital Projects

- Balance of last project phases have been completed and occupied since our February meeting.

2010 Capital Projects – Dialysis / Transplant

- 10 Zone 3 – This the last phase of the project remains on target for completion in June.

Skilled Nursing Facility

- Exterior enclosure on-going with masonry work underway, all phases of interior fit-out are underway from rough-ins to painting at varying phased locations, project remains on schedule.

SNF Parking Garage

- Slab on Grade preparations and pours continue, concrete topping nearing substantial completion, elevator work finishing up with full project completion planned for May 1st.

Surgical Light & Gas Boom Replacements @ OR's 3 & 4

- Phase 2 / OR#4 – Equipment installs substantially complete, full completion planned for the end of April.

ERIE COUNTY MEDICAL CENTER CORPORATION

Chilled Water Plant Improvements

- Phase 1 / On going - Major mechanical rough-ins & roofing replacement continues; new Chiller start-up began yesterday, on schedule. This phase shall cover the replacement of half of our existing Cooling Tower infrastructure which is wrapping up later this Spring, Phase 2 shall begin this Winter and complete in Spring of 2013.

Employee Fitness Center Project – Phase 1 & 2

- Phase 1 / Housekeeping Supply & Soiled Linen Storage Reconstruction and Relocation complete,
- Phase 2 / Fitness Center - demolition complete, saw-cutting of concrete slabs @ Locker Rooms complete, new under-slab plumbing roughin has begun. Completion of phase 2 construction drawings set to resume now that Fitness Equipment selections and layouts have been confirmed as final.

Furniture, Fixtures, & Equipment @ Capital Projects

- Skilled Nursing Facility – FF&E coordination and Owner Provided Item coordination efforts are intensifying for the Skilled Nursing Facility. EC Home Staff working in conjunction with the design & construction team to ensure the necessary coordination and timing requirements.

MOB Fit-Out @ Renal Center Bldg / Floors 2 & 3

- Layouts for both upper level floors are in substantially complete, with a related CON submission envisioned within the next month. 2nd flr - Head & Neck (incl/Drs. Bellis & Linfield), Oncology, & Dr. Sperry; b) 3rd flr - Cardio-thoracic, Cardiology, Department of Medicine (AMS/GIM/Endoscopy), & Urology Private Practice. 2nd flr level being hospital functions and 3rd flr being tenant occupancies.

Campus Site & Parking Modifications

- Site Reconstruction bids taken 03/29/12, Contractors have been vetted w/initial work to begin next week.
- Lot D shall be the 1st to be reconstructed starting May 1st, with new ramp planned for as the offset for lost parking spaces during the site reconstruction effort.
- The Design & Construction Team is feverishly working on the directly related “PARCS” Bid Package [Parking Access & Revenue Control System], which shall include all new revenue & access control infrastructure at every campus lot. Timing is critical in that these installs must coincide with the Site Project.
- Colucci & Gallaher is working on an amendment to the existing All-Pro & ECMCC Agreement which would have All-Pro manage the paid lots through the completion of the reconstruction effort. After which ECMCC would self manage the expanded paid lot facility.
- Depending on the outcome of pending discussions relative to the new ramp, ECMCC may need to recruit All Pro to manage the parking situation there as well until final intents can be recognized and implemented

ERIE COUNTY MEDICAL CENTER CORPORATION

- Decisive decision making on the part of Administration and quick engineering on the part of our Architect has enabled us to successfully capture the foundations for a future lobby and canopy project within this Site Reconstruction Project. This will save significant construction time & dollars, as well as minimize related inconveniences once such a future project is undertaken, a good example of proactive facility planning.

Signage & Wayfinding Project

- New standardized Room ID signage Bid Package to be issued for the entire 10th floor later this week. Related coordination for the SNF set to begin shortly.

Financial Counseling / Gift Shop Project

- A new expanded concept of ground floor relocations as postponed this dual renovation project. This new concept now envisions the incorporation of Medicaid Services, Employee Health, Switchboard & Patient Advocate. Preliminary ideas yet to be fully captured.

Security Camera & Access Control Systems

- Initiative Committee has focused in on (2) State Contracted Vendors, with developed systems questionnaire's being issued for their completion and return. These responses shall be utilized to select the vendor that best serves ECMCC interests. Ultimately the global mission is to integrate all electrical systems toward compatibility with the new systems and evolving Kronos system(s).

IV. UPDATE – IN PROGRESS CAPITAL INITIATIVES/PROJECTS

2009 Capital Projects

- Balance of last project phases have been completed and occupied since our February meeting.

2010 Capital Projects – Dialysis / Transplant

- 10 Zone 3 – This the last phase of the project remains on target for completion in June.

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ERIE COUNTY MEDICAL CENTER CORPORATION

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Building 7 / Vacancy

- Family Medicine and Instacare have occupied, the building, Kaleida's Womens & Children's OBGYN occupancy being delayed by lack of CON approval. Plant Ops postponing Kaleida remaining work until further notice of their CON approval.

Employee Fitness Center Project – Phase 1 & 2

- Phase 1 / Housekeeping Supply & Soiled Linen Storage Reconstruction and Relocation complete,
- Phase 2 / Fitness Center - demolition complete, saw-cutting of concrete slabs @ Locker Rooms complete, new under-slab plumbing roughin has begun. Completion of phase 2 construction drawings set to resume now that Fitness Equipment selections and layouts have been confirmed as final.

V. ADJOURNMENT

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

Next Building & Grounds meeting – June 12, 2012 at 9:30 a.m.
Staff Dining Room.

Minutes from the



Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION

Emergency Department visits were under budget by .9%, but 7.3% over the prior year.

The Hospital experienced operating losses of \$1.1 million and \$400,000 in January and February, respectively; and the Home generated operating losses of \$400,000 and \$700,000 in January and February, respectively. The consolidated, year-to-date operating loss was \$2.6 million compared to a budgeted loss of \$2.2 million and a prior year loss of \$4.8 million.

IV. MANAGED CARE UPDATE:

Mr. Sammarco reported that four payor contracts will be negotiated in 2012: New York State Department of Corrections, for treatment of State prisoners, which expired September 2011 and has been extended for 6 months; HealthNow, set to expire in September; Univera and Independent Health, both expiring in December.

V. ADJOURNMENT:

The meeting was adjourned at 9:30 a.m. by Michael Seaman, Chair.



ECMCC Management Team



Chief Executive Officer

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO THE BOARD OF DIRECTORS
JODY L. LOMELO, CHIEF EXECUTIVE OFFICER
APRIL 24, 2012

Hope everyone is doing well as we begin the second quarter of 2012. It is hard to believe that it is almost May. I would like to highlight several areas and priorities that we are currently working on.

OPERATIONAL PERFORMANCE

After one quarter last year, ECMCC had an operating loss of \$8.135 million. The magnitude of that loss required pretty aggressive work to transform how we were doing business. The efficiencies we realized continue to positively affect operations: for the same period in 2012, the ECMCC operating loss is \$2.591 million.

While we are never happy with an operating loss, we must recognize that our volumes are, to some extent, weather dependent. The first quarter of each calendar year has historically seen lower volumes. The \$5.5 million improvement in 2012, quarter over quarter, resulted from a 6.1 percent increase in acute discharges, an increase in inpatient surgeries, and a 7 percent increase in emergency room visits. In March 2012 alone, ECMC had 1003 acute discharges, a significant milestone.

BEHAVIORAL HEALTH

We are anticipating decision from the DOH regarding our HEAL application. We had thought the decision would have been made by now but anticipate it coming sometime in late May or early June. As we have discussed in the past, this HEAL award and our regional approach to Behavioral Health with our partners at Kaleida will provide our patients and the community with a more efficient program that will benefit all of Western New York. I will continue to keep you informed on any news we hear from the DOH and am cautiously optimistic.

ORTHOPEDIC/OR EXPANSION

Orthopedics continues to be a driver for the quality and growth of elective care at ECMC. We have submitted the CON application to Department of Health for approval for two additional operating room suites in our new building as well as two shell suites. Again, we have not heard from the DOH as to an approval date and do not anticipate hearing anything in the next few months. We are confident that we will get approval due to the fact that we need this expansion with volume increases in our Breast, Reconstructive Surgery, Orthopedic and Transplant programs.

GREAT LAKES HEALTH

We continue to work with our partners at Kaleida on a number of initiatives as well as collaborations. We are currently working with Kaleida on the Behavioral Health strategy as well as the Cardiovascular strategy.

Approval was received from the DOH to develop one Gates Vascular Institute cardiovascular program servicing both the ECMC and BGMC sites. The request to DOH was consistent with the recommendation of the GLH Professional Steering Committee which voted for one consolidated program. The waiver will allow the Cardiac Catheterization and Cardiac Surgery programs at ECMC to continue supporting the Trauma program, Emergency Room and our Regional Center of Excellence for Transplantation and Kidney Care. This single program will be under the umbrella of GLH and ECMC and BGH/GVI. We will be operating one consolidated program in terms of clinical and administrative oversight, quality outcomes and efficient operations. We will work together with our teams to develop the program and ensure quality of care at both ECMC and GVI.

On April 19th both ECMC and Kaleida hosted administration, physicians and board members from Jones Memorial Hospital. We (GLH) are working on a potential affiliation to provide support for Jones Memorial Hospital and the Wellsville community. We toured both the GVI as well as ECMC Regional Center for Excellence for Transplantation and Kidney Care. The representatives from Jones Memorial were impressed by our facilities as well as the level of openness and transparency that the two organizations share with one another. A special thank you to Kevin Hogan, Sharon Hanson and Doug Baker for taking the time to meet with board members from Jones Memorial to give their insights as to how Great Lakes Health has been performing. We have also submitted another proposal to Wyoming County Community Hospital to affiliate with them and support the people of Wyoming County in their clinical needs. We are scheduled in May to meet with them once again and continue building a relationship with them that is a win for all involved.

I continue to be involved in discussions with leadership of GLH, Kaleida Health , Roswell Park and UB to work together on ways to collaborate and organize our services.

I am pleased to report that Kaleida Health and Health Now have partnered to create a new physician led healthcare organization that will offer unique health insurance products. Kaleida Health and Blue Cross officials are developing a strong regional physician and hospital network. This regional network will include ECMC as well as Roswell Park Cancer Institute, Upper Allegheny Health System and the Center for Hospice and Palliative Care. The new network is designed to deliver better care and services at lower costs. The partnership will align with nearly 500 physicians and other providers across the region to develop the network.

MEDICAL ONCOLOGY

We are continuing to operate Dr. Bernstein's practice (Jonas Center) and care for the patients that Dr. Bernstein took such wonderful care of. We have been working with the staff to ensure coordinated and organized transition and they have been supportive in this new endeavor. We are continuing to discuss a relationship with Roswell Park to help coordinate care in this practice and provide physician coverage to the program.

LIFELINE FOUNDATION

I would like to thank you once again for your support of the Lifeline Foundation and the upcoming events in May and August. If you have not already done so, please consider attending or sponsoring our gala on May 12. Our physician honoree is Dr. Philip Stegemann, Chief of Service, Orthopedics ECMC and our nursing honoree is Rita Rivers, RN, BSN, CNOR, Nursing In-Service Instructor in the OR. I cannot think of two better people to represent ECMC, our mission and the patients we serve. Hopefully I will see you all on May 12.

NYSNA/CSEA

We are internally working on our NYSNA proposal with our nursing staff and finance teams. The County and ECMC are coordinating negotiations with CSEA and working towards a new deal. We continue to be hopeful and reach a fair contract and agreement with CSEA and continue our strong relationship with them as we grow our campus and our health care system.

In closing, I appreciate all of your support, guidance and wisdom as we navigate through this difficult economic environment and all of the changes that continue to affect health care. The hospital has been busy and we continue to see our volumes increase and physicians throughout the community wanting to partner with ECMC.

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
APRIL 24, 2012

10 NORTH PRIVATE ROOMS

The implementation in March which opened our first 11 private rooms was very successful and well received. We are on schedule to open the remaining 11 private rooms in June, pending DOH inspection.

FITNESS CENTER

Enclosed is a line diagram received from the fitness equipment supplier depicting the layout of our new employee fitness center. Work is continuing with the utilities in the fitness center and a lead time for receipt of the equipment is 8-10 weeks.

NEW REHAB CLINICAL DIRECTOR RECRUITED

Dr. Mark Levecchi will become the Medical Director of our Acute Rehab program on July 6, 2012. He signed an agreement to come to ECMC from the Unity Health System in Rochester where he currently holds the position of Medical Director Acute Rehabilitation and Brain Injury Program. We are very pleased to be able to recruit an experienced physician to lead this department with Dr. Levecchi's credentials. I appreciate the efforts that Rich Cleland, Dawn Walters, Dr. Kowalski, Dr. Murray, and Dr. Ebling put into the recruitment process.

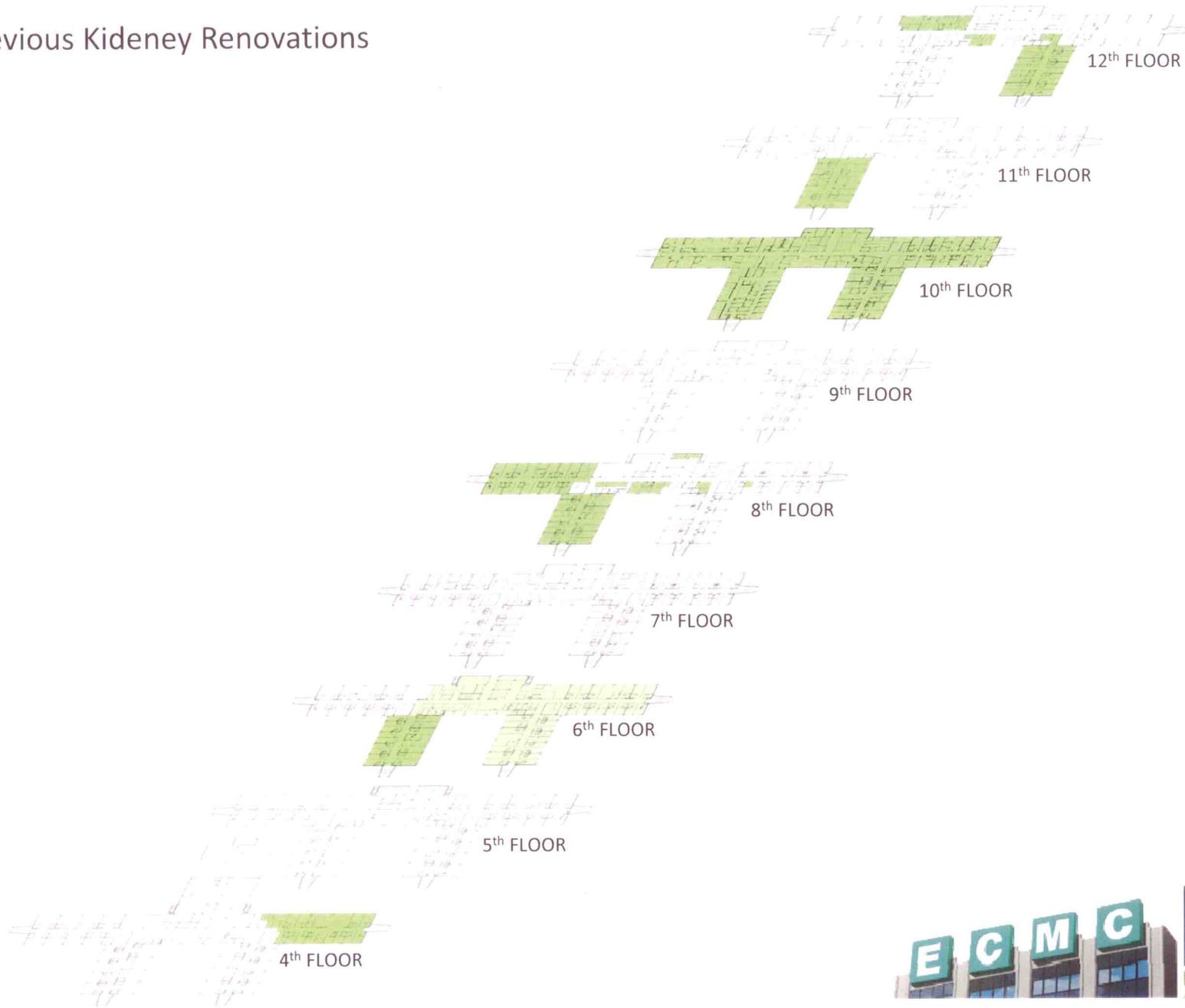
PATIENT TOWER STACKING DIAGRAM

For your review I have attached to this report, a copy of our patient floor stacking diagram for illustrative purposes. The first page of the diagram identifies four, five and eleven as the floors being involved in renovations for the HEAL grant related to consolidation of the Behavioral Health program at ECMC. The second diagram entitled "Overall Stacking Diagram" identifies the floors for Behavioral Health in addition to the future site of the TCU, the planned 6th floor orthopaedic renovations, completed renovations on the 8th floor on 8zone1 and 8zone2, the entire 10th floor renovations identified by green shading and the renovations on 12zone3 completed two years ago. The diagram also identifies the need to renovate the Med/Surg units on the 7th floor and the Specialty units on the 12th floor identified in white. This is where we will focus our efforts and energy to bring our nursing units up to a more contemporary design. You can see from this diagram what we have completed and what we need to complete. My goal is to update all of our patient floors.

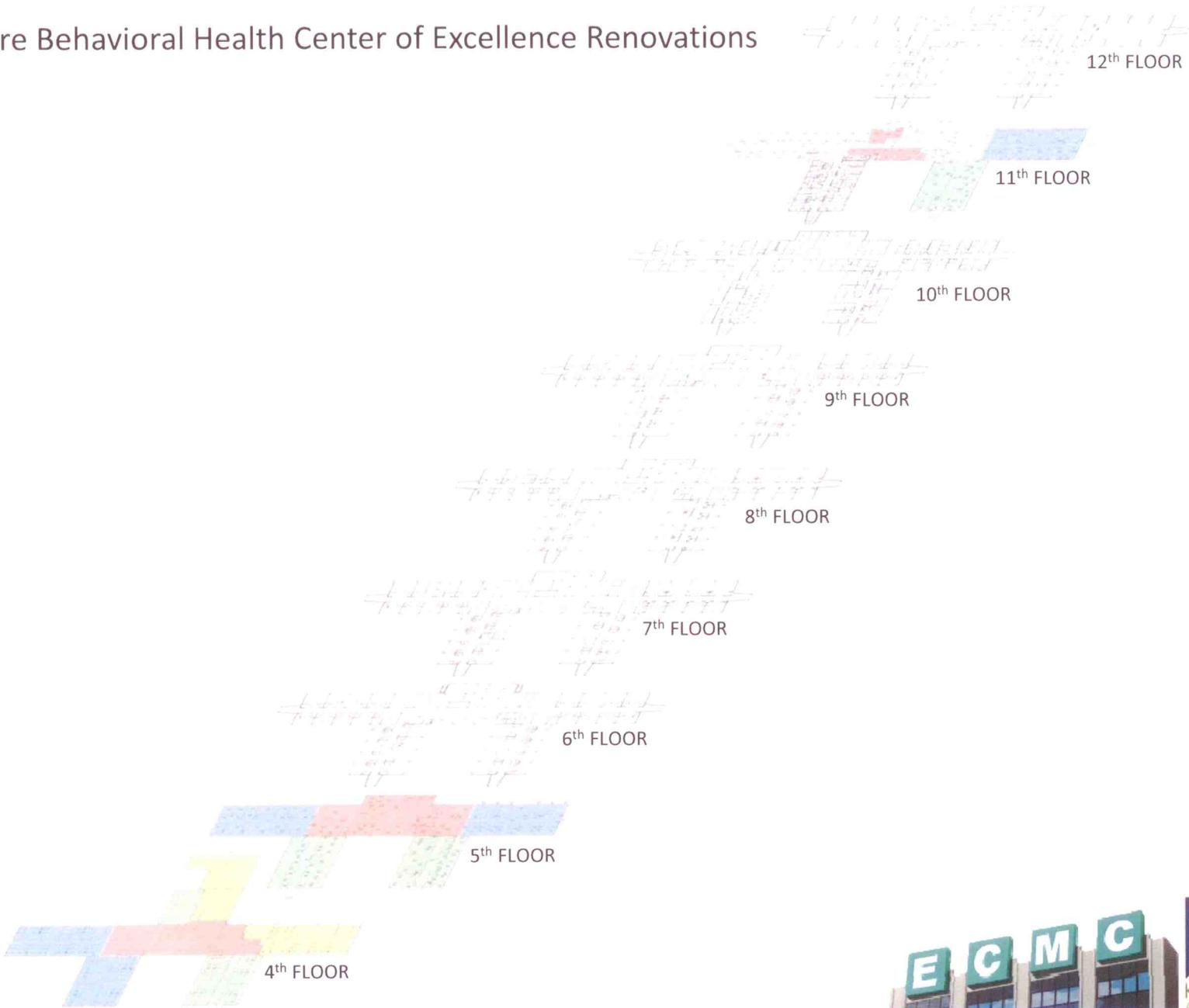
POTENTIAL DENTAL RESIDENCY AFFILIATION/CONSOLIDATION WITH UB DENTAL RESIDENCY

The ECMC Dental Residency is run independently and accredited independently of the UB Dental Residency. At the present time the UB Dental Residency is being displaced from its clinical location on the Sheehan hospital campus. Now is the time to review the current operating model with the UB Dental School and devise a new operating model for these two residencies to collaborate, affiliate or consolidate. We are in discussions with all appropriate stakeholders related to the future design of this training program.

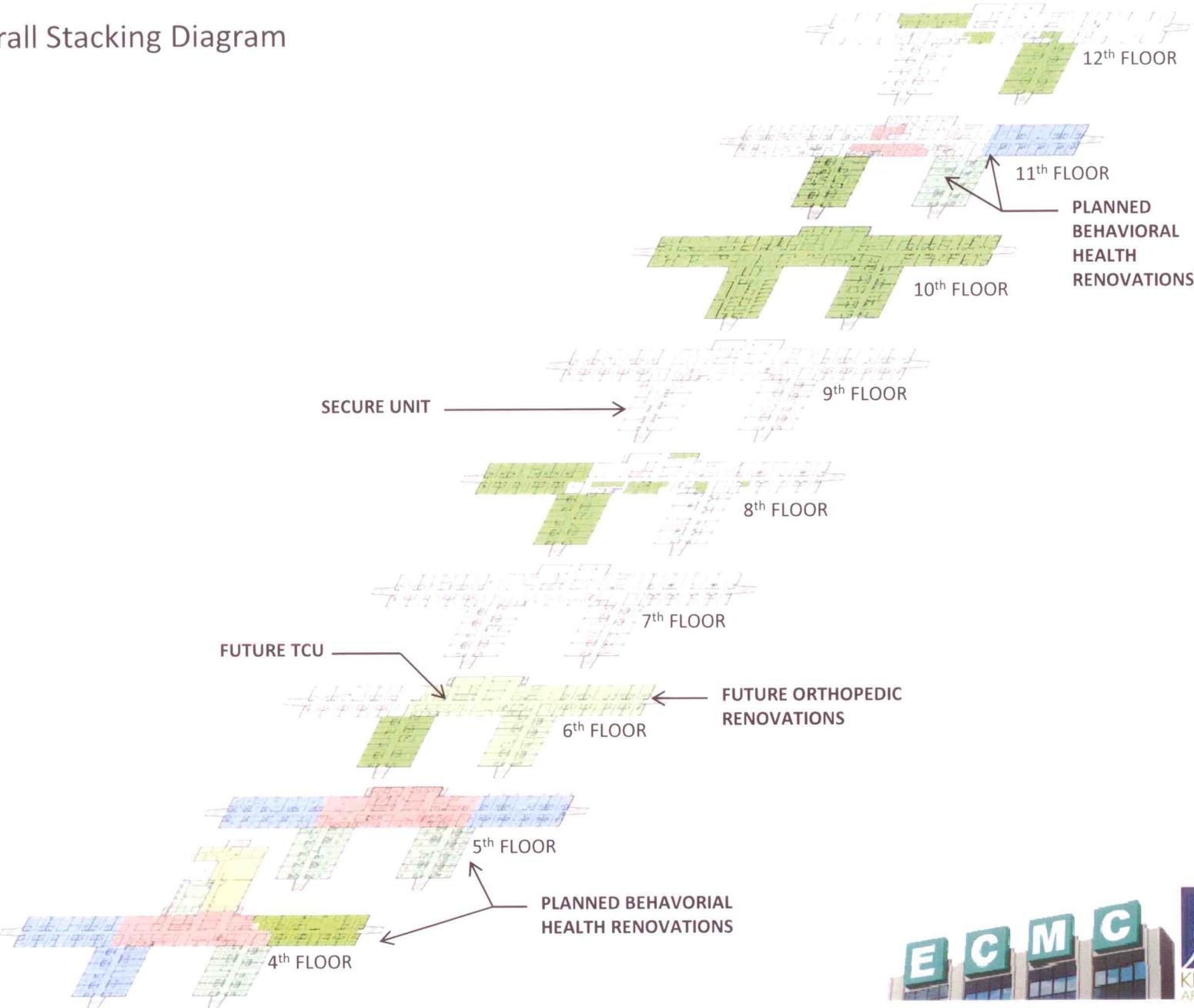
Previous Kidney Renovations



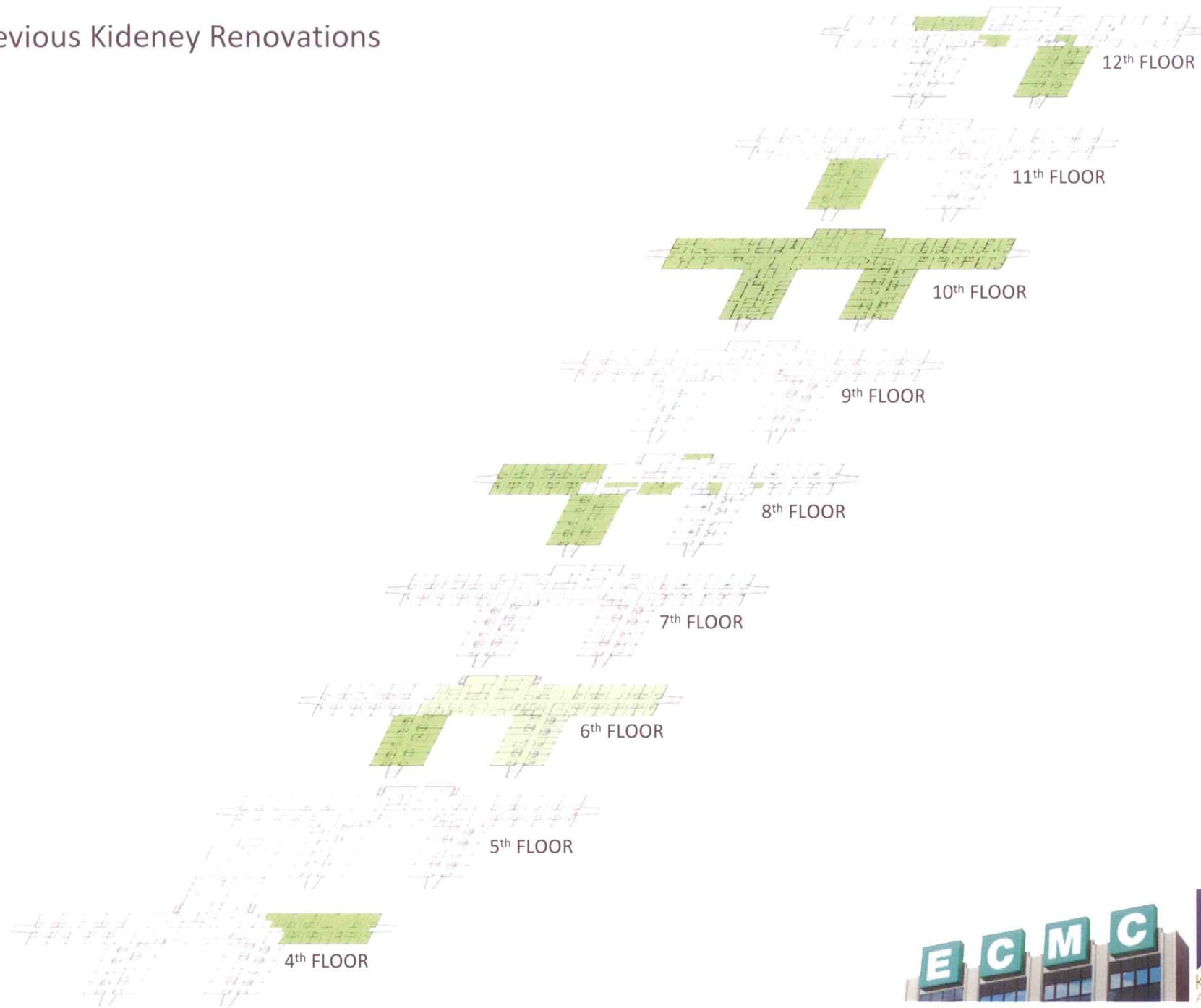
Future Behavioral Health Center of Excellence Renovations



Overall Stacking Diagram



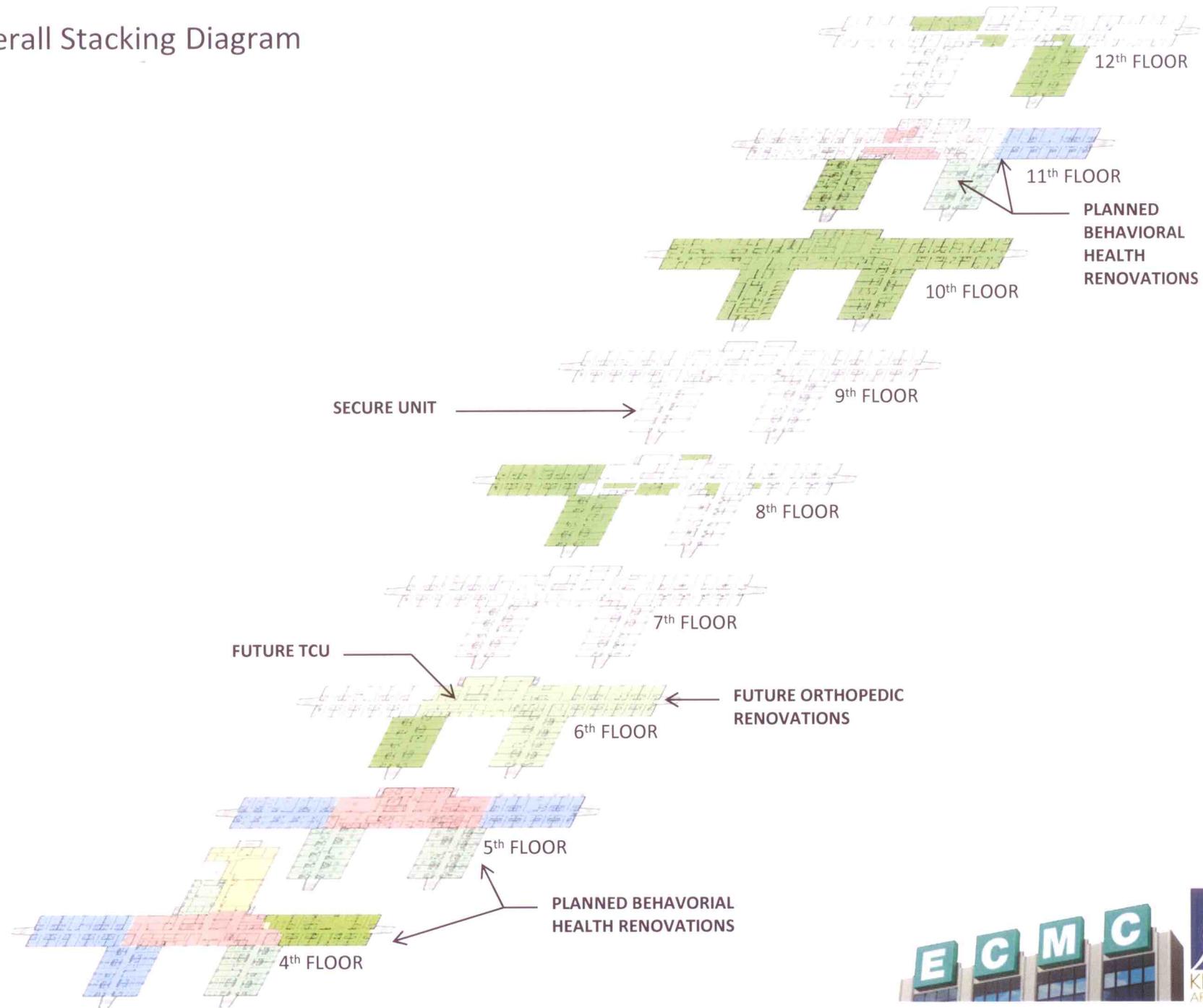
Previous Kidney Renovations



Future Behavioral Health Center of Excellence Renovations

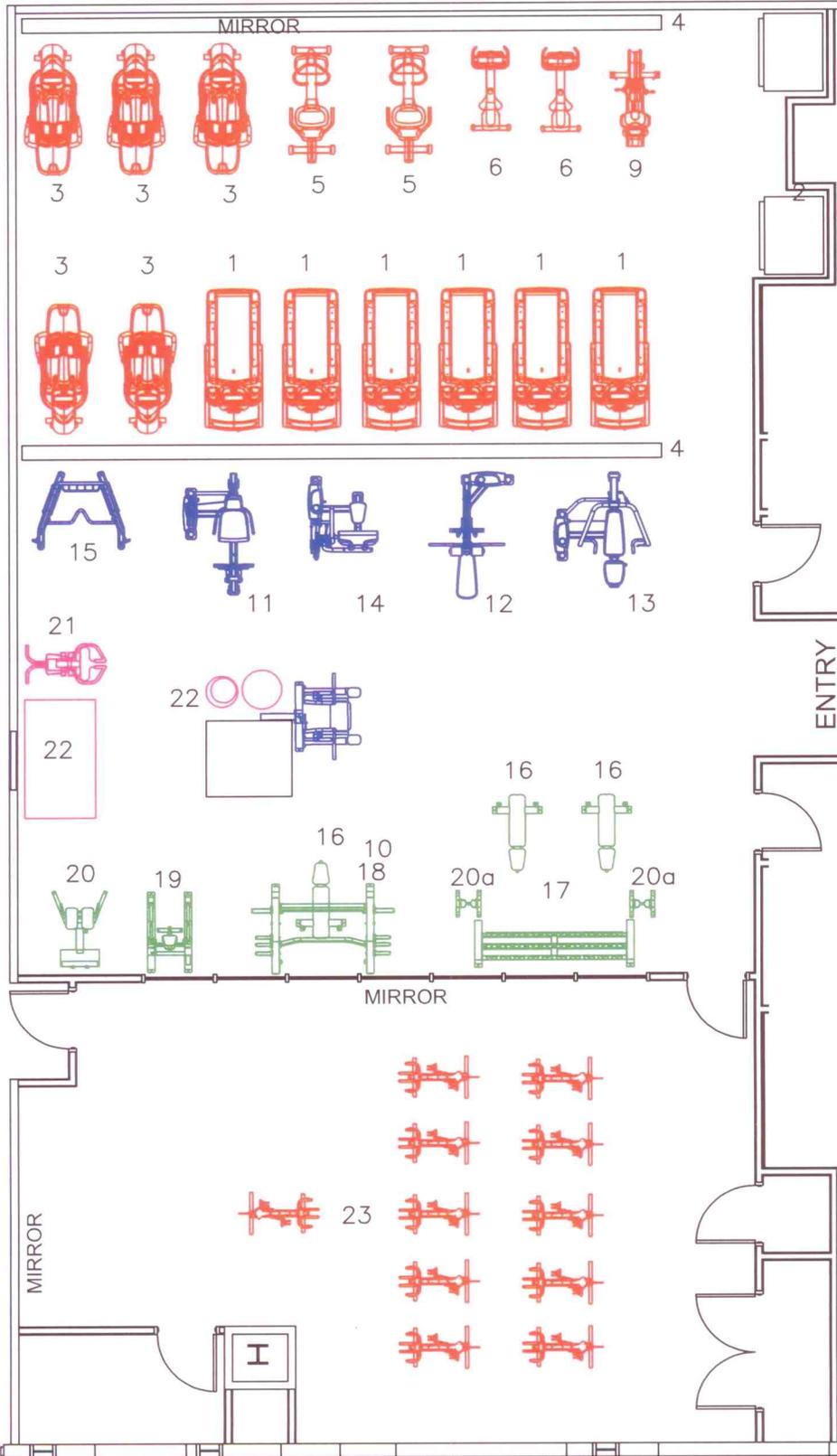


Overall Stacking Diagram



Erie County Medical Center Corporation

(approximately 2,607 square feet)



- 01. Precor Treadmills
- 03. Precor AMT
- 04. Cardio Curb
- 05. Espresso Recumbent Bike
- 06. Espresso Upright Bike
- 07. Precor Upright Bike
- 08. Precor Recumbent Bike
- 09. Sci Fit UBE
- 10. Icarian Chin Dip Assist
- 11. Precor S Leg Press/Calf
- 12. Precor S Lat/Low Row
- 13. Precor S Multi Press
- 14. Precor S Bi / Tri
- 15. Precor FTS Glide
- 16. Precor Super Bench
- 17. Icarian Dumbbell Rack
- 18. Precor Icarian Smith
- 19. Precor V Crunch
- 20. Icarian Hyper Extension
- 20a TKO Vertical DB Rack
- 21. Precor Stretch Trainer
- 22. Core Mat/Med Balls
- 23. Keiser Indoor Cycles



Custom Layout Designed by:

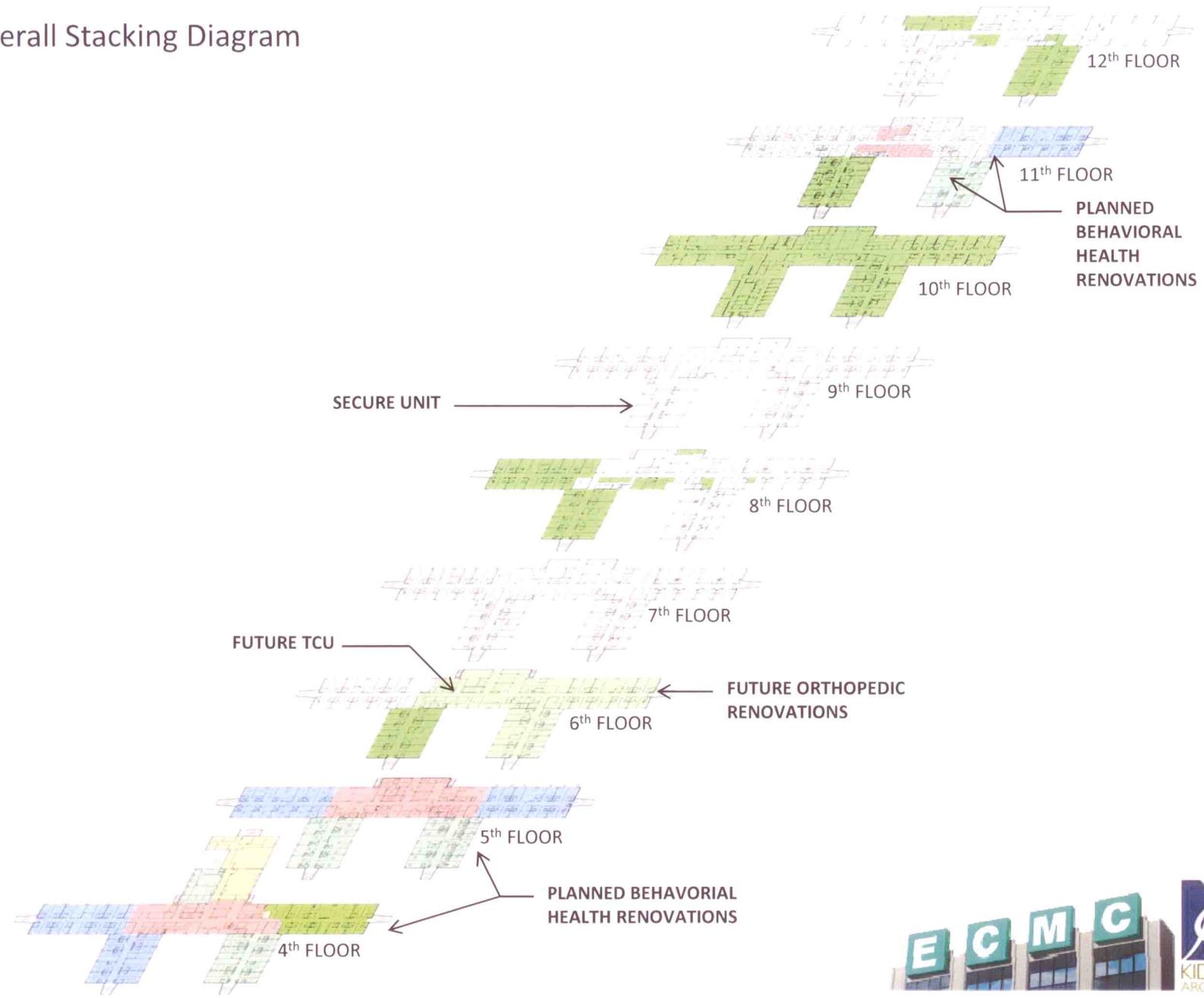


Your Total Fitness Source since 1987

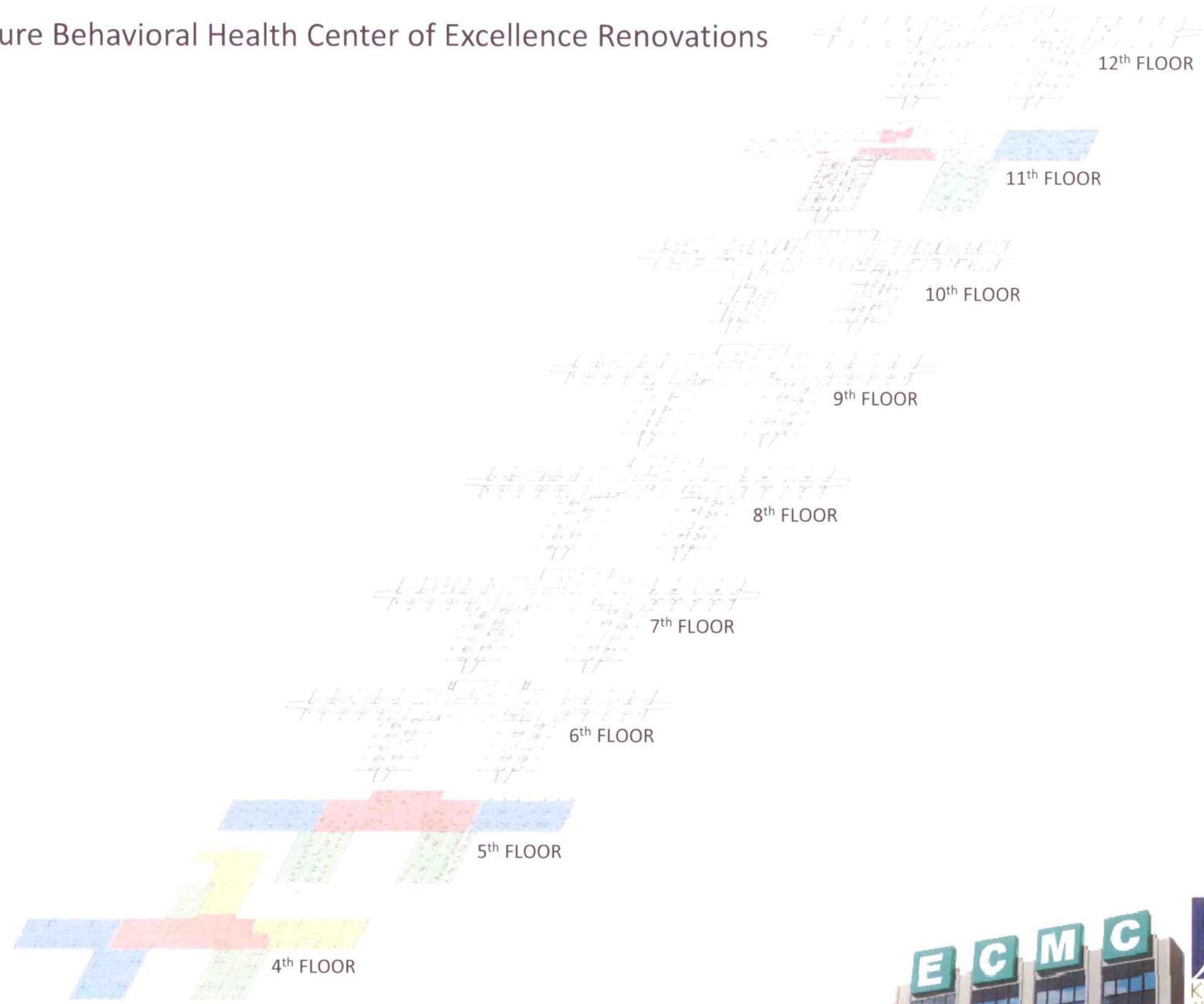
(Draft 13.0 -4/5/2012)

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Overall Stacking Diagram



Future Behavioral Health Center of Excellence Renovations





Chief Financial Officer



**ERIE COUNTY MEDICAL CENTER
CORPORATION**

Internal Financial Reports
For the month ended March 31, 2012

Prepared by ECMCC Finance

Erie County Medical Center Corporation

Balance Sheet

March 31, 2012 and December 31, 2011

(Dollars in Thousands)

	<u>March 31, 2012</u>	<u>Audited December 31, 2011</u>	<u>Change from Prior Year End</u>
ASSETS			
Current assets:			
Cash and cash equivalents	\$ 21,005	\$ 38,222	\$ (17,217)
Investments	30,921	46,306	(15,385)
Patient receivables, net	36,362	39,217	(2,855)
Prepaid expenses, inventories and other receivables	59,583	57,500	2,083
Total Current Assets	<u>147,871</u>	<u>181,245</u>	<u>(33,374)</u>
Assets Whose Use is Limited:			
Designated under self-insurance programs	55,114	52,200	2,914
Designated by Board	53,077	52,226	851
Restricted under debt agreements	79,394	93,412	(14,018)
Restricted	28,948	23,354	5,594
	<u>216,533</u>	<u>221,192</u>	<u>(4,659)</u>
Property and equipment, net	190,802	163,015	27,787
Deferred financing costs	3,232	3,233	(1)
Other assets	3,481	1,873	1,608
Total Assets	<u>\$ 561,919</u>	<u>\$ 570,558</u>	<u>\$ (8,639)</u>
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Current portion of long-term debt	\$ 4,249	\$ 4,249	\$ -
Accounts payable	42,161	39,138	3,023
Accrued salaries and benefits	15,139	17,908	(2,769)
Other accrued expenses	42,633	59,398	(16,765)
Estimated third party payer settlements	27,827	28,211	(384)
Total Current Liabilities	<u>132,009</u>	<u>148,904</u>	<u>(16,895)</u>
Long-term debt	186,615	187,290	(675)
Estimated self-insurance reserves	50,689	47,700	2,989
Other liabilities	91,972	88,566	3,406
Total Liabilities	<u>461,285</u>	<u>472,460</u>	<u>(11,175)</u>
Net Assets			
Unrestricted net assets	89,784	87,248	2,536
Restricted net assets	10,850	10,850	0
Total Net Assets	<u>100,634</u>	<u>98,098</u>	<u>2,536</u>
Total Liabilities and Net Assets	<u>\$ 561,919</u>	<u>\$ 570,558</u>	<u>\$ (8,639)</u>

Erie County Medical Center Corporation

Statement of Operations

For the month ended March 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 31,943	\$ 33,397	\$ (1,454)	\$ 30,082
Less: Provision for bad debts	(1,934)	(1,965)	31	(1,873)
Adjusted net patient revenue	30,009	31,432	(1,423)	28,209
Disproportionate Share/IGT Revenue	4,702	4,702	-	3,850
Other Revenue	1,978	2,118	(140)	1,531
Total Operating Revenue	36,689	38,252	(1,563)	33,590
Operating Expenses:				
Salaries / Wages / Contract Labor	12,552	13,537	985	13,263
Employee Benefits	8,352	8,772	420	8,636
Physician Fees	4,091	4,267	176	4,038
Purchased Services	2,740	2,684	(56)	2,479
Supplies	5,348	5,235	(113)	4,811
Other Expenses	695	699	4	733
Utilities	475	655	180	706
Insurance	514	537	23	543
Depreciation & Amortization	1,442	1,467	25	1,238
Interest	447	440	(7)	457
Total Operating Expenses	36,656	38,293	1,637	36,904
Income (Loss) from Operations	33	(41)	74	(3,314)
Non-operating gains (losses):				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	1,024	172	852	389
Non-operating Gains(Losses), net	1,024	172	852	389
Excess of (Deficiency) of Revenue Over Expenses	\$ 1,057	\$ 131	\$ 926	\$ (2,925)

Erie County Medical Center Corporation

Statement of Operations

For the three months ended March 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
Operating Revenue:				
Net Patient Revenue	\$ 92,418	\$ 94,016	\$ (1,598)	\$ 86,018
Less: Provision for bad debts	(5,554)	(5,526)	(28)	(5,346)
Adjusted net patient revenue	86,864	88,490	(1,626)	80,672
Disproportionate Share/IGT Revenue	14,106	14,106	-	11,551
Other Revenue	5,345	6,354	(1,009)	7,556
Total Operating Revenue	106,315	108,950	(2,635)	99,779
Operating Expenses:				
Salaries / Wages / Contract Labor	38,115	38,621	506	38,395
Employee Benefits	25,314	26,119	805	25,166
Physician Fees	12,587	12,286	(301)	11,616
Purchased Services	7,424	8,095	671	7,564
Supplies	14,976	14,618	(358)	14,288
Other Expenses	1,796	2,066	270	1,979
Utilities	1,512	2,010	498	2,055
Insurance	1,544	1,610	66	1,810
Depreciation & Amortization	4,326	4,402	76	3,715
Interest	1,313	1,319	6	1,327
Total Operating Expenses	108,907	111,146	2,239	107,915
Income (Loss) from Operations	(2,592)	(2,196)	(396)	(8,136)
Non-operating Gains (Losses)				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	5,321	515	4,806	2,022
Non Operating Gains (Losses), net	5,321	515	4,806	2,022
Excess of (Deficiency) of Revenue Over Expenses	\$ 2,729	\$ (1,681)	\$ 4,410	\$ (6,114)

Erie County Medical Center Corporation

<p>Statement of Changes in Net Assets For the month and three months ended March 31, 2012</p>
--

(Dollars in Thousands)

	Month	Year-to-Date
<u>UNRESTRICTED NET ASSETS</u>		
Excess (Deficiency) of Revenue Over Expenses	\$ 1,057	\$ 2,729
Other Transfers, Net	(77)	(193)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	-	-
Change in Unrestricted Net Assets	980	2,536
<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	980	2,536
Net Assets, Beginning of Period	99,654	98,098
NET ASSETS, End of Period	\$ 100,634	\$ 100,634

Erie County Medical Center Corporation

Statement of Cash Flows

For the month and three months ended March 31, 2012

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Change in net assets	\$ 980	\$ 2,536
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,442	4,326
Provision for bad debt expense	1,934	5,554
Net Change in unrealized (gains) losses on Investments	1,024	5,321
Transfer to component unit - Grider Initiative, Inc.	77	193
Capital contribution to/from Erie County	-	-
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	675	(2,699)
Prepaid expenses, inventories and other receivables	(1,026)	(2,083)
Accounts payable	(1,214)	3,023
Accrued salaries and benefits	(2,425)	(2,769)
Estimated third party payer settlements	202	(384)
Other accrued expenses	(673)	(16,765)
Self Insurance reserves	904	2,989
Other liabilities	1,135	3,406
Net Cash Provided by (Used in) Operating Activities	<u>3,035</u>	<u>2,648</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Additions to Property and Equipment, net		
Campus expansion	(8,803)	(27,070)
Routine capital	(1,563)	(5,042)
Decrease (increase) in assets whose use is limited	6,690	4,659
Purchases (sales) of investments, net	6,007	10,064
Investment in component unit - Grider Initiative, Inc.	(77)	(193)
Change in other assets	<u>(1,608)</u>	<u>(1,608)</u>
Net Cash Provided by (Used in) Investing Activities	<u>646</u>	<u>(19,190)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Principal payments on long-term debt	(225)	(675)
Capital contribution to/from Erie County	<u>-</u>	<u>-</u>
Net Cash Provided by (Used in) Financing Activities	<u>(225)</u>	<u>(675)</u>
Increase (Decrease) in Cash and Cash Equivalents	3,456	(17,217)
Cash and Cash Equivalents, Beginning of Period	<u>17,549</u>	<u>38,222</u>
Cash and Cash Equivalents, End of Period	<u>\$ 21,005</u>	<u>\$ 21,005</u>

Erie County Medical Center Corporation

Key Statistics
Period Ended March 31, 2012

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
Discharges:				Discharges:			
1,003	914	9.7%	878	2,775	2,721	2.0%	2,614
131	114	14.9%	112	363	312	16.3%	306
28	33	-15.2%	39	78	97	-19.6%	113
210	215	-2.3%	216	621	583	6.5%	586
50	35	42.9%	38	102	87	17.2%	94
1,422	1,311	8.5%	1,283	3,939	3,800	3.7%	3,713
Total Discharges				Total Discharges			
Patient Days:				Patient Days:			
5,893	5,467	7.8%	5,558	17,702	16,276	8.8%	16,320
411	478	-14.0%	362	1,209	1,307	-7.5%	1,073
529	621	-14.8%	734	1,487	1,823	-18.4%	2,091
2,690	2,925	-8.0%	2,819	8,013	7,934	1.0%	7,804
956	885	8.0%	678	2,426	2,204	10.1%	2,274
10,479	10,376	1.0%	10,151	30,837	29,544	4.4%	29,562
Total Days				Total Days			
Average Daily Census:				Average Daily Census:			
190	176	7.8%	179	195	179	8.8%	181
13	15	-14.0%	12	13	14	-7.5%	12
17	20	-14.8%	24	16	20	-18.4%	23
87	94	-8.0%	91	88	87	1.0%	87
31	29	8.0%	22	27	24	10.1%	25
338	335	1.0%	327	339	325	4.4%	328
Total ADC				Total ADC			
Average Length of Stay:				Average Length of Stay:			
5.9	6.0	-1.8%	6.3	6.4	6.0	6.6%	6.2
3.1	4.2	-25.2%	3.2	3.3	4.2	-20.5%	3.5
18.9	18.8	0.4%	18.8	19.1	18.8	1.4%	18.5
12.8	13.6	-5.8%	13.1	12.9	13.6	-5.2%	13.3
19.1	25.3	-24.4%	17.8	23.8	25.3	-6.1%	24.2
7.4	7.9	-6.9%	7.9	7.8	7.8	0.7%	8.0
Average Length of Stay				Average Length of Stay			
4,165	3,861	7.9%	4,081	12,189	11,699	4.2%	11,772
134	125	7.9%	132	134	129	4.2%	131
SNF Days				SNF Days			
SNF ADC				SNF ADC			
Occupancy:				Occupancy:			
61.5%	60.9%	1.0%	59.5%	62.7%	59.0%	6.1%	59.7%
80.7%	80.1%	0.8%	77.2%	82.4%	77.7%	6.1%	76.2%
82.2%	80.1%	2.7%	78.7%	84.0%	77.7%	8.2%	79.5%
% of acute licensed beds				% of acute licensed beds			
% of acute available beds				% of acute available beds			
% of acute staffed beds				% of acute staffed beds			
Case Mix Index:				Case Mix Index:			
1.59	1.89	-15.9%	1.86	1.77	1.83	-3.1%	1.80
2.33	2.20	6.0%	2.16	2.16	2.19	-1.7%	2.15
131	162	-19.1%	150	369	453	-18.5%	415
391	399	-2.0%	367	1,209	1,161	4.1%	1,078
626	589	6.3%	735	1,894	1,875	1.0%	1,991
29,207	35,194	-17.0%	33,163	83,362	91,573	-9.0%	86,515
5,430	5,539	-2.0%	5,108	15,427	15,630	-1.3%	14,423
35.8	42.0	-14.8%	52.2	35.8	42.0	-14.8%	52.2
6.1%	6.1%	-0.1%	6.1%	6.0%	6.1%	-0.8%	6.2%
2,355	2,442	-3.6%	2,375	2,388	2,365	1.0%	2,422
2.89	3.13	-7.7%	2.84	2.98	3.15	-5.4%	3.01
\$ 12,048	\$ 12,958	-7.0%	\$ 11,734	\$ 12,830	\$ 12,794	0.3%	\$ 12,095
\$ 14,555	\$ 15,311	-4.9%	\$ 15,126	\$ 15,890	\$ 15,600	1.9%	\$ 15,925
Net Revenue per Adjusted Discharge				Net Revenue per Adjusted Discharge			
Cost per Adjusted Discharge				Cost per Adjusted Discharge			
Erie County Home:				Erie County Home:			
10,939	10,825	1.1%	14,236	32,695	32,172	1.6%	42,115
353	349	1.1%	459	359	354	1.6%	468
60.2%	59.6%	1.1%	78.4%	61.3%	60.3%	1.6%	79.9%
328	340	-3.6%	410	343	335	2.4%	421
Patient Days				Patient Days			
Average Daily Census				Average Daily Census			
Occupancy - % of licensed beds				Occupancy - % of licensed beds			
FTE's				FTE's			



**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
APRIL 2012

LONG TERM CARE-ERIE COUNTY HOME/ECMC SNF:

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

The Long Term Care Steering Committee is overseeing, planning and carrying out:

- Remaining downsizing initiative(currently we are down to 363 beds);
- 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;
- Impact negotiation session (AFSCME, CSEA, NYSNA)follow-up items;
- Appropriate exit(clear out and clean up)of the EC Home;
- Implementation of EMR and integration of the nursing home on ECMC Campus;
- FFE & technology initiatives;

Meetings are held weekly and an aggressive agenda is covered.

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 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 July;

ECMC submitted to OMH (Administrative Action) and DOH (notification of services) applications to create a CPEP Fast Track Triage. This would help reduce the volume of patient flow into CPEP (which will ease overflow conditions). Fast Track Triage will provide “first level” assessment and determine if entry into CPEP necessary or perhaps coordination to Outpatient or other services (i.e. medication) more appropriate. The cost to renovate existing space is about \$200,000. This should be up and operational by end of July;

ECMC/Kaleida will be closely monitoring the DOH HEAL-21 awards which should be known by end of March. \$25 million has been requested to consolidate programs and services here at ECMC to create the Behavioral Health Center of Excellence;

Mary Monteleone, RN has been appoint to the newly created position Clinical Nurse Specialist for the CPEP. This new position will help improve operational and clinical processes. Mary is starting April 8, 2012;

ERIE COUNTY MEDICAL CENTER CORPORATION

The Outpatient Chemical Dependency Clinic Steering Committee has completed a draft Redesign Report. This report identifies specific actions that have taken place or will take place in 2012 that will improve operational efficiencies. This includes:

- Onsite drug testing;
- Developing a Suboxone program;
- Technology improvements(electronic patient registration, scheduling and bar code billing);
- Consolidation of DTC(1280 Main Street)onto one floor;
- Increasing referrals from ECMC to our outpatient clinics;
- Streamlining work processes and job/task redesign;
- Productivity and quality measures;

The committee has about 2-3 more meetings. Last task is to determine whether DTC should stay at 1280 Main Street or find a new location;

REHABILITATION SERVICES:

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

We are currently interviewing clinical director candidates from Rochester, Phoenix and Michigan. We hope to have a clinical director on board by this summer;

Outpatient clinic has expanded physician hours and schedules to meet patient demands and to insure continuum of care;

HYPERBARIC/WOUND CENTER (HWC):

The center continues to slowly and incrementally grow volumes. We currently are running full day schedules Monday through Friday.

We are planning on holding a Hyperbaric/Wound Symposium in November. More details forthcoming;

Monthly score card includes:

- 47 new referrals;
- 70 HBO Segment treatments;
- 88% healed(6% below benchmark);
- 29 days to heal(at benchmark);
- 95% Press Gainey(benchmark);

ERIE COUNTY MEDICAL CENTER CORPORATION

TRANSITIONAL CARE UNIT (TCU):

Transitional Care Unit (TCU) location has been determined. The TCU will be located on the 6th floor zone 2. We are looking to get access for construction in early July. ECMC has submitted a revised CON notifying the DOH of the change in location and reduction in beds. We are also currently working on all CMS 855A applications and regulatory requirements which allow ECMC to operate. Tentative schedule will probably put us somewhere in October for opening.

A leadership team visited Binghamton TCU on April 4, 2012.

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;

By request from our customers, the cafeteria has expanded hours, food items and health selections for both the second and third shifts;

Steve Foreman has been appointed Head Chef of the operations. Steve comes to us with a vast amount of restaurant experience and is the right person to make the needed changes in the customer menu areas;

Construction Notice

State of New York Department of Health/Office of Health Systems Management

Project Description

This notice form is for those projects not requiring a limited review or CON review pursuant to Public Health Law Section 2802.

OPERATING CERTIFICATE NO. 1401005H		CERTIFIED OPERATOR Erie County Medical Center Corporation			TYPE OF FACILITY Article 28	
OPERATOR ADDRESS – STREET & NUMBER 462 Grider Street		PFI 0210	NAME AND TITLE OF CONTACT PERSON Richard C. Cleland – Senior Vice President Operations			
CITY Buffalo	COUNTY Erie	ZIP 14215	STREET AND NUMBER 462 Grider Street			
PROJECT SITE ADDRESS – STREET & NUMBER 462 Grider Street		PFI 0210	CITY Buffalo	STATE NY	ZIP 14215	
CITY Buffalo	COUNTY Erie	ZIP 14215	TELEPHONE NUMBER 716-898-5072	FAX NUMBER 716-898-5178		
TOTAL PROJECT COST: \$ 231,662			CONTACT E-MAIL: rcleland@ecmc.edu			

In the space below, provide a factual narrative describing the infrastructure, repair/maintenance or equipment replacement activity to be undertaken:

The project is a 1,500 square feet renovation of existing under-utilized space directly adjacent to the existing CPEP and adjacent to the existing Social Worker's office. A separate observed waiting room, with storage areas for patient personal belongings will be provided. In addition, an exam room and two interview rooms will be created for patient evaluations and screenings. Two administrative offices are also included in the project. The new space will be constructed as a waiting room and patients will be free to leave at anytime.

New finishes, VCT and sheet vinyl floors, acoustical panel ceilings, and painted gypsum wallboard (with Pionite wall protection) will be provided. The renovations will include HVAC rework, new electrical systems including an addressable fire alarm and lighting, minor plumbing work and the entire area will be sprinklered.

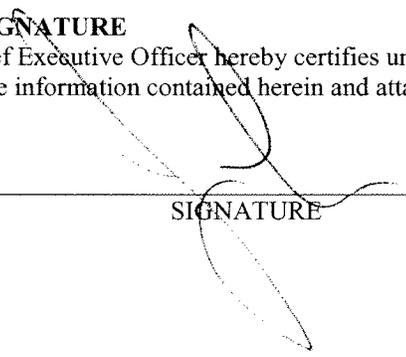
If this project involves construction enter the following anticipated construction dates on which your cost estimates are based:

Construction Start Date: April 25, 2012

Construction Completion Date: July 15, 2012

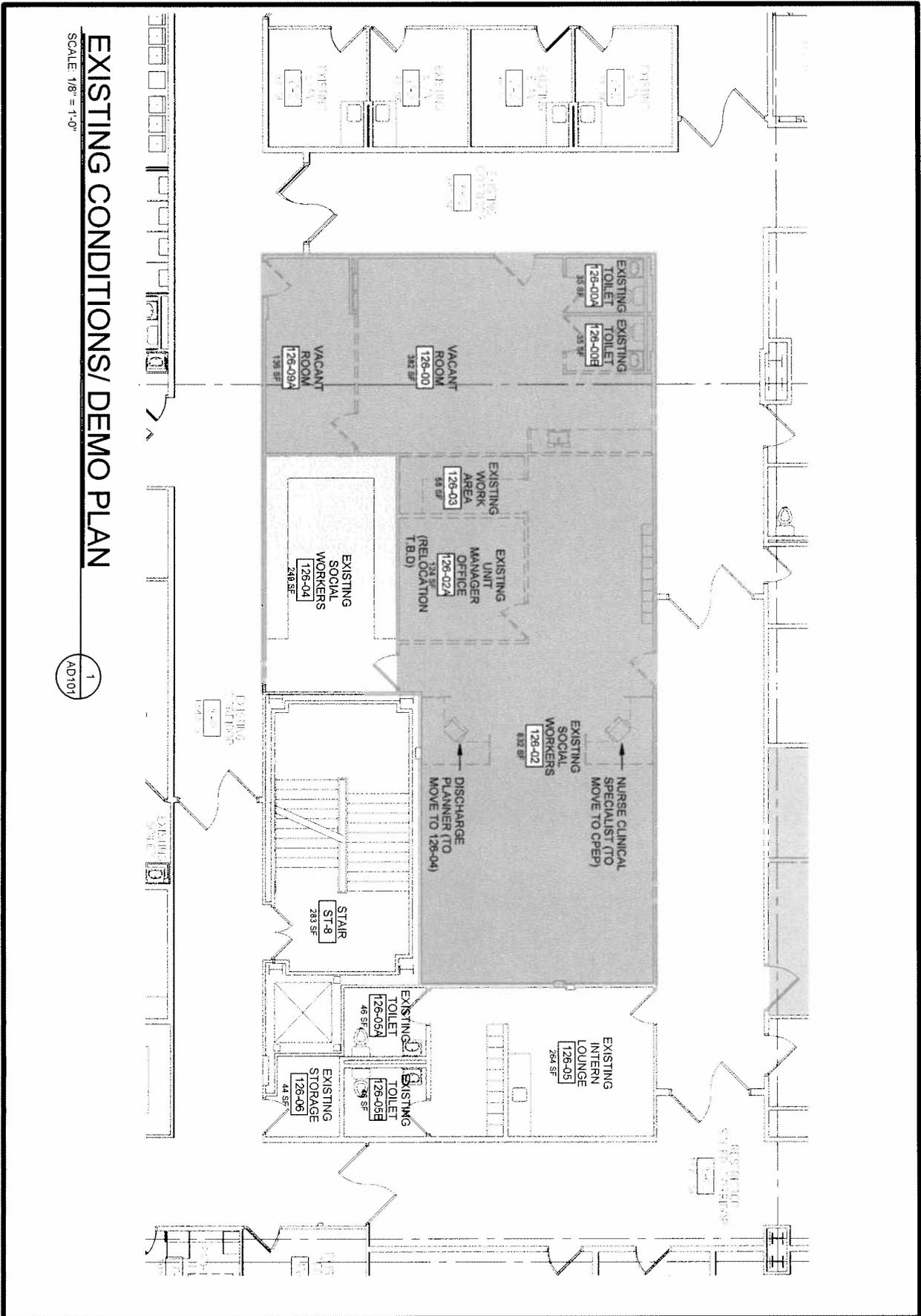
AUTHORIZING SIGNATURE

The undersigned Chief Executive Officer hereby certifies under penalty of perjury that he is duly authorized to subscribe and submit this notice and that the information contained herein and attached hereto is accurate, true and complete in all material aspects.



SIGNATURE

March 29, 2012
DATE



EXISTING CONDITIONS/ DEMO PLAN

SCALE: 1/8" = 1'-0"

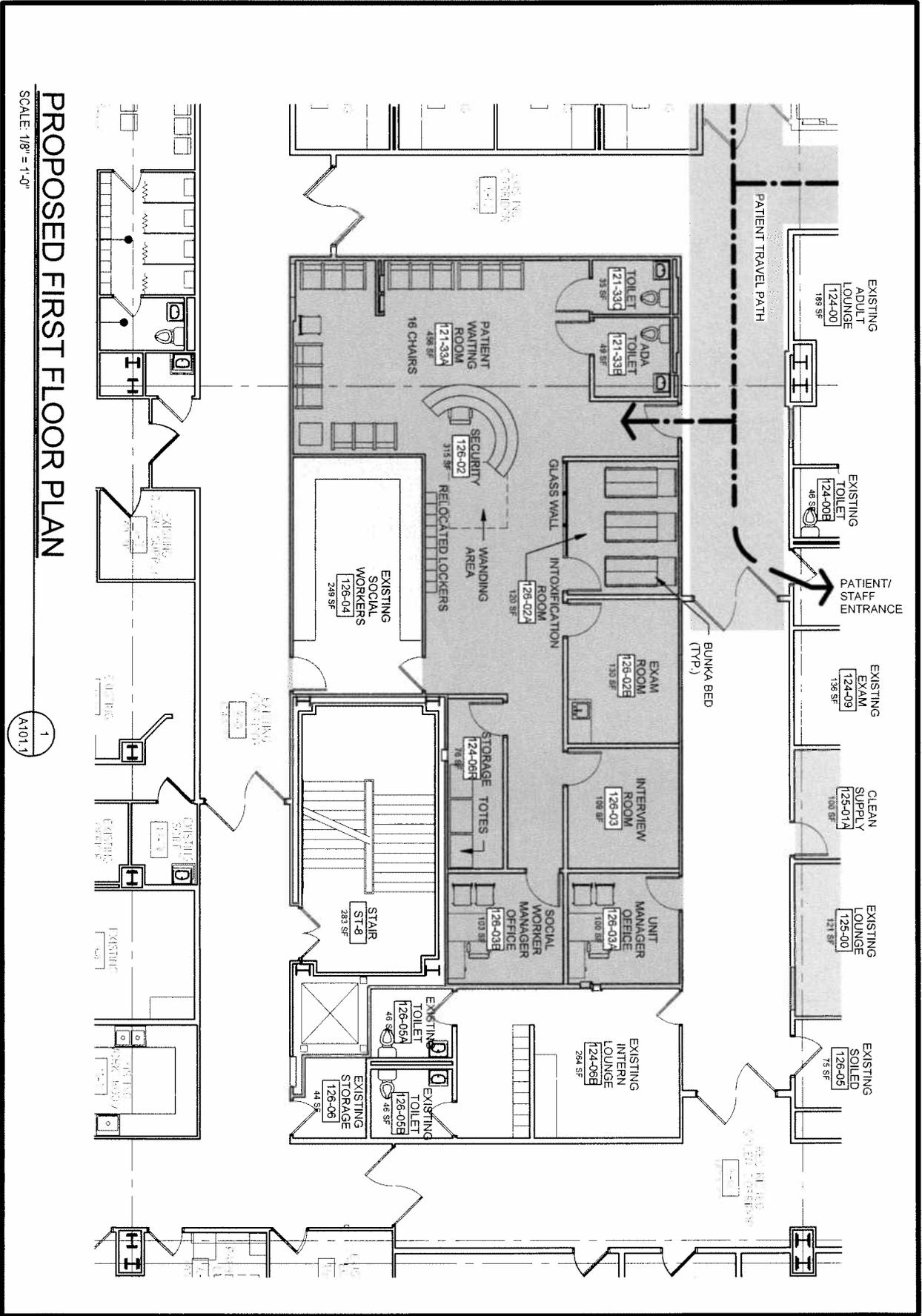
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AD101

KIDENEY ARCHITECTS
 200 JOHN JAMES ALEXANDER PARKWAY
 AMHERST, NEW YORK 14206
 (716) 455-4700 • Fax (716) 455-4763

ECMC
 ERIE COUNTY MEDICAL CENTER CORPORATION
 400 GLENN STREET, BUFFALO, NEW YORK 14203
 CPEP - EXPANSION/RENOVATION STUDY

EXISTING CONDITION/ DEMO PLAN (PHASE 1)

2011036.00	03/06/2012
1/8" = 1'-0"	AD101
JTJ	
AMS	



PROPOSED FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

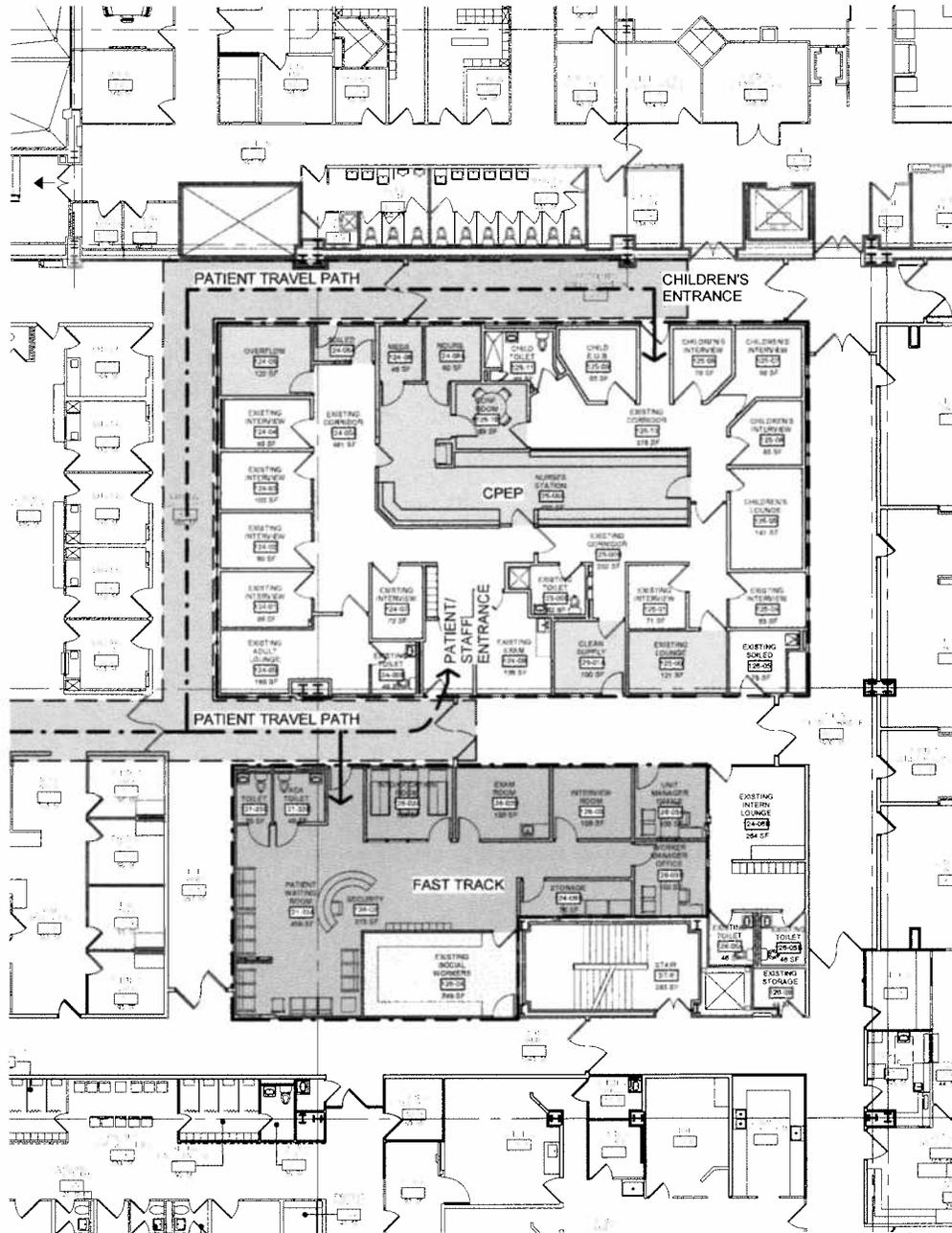
1
A101.1

KIDENEY ARCHITECTS
 200 JOHN JAMES ALDRICH PARKWAY
 AMHERST, NEW YORK 14226
 (716) 464-9700 • FAX (716) 464-8783

ECMC
 ERIE COUNTY MEDICAL CENTER CORPORATION
 400 COLLEGE STREET, BUFFALO, NEW YORK 14202
 CPEP EXPANSION/RENOVATION STUDY

2011036.00	03/06/2012
1/8" = 1'-0"	A101.1
JTJ	
AMS	

PROPOSED FLOOR PLAN (PHASE 1)



PROPOSED FIRST FLOOR PLAN

SCALE: 1/16" = 1'-0"

1
A102



ECMC
ERIC COUNTY MEDICAL CENTER CORPORATION
MULTI-PHASE CHILD ENDOCRINE / ENDOCRINE TALKS
CPEP: EXPANSION/RENOVATION STUDY

PARTIAL FIRST FLOOR PLAN

2011036.00	03/06/2012
1/16" = 1'-0"	
JTJ	A102
AMS	Comm 9M-9



**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
 April 24, 2012

PHARMACEUTICAL SERVICES – RANDY GERWITZ

The Department of Pharmaceutical Services utilizes the Lazarus Report as a benchmarking tool. Data was provided by 96 hospitals. A summary of the findings relative to ECMCC as provided below.

Key Statistics
The Lazarus Report 2011 Data

Key Statistics: TLR 2012

2011	Community Group			ECMC	ECMC better than University best quartile	University Group		
	25 th Q	50 th Q	75 th Q			25 th Q	50 th Q	75 th Q
Staffing Measures								
Pharmacists per 100 beds	6.3	8.5	10.0	5.8	Yes	9.6	11.7	14.8
Non-pharmacists per 100 beds	5.1	6.4	8.9	5.6	Yes	6.9	8.9	11.8
Administrative staff per 100 beds	0.8	1.2	1.7	0.73	Yes	0.9	1.2	1.6
Percentage of beds ICU	7%	10%	18%	11.2	-	13%	20%	24%
Cost Measures								
Salary cost per full-time equivalent	\$ 63,774	\$ 77,220	\$ 81,999	\$73,641	No	\$ 67,635	\$ 75,587	\$ 86,276
Salary cost per admission	\$ 175	\$ 228	\$ 310	\$226	Yes	\$ 264	\$ 373	\$ 491
Doses per patient day	-	20	27	16	Yes	16	23	27
Drug cost per dose	\$ 3.00	\$ 3.59	\$ 5.39	\$3.93	Yes	\$ 4.33	\$ 6.42	\$ 8.41
Drug cost per admission	\$ 262	\$ 336	\$ 521	\$510	Yes	\$ 545	\$ 826	\$ 1,009
Drug cost per patient day	\$ 63	\$ 80	\$ 104	\$63	Yes	\$ 108	\$ 139	\$ 176
Inventory turns annually	6.0	8.2	12.4	9.9	No	9.3	11.7	15.1
Pharmacy's total cost per admission	\$ 683	\$ 1,154	\$ 1,425	\$975	Yes	\$ 1,109	\$ 1,927	\$ 2,941
Hospital's total cost per admission	\$ 2,725	\$ 17,345	\$ 24,112	\$26,748	No	\$ 22,467	\$ 26,748	\$ 36,785
Pharmacy cost as a % of hospital cost	4.7%	6.1%	7.7%	3.65%	Yes	5.3%	6.7%	9.7%

Key observations are highlighted.

IMAGING – ERIC GREGOR

MARCH 2012 Radiology Volumes:

2012 MARCH STATS ***FINAL***						
Compared to March 2011						
MODALITY	Inpatient PROC	Inpatient %	Outpatient PROC	Outpatient %	TOTAL PROC	TOTAL %
ANGIO	14	26.92%	-25	-23.15%	-11	-6.88%
CT	411	31.57%	288	18.75%	699	24.63%
Diagnostic	228	6.45%	38	0.07%	266	2.96%
Mammography	4	300.00%	-36	-21.43%	-32	-18.82%
MRI	3	1.81%	8	3.36%	11	2.72%
Nuclear Medicine	-18	-13.53%	-46	-12.67%	-64	-12.90%
Ultrasound	46	22.33%	-9	-2.45%	37	6.45%
TOTALS:	688	12.75%	218	2.65%	906	6.44%

2011/2012 Procedural Comparisons (Through March):

2011 Change:				
MODALITY	2011	2012	VAR	%VAR
Angiography	444	369	-75	-16.89%
CT	8506	9767	1,261	14.82%
RAD ER	9583	9922	339	3.54%
Mammogram	444	346	-98	-22.07%
MRI (IP & OP)	1095	1208	113	10.32%
Nuclear Medicine	1152	1201	49	4.25%
RAD General	13315	12998	-317	-2.39%
RAD Ortho	3135	2982	-153	-4.88%
Ultrasound	1458	1611	153	10.49%
TOTALS:	39132	40404	1,272	3.25%

Through March, Radiology denials have decreased by \$30,000, or 54% from 2011. Late Charges through March are down by 7% from 2011. Radiology Staff Productivity through March is 6.30% better than the Industry Average.

Mammography has begun its ramp down. Plans of Closure and shifting of patient services underway.

AMBULATORY SERVICES – Interim Director PAUL MUENZNER

The search for a replacement for Katrina Karas continues. Paul Muenzner, currently the Director of Physician Contracting at ECMCC, has agreed to act as Interim Director of Ambulatory Services during the interim.

Immunodeficiency (HIV) has been invited to present a poster at the annual International HIV Conference to be held in Washington D.C. in May. This is a major accomplishment and acknowledgement of the work this sub-specialty is providing for the community.

Grider Family Health Center has completed its first full two months in business. All furniture is now in place and new signage has been installed on the façade of the building. The hospital is planning a ribbon cutting and open house for mid May.

The largest ambulatory clinic area, namely Internal Medicine (IMC), is the next Allscripts EMR system implementation being planned. The target date for implementation is late in the year with initial preparation, development and training starting this month. Part of the process will encompass the compilation of all paper charts for scanning into the EMR system and all hospital areas being provided with read-only access so that the hospital maintains one patient chart.

LABORATORY – JOSEPH KABACINSKI

A number of changes have occurred in Laboratory to better serve the Transplant Program. We are waiting final approval by the New York State Clinical Lab Evaluation Program (CLEP) of our in-house BK virus quantification PCR testing needed for the transplant program and other interested clinicians. The in-house assay will provide substantial savings when compared with the cost of send-out to a reference lab. Also in development for Transplant is an in-house assay for evrolimus, a new immunosuppressant drug prescribed for post-transplant patients. A new assay takes 6-8 weeks to develop and approve. The Lab has introduced Saturday testing for tacrolimus and sirolimus and new lab order requisitions for pre and post transplant and renal Lab testing as requested by the Transplant program physicians.

We received approval of our Limited Services Lab permit from New York State. This permit is good for two years through April 15, 2014. The Limited Services Lab permit grants approval for the performance of point-of-care testing at ECMC. Approximately 207,000 point-of-care tests are performed annually at ECMC inpatient and outpatient locations.

TRANSPLANTATION & KIDNEY CARE CENTER - JOHN HENRY

DIALYSIS

The Outpatient Dialysis Center has continued to enjoy steady growth in capacity from 53% in February to 60% in March. This equates to an additional fifteen patients who have begun chronic dialysis treatments at the center (114 in February to 129 in March). The growth is steady and coordinated to match the Center's staffing capabilities. We continue to recruit new nurses as the growth pattern continues. The three, 12-chair dialysis suites are running two full shifts plus an additional third shift is running out of the third suite. Total treatments continue on a trajectory to exceed 20,000 for FY 2012.

There has been a substantial increase in ECMCC patient cases that require plasmapheresis. There were five treatments in January, seven in February and thirty-one treatments in March. The growth has had a definite impact on how the dialysis nurses have been staffed and utilized to handle additional volume.

TRANSPLANTATION

Deceased kidney donations have been stagnant. Since February 20th, there was one deceased donor (from the WNY region) for transplant. There were no import organs that went through to transplantation. We continue to review the UNOS Organ Offer reports to assess our region, our standards for accepting organs as well as the trends around the state and country. We did complete two living donor transplants in March. We continue to focus much attention on the value and patient benefit from receiving a living donor organ. All new referrals who seek evaluation for placement on the active waiting list are provided with this information. We are currently booked for living donor surgeries through mid-June.

Inpatient bed utilization continues to be near max capacity for the 11 new beds on 10North. We have had very favorable feedback regarding the nursing staff and patient satisfaction with the rooms. Construction is on track for completion of the balance of the 10North beds. Nursing staff continues rotational training through the TICU to be properly prepared to manage the transplant patient immediately post-operatively in the 4-bed multi-acuity section of 10North.



Chief Medical Officer

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

UNIVERSITY AFFAIRS

The matter concerning the Neurology resident on the consult service will be revisited at this month's GMEC meeting on Tuesday April 17th. I will provide an update.

PROFESSIONAL STEERING COMMITTEE

Next meeting is scheduled for June 2012.

MEDICAL STAFF AFFAIRS

See separate report by Sue Ksiazek for full details.

CLINICAL ISSUES

UTILIZATION REVIEW	January	February	March	YTD vs.2011
Discharges	919	852	999	up 6.0%
Observation	108	130	136	down 19.0%
LOS	6.8	6.9	6.1	up 6.0%
CMI	1.95	1.99	2.10	up 2.2%
Surgical Cases	843	793	831	up 4.8%
Readmissions (30d)	14.0%	14.0%		

ICD-10 DEADLINE PUSHED BACK ONE YEAR.

Washington Federal health officials are using an administrative simplification rule to propose delaying by one year the " ICD-10 deadline. HHS estimates that cutting red tape for health professionals and plans will save them up to \$4.6 billion in administrative costs during the next decade. According to HHS Secretary Kathleen Sebelius, "these important simplifications will mean doctors can spend less time filling out forms and more time seeing patients."

NEW: **Dr. Joseph Izzo** is named the 2012 recipient of the prestigious American Society of Hypertension's Clinical Hypertension Award, to be presented May 21 in New York City.
<http://www.ash-us.org/>

Also in May, **Dr. Anne Curtis** will receive the Heart Rhythm Society's Distinguished Service Award in recognition of her outstanding contributions to the Heart Rhythm Society.
<http://www.hrsonline.org/>

MEDICARE SPENDING PER BENEFICIARY REPORT

CMS recently released the first version of this report which provides information on individual hospital's performance on the Medicare Spending Per Beneficiary (MSPB) Measure that CMS intends to make public on the *Hospital Compare* website. CMS expects to include this measure in future years of the Hospital Value-Based Purchasing (VBP) program. The Hospital VBP program is designed to improve the efficiency and quality of care by providing financial incentives to hospitals based on their performance on selected quality measures. As part of the Hospital VBP Program, the MSPB Measure assesses Medicare Part A and Part B payments for services provided to a Medicare beneficiary during a spending per beneficiary episode that spans from three days prior to an inpatient admission to 30 days after discharge. The payments included in this measure are price-standardized and risk-adjusted to remove sources of variation not directly related to hospitals' decisions to utilize care. Detailed measure specifications, including exclusions, the payment standardization methodology, and an MSPB Measure calculation example, can be found at: <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772053996>

The screenshot shows a PDF document titled "ERIE COUNTY MEDICAL CENTER" with the following content:

Your Hospital's MSPB Measure*
0.94

*This information will be posted on *Hospital Compare* for hospitals with 10 or more eligible admissions.

Page 7 of 13

Table 2 displays your hospital's MSPB Amount during the period from May 15, 2010 through February 14, 2011 and summarizes your hospital's MSPB performance relative to other hospitals in your State and in the entire Nation.

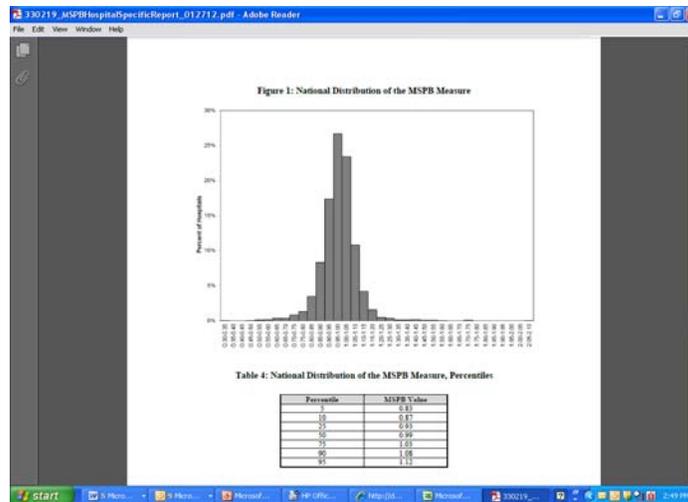
Table 2: Additional Information About Your Hospital's MSPB Performance*
ERIE COUNTY MEDICAL CENTER

Number of Eligible Admissions at Your Hospital	Your Hospital's MSPB Amount	State Average MSPB Amount	U.S. National Average MSPB Amount
909	16,898.40	16,877.93	17,653.74

*This information will not be posted on *Hospital Compare*.

Detailed Medicare Spending Per Beneficiary Measure Statistics

To supplement the summary information above, this section provides a more detailed...



HIPAA Compliance for Clinician Texting

Text (or SMS) messaging has become nearly ubiquitous on mobile devices. According to one survey, approximately 72 percent of mobile phone users send text messages. Clinical care is not immune from the trend, and in fact physicians appear to be embracing texting on par with the general population. Another survey found that 73 percent of physicians text other physicians about work. Texting can offer providers numerous advantages for clinical care. It may be the fastest and most efficient means of sending information in a given situation, especially with factors such as background noise, spotty wireless network coverage, lack of access to a desktop or laptop, and a flood of e-mails clogging inboxes.

The Risks of Text Messaging

Examples of threats include:

- Theft or loss of the mobile device
- Improper disposal of the device
- Interception of transmission of ePHI by an unauthorized person
- Lack of availability of ePHI to persons other than the mobile device user

It is worth keeping in mind that the threat of external interception is likely far smaller than the threat of theft or loss of the device.

Proposed Solutions

- An administrative policy prohibiting the texting of ePHI or limiting the type of information that may be shared via text message (e.g., limiting condition-specific information or information identifying a patient)
- Workforce training on the appropriate use of work-related texting
- Password protection and encryption for mobile devices that create, receive, or maintain text messages with ePHI

- An inventory of all mobile devices used for texting ePHI (whether provider-owned or personal devices)
- Proper sanitization of mobile devices that text ePHI upon retirement of the device
- A policy requiring annotation of the medical record with any ePHI that is received via text and is used to make a decision about a patient
- A policy setting forth a retention period or requiring immediate deletion of all texts that include ePHI
- Use of alternative technology, such as a vendor-supplied secure messaging application

Article citation:

Greene, Adam H. "HIPAA Compliance for Clinician Texting." *Journal of AHIMA* 83, no.4 (April 2012): 34-36.



Associate Medical Director

ERIE COUNTY MEDICAL CENTER CORPORATION

REPORT TO BOARD OF DIRECTORS
DIETRICH JEHL, MD, ASSOCIATE MEDICAL DIRECTOR
APRIL 23, 2012

CLINICAL ISSUES

Transfer Center

We will start marketing the transfer center information to outlying hospitals – cards completed and being printed.

Smoking Policy for Patients

We have adopted a new smoking policy for our patients. We will need to work on enforcement, smoking cessation counseling and provision of drug treatment of nicotine withdrawal (patch).

Clinical Documentation Initiative

The physician response rate has remained high - 99% this past month - agreement rate of 95% (over 200 Queries).

ALC (Alternative Level of Care) Patients

The total numbers of ALC days were up significantly in the beginning of this year, averaging approximately 20 ALC patients per day. This negatively impacts on length of stay and hospital profitability. We are partnering with nursing homes with lower occupancy rates for potential solutions. We have made significant improvements in April, averaging 9.2 ALC patients per day.

Emergency Department Throughput

Total ED visits have increased by 6.9% for 2012 year to date and hospital admissions from the emergency department are up by 4.3% compared with 2011.

Operating Room Utilization

The operating room volume for 2012 year to date is up by 2.4% compared to 2011 (despite running one room short of 2011 due to renovations).

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 April 10th 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.



Vice President of Human Resources

**ERIE COUNTY MEDICAL CENTER
BOARD OF DIRECTORS
HUMAN RESOURCES DEPARTMENT
APRIL 24, 2012**

I. CSEA NEGOTIATIONS

ECMCC and the County have been meeting with the CSEA.

II. NYSNA NEGOTIATIONS

NYSNA negotiations have not yet been scheduled.

III. AFSCME TRIAGE

John Orlando has retired as president of Local 1095. Joseph Gredzicki has been elected as president. Joe is an SPD Aide employed with ECMCC.

IV. BENEFITS UPDATE

Independent Health has been selected by the Labor Management Healthcare Fund to replace MedImpact as the pharmacy benefit provider. The transition is effective July 1, 2012.

V. TRAINING

Kim Jansen Willer of Palladian EAP provided an in-service on EAP referrals to Management Council on April 12, 2012.

Kathleen O'Hara, VP of HR, provided an in-service on "Civil Service & the Taylor Law" for forty-two managers and supervisors on April 2, 2012.

Customer Service workshops involving Handling Customer Complaints will take place on 4/19/12 and one entitled Professional Manners - Improved Customer Service will take place on May 24, 2012. These topics are mandatory for staff.

VI. NURSING TURNOVER RATES

March Hires – 4.5 FTES – 2.5 FTES Med/Surg, 1 FTE Behavioral Health & 1 FTE Critical Care 25.5 FTES hired YTD. (2.5 LPN FTES hired, 2 FTES Med/Surg, .5 FTE Hemo. 9.5 LPN FTES hired YTD)

March Losses – 6 FTES - .5 FTE Med/Surg (became a NP), 1 FTE Behavioral Health (retired), 2 FTES ED (1 FTE retired, 1 FTE new job), 2 FTES Critical Care (1 FTE terminated, 1 FTE retired), .5 FTE OR. (12 FTES lost YTD)

Turnover Rate .8% (.4% without retirees)

Quit Rate - .4% (.26% without retirees)

Turnover Rate YTD – 1.59% (1.06% without retirees) 1.19% 2011

Quit Rate YTD – 1.32% (1.06% without retirees) .79% 2011

April Hires – 18.5 FTES – 12.5 FTES Med/Surg, 4 FTES Behavioral Health and 2 FTES Critical Care. 46 FTES hired YTD. (6.5 FTES hired, 3 FTES Med/ Surg, 1 FTE Behavioral Health, 2.5 FTES Hemo. 16 FTES hired YTD)

Recruitment Activities:

Attended GCC Job Fair with Peggy Cieri 3/8/12

Attended Trocaire Job Fair 3/14/12

Attended D'Youville job Fair with Shirley Csepegi, RN Unit Manager, Behavioral Health 4/11/12

VII. EMPLOYEE SURVEY

The Employee Survey identified effective communication as a challenge for the institution. Email accounts will be implemented on a staggered basis for Nursing Department staff including RNs, LPNs, ACCs, etc. This will assist with training, inter- and intra-departmental communications, and development of an improved corporate culture.



Chief Information Officer



HEALTH INFORMATION SYSTEM/TECHNOLOGY

March 2012

The Health Information Systems/Technology department has completed or is currently working on the following projects.

ARRA Meaningful Use Inpatient Report Card. ECMC continues to strive toward completing Meaningful Use Stage 1 by July 1st, 2012. This will allow the organization to attest on for completion of MU Stage 1 for inpatient on October 1, 2012. In addition, the organization is preparing for Clevehill Family Practice and Grider Health Family Practice for attestation for MU Stage 1 on October 1, 2012

Computerized Physician Order Entry. The team is in near completion of optimizing the procedure dictionaries for ED CPOE as well as final sign off of the future state workflows. Plan to focus on integrated testing; development of the training and support plan for pre and post go live. Targeted go live for ED CPOE is scheduled for June 2012. Meeting this goal will fulfill the CPOE objective placed by the ARRA Meaningful Use Stage 1.

Microsoft Exchange System (Email) Upgrade. Completed the installation of the Microsoft Exchange System infrastructure and is the process of performing system testing, finalizing the training and communication material and updating the ECMC Email Acceptable Use Policy. The team is working with the nursing staff to begin roll out to the nursing staff by month end. Project will then focus on upgrading current email users to the new email solution.

ECMC Campus Infrastructure Improvements. Complete the upgrade of the main data switch and supporting architecture to move toward a fully meshed infrastructure. This will allow for improved system redundancy. In addition, we are finalizing the vendor selection for ECMC's off site disaster recovery vendor. Anticipated vendor selection is targeted for May 15th.



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
April 24, 2012

Marketing

“True Care” and “Expansion” marketing campaign for 2012 underway
New department marketing underway
Mammography Bus expected to start June 1 and marketing underway

Planning and Business Development

Operation Room expansion filed
Coordinating Accelero Orthopedic and General Surgery margin initiative
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 underway
Another large primary care practice in development
In discussions with four large specialty practices looking to affiliate with ECMC
Presentations made to two rural hospitals for affiliations
New Oncologist signed for ECMC practice

Media Report

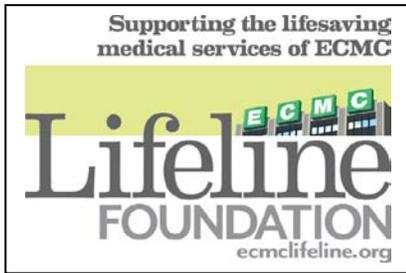
- **Western New York Health: ECMC, Kaleida to create Center of Excellence for Behavioral Health Care.** Erie County Medical Center and Kaleida Health announced a joint state application for funding to help consolidate mental health and drug dependency treatment in one \$35 million Regional Behavioral Health Center of Excellence at ECMC.
- **The West Seneca Bee: Bracelet club supports ECMC rehab patients.** A group of fourth graders makes and sells bracelets at their school, East Elementary, with 100% of their proceeds being donated to the Lifeline Foundation who will use the funds to bring in therapy dogs to visit the rehabilitation patients at Erie County Medical Center. Erika Julyan, senior occupational therapist, is quoted.
- **Buffalo Healthy Living: Wound/Hyperbaric Expert joins ECMC Wound Center.** Wound/Hyperbaric Medicine expert Dr. Matthew D. Antalek joins panel of Physician specialists with Erie County Medical Center Wound Center. Elizabeth Engler, Program Director for the Wound Care and Hyperbaric Medicine Center is quoted.
- **WGRZ-TV, Channel 2: Sheehan Memorial is closing; where will patients go?** As Sheehan Health Network prepares to shut its doors for good, other hospitals react to extra patients coming to their facilities. Tom Quatroche quoted.
- **The Buffalo News: Senator pushes for ban on synthetic marijuana.** Ban is supported by ECMC’s Chemical Dependency Unit doctor Richard Blondell, MD, who also attended the Senator’s press conference. Dr. Blondell is quoted.

Community and Government Relations

Discussed Behavioral Health plans and funding assistance with NYS and Congressional Delegation Campaign for employees, community agencies, and community members underway for HEAL grant Meetings held with various community groups regarding mammography bus



Executive Director, ECMC Lifeline Foundation



ECMC Lifeline Foundation Report For ECMCC Board of Directors April 24, 2012

Submitted by
Susan M. Gonzalez, Executive Director

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

- The John R. Oishei Foundation confirmed a pledge \$1,000,000 to the Capital Campaign in March. The gift is believed to be the largest single private gift in the history of the hospital.
- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes continue biweekly and monthly Campaign Cabinet Member meetings are scheduled. Next meeting April 25th. Tours and meetings with prospective donors and campaign cabinet members are being scheduled.

Event News

- **Springfest Gala 2012 - Saturday, May 12, 2012 at the Buffalo Niagara Convention Center Sponsorships, Tables & Tickets are now being sold. The event will feature Motown legends, The Commodores, the Bobby Militello Quartet & Lance Diamond.**

Just 18 days until the Gala. The Committee has been hard at work and financials and attendance are reaching new heights for 2012. This will be our biggest Gala yet.

Financials to date:	
Sponsorship	\$367,500
In-kind	\$ 64,286
Cash other (tickets, donations)	\$ 12,085
	<hr/> \$443,871



Confirmed guests to date: 985

Generous sponsors have donated over 150 tickets for employee use. Raffles are being conducted to distribute tickets and all hospital personnel are eligible.

Distinguished Service Awards will be presented to 2012 honorees:

Dr. Philip M. Stegemann, MD
Chief of Service Orthopaedics

Rita Rivers RN, BSN, CNOR
Nursing Inservice Instructor – Operating Room

- **Tournament of Life Golf Classic – Monday, August 13, 2012 at the Park Country Club**

Both am and pm rounds are being offered. Sponsorship is available at various levels and foursome reservations are now being accepted.

NEW BUSINESS

OLD BUSINESS



Medical-Dental Executive Committee

**MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, MARCH 26, 2012 AT 11:30 A.M.**

Attendance (Voting Members):

D. Amsterdam, PhD	W. Flynn, MD	
Y. Bakhai, MD	R. Hall, MD	
W. Belles, MD	K. Malik, MD	
G. Bennett, MD	M. Manka, MD	
N. Dashkoff, MD	K. Pranikoff, MD	
H. Davis, MD	J. Woytash, MD	
T. DeZastro, MD		
S. Downing, MD		
N. Ebling, DO		
R. Ferguson, MD		

Attendance (Non-Voting Members):

B. Glica, RN	M. Barabas	R. Cleland
J. Fudyma, MD	L. Feidt	S. Gonzalez
D. Jehle, MD	R. Gerwitz	
B. Murray, MD	M. Sammarco	
J. Lomeo	A. Victor-Lazarus, RN	
S. Ksiazek	R. Krawiec	

Excused:

A. Arroyo, MD	J. Izzo, MD	R. Schuder, MD
A. Chauncey, PA	J. Kowalski, MD	P. Stegemann, MD
S. Cloud, DO	J. Lukan, MD	R. Venuto, MD
R. Desai, MD	T. Loree, MD	
C. Gogan, DDS	J. Reidy, MD	Dean M. Cain, MD
		C. Ludlow, RN

Absent:

None.		

I. CALL TO ORDER

- A. Dr. Richard Hall, President-Elect, chair of today's meeting due to President Joseph Kowalski's absence, called the meeting to order at 11:42 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. No report this month. See Chief Medical Officer for University updates.

IV. CEO/COO/CFO BRIEFING

A. CEO REPORT - Jody Lomeo

- a. OUTPATIENT OPERATING ROOMS** – ECMC has submitted a CON (Certificate of Need) to the Department of Health to add two new outpatient operating rooms in the new kidney building with two more on hold for future use. It is expected that the process will take a significant amount of time for approval. This expansion has been approved by both the Great Lakes Health board and the ECMC Board of Directors.
- b. NYS HEAL GRANT OUTCOME** – ECMC is awaiting a response from the State on the request for funds for the behavioral health program. Mr. Lomeo thanked everyone for their support.
- c. GATES VASCULAR INSTITUTE** – Members were provided a tour of the new facility and all were very impressed with the design and layout.
- d. STATE DESIGNATION FOR TRAUMA CENTERS** – The State is changing how it qualifies trauma centers and will require some additional work for the hospital. Initial review of the standards and discussions are underway to ensure accommodation of the requirements.
- e. HOSPITAL STATUS** – Volumes are up and several growth programs expect to continue to increase volumes and growth throughout the year.
- f. SHEEHAN HOSPITAL CLOSING** – Sheehan Hospital announced their closing within the next 90 days. Capacity issues were discussed and anticipation of patients to ECMC. ECMC is capable and prepared to take patients as needed.
- g. PURCHASE OF MEDICAL ONCOLOGY PRACTICE** – Dr. Zale Bernstein, after more than 30 years of exemplary service to the patients of ECMC, sadly passed away last week. He will be greatly missed. Prior to his passing, ECMC purchased the practice and staffing the practice is underway.
- h. O'SHEI FOUNDATION GIFT** – The Foundation is contributing \$1 million to the Transplant program, the largest single gift made to ECMC, it is believed.

B. PRESIDENT'S REPORT – Mark Barabas, President and COO

- a. TRANSPLANT INPATIENT UNIT** – The newly renovated unit opened to patients boasting 10 beautiful private rooms on the 10th floor. Tours of the new unit are being offered prior to the April 18th Medical Staff meeting.

- b. **LONG-TERM CARE FACILITY CONSTRUCTION** – Construction is still running on schedule.
 - c. **EMPLOYEE FITNESS CENTER** – Remodeling for the new fitness center began this month.
- C. FINANCIAL REPORT – Michael Sammarco, CFO**
- a. **VOLUMES** – Discharges are running up slightly over budget. LOS is up .5 days and case mix index in under budget. Surgeries are running slightly under budget.
 - b. **LOSS YTD** – Hospital showing a \$1.5 million net loss and consolidated (ECH) reports a \$2.6 loss year to date. While this is a loss, it is improved over last year and increased volumes in the coming months should reduce the deficit.

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

- A. UNIVERSITY AFFAIRS**
- a. At the GME Committee meeting of March 20th the UB Department of Neurology presented a review of its neurology program as well as plans for the future. The latter included the decision to discontinue the resident on the inpatient consultation service as of July 1st as well as no longer providing a resident for after hours coverage. The rationale was based on questions of service load, adequate teaching and supervision. After extensive discussion the Committee decided to table a vote on the proposal rendering an in-depth review by the Internal Review Committee Chair Dr. Braen of recent resident experiences at ECMC compared to other sites.
- B. PROFESSIONAL STEERING COMMITTEE**
- a. Meeting was held on Monday march 12th. I will provide a verbal update.
- C. MEDICAL STAFF AFFAIRS**
- a. Report provided by Sue Ksiazek.
- D. CLINICAL ISSUES (Utilization Review Report)**

UTILIZATION REVIEW	December	January	February	YTD vs.2011
Discharges	914	919	852	up 0.1%
Observation	105	108	130	down 5.4%
LOS	6.1	6.8	6.9	up 5.4%
CMI	2.02	1.95	1.99	up 0.8%
Surgical Cases	785	843	793	up 4.0%
Readmissions (30d)	13.0%	14.0%		

- E. Dr. Murray provided the following excerpt from the *Center for Disease Control and Prevention Website*. He discussed the importance of this with the group and how these definitions are changing.

Improving Surveillance for Ventilator-Associated Events in Adults

Centers for Disease Control and Prevention (CDC)

What is the National Healthcare Safety Network (NHSN)?

NHSN is the CDC's healthcare-associated infections (HAI) surveillance system (www.cdc.gov/nhsn). NHSN uses standard methodology and definitions to collect data from U.S. healthcare facilities. More than 5000 healthcare facilities in all 50 states now participate in NHSN. Most participating facilities report data on device-associated HAIs, including ventilator-associated pneumonia (VAP). Many states require hospitals to report HAIs using NHSN.

How is VAP surveillance currently conducted in NHSN?

NHSN's current pneumonia (PNEU) definitions were last updated in 2002, and were designed to be used for surveillance of all healthcare-associated pneumonia events, including (but not limited to) VAP.

Three components make up the current PNEU definitions: an "X-Ray" component (required), a "Signs and Symptoms" component (required), and a "Laboratory" component (optional). VAP is specifically defined as a PNEU event that occurs at the time a ventilator is in place, or within 48 hours after a ventilator has been in place. There is currently no required duration that the ventilator must be/have been in place for a PNEU to qualify as a VAP.

Why is the CDC changing the way VAP surveillance is done in NHSN?

The current PNEU definitions are useful for internal quality improvement purposes, but are limited by their subjectivity and complexity. It is necessary to have objective, reliable surveillance definitions for use in public reporting and inter-facility comparisons of event rates and federal pay-for-reporting and -performance programs.

What is the CDC's process for improving NHSN VAP surveillance?

The CDC's Division of Healthcare Quality Promotion (DHQP) is collaborating with the CDC Prevention Epicenters (<http://www.cdc.gov/hai/epicenters>), the Critical Care Societies Collaborative (CCSC, <http://ccsconline.org>), other professional societies and subject matter experts, and federal partners.

*□DHQP initiated a collaboration with the CCSC in September 2011, and convened a **VAP Surveillance Definition Working Group**, consisting of representatives from several organizations with expertise in critical care, infectious diseases, healthcare epidemiology and surveillance, and infection control*

What progress has the Working Group made?

The Working Group has proposed a new surveillance definition algorithm to detect VAEs in adult patients. It is not designed for use in the clinical care of patients. The Working Group anticipates that the new definition algorithm will continue to be refined, based on the results of field experience and additional research. The definition algorithm refinement process is, and will

continue to be iterative, and will require the ongoing engagement of the critical care, infection prevention, infectious diseases and healthcare epidemiology communities.

What is the new, proposed NHSN surveillance definition algorithm?

The definition algorithm (presented on page 3) is only for use with the following patients:

O Patients ≥ 18 years of age;

O Patients who have been intubated and mechanically ventilated for at least 3 calendar days; and

O Patients in acute and long-term acute care hospitals and inpatient rehabilitation facilities.

NOTE: Patients receiving rescue mechanical ventilation therapies (e.g., high-frequency ventilation, extracorporeal membrane oxygenation, or mechanical ventilation in the prone position) are excluded from surveillance using the new, proposed definition algorithm.

How is the new surveillance definition algorithm different from the current PNEU definitions?

The new algorithm: 1) will detect ventilator-associated conditions and complications, including (but not necessarily limited to) VAP; 2) requires a minimum period of time on the ventilator; 3) focuses on readily-available, objective clinical data; and 4) does not include chest radiograph findings.

Why are chest radiographs not included in the new surveillance definition algorithm?

Evidence suggests that chest radiograph findings do not accurately identify patients with VAP. Furthermore, the variability in radiograph ordering practices, technique, interpretation, and reporting make chest radiograph findings less well-suited for inclusion in an objective, reliable surveillance definition algorithm to be used for public reporting and inter-facility comparisons of event rates and pay-for-reporting and -performance programs.

How will I find cases using the new algorithm?

CDC is working on operational guidance to help healthcare facility staff implement the new algorithm for electronic or manual event detection, once it is ready for deployment in NHSN. A possible method to make VAE surveillance more efficient is to organize data elements in a flow sheet at the patient's bedside. In the example below, the shaded area highlights the period during which a possible VAP event is detected.

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

A. CLINICAL ISSUES

a. Smoking Policy for Patients

We will be looking for physician input in drafting and activating a smoking policy for our patients. There are a number of issues regarding number of occurrences prompting discharge, enforcement, smoking cessation counseling and provision of drug treatment of nicotine withdrawal (patch).

b. Surgery Resident Response to Codes

The surgery resident will no longer automatically respond to codes. If the code team needs the surgery resident for an emergency central line or surgical airway, they can page the surgery resident

overhead as: Surgery STAT to _ Zone _. They will also be paged electronically.

c. **Pediatric Patient Policy**

We have taken input from physician and nursing staff to put together a new hospital pediatric policy. We will be drafting a new transfer agreement with Children's Hospital and Kaleida.

d. **ALC (Alternative Level of Care) Patients**

The total numbers of ALC days were up significantly in the beginning of this year, averaging approximately 20 ALC patients per day. This negatively impacts on length of stay and hospital profitability. We are partnering with nursing homes with lower occupancy rates for potential solutions. We have made some improvements in March, averaging 11.4 ALC patients per day.

e. **Emergency Department Throughput**

Total ED visits have increased by 7.9% for 2012 year to date and hospital admissions from the emergency department are up by 4.7% compared with 2011. MFG closes completely March 30th.

f. **Operating Room Utilization**

The operating room volume for 2012 year to date is up by 4.6% compared to 2011 (despite running one room short of 2011 due to renovations). Operating room on-time starts have improved dramatically from 26% to 60-70% of cases. We provided gift cards for surgeons that are on time for 100% of their cases and letters to those with four or more late starts.

B. 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 March 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.

VII. ASSOC. MED DIRECTOR REPORT – John Fudyma, MD

A. **NRC PICKER DATA** – Dr. Fudyma provided a copy of the most recent Picker data relating to physician communication and overall satisfaction. He also provided a written report that was received and filed.

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

A. **DOCTORS DAY, MARCH 30, 2012** – In celebration of Doctors' Day, Sue invites all physicians to a breakfast on Friday, March 30, 2012 in the Staff Dining Room from 7:00 am – 11:00 am.

B. MEDICAL STAFF MEETING – The next Medical Staff Meeting is Wednesday, April 18, 2012 at 6:00 pm in the Staff Dining Room. Please ensure staff attend the meeting.

C. ASSOCIATE CHIEFS OF SERVICE – Dr. Castiglia is recognized as Associate Chief of Service, Neurosurgery and Dr. Williams is recognized as Associate Chief of Service, Dentistry. So noted for the record.

D. HONORING DR. ZALE BERNSTEIN – A chair in Smith Auditorium will be purchased in honor of Dr. Bernstein on behalf of the medical staff.

IX. LIFELINE FOUNDATION – Susan Gonzalez

A. Written report received and filed.

B. SPRINGFEST, Saturday, May 12, 2012 – Buffalo Convention Center – Support is requested for the event and a new option to sponsor an employee table at a reduced rate was announced. The “Commodores” will be playing a 90 minute show as part of the event.

X. CONSENT CALENDAR

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	MINUTES OF THE Previous MEC Meeting: February 27, 2012	Received and Filed
B.	CREDENTIALS COMMITTEE: Minutes of March 6, 2012	Received and Filed
	• Resignations	Reviewed and Approved
	• Appointments	Reviewed and Approved
	• Reappointments	Reviewed and Approved
	• Dual Reappointment Applications	Reviewed and Approved
	• Provisional to Permanent Appointments	Reviewed and Approved
	- INTERNAL MEDICINE PRIVILEGE FORMS:	
	1. MDS Privilege Form – Allergy – Immunology - Rheumatology	Reviewed and Approved
	2. MDS Privilege Form – Cardiology	Reviewed and Approved
	3. MDS Privilege Form – Critical Care	Reviewed and Approved
	4. MDS Privilege Form – Endocrinology	Reviewed and Approved
	5. MDS Privilege Form – Gastroenterology	Reviewed and Approved
	6. MDS Privilege Form - General Internal Medicine	Reviewed and Approved
	7. MDS Privilege Form – Hematology/Oncology & Radiation Oncology	Reviewed and Approved
	8. MDS Privilege Form – Infectious Disease	Reviewed and Approved
	9. MDS Privilege Form – Nephrology/Renal Transplant	Reviewed and Approved
	10. MDS Privilege Form – Pulmonary Disease & Sleep Medicine	Reviewed and Approved
C.	HIM Committee Meeting: Minutes of February 23, 2012	Received and Filed
	1. Ophthalmology Pre-Operative Orders	Reviewed and Approved
	2. Intradialytic Parenteral Nutrition (IDPN)	Reviewed and Approved
	3. Acute Coronary Syndrome Admission Orders	Reviewed and Approved
	4. Kidney/Pancreas Transplant Recipient Pre Op Admission Orders	Reviewed and Approved
	5. Kidney Transplant Living Donor Recipient Pre Op Admission Orders	Reviewed and Approved
	6. Kidney Transplant Deceased Donor Recipient Pre Op Admission Orders	Reviewed and Approved
	7. Myocardial Infarction (MI) Physician Discharge Order Form (revised – changes noted in minutes)	

	MEETING MINUTES/MOTIONS	ACTION ITEMS
D.	P & T COMMITTEE – Minutes of March 7, 2012	Received and Filed
	1. Rituximab – Add to Formulary, restricted to Nephrology, Transplant, Rheumatology and Hematology-Oncology	Reviewed and Approved
	2. Chlorthalidone – Add to Formulary	Reviewed and Approved
	3. F-08 Non-FDA Approved Uses – approve revisions – remove Botulinum toxin, alteplase for catheter use, epoprostenol (still Non-Formulary) for pulmonary hypertension and Tdap Vaccine restriction to patients 65 years or older	Reviewed and Approved
	4. OnabotulinumtoxinA- restrict to Urology and Rehab Medicine	Reviewed and Approved
	5. Interpretation of Urine and Serum Toxicology Tests – place on Intranet pages for Pharmacy and Laboratory.	Reviewed and Approved
E.	TRANSFUSION COMMITTEE - Minutes of November 17, 2011 (Fourth Quarter 2011)	Received and Filed

X. CONSENT CALENDAR, CONTINUED

- A. MOTION:** Approve all items presented in the consent calendar for review and approval.

MOTION UNANIMOUSLY APPROVED.

B. NEW BUSINESS AND ADDITIONAL ITEMS (Policies)

MOTION to approve the following (4) policies (a, b, d and e) and receive and file item b.

- a. Brain Death Determination Policy** – Review and Approve
- MOTION UNANIMOUSLY APPROVED.

- b. Isolation Precautions** – Received and Filed

- c. Pediatric Policy** – Reviewed and Approved
- MOTION UNANIMOUSLY APPROVED.

- d. Handoff Communication Policy** – 7 in favor, 1 opposed.
MOTION APPROVED.

- e. Patient and Visitor Smoke-Free Policy** – Review and Approve
Four in favor, three opposed, one abstained.
MOTION APPROVED.

XIII. OLD BUSINESS

- A. NONE**

XIV. NEW BUSINESS

A. LAB WEEK CONTRIBUTION

MOTION: Dr. Daniel Amsterdam, Chief of Service, Laboratory, requests the Medical Dental Staff Executive Committee affirm and recognize the contribution

of Laboratory Professionals with an official proclamation and funding in an amount up to \$1,250 for a dedicated luncheon during the week of recognition.

MOTION UNANIMOUSLY APPROVED.

XV. ADJOURNMENT

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 1:25 p.m.

Respectfully submitted,



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

Reading Material



**From the
Chief Executive Officer**

ECMC, Kaleida to create Center of Excellence for Behavioral Health Care

Eric County Medical Center and Kaleida Health announced a joint state application for funding to help consolidate mental health and drug dependency treatment in one \$35 million Regional Behavioral Health Center of Excellence at ECMC.

The new center, a physician-driven collaboration between ECMC and Kaleida, would create a state-of-the-art, comprehensive psychiatric emergency program and new inpatient facilities to serve mental health patients in the Western New York community.

Dr. Yogesh Bakhan, ECMC Clinical Director of Psychiatry and Dr. Maria Cartagena, Medical Director, Buffalo General's Department of Inpatient Behavioral Health & Psychiatry, at Kaleida will be the physicians leading this initiative.

"The region has needed a Center of Excellence in Behavioral Health for years," said Dr. Yogesh Bakhan, ECMC Clinical Director of Psychiatry. "Not only do we need to expand our facilities to meet the growing demand, we need to bring together the talents of the region to focus on creating a better model for our patients."

"This project is solely about the needs of patients. We recognize that creating exceptional quality care for our patients is not necessarily about a particular location, but about the dedication and expertise of the treatment

team," said Dr. Maria Cartagena, chief of Psychiatry, Kaleida Health and Medical Director, Buffalo General's Department of Inpatient Behavioral Health and Psychiatry, at Kaleida. "As a regional center for psychiatric care, ECMC has the facility and the room to expand our comprehensive services. Additionally, this would allow us to bring the expertise of our physicians and staff together with ECMC's experienced physicians and staff to create a true collaborative effort. The development of a center of excellence in Psychiatry would most definitely improve the quality of care for behavioral health patients for generations to come."

The consolidated model will combine the resources of the ECMC and Buffalo General Medical Center behavioral health programs and will create one 180-bed inpatient psychiatric program, as well as continue ECMC's current 22 detoxification beds and 20 inpatient chemical dependency rehabilitation beds.

The plan also calls for continuing ECMC's and Kaleida's Main Street outpatient clinics, along with clinics in Lancaster and North Buffalo.

The total cost of the Center, \$35 million, would be supported largely by the request to the state for Healthcare Efficiency and Affordability Law-21 funding totaling \$25 million. ECMC Corporation and Kaleida

Health will fund the remaining \$10 million.

The new center, planned to open in March 2014, would expand ECMC's current emergency behavioral health facilities from 6,500 square feet to 16,000 square feet.

"The vision for this collaboration is driven by a desire to help our patients by creating a Center of Excellence for treatment of the mentally ill and chemically dependent. This is precisely the sort of collaborative thinking that will advance this community," said ECMC CEO Jody L. Lomeo. "It also provides an opportunity to develop cost-effective, consolidated programs of emergency, outpatient, and inpatient services with one focus: the patients. It will be state of the art and will deliver the care the mentally ill in our community deserve."

Mental health care in Western New York, like the rest of the state, is fragmented and costly to the state's Medicaid payment system. In the last 20 years, the Buffalo Psychiatric Center went from 1,200 beds to 160 and the Gowanda Psychiatric and West Seneca Developmental centers closed.

Other inpatient facilities downsized or closed in recent years and while outpatient services exist, there is a lack of coordination among community providers.

Psychiatrists are also in short supply

throughout the region. It has created a crisis for mental health patients and their families in Western New York. Mentally ill and chemically dependent patients in crisis are, many times, forced to find care in crowded hospital emergency rooms, which leads to more costly episodic inpatient care and unsafe conditions for clinical staff.

"This important collaboration is a creative solution to delivering care that benefits patients and brings them the very best care," said Kaleida CEO James Kaskie. "This is yet another tangible example of leveraging the talents, infrastructure, clinical expertise of both ECMC and Kaleida to benefit our community and the patients we serve."

The integrated model will combine the current outpatient volumes of 44,300 annual visits at ECMC and Kaleida's 68,829 annual visits with services provided onsite at ECMC and at their community-based locations.

Currently, ECMC has 132 licensed inpatient psychiatric beds with 2,297 annual discharges in 2011 and 57 inpatient rehabilitation/detoxification beds with 1,621 discharges in 2011. Buffalo General Medical Center has 91 licensed inpatient beds with 2,307 annual discharges. This consolidation represents the third major initiative of Great Lakes Health System of WNY to merge the services of ECMC and Kaleida Health.

Preserving dental health

by Frank Soltiz,
DDS

Many people are looking for ways to save in these difficult economic times. The prices of essentials such as food and gasoline are increasing. More people are out of work or have lost their dental insurance. It is tempting to try to save by putting off dental care. The danger of this strategy is the probability that undiagnosed dental problems are likely to worsen and lead to more expensive or less desirable treatments.

In their earliest stages, most dental problems do not cause any pain or discomfort. Common dental conditions like tooth decay and gum disease usually cause no symptoms until their advanced stages. Once tooth decay or gum disease progresses, treatments tend to become more expensive and the outcomes less desirable. For instance, tooth decay that is detected at its earliest stages is easily corrected with a simple filling. If dental visits are put off and decay progresses to the point where it's causing discomfort, nerve damage to the tooth has probably occurred. In this case the treatment options may be root canal therapy to save the tooth (which is expensive) or removal of the tooth (which is very undesirable). Early gum disease is treated efficiently and inexpensively with oral hygiene instruction and a routine professional cleaning. Advanced gum disease requires expensive and uncomfortable surgery or even loss of teeth.

All reputable dentists are trained and strongly committed to the practice of Preventive Dentistry. We know that it is best to prevent dental disease in the first place and to diagnose and treat problems in their earliest stages. Approximately 90 percent of all dental problems can be prevented. In reality, investing in routine dental care is a great idea. The cost of this investment, compared to many other goods and services, is actually quite reasonable, even without the benefit of dental insurance. I recommend making dental health a priority. Learn about and practice good home care techniques. Floss your teeth at least once a day. Purchase an electric toothbrush. They remove more disease-causing plaque than manual toothbrushes. Don't drink regular or diet pop.

It is loaded with sugar and highly acidic. Avoid sugary snacks and drinks. Most importantly, see your dentist and hygienist regularly. They are the most qualified to provide the preventive care that is required to preserve the health of your teeth and gums.

If you do develop a small cavity or early gum disease, seeing your dentist regularly will give you the best chance of having it diagnosed and treated simply and economically. If you were accustomed to seeing your dentist every six months but finances truly don't permit that, at least check in once a year. I have found that once patients get out of the routine of regular dental visits, it becomes harder for them to get back on schedule.

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Crafting for comfort

Bracelet club supports ECMC rehab patients

by KIMBERLY MCDOWELL
Editor

Madelyn Julyan may be a whiz when it comes to multiplication, but it's not certain that she can add up the difference she's making in other people's lives.

At just 10 years old, Madelyn united forces with seven other girls in her fourth-grade class to form a bracelet club. The group makes and sells jewelry to their peers at East Elementary School.

They have so far sold more than 300 bracelets — they continue to receive orders for more — each one costing between 25 cents and 75 cents. One hundred percent of their proceeds will be donated to the Lifeline Foundation at Erie County Medical Center.

The idea to create the bracelets was reportedly hatched by club member Morgan Huber, while Madelyn is the one who connected the club to charity based on where her mother works.

The club members first got permission from their school to sell the bracelets, often using their lunch break to make them. They use a special technique to knot different colored embroidery threads together, each bracelet taking between 20 minutes and one hour to make.

"People kept coming to our lockers," said Madelyn on the success of their fundraiser.

And that success apparently transpired into much more once the club began receiving the attention of local media.

"I was asked for my signature, everybody waves at me ... sometimes being famous can be a pain, but it's a lot of fun," Madelyn added.

Her mother, Erika Julyan, couldn't help but laugh at her daughter's reaction to the newfound fame. But she also knows that Madelyn has a compassionate side, and that's the real reason for starting the club.

"I'm really proud of her," she said. "It makes me feel that, as a mom, the lessons I'm trying to impart to her, she's getting ... to be generous and have a sense of empathy for what people are go-



Bracelet club members show off their recent creations, which are made and sold at West Seneca East Elementary to benefit the Erie County Medical Center's Lifeline Foundation. Standing in front are fourth-grade students Morgan Huber, left, Tatiana Mirza, Madelyn Julyan, Kaitlyn Smith, Kierra Hayes and Christina Wallnski. In the back are Stacy Roeder, left, director of development and marketing for the foundation; Erika Julyan, senior occupational therapist; and Kelly Parkhill, a recreational therapist. She holds one of the puppies in the pet therapy program used with rehabilitation patients at ECMC.

ing through."

Julyan, a senior occupational therapist, has worked in ECMC's Acute Rehabilitation Unit for the last 10 years. She sees firsthand the struggles of each of her patients who have experienced multiple trauma or have sustained

burn or spinal injuries. The patients who seek her care are trying to regain basic skills and motor functions that were lost as a result of an injury or serious accident.

The Lifeline Foundation will use the funds donated by the bracelet club to bring in therapy dogs to visit the patients of that unit. The dogs are said to ease the patients' stress as they work to regain their skills.

Julyan said this type of animal/pet therapy has been used in the unit for about two years. There are many benefits to introducing a patient to a puppy, she said, including the lowering of blood pressure and creating an overall sense of calmness.

"We placed a puppy in a woman's lap," she recalled, "and I watched that woman move her

arm for the first time [since her injury] to pet the animal."

Julyan said her daughter's interest in helping others became evident when her father, Madelyn's grandfather, was injured at work. As a result, he lost a portion of his leg just below the knee, and so Julyan taught him how to walk and work with a prosthetic leg.

"She's been more inquisitive since then," the mother said.

Additionally, the Lifeline Foundation has committed to allocating some of the club's funding toward the creation of "raised gardens." This will provide an opportunity for patients in wheelchairs — who don't have the capability to reach to the ground — to garden outdoors.

In the meantime, Madelyn said that her goal is to continue the club for as long as possible and sell the bracelets to raise funds for ECMC and the foundation.

Madelyn is a former soccer player who is now learning the basics of hockey through a clinic at Leisure Rinks in West Seneca. She loves to cook and wants to someday become a chef. But her aspirations for helping others don't end with making bracelets.

"I also want to be a firefighter," she added.

email: kmcdowell@beenews.com

Residents for green space WSDC co

by KIMBERLY MCDOWELL
Editor

If you had millions of dollars, how would you spend it?

A resident posed that question during last week's fourth and final workshop regarding the sale of the West Seneca Developmental Center. The series was presented by the West Seneca Environmental Commission as a way to garner public input on how the 439-acre complex should be developed — if at all.

(See editorial on page four)

More than 30 residents were present to offer their visions for what they'd like to see happen with the property. Their compiled suggestions will be presented to the West Seneca Town Board in April. It will also serve as the foundation of a master plan, since the town retains zoning rights on the state-owned property.

"I was able to speak with some state representatives ... they are still moving toward putting the site on the market," said Evelyn Hicks during the March 14 meeting. She is the chair of the Environmental Commission, which led the workshop series.

However, it's unclear at this time if the property — it is zoned residential — will go on the open market or if there are bidders that the state Dormitory Authority will deal with directly.

The state reportedly intends to keep 71 acres of the property, which includes a number of buildings that will remain open and in use. Another 113 acres — a stretch of land around the perimeter, lining Cazenovia Creek — is slated for a wildlife management site to be run by the state Department of Environmental Conservation.

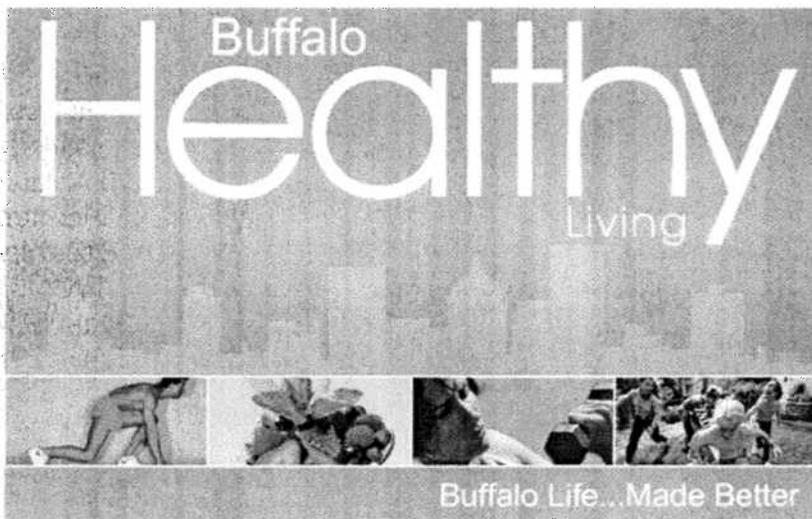
That leaves roughly 255 acres that will be available for development, which was open for discussion by residents — they split into five groups — during a half-hour brainstorm session.

One of the recurring proposals was for "more green space," although several unconventional ideas also surfaced.

They included a windmill farm to generate electricity; a veterans' cemetery through the Department of Veterans Affairs; a substation for East Seneca Fire

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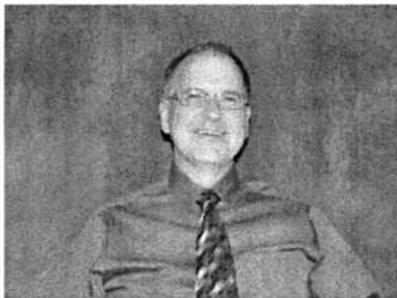


Health News, Articles and Information. We Welcome Your Comments!

Wednesday, March 28, 2012

Wound/Hyperbaric Medicine Expert Joins ECMC Wound Center

Wound/Hyperbaric Medicine Expert Dr. Matthew D. Antalek joins panel of Physician Specialists with ECMC Wound Center



BUFFALO, NEW YORK; March 28, 2012—At just beyond the one year mark of the anniversary of the Wound Care and Hyperbaric Medicine Center at ECMC, the service is now identified as a Center of Excellence with the well known/respected infectious disease specialist Matthew David Antalek, D.O., becoming a leading member of the clinical team.

Dr. Antalek previously served as Assistant Professor and Director of graduate studies in the Physician Assistant Department at D'Youville College and Assistant Clinical Professor of Medicine within the Division of Infectious Diseases in the School of Medicine and Biomedical Sciences for the University at Buffalo.

Dr. Antalek was formerly the Chief Medical Officer and Director of Medicine at Millard Fillmore Suburban Hospital and previously served as Medical Director of Evergreen Health Services and Site Director of Infectious Diseases at Millard Fillmore Suburban. He is currently an Infectious Diseases Consultant in private practice.

Dr. Antalek earned a Doctorate of Osteopathy from the New York College of Osteopathic Medicine in Old

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Westbury, New York. He performed his Fellowship in Infectious Diseases through the State University of New York at Buffalo; Internship at the Community Hospital of Lancaster, Lancaster, Pennsylvania; and Residency in Internal Medicine for the Millard Fillmore Hospitals, Buffalo, New York. He holds a Bachelor of Science degree in General Biology from the State University of New York at Albany. Specializing in epidemiology, internal medicine and infectious diseases, Dr. Antalek is the recipient of numerous commendations and awards for teaching excellence in medical subjects.

"With Dr. Antalek's arrival, we are now able to provide a patient with every aspect of wound care. ECMC's wound care team includes the best specialists in vascular, surgical, podiatric medicine, and now infectious disease," explained Elizabeth Engler, Program Director, Wound Care and Hyperbaric Medicine Center at ECMC. "As a comprehensive Center of Excellence, ECMC's wound care service model is truly patient-centered with convenient patient accessibility and excellent care management enabling the best outcomes possible. We anticipate that this service structure will result in increased, responsive patient referrals so wounds can be healed before more serious complications arise."

Dedicated in February of 2011, ECMC formally opened the Wound Care and Hyperbaric Medicine Center to speed healing for trauma, surgical, diabetes and other patients with slow-healing wounds in a unique facility for Western New York. The ECMC Wound Center, built in response to closure and consolidation of facilities at Millard Fillmore Gates Circle and ECMC, is a new, state-of-the-art center, currently with two hyperbaric chambers, expandable to house additional chambers as patient volume increases. The Center helps wound patients before ulcers and injuries lead to amputations. The hyperbaric chambers each hold a reclined patient who communicates by phone with a technician. Patients can watch television and DVDs through an acrylic dome or listen to piped-in music. A surgeon specially trained in hyperbaric healing is available for the start and end of each treatment, as well as to treat the wounds themselves.

Hyperbaric oxygen therapy involves putting a patient in a pressurized chamber daily with 100 percent oxygen for a length of time over weeks, depending on the wound. The effect of the pressure two levels below sea level is to open blood vessels, improve circulation and deliver enriched oxygenated blood to wound sites, enhancing and speeding healing. The feeling is like an airplane descending to land. If diabetics and trauma patients with wounds can heal faster and more effectively, short- and long-term treatment costs are less, further complications are limited or avoided, and patients can live healthier lives.

Nearly 24 million people, 8 percent of the American population, have diabetes and 15 percent of those with the disease will develop chronic wounds.

More information about the Wound Care and Hyperbaric Medicine Center at ECMC is available at 716-898-4800 and www.ecmc.edu/medicalservices/wound

Posted by Editor Buffalo Healthy Living at 9:13 AM

Labels: ECMC Wound Center, Hyperbaric Oxygen Therapy, Matthew Antalek MD, Wound Care and Hyperbaric Medicine Center, Wound Hyperbaric

Reactions:

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Allison Jagow

Written by
Patrick Moussignac

- FILED UNDER

BUFFALO, NY - The Board of Directors of Sheehan Health Network has announced after a meeting Saturday that the 124-year-old medical facility will be shutting down for good.

The board says the facility is no longer "sustainable for a long-term future."

An emergency meeting was held last week after most of its 150 employees did not receive a paycheck. Channel 2's Scott Brown spoke with the hospital's CEO Mary Kargbo who said, "The finances are a challenge, a big challenge for Sheehan."

In a press release, the board says the facility, which aims to help the uninsured and under insured, has dealt with many financial problems due to the rising costs of treatment and reduced reimbursement rates for Medicaid and Medicare.

Kargbo says, "This is a very difficult day for Sheehan and the community we serve. A great deal of planning and care has gone into trying to preserve this institution. During this transition, we are firmly committed to providing quality care for our patients and supporting our employees affected by this decision."

Sheehan is currently offering services to about 10,000 patients at the Michigan Avenue facility. During the transition doctors and nurses will continue to work with the hospital to care for the current patients in the facility.

On Saturday Councilman Darius Pridgen talked to 2 On Your Side about the hospital that is in his district. Pridgen says his plan is to make sure that all the employees who have yet to be paid get the money they are owed.

"I would trust that they're going to pay these employees what they're due and that these employees should not have to wait after creditors or anybody else has been paid

because these employees have families and they have bill that they have to pay," said Pridgen.

Erika Davis, a Certified Nurses Assistant at Sheehan said the employees have been left in the dark by Sheehan board members.

"They haven't been communicating with us. I'm a union delegate and me an the rest of my members have been trying to stay in contact with them just to see, so we can all be on the same page so that whatever we can help them with we can be available to them for our resources, and they have not used us in the way that they should," said Davis.

2 On Your Side reached out to other hospital in Buffalo to hear what they had to say about extra patients coming to their facilities. So far Kaleida Health says they don't an increase in patients. ECMC's Thomas J. Quatroche Jr. sent a written statement saying, "We stand ready and able to help any patient from Sheehan who needs our services."

A closure plan will be submitted to the New York State Department of Health next week. The board is working closely with the DOH to ensure a smooth transition.

BuffaloNews.com

Editorials

Synthetic marijuana must go

Rand Paul should heed Schumer's call for a federal ban on this dangerous drug

Published: March 19, 2012, 12:00 AM

7 Comments

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Updated: March 19, 2012, 6:49 AM

Sen. Charles E. Schumer's call to ban synthetic marijuana is long overdue, but at least the issue is finally commanding the attention of Congress. The problem is as Schumer described it: a health crisis in the making.

Synthetic pot is a laboratory-produced drug, often made in China and without any controls—potentially in “some-one's garage,” said Dr. Richard Blondell of the Erie County Medical Center's Chemical Dependency Unit. It is more potent than grown marijuana and can cause seizures, rapid heart rates, high blood pressure, hallucinations, anxiety attacks and other erratic behavior.

Schumer is co-sponsoring legislation in the Senate, where Sen. Rand Paul, R-Ky., is holding it up. Paul, a libertarian, believes it's none of the government's business if someone want to harm himself. Even if that's true, it becomes our business if that person could also harm those around him or shows up uninsured at an emergency room.

The drug, sold under such names as “K2” and “Spice,” is packaged as incense, a fraud that underscores its actual intended use. “Who buys an ounce package of incense for \$20?” asked Erie County Sheriff Timothy Howard, who praised Schumer for his efforts at raising the public awareness of synthetic drugs.

“There is a faulty assumption out there that if it was bad, the government would have already done something about it, and a parallel assumption that since we haven't done something, it must be OK,” he said.

The problem is escalating. In 2009, poison control centers across the country reported 13 medical emergencies from ingesting the drug. In subsequent years, that number rose to 1,000 and then 6,500. One in nine high school students has tried synthetic pot, according to a recent survey, Schumer said.

The time for states and Congress to get serious about this is now, before tens of thousands or even hundreds of thousands of emergencies are reported.

The Seneca Nation of Indians, to its credit, has already acted, banning the sale of synthetic pot, drug paraphernalia and bath salts—a synthetic replacement for methamphetamine—from its reservations and casinos and in the City of Salamanca.

Schumer is appealing for Paul to end his opposition to the bill, which he certainly should, and allow it to go to the floor for a vote.

We understand that libertarians reflexively oppose all government intrusion into “private decisions,” and while many of those issues are worthy of opposition, this is no place for Paul to plant his flag. He got some attention; it’s time to move on to more productive and legitimate areas of protest and allow Congress to get on with the business of promoting the general welfare.

Comments

SORT: NEWEST FIRST | OLDEST FIRST

If the News is going to editorialize on the subject of fake pot they should at least mention real pot. Without asking the most obvious question this issue presents I wonder if Hannity has joined the crew! I hope you revisit the subject again soon and with gumption.

ANDREW HARRIS, WELLSVILLE, NY on Tue Mar 20, 2012 at 01:43 AM

FLAG AS INAPPROPRIATE

Maybe people smoke this garbage because the real thing is somehow illegal! Maybe if the real stuff was legal as it should be, people would not be willing to buy this garbage and chance their health. If this issue is such a big deal that should tell you lots and lots of people are smoking it. If there were just a few we would not even be talking about it. This should also tell you that lots of people want their pot....so let them have it! What is the big deal with pot anyway? Make liquor illegal and people would be going blind from the spirits they will make in the backyard. Make pot illegal and you get people smoking this crap.

RICK GRASER, CHEEKTOWAGA, NY on Mon Mar 19, 2012 at 07:29 PM

FLAG AS INAPPROPRIATE

Isn't it time that we just legalize and tax all drugs? Or at the very least decriminalize them, and punish those who sell the drugs and not the users?

JAMES KOZLOWSKI, BUFFALO, NY on Mon Mar 19, 2012 at 05:57 PM

FLAG AS INAPPROPRIATE