

# COLUCCI & GALLAHER, P.C.

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July 10, 2012

**Certified Mail - Return Receipt Requested**

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

Re: Erie County Medical Center Corporation

Dear County Executive Poloncarz:

In accordance with section 12.7 of the Sale, Purchase and Operating Agreement between the County of Erie, New York and Erie County Medical Center Corporation, enclosed you will find the packet of materials distributed at the June 26, 2012 regular meeting of the Board of Directors of Erie County Medical Center Corporation.

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

Very truly yours,

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

krt

Enclosure

copy w/enclosure: The Honorable Betty Jean Grant  
Chair, Erie County Legislature

Michael A. Siragusa  
Erie County Attorney

ECMC will never forget the tragic death of Jackie Wisniewski on June 13<sup>th</sup>, 2012 and the emotion and shock that was felt throughout the ECMC campus. It continues to be a difficult and sad time for the ECMC Family, and our thoughts and prayers go out to everyone affected by this tragedy. We especially honor and remember Jackie Wisniewski, a dedicated member of the ECMC family and extraordinary mother to her son. Everyone at ECMC continues to grieve and support each other through this difficult time.

We are just starting the healing process and trying to cope with an incomprehensible event. I would like to thank the ECMC employees for their strength which has reminded all of us why ECMC is such a special place. We also thank the entire community for its support. ECMC has taken care of thousands from the community, and now the community has been taking care of us. The thoughts, prayers and well wishes for the ECMC family have been heartwarming. God bless all of you. Thank you.

# BOARD OF DIRECTORS

**Kevin M. Hogan, Esq.**  
**Chairperson**

**Sharon L. Hanson**  
**Vice Chair**

**Bishop Michael A. Badger**  
**Secretary**

**Richard F. Brox**  
**Vice Chair**

**Michael A. Seaman**  
**Vice Chair**

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**Treasurer**

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

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

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

~ Regular Meeting ~



## ERIE COUNTY MEDICAL CENTER CORPORATION

**Tuesday, June 26, 2012**

**4:30 P.M.**

**Staff Dining Room, 2nd Floor - ECMCC**

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



# 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  
JUNE 2012 REGULAR BOARD MEETING  
BOARD OF DIRECTORS  
TUESDAY, JUNE 26, 2012

PAGES

I.	CALL TO ORDER: KEVIN M. HOGAN, ESQ., CHAIR	
II.	APPROVAL OF MINUTES OF MAY 29, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS	
III.	RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JUNE 26, 2012.	
IV.	REPORTS FROM STANDING COMMITTEES OF THE BOARD:	
	EXECUTIVE COMMITTEE: KEVIN M. HOGAN, ESQ. CHAIR	----
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# Minutes from the



## Previous Meeting

ERIE COUNTY MEDICAL CENTER CORPORATION

MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF DIRECTORS

TUESDAY, MAY 29, 2012

ECMCC STAFF DINING ROOM

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

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**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 APRIL 24, 2012 REGULAR MEETING OF THE BOARD OF DIRECTORS.**

Moved by Michael A. Seaman and seconded Bishop Michael A. Badger to approve the minutes of the April 24, 2012 regular meeting of the Board of Directors as presented.

**Motion approved unanimously.**

**III. ACTION ITEMS**

**A. A Resolution of the Board of Directors Authorizing Changes to the Corporate Compliance Program**

Moved by Kevin E. Cichocki, D.C., and seconded by Michael A. Seaman

**Motion Approved Unanimously**

B. Approval of Medical/Dental Staff Credentials, Resignations, Appointments and Re-appointments of May 1, 2012

Kevin Cichocki, D.C. abstained due to self reappointment.

Moved by Douglas Baker, and seconded by Kent Chevli, M.D.

**Motion approved unanimously.** Copy of resolution is attached

**IV. BOARD COMMITTEE REPORTS**

Moved by Sharon L. Hanson and seconded by Bishop Michael A. Badger 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 RICHARD C. CLELAND, SR. VICE PRESIDENT OPERATIONS**

Long Term Care Facility

Mr. Cleland explained in detail the status of the construction of the new Long Term Care facility and the plans related to resident movements when construction is completed.

**PRESENTATION BY DR. BRIAN MURRAY, CHIEF MEDICAL OFFICER**

Board PI Summary

Dr. Murray summarized the May 1st QI meeting; full minutes will be available in next month's Board book. The American Heart Association awarded ECMCC the *Gold Achievement Award* in April. Dr. Murray's 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 acknowledged Doug Baker and Mercy Flight for their outstanding service to the community.
- ECMCC anticipates a decision from the DOH regarding the Behavioral Health HEAL by early June. Mr. Lomeo is cautiously optimistic.
- Dr. Sperry's Primary Care practice continues to do extremely well as his volumes continue to increase. A subsidiary of the corporation has plans to open an additional primary care office in Orchard Park in June.
- A special thank you to Sue Gonzalez for her hard work and dedication to the Springfest Gala. Also, a special thank you to Drs. Chevli and Jehle who treated one of the performers on the night of the event.

2) Chief Financial Officer: Michael Sammarco

A summary of the financial results through April 30, 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 Michael A. Seaman to receive and file the April 30, 2012 reports as presented by the Corporation's Management.

**The motion was approved unanimously.**

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

Moved by Richard Brox and seconded by Douglas H. Baker to enter into Executive Session at 6:05 P.M. to consider matters made confidential by law, including certain compliance-related matters, strategic investments and business plans.

**Motion approved unanimously.**

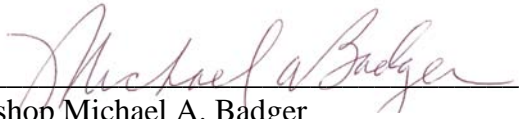
**VIII. RECONVENE IN OPEN SESSION**

Moved by Douglas H. Baker and seconded by Michael A. Seaman to reconvene in Open Session at 6:25 P.M.

**Motion approved unanimously.**

**IX. ADJOURNMENT**

Moved by Kevin E. Cichocki, D.C. and seconded by Richard Brox to adjourn the Board of Directors meeting at 6:25 P.M.

  
\_\_\_\_\_  
Bishop Michael A. Badger  
Corporation Secretary



**A Resolution of the Board of Directors Authorizing  
Changes to the Corporate Compliance Program**

Approved May 29, 2012

---

WHEREAS, Erie County Medical Center Corporation [the "Corporation"] is responsible for the adoption and maintenance of a corporate compliance program [the Program]; and

WHEREAS, the Corporation continuously seeks input from its Director of Corporate Compliance in order that the Program shall be properly maintained and updated; and

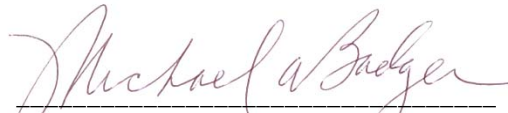
WHEREAS, the Director of Corporate Compliance has submitted a memorandum which outlines proposed changes to the Program;

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

1. The Program shall be updated as set forth in the memorandum provided by the Corporation's Director of Corporate Compliance [Attached].

2. The Program shall be further updated to replace the fourth sentence of the second paragraph within Section V, Education and Training, to read as follows: "ECMCC annually shall train all employees concerning compliance. While it is not primarily responsible for contractor and vendor compliance, ECMCC will endeavor to train appropriate contractors and vendors concerning compliance."

3. This resolution shall take effect immediately.



Bishop Michael A. Badger  
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

Memo

**To:** ECMCC Board of Directors

**From:** Maryann O'Brien, Director of Corporate Compliance

**Date:** 10/3/11

**Re:** 2011 Revisions to ECMCC Corporate Compliance Program

Please review enclosed revisions. Recommended revisions to the current ECMCC Corporate Compliance Program:

- Add to Addendum I pg. 48:

- IV. Third Party Liability Laws.

- **PPACA (Patient Protection and Affordable Care Act of 2010)-**  
PPACA contains important new Medicare and Medicaid program integrity requirements, including most notably the following:

- Persons (including corporations) have an obligation to notify, report, and return Overpayments to the Secretary, State, intermediary, carrier, or contractor, as applicable . 42 USC 1320a-7k (d).
- Retention of an Overpayment beyond sixty (60) days of identification of the Overpayment- may result in liability under the False Claims Act, the imposition of civil monetary penalties, or exclusion from the Medicare and Medicaid programs; PPACA §6402(d)(2), 6502.
- Mandatory Compliance Plans (this is also a requirement of New York State's Medicaid Integrity Provisions found at 18 NYCRR 521);

PPACA defines an Overpayment as any funds that a person receives or retains under title XVIII (Medicare) or XIX (Medicaid) to which the person, after applicable reconciliation, is not entitled under such title 42 USC 1320a-7k(d)(4)(B). The Statute does not define "identified" leaving this concept open to interpretation; however, the New York OMIG interprets "identified" to mean that the fact of an overpayment, not the amount of the overpayment, has been identified.

- **FERA (Fraud Enforcement and Recovery Act of 2009) Amendments to the FCA (False Claims Act)**

The FERA amendments to the False Claims Act were intended to combat various forms of financial fraud and to strengthen the federal government's ability to investigate and prosecute financial fraud. The most notable changes include the following:

- Expansion of the scope of liability under the FCA to include: (i) anyone who makes a false statement or claim to virtually any recipient of federal funds, and (ii) anyone who knowingly retains a government overpayment without regard to whether or not that entity used a false statement or claim to do so.
- Express repudiation of current FCA case law and imposition of liability for all false claims paid using government funds,

- Expansion of the “reverse false claims” theory that has been used in FCA cases against healthcare providers,
- Expansion of protections for whistleblowers to include agents and contractors as well as employees,
- Expansion of the statute of limitations.

- **2010 New York State FERA Amendments**

The New York FERA Amendments to the New York State False Claims Act (“New York FCA”) [18 NY Finance Law 188 et. seq.] closely track the amendments to the federal FCA contained in the Fraud Enforcement and Recovery Act of 2009 (FERA).

Additional provisions of the New York FERA include:

- Establishment of anti-blacklisting protections against whistleblowers;
- Whistleblowers who use the Freedom of Information Act are not barred from suing a contractor for fraud because he or she created a public disclosure of information,
- Ban on employers suing employees who provide evidence of fraud to law enforcement in a FCA case,
- Revision of the damages provisions to clarify that the State is entitled to consequential damages resulting from FCA violations,
- Expansion of statute of limitations from six years to ten years and clarification of commencement.

- **Federal Health Care Reform: Addendum II**

- **Value Based Purchasing** – The Department of Health and Human Services published a Final Rule implementing the Value Based Purchasing System as required by the Affordable Care Act. The System will take effect Fiscal Year 2013 and will apply to payments for discharges occurring on or after October 1, 2012. Medicare payments to hospitals paid under the Prospective Payment System will be reduced by one percent, and based on their performance on published quality of care measures, hospitals will receive more or less than their one percent contribution. Sample measures include the following:
  - Percentage of myocardial infarction patients given PCI within 90 minutes of arrival;
  - Percentage of surgery patients with recommended venous thromboembolism prophylaxis ordered;
  - Percentage of heart failure patients given discharge instructions; and
  - Patient Experience of Care.

- **Health Insurance Portability and Accountability Act (HIPAA) Laws: Addendum II**

- **HITECH (Health Information Technology for Economic and Clinical Health Act; Title XIII of the American Recovery and Reinvestment Act of 2009-** HITECH modifies and expands the privacy and security provisions of HIPAA, including most notably the following:

- Applies the modified and expanded privacy and security provisions of HIPAA directly to Business Associates.
- Defines a “breach of unsecured Protected Health Information” and notification requirements
- Modifies patient rights for requests for restrictions, access to medical records, and accounting of disclosures.
- Modifies rules for marketing and use of Protected Health Information.
- Increases civil monetary penalties for HIPAA violations.

- Pg. 29 VI. CONFIDENTIAL INFORMATION AND RECORD KEEPING

Breaches of confidentiality must be reported (refer to **Privacy and Security Breach of Information policy and procedure HIM-033**). Such breaches shall be investigated and reviewed by the Privacy & Security Incident Response Team (PSIRT) to respond to all suspected security/privacy incidents.

## CREDENTIALS COMMITTEE MEETING

May 1, 2012

### Committee Members Present:

Robert J. Schuder, MD, Chairman (teleconference)

Yogesh D. Bakhai, MD (ex officio)

Timothy G. DeZastro, MD

Brian M. Murray, MD (ex officio)

Philip D. Williams, DDS

### Medical-Dental Staff Office and Administrative Members Present:

Jeanne Downey, Appointment Specialist  
Specialist

Emilie Kreppel, Practice Evaluation

Susan Ksiazek, R.Ph., Director of Medical Staff  
Specialist

Elizabeth O'Connor, Reappointment

Quality and Education

### 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) \*

Andrew J. Stansberry, RPA-C \*

## CALL TO ORDER

The meeting was called to order at 3 PM by Dr. Robert J. Schuder. The proceedings from the previous meeting of April 3, 2012 were reviewed and accepted.

## RESIGNATIONS

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

A. Deceased – None

B. Application Withdrawn – None

C. Resignations:

Joanne K. Hemme, FNP Family Medicine as of April 9, 2012

*Collaborating MD: Dr. David A. Eubanks*

Nerfis Sanchez-Elminowski, ANP Family Medicine as of April 9, 2012

*Collaborating MD: Dr. David A. Eubanks*

Allison Fout, RPA-C Orthopaedic Surgery as of April 13, 2012

*Supervising MD: Dr. William M. Wind, Jr.*

Anita Ankola, MD Radiology as of April 18, 2012

Aparna Batlapenumarthy, MD Internal Medicine as of May 1, 2012

Suzanne Moscati, RPA-C Emergency Medicine as of May 2, 2012

*Supervising MD: Dr. Anthony J. Billittier IV*

Pedro Perez-Cartagena, MD Anesthesiology as of May 3, 2012

## CHANGE IN STAFF CATEGORY

### Neurology

ERIE COUNTY MEDICAL CENTER CORPORATION

Gil I. Wolfe, MD  
**Obstetrics & Gynecology**  
Trudy R. Baker, MD  
**Rehabilitation Medicine**  
Thomas D. Polisoto, MD

Active Staff to **Courtesy, Refer & Follow**  
  
Active Staff to **Courtesy, Refer & Follow**  
  
Active Staff to **Associate Staff**

**CHANGE IN DEPARTMENT**

Magdalene Tukov, ANP      Family Medicine to **Internal Medicine**  
*Collaborating MD: Dr. Mandeep K. Walia*

**COLLABORATING ATTENDING CHANGE**

**Internal Medicine**  
Magdalene Tukov, ANP      Dr. David A. Eubanks to **Dr. Mandeep K. Walia**

**PRIVILEGE ADDITION/REVISION**

**Orthopaedic Surgery**  
Lindsey D. Clark, MD

**Spinal Fusion**

- Spinal fusion cervical region, thoracic, lumbosacral
- Spinal fusion with removal of intervertebral disc
- Spinal fusion for scoliosis, Harrington Rod technique, Halo technique

**Fractures**

- Sternum, simple, compound or complicated
- Fracture, simple, no reduction; complicated, closed reduction; compound, open reduction

**Dislocations**

- Vertebral, cervical, simple, closed reduction
- Thoracic, simple, closed reduction. Simple or compound, open reduction
- Lumbar, simple, closed reduction. Simple or compound, open reduction
- Clavicle, sternoclavicular, simple, no reduction. Closed reduction. Simple or compound, open reduction
- Congenital, closed reduction. Congenital, open reduction & replacement of femoral head in acetabulum, Iliac or acetabular osteotomy

**Amputation**

- Arm through humerus
- Forearm through radius and ulna
- Open Guillotine arm. Secondary closure or minor scar revision
- Disarticulation through wrist or amputation of hand through metacarpal bones
- Disarticulation of knee

**Repair**

- Laminotomy for removal of intervertebral disc, cervical lumbar
- Excision intervertebral disc, anterior approach, cervical
- Laminectomy for spondylolisthesis

*residency training*

*FPPE waived; all privileges part of  
with competencies assessed*

**Psychiatry**

Mark W. Gunther, PhD  
- Marital/Couple Therapy

*FPPE waived; deemed an extension of existing*

*privileges*

**Rehabilitation Medicine – Chiropractic**

Kevin E. Cichocki, DC  
- High Volt Galvansim  
- Hydrotherapy

*FPPE upon clinical activity at ECMC*

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Surgery**

Jeffrey J. Brewer, MD

- SICU, TICU, BICU Beds (Surgical, Trauma & Burn Care Units)
- Critical Care Intensivist Specialist Privileges
- Vas Deferens – vasectomy
- Replantation of upper extremity
- Orchiectomy
- Varicose vein ligation with or without stripping

Lakshmanan Rajendran, MD

- Abdominal wall, wound infection, and abscess
- Simple incision, excision and tumors, cysts, nodes, foreign body, infection, etc.
- Parotid surgery and facial nerve reconstruction
- Wound Care
- Orchiopexy
- Wound Care (all *except* Hyperbaric Oxygen Therapy)

**FOR OVERALL ACTION**

## ***APPOINTMENTS AND REAPPOINTMENTS***

A. Initial Appointment Review (6)

B. Reappointment Review (29+1)

Six initial appointment, twenty-eight reappointment, and one dual department reappointment requests were presented to the Credentials Committee for review. The re-appointment file was found to have an item in need of remediation. The remaining 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 (6)**

### **Family Medicine**

Nicole R. Gannon, ANP

Allied Health Professional (Nurse Practitioner)

*Collaborating MD: Dr. David A. Eubanks*

Julia Szafranski, RPA-C

Allied Health Professional (Physician Assistant)

*Supervising MD: Dr. Stephen J. Evans*

### **Internal Medicine**

Mohamed S. Ahmed, MD

Active Staff

Winnie Su, MD

Active Staff

### **Neurology**

Mary Elizabeth Roehmholdt, MD

Active Staff

### **Plastic & Reconstructive Surgery**

Carrie Silliman, FNP

Allied Health Professional (Nurse Practitioner)

*Collaborating MD: Dr. Thom R. Loree*

**FOR OVERALL  
ACTION**

## ***REAPPOINTMENT APPLICATIONS, RECOMMENDED***

B. **Reappointment Review (29)**

### **Emergency Medicine**

Gina M. Piazza, DO

Active Staff

Stacey R. Williams, FNP

Allied Health Professional (Nurse Practitioner)

*Collaborating MD: Dr. William H. Dice*

### **Family Medicine**

David A. Eubanks, MD

Active Staff

Stephen J. Evans, MD

Active Staff

Daniel J. Murak, MD

Active Staff



ERIE COUNTY MEDICAL CENTER CORPORATION

Stacy A. Dean, ANP Allied Health Professional (Nurse Practitioner)

**Collaborating MD: Dr. David A. Eubanks**

Sylvia Dlugokinski-Plenz, ANP Allied Health Professional (Nurse Practitioner)

**Collaborating MD: Dr. David A. Eubanks**

Caitlin M. Lafferty, ANP Allied Health Professional (Nurse Practitioner)

**Collaborating MD: Dr. David A. Eubanks**

**Internal Medicine**

Joseph L. Izzo, Jr., MD Active Staff

Joel R. Patterson, RPA-C Allied Health Professional (Physician Assistant)

**Supervising MD: Dr. Joseph A. Zizzi, Jr.**

**Neurology**

Leonardo G. Fugoso, Jr., MD Active Staff

**Obstetrics & Gynecology**

Trudy R. Baker, MD Courtesy, Refer & Follow

**Oral & Maxillofacial Surgery**

N. Mario DiNardo, DMD Active Staff

Samuel Goodloe III, DDS, MD Active Staff

Bruce T. Ridolfo, DMD Courtesy, Refer & Follow

**Orthopaedic Surgery**

Mark J. Anders, MD Active Staff

Lindsey D. Clark, MD Active Staff

Thomas R. Duquin, MD Active Staff

Joseph M. Kowalski, MD Active Staff

Owen J. Moy, MD Associate Staff

Robert J. Smolinski, MD Active Staff

**Psychiatry**

Mark W. Gunther, PhD Allied Health Professional (Psychologist)

**Radiology**

Keyur S. Shah, MD Active Staff

**Rehabilitation Medicine**

Thomas D. Polisoto, MD Associate Staff

**Rehabilitation Medicine – Chiropractic**

Jason D. Cichocki, DC Allied Health Professional (Chiropractor)

Kevin E. Cichocki, DC Allied Health Professional (Chiropractor)

**Surgery**

Jeffrey J. Brewer, MD Active Staff

Weidun Alan Guo, MD Active Staff

Lakshmanan Rajendran, MD Active Staff

**C. Dual Reappointments (1)**

**Internal Medicine & Rehabilitation Medicine** Allied Health Professional (Nurse Practitioner)

Coleen M. Clark, ANP

**Collaborating MDs: Dr. Jenia Sherif, MD & Dr. Mary Welch, respectively**

**Reappointment endorsement in anticipation of the receipt of**

**updated**

**documentation as soon as is practicable (scheduled)**

**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.

**ERIE COUNTY MEDICAL CENTER CORPORATION**

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.

The following members of the Provisional Staff from the 2011 period are presented for movement to the Permanent Staff in 2012 on the date indicated. Notification is sent to the Chief of Service at least 60 days prior to expiration of the provisional period.

<b>May 2012 Provisional to Permanent Staff Expires</b>	<b>Provisional Period</b>
<b>Family Medicine</b>	
DaPolito, David, M., RPA-C      Allied Health Professional	05/02/2012
<i>Supervising MD: Dr. Khalid S. Malik</i>	
<b>Internal Medicine</b>	
Sperry, Howard, E., MD      Active Staff	05/02/2012
<b>Plastic &amp; Reconstructive Surgery, Surgery</b>	
Burke, Mark, S., MD      Active Staff	05/02/2012
<b>Surgery</b>	
Lall, Purandath, MD      Active Staff	05/02/2012
<b>FOR OVERALL ACTION</b>	

***AUTOMATIC MEMBERSHIP CONCLUSION, RECOMMENDED***

<b>Expiring August 2012</b>	<b>Last Board Approval Date</b>
<b>Rehabilitation Medicine</b>	
Gary G. Wang, MD      Active Staff	08/01/2012
<b>Reappointment Expiration Date: August 1, 2012</b>	
<i>Planned Credentials Committee Meeting: May 1, 2012</i>	
<i>Planned MEC Action date: May 21, 2012</i>	
<i>Last possible Board confirmation by: July 31, 2012</i>	
<b>FOR OVERALL ACTION</b>	

***FUTURE MEMBERSHIP CONCLUSION, UNDER CONSIDERATION***

<b>Expiring in September 2012</b>	<b>For information Only</b>	<b>Last Board Approval Date</b>
<b>Anesthesiology</b>		
Klenk, Scott, David, CRNA	Allied Health Professional	09/01/2012
<b>Family Medicine</b>		
Prospero, Nancy, C., MSN NP	Allied Health Professional	
09/01/2012		
<i>Collaborating MD: Antonia J. Redhead, MD</i>		
Redhead, Antonia, J., MD	Active Staff	
09/01/2012		
<b>Internal Medicine</b>		
Ghosh, Subrato, MD	Associate Staff	09/01/2012
Lawler, Nelda, S., MD	Active Staff	
09/01/2012		

## ERIE COUNTY MEDICAL CENTER CORPORATION

McDaniel, Timothy, MD  
09/01/2012

Active Staff

### **Ophthalmology**

Montesanti, David, P., MD

Associate Staff

09/01/2012

### **Orthopaedic Surgery**

Rachala, Sridhar, R., MD  
09/01/2012

Active Staff

### **Psychiatry**

Cummings, Michael, R., MD  
09/01/2012

Active Staff

Yu, Hong, MD

Active Staff

09/01/2012

### **Radiology**

Paul, David, A., MD  
09/01/2012

Active Staff

### **Surgery**

Chopko, Michael, MD  
09/01/2012

Active Staff

### **Reappointment Expiration Date:**

**September 1, 2012**

*Planned Credentials Committee*

*Meeting: June 5, 2012*

*Planned MEC Action date: June 25,*

*2012*

*Last possible Board confirmation by:*

*August 28, 2012*

**FOR INFORMATION ONLY**

## **OLD BUSINESS**

### **Plastic & Reconstructive Surgery**

A new application packet has been forwarded to Nestor R. Rigual, MD. His application was deferred in November of 2011 due to the need to clarify liability insurance coverage. Updated paperwork has been received; a letter will be obtained from Roswell Park confirming medical liability insurance coverage of his activity at ECMC. Once received, the updated application and accompanying paperwork will be re-presented to the Credentials Committee.

### **ECMCC BLS-ACLS Requirements**

Last month, the Credentials Committee hosted a discussion of stakeholders regarding ECMCC's policies governing BLS-ACLS requirements for members of the Medical-Dental Staff. It was recommended to seek additional input from the clinical medical leadership, the Chiefs of Service. Additional local and national benchmarking information was obtained, and consistent with the current ECMC privilege driven model. It was therefore the consensus of the chiefs of service to not require ACLS globally, but to ensure that from a patient safety perspective that providers routinely responding to medical emergencies have current ACLS certification. This requirement is met in the OR with Anesthesia, Surgery in the TICU, Exigence in the MICU and for Rapid Response. It was also determined that medical residents as responders to codes receive initial certification through the UB GME program. The Credentials Committee was pleased and satisfied with the due diligence performed, and no change in current process deemed in order.

### **Occupational Health**

Last month, the potential of revisions to the Occupational Health section to midlevel Emergency Medicine privilege forms was raised. With no formal request received, this item will be removed from the standing agenda until such time as more information is made available.

### **Cardiology Coverage by Hospitalist Midlevels**

## ERIE COUNTY MEDICAL CENTER CORPORATION

Since the last meeting, there has been progress made with regard to liability insurance coverage and designation of supervising cardiologists. The committee will keep this item on the agenda until successfully brought to closure.

### **Privilege Form Revision**

Positive progress has been made on the Department of Radiology privilege delineation form revisions. The Radiology Chief of Service was provided with updated references to assist with completion of the existing credentialing criteria.

Work continues on the privilege form for Oral and Maxillofacial Surgery, with the goal to present at the June Credentials Committee meeting.

### **Cardiothoracic Form Revision**

The Medical-Dental Staff Office has received feedback from the cardiothoracic surgeons and their staff that compiling the outcomes portion of the reporting is a challenge and is not required by other institutions. This has been substantiated with a review of the process at Kaleida Health and the Catholic Health System. In the spirit of harmonization and customer satisfaction, Dr. Downing endorses the removal of the "Outcome" column for both forms. Appropriate changes in the forms have been made.

### **Hyperbaric Oxygen Therapy Privileges**

In previous meetings, it was shared with the Credentials Committee that the clinical and administrative leadership of the Wound Care Center was reviewing the issue of podiatrists delivering this treatment modality for wounds ankle and below. The matter continues to be evaluated, and it is anticipated that further information will be available to the Credentials Committee at its June meeting.

### **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***

### **Reappointment Letter Format**

It had previously been advised that re-appointments be presented to the Board of Directors 2 months in advance so that in the event a BOD meeting is canceled, privileges would not expire. The Credentials Committee implemented this change in 2010. A change in the 2012 BOD meeting schedule has also impacted on the BOD approval date relative to the actual re-appointment date. Examples of previously issued re-appointment letters were presented to the Credentials Committee for illustration.

For clarity, the re-appointment letter should be wordsmithed to emphasize the actual re-appointment term. The JC standards are silent on the wording of the letter and a compatible template has been attained from our partner, Kaleida Health. The committee endorsed the requested changes to the ECMC re-appointment letter.

### **Chest X-Ray Requests**

For years, the Medical-Dental Staff Office has been requesting an annual CXR for PPD positive members of the medical-dental staff. In researching this practice, it was noted that this is not in policy, DOH requirement or on our medical assessment forms. We do ask for an attestation of the absence of signs and symptoms of TB, which is consistent with the NYSDOH regulations. It therefore seems more than appropriate for our office to cease requesting annual X-rays for PPD positive members of the medical-dental staff.

### **Otolaryngology**

The committee was informed of the current status of privilege delineation vs. deferral/withdrawal for an Otolaryngology applicant. This will be monitored with the Chief of Service and Chief Medical Officer.

### **Separation Letter – Good Standing**

## ERIE COUNTY MEDICAL CENTER CORPORATION

A template letter was drafted by the chair as a guide for staff resignations who request documentation of separation in good standing. A second template was suggested by the Medical-Dental Office Staff for current members of the credentialed staff.

### **Separation Letter – Midlevel Collaboration/Supervision Changes**

The standard Allied Health Professional separation letter template was amended after last month's meeting to highlight that the collaborating/supervising physician must be on staff at ECMC. This letter has already been put into production.

### **Radiation Physicists**

The committee discussed the need for placement of Radiation Safety Officers within the Medical Dental Staff organizational structure as Allied Health Professionals. The topic was stimulated by the current dues requirement defined for all Allied Health Professionals. Although staff membership has not been uniformly adopted at other local medical centers, the committee awaits input from the Patient Safety Officer regarding Joint Commission and CMS requirements before rendering its formal recommendation.

### **Open Issues (Correspondence) Tracking**

Open issues reviewed and noted.

## **OVERALL ACTION REQUIRED**

## ***OTHER BUSINESS***

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

### **FPPE (Focused Professional Practice Evaluation)**

FPPEs were successfully completed in the following departments:

Dentistry (1 DDS)

Internal Medicine (1 MD)

Ophthalmology (1 MD)

Oral and Maxillo-Facial Surgery (1 MD, DDS)

Orthopaedic Surgery, Podiatry (1 DPM)

Rehabilitation Medicine (1 RPA-C)

Surgery, Transplant (2 MDs)

### **OPPE (Ongoing Professional Practice Evaluation)**

Laboratory Medicine OPPEs for 1 PhD and 1 MD have been completed.

Urology OPPEs are complete (with one outstanding MD) and awaiting signature from the Chief of Service.

Orthopaedic Surgery OPPEs will be complete upon receipt of previously requested outcomes data for one of the clinical measures.

Psychiatry has been initiated. Requests for internal data have been made and all outside mailings are complete.

Neurology has been initiated. Mailings have been sent and data from the department is expected shortly.

The department of Pathology OPPE had been initiated.

## **OPPE Evaluation Cycles**

ERIE COUNTY MEDICAL CENTER CORPORATION

The schedule of departmental OPPEs was reviewed for the Credentials Committee. The minimum frequency referenced in the Joint Commission standards is “more than once a year”. The current policy allows for a 6-9 month time frame. It is the consensus of the Credentials Committee that although this remains the goal, with existing resources and processes, that expanding the time frame to 10 months would allow us to maintain the quality of the program and remain in compliance with the spirit of the accreditation standards.

The Professional Practice Evaluation Policy will be reviewed and revised accordingly upon approval of the Chief Medical Officer and Joint Commission Coordinator.

**PRESENTED FOR INFORMATION**

***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried. The meeting was adjourned at 3:50 PM.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "J Schuder". The signature is fluid and cursive, with the first letter of the last name being a large, stylized 'S'.

Robert J. Schuder, MD,  
Chairman, Credentials Committee

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# Executive Committee



# Minutes from the



## Buildings & Grounds Committee

# ERIE COUNTY MEDICAL CENTER CORPORATION

## BOARD OF DIRECTORS MINUTES OF THE BUILDING & GROUNDS COMMITTEE MEETING JUNE 12, 2012

### ECMCC STAFF DINING ROOM

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

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#### I. CALL TO ORDER

Richard F. Brox called the meeting to order at 9:35A.M.

#### II. RECEIVE AND FILE APRIL 10, 2012 MINUTES

Moved by Richard F. Brox and seconded by Frank Mesiah to receive and file the Buildings and Grounds Committee minutes of April 10, 2012 as presented.

#### III.

#### UPDATE – PENDING CAPITAL INITIATIVES / PROJECTS

##### Access Road Water Main

- ECMCC has been successful in gaining the DOT's cooperation to include the repair of the defunct water main as part of their pending bridge reconstruction project. The cost to ECMCC is \$267K, an overall cost savings of approximately \$300K +. Additional details pending, this reconstruction effort one part of a multiple bridge reconstruction effort

##### Radiology Redesign – Conceptual Level Discussion

- This initiative involves several Radiology related relocation & reconfiguration concepts, which shall lead to a larger conceptual Master Plan. Involved services currently include multiple components of the current Radiology department (aka Phase 2), the 1st Floor MRI concept, and Nuclear Medicine & Urology Space Swap, along with potential others.

##### Behavioral Health COE Project (HEAL21)

- Last week ECMCC received the good news that we are being awarded 15 of the original 25 million dollars requested through the HEAL grant submission. Since the grant application submission the project team has continued to meet on a weekly basis to further develop the design in an effort to better position ourselves once word on grant funds were received. This funding confirmation shall cause the team to accelerate the design process in order to expedite an applicable CON submission and focus our efforts toward developing a construction / renovation plan that will ensure the incurrence of the \$15 million within the HEAL deadline of March 2014.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Immuno Clinic Relocation**

- This initiative would have the Immuno Clinic relocate into a renovated portion of the Grider Family Health Center (Bldg #7). Thus far two related meetings have been held resulting in the confirmation of a viable space program which would require a small addition to the building footprint, project development continues.

### **Transitional Care Unit @ 6 Zone 2**

- ECMCC received “contingent” approval of the latest CON revisions last week. Project Team will resume planning meetings which shall lead to the full development of a set of construction documents.

### **Operating Room Expansion @ Renal Center MOB Space**

- Within the past several weeks ECMCC has responded to a few CON application questions which the DOH requested. At this point ECMCC awaits further commentary from DOH. This project includes (2) complete operating rooms, (2) shelled operating rooms and an Ambulatory Surgery Suite @ the 1<sup>st</sup> floor level of the Renal Center MOB space.

### **Furniture, Fixtures, & Equipment @ Capital Projects**

- With SNF furniture coordination & selection meetings complete, team is turning its focus to bid package development, draft of same is under ECMCC review, with expectations of getting an applicable bid package on the street within next few weeks.

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

- With layouts of both upper level floors complete and rental rates established the next step is to issue tenant commitment letters, a prerequisite to the pending CON submission which is planned to be filed by end of July. The planned occupants include a) 2<sup>nd</sup> flr - Head & Neck (incl/Drs. Bellis & Linfield), Oncology, & Dr. Sperry; b) 3<sup>rd</sup> flr - Cardio-thoracic, Cardiology, Department of Medicine (AMS/GIM/Endoscopy), & Urology Private Practice. 2<sup>nd</sup> flr level being hospital functions and 3<sup>rd</sup> flr being tenant occupancies.

### **Financial Counseling / Gift Shop Project**

- This revisited initiative is two meetings deep, with discussions following the envisioned sequential order of renovations, currently working on the development of a relocated Financial Counseling and Medicaid Suite into a renovated former 1<sup>st</sup> floor Hemophilia Suite. This initiative also incorporates potential renovations and relocations of Employee Health, Switchboard & Patient Advocate, and all a work in progress.

### **Signage & Wayfinding Project**

- Invitations For Bids to be issued within the next (2) weeks for the Dialysis & Transplantation Project (10<sup>th</sup> Floor only) and within the next 4 weeks for the Skilled Nursing Facility. These refined bidding specifications shall be the signage standards going forward. These bid packages shall provide us with opportunities to lock-in extended unit pricing commitments and improve our MWBE opportunities.

### **Security Camera & Access Control Systems**

- After significant review and consideration the initiative Committee has made its recommendations on the Head-End Security Camera/Access Control Systems, Administration has concurred with Committee's recommendations, and has authorized the procurement of these new systems. This shall allow for the dependent procurements of project specific cameras and access control devices (Dialysis & Transplantation and the Skilled Nursing Facility) which to this point have been postponed.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### IV.

#### UPDATE – IN PROGRESS CAPITAL INITIATIVES / PROJECTS

##### Campus Site & Parking Modifications

- **Site Reconstruction Project** – began 05/07/12 with 1<sup>st</sup> phase planned to be complete mid-late July. Full set of phasing plan diagrams provide. All four phases planned to be complete by years end.
- **AllPro Parking Management**
  - An AllPro / ECMCC amendment has been executed which will have AllPro manage the paid lots A/B through the completion of the reconstruction effort.
  - A separate agreement has been finalized which has AllPro managing the use of the new parking ramp through the completion of the reconstruction effort.
  - A third agreement is pending for potential temporary Valet services, which is dependent upon the development of a viable staging plan, plan is in development currently.
- **Parking Valet Services / Patient Transportation Vans**
  - A conceptualized plan has been developed which shall permit the implementation of temporary valet services & the provision of an alternate parking area for patient transportation vans. Related committee mtgs have been held to vet all related concerns. Both of these changes are dependent upon the vacancy of the Doctors Lot. The re-assignment of authorized Lot users is proving to be a challenge. HIS to assist Police in efforts to develop a "Lot User" analysis which shall be used to ascertain the true parameters of pending lot re-assignment. On a related note the Doctors Lot would also need to be emptied this fall in that the preliminary plan for the CPEP building would have excavation beginning in late fall early winter. This coordinates nicely with the interim usage of the temporary valet parking.
- **Parking Access & Revenue Control System Bid Package** – bidding contractors have all been vetted and Notices to Proceed have been issued to each. Under these subcontracts the new revenue and access control infrastructure shall be installed on site consistent with the on-going Site Reconstruction efforts.
- **Signage & Wayfinding Bid Package** – with site reconstruction underway the design & construction team will need to turn their attention to the development an applicable signage & wayfinding bid package.

##### CPEP Fast Track Initiative

- With abatement work complete, Plant Operation staff will begin preliminary demolition work. A full set of construction documents were received late last week, which in turn shall allow for material and equipment orders. This project has an ASAP deadline.

##### CPEP EOB Unit @ 4 Zone 3

- This project is well underway, the partial renovation of 4 Zone 3 into an overflow EOB (Extended Observation Bed) Unit. Current expectation has this project complete by end of July.

##### 2010 Capital Projects – Dialysis / Transplant

- 10 Zone 3 / DOH Pre-Occupancy Inspection completed & approved as of 06/01/12, Unit reportedly occupied as of yesterday 06/06/12. This completion delivers the final project occupancy one month ahead of the original schedule. Remaining punchlist being coordinated.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **Skilled Nursing Facility**

- All trades fully involved, from interior finishes to sitework & landscaping, progress maintaining pace with the overall schedule.

### **SNF Parking Garage**

- Opened for business 05/07/12, punchlist work in progress.

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

- Project was completed and in use by late April.

### **Chilled Water Plant Improvements**

- Cooling Tower tie-ins to be complete by mid June, Chiller #3 complete by late June, this shall bring the stage 1 portion of the project to substantial completion, with stage 2 to begin in early fall and shall be complete spring 2013.

### **Building 7 / Vacancy**

- With CON approval received Kaleida's Womens & Children's OBGYN occupancy is scheduled to begin 06/18/12, Plant Ops currently engaged with several final modifications to these tenant spaces

### **Employee Fitness Center Project**

- Coffered ceiling work in progress, drywall & cement boarding on-going, mechanical, electrical, and plumbing roughins continue. All materials on order with intent reaching substantial completion by mid July.
- Leased Fitness Equipment has been reportedly released w/reported delivery schedule of 1<sup>st</sup> week of July.

## V. ADJOURNMENT

Moved by Richard F. Brox to adjourn the Board of Directors Building and Grounds Committee meeting at 10:15 a.m.

Next Building & Grounds meeting – August 14, 2012 at 10:00 a.m.  
Staff Dining Room.

# Minutes from the



## Finance Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING  
MAY 22, 2012

ECMCC BOARD OF DIRECTORS CONFERENCE ROOM

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VOTING BOARD MEMBERS PRESENT OR ATTENDING BY CONFERENCE TELEPHONE:	MICHAEL A. SEAMAN RICHARD F. BROX DOUGLAS H. BAKER	DIETRICH JEHLE, MD
VOTING BOARD MEMBERS EXCUSED:	THOMAS P. MALECKI, CPA ANTHONY M. IACONO	
ALSO PRESENT:	JODY L. LOMEIO ANTHONY J. COLUCCI, III MICHAEL SAMMARCO RONALD KRAWIEC	JOHN EICHNER PAUL HUEFNER RICHARD CLELAND
NON-VOTING MEMBERS EXCUSED:	MARK R. BARABAS	

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**I. CALL TO ORDER**

The meeting was called to order at 8:32 A.M., by Michael A. Seaman, Chair.

**II. RECEIVE AND FILE MINUTES**

Motion was made and accepted to approve the minutes of the Finance Committee meeting of April 17, 2012.

**III. APRIL, 2012 FINANCIAL STATEMENT REVIEW**

Michael Sammarco provided a summary of the financial results for April, 2012, which addressed volume, income statement activity and key financial indicators.

Total discharges were over budget by 8 for the month of April. Acute care discharges were under budget by 15, but Chemical Dependency discharges were over budget by 26. Year-to-date acute care discharges are over budget by 35, or 1.0%, and over the prior year by 180, or 5.1%.

Observation cases were under budget at 124 for the month, and average daily census was 327 for the month. Average length of stay was 6.0 for April compared to a budget of 6.0 and 6.3 year-to-date. Non-Medicare case mix was 2.00 for the month compared to a budget of 2.21, and Medicare case mix was 1.75 compared to a budget of 2.04 for the same period.



## ERIE COUNTY MEDICAL CENTER CORPORATION

Inpatient surgical cases were over budget by 3 for the month, 51 over budget year-to-date, and 156 over the prior year. Outpatient surgical cases were under budget by 56, 195 under budget year-to-date, and 133 less than the prior year.

Emergency Department visits were under budget for the month and year-to-date by 2.6% and 1.6% respectively, , but 6.6%, or 1,279 visits, over the prior year.

Hospital FTEs were 2,423 for the month, compared to 2,391 budgeted. Home FTEs were on budget at 338 for the month.

Net patient service revenue for the Hospital was under budget by \$700,000, due to low outpatient volume. Hospital expenses were under budget by \$1.0 million, due to labor expenses and physician fees. The Hospital experienced an operating loss of \$1.0 million for the month and the Home experienced an operating loss of \$415,000 for the same period.

The consolidated, year-to-date operating loss was \$4.0 million compared to a budgeted loss of \$2.8 million and a prior year loss of \$9.5 million.

Days operating cash on hand was 33.2 in April and 43.4 in May, and days in accounts receivable were 35.9 in April compared to a budget of 40.0.

#### **IV. MANAGED CARE UPDATE:**

Mr. Sammarco gave an update on the status of our managed care contracts.

- Meetings were recently held with Blue Cross and Independent Health, and initial proposals are expected from them shortly.
- A meeting with Univera will occur within the next 2 weeks.
- The contract with the New York State Department of Corrections for care of the State's prisoners has been extended to September 30, 2012.

#### **V. ADJOURNMENT:**

The meeting was adjourned at 9:22 a.m. by Michael Seaman, Chair.



# ECMCC Management Team



# Chief Executive Officer



# **President & Chief Operating Officer**

**Final Report**  
**Great Lakes Health Transplant Center**  
**Review of Progress as of 06/26/2012**

July / August 2009	<ul style="list-style-type: none"> <li>o Joint HEAL 11 Grant Application written by representatives from BGH and ECMC.</li> <li>o Application submitted.</li> </ul>
September 2009	<ul style="list-style-type: none"> <li>o Formation of Great Lakes Task Force on Transplant Consolidation.</li> <li>o First meeting of Task Force occurred 9/14/09, Transition.</li> <li>o Received notice of HEAL 11 Grant award for the Consolidation of Transplant Services – \$7.5 million, 9/24/09.</li> </ul>
October 2009	<ul style="list-style-type: none"> <li>o Joint churette with architects occurred on 10/22/09.</li> <li>o Second meeting of Task Force occurred on 10/26/09.</li> <li>o Documents/drawings prepared for CON – review of vision “World Class” Transplant Center.</li> </ul>
November 2009	<ul style="list-style-type: none"> <li>o Submission of Certificate of Need application to the Department of Health.</li> <li>o Distribution of RFP for Transplant Consolidation consultant.</li> <li>o Coordination of interviews with three transplant consulting companies.</li> <li>o Numerous concept design meetings with architects.</li> </ul>
December 2009	<ul style="list-style-type: none"> <li>o Third meeting of Task Force occurred on 12/15/09.</li> <li>o Interviews conducted with three consulting companies; Transplant Management Group (TMG) was selected by unanimous vote among task force members.</li> <li>o Numerous floor plan design meetings with architects held on 12/9/09.</li> </ul>
January 2010	<ul style="list-style-type: none"> <li>o Negotiations with TMG consulting company, contract adjustments.</li> <li>o Numerous floor plan design meetings with architects held on 1/7/10 at ECMC and BGH, in anticipation of CON approval.</li> <li>o Letter sent to Department of Health requesting addendum to HEAL 11 Grant contract reflecting change from 36-station dialysis unit to 24-station dialysis unit on Grider Street campus to match the CON.</li> </ul>
February 2010	<ul style="list-style-type: none"> <li>o Fourth meeting of Task Force scheduled to occur on 2/22/10.</li> <li>o Final sign-off of floor plan design drawings scheduled to occur.</li> <li>o Weekly detailed design meetings with architects scheduled from 2/12/10 through 3/19/10.</li> <li>o Contract through both legal departments – sent to consultant when completed.</li> <li>o CON questions answered at DOH.</li> <li>o Site visits to be scheduled.</li> <li>o Letter to Dr. Daines.</li> </ul>

March 2010	<ul style="list-style-type: none"> <li>○ Discussion with Director of HEAL 11 Implementation Team regarding the number of dialysis stations in the Grant (36) vs. the number in the CON.</li> <li>○ TMG Consultant contract completed/signed.</li> <li>○ SHRPC – Planning Council, 3/18/10; in Albany, answered several questions on project scope prior to an affirmative vote; recommended to SHRPC Board with condition of an executed HEAL 11 Grant contract acceptable to the DOH.</li> <li>○ Reached agreement with Kaleida representatives about the transfer of 12 dialysis stations from BGH to ECMC to align the number of stations with HEAL 11.</li> </ul>
April 2010	<ul style="list-style-type: none"> <li>○ Consulted with HEAL 11 Director on how to proceed with HEAL 11 contract related to the number of dialysis stations and how to protect the qualification for HEAL 11 funds. Contract sent to HEAL.</li> <li>○ SHRPC – Board voted to approve CON for creation of Renal and Transplant Center on 4/8/10.</li> <li>○ On-site visits to ECMC and BGH scheduled to occur on May 18, 2010.</li> </ul>
May 2010	<ul style="list-style-type: none"> <li>○ Kaleida to file CON for transfer of 12 dialysis stations to ECMC.</li> <li>○ Fifth meeting of Task Force scheduled to occur on May 18, 2010 at 4:30 pm.</li> <li>○ Data requested by TMG Consulting firm being collated and submitted by representatives at ECMC and BGH by 5/18/10 – walk through completed</li> <li>○ Call to HEAL II and DOH to clarify action steps – ECMC to file administrative CON to accept 12 dialysis stations from Kaleida.</li> <li>○ Architects expand dialysis footprint from 19,538 sq. ft. to 25,871 sq. ft. to accommodate 36 patients.</li> </ul>
June 2010	<ul style="list-style-type: none"> <li>○ TMG on-site consulting engagement begins; interviews on June 7-9, 2010.</li> <li>○ Dr. Dayton to lead NYC, NJ physician site visits.</li> <li>○ Sites and visitation teams selected.</li> <li>○ ECMC CON for the acceptance of 12 dialysis stations from Kaleida to be filed.</li> <li>○ Draft of HEAL II Appendix X developed; coordination of project time lines.</li> <li>○ Original CON contingencies satisfied (DOH letter).</li> <li>○ Kaleida CON filed for transfer of 12 dialysis stations to ECMC.</li> <li>○ RWJ site visit completed.</li> <li>○ Beginning of joint labor meetings.</li> </ul>

July 2010	<ul style="list-style-type: none"> <li>o Fully executed HEAL 11 grant contract received (quarterly reporting).</li> <li>o First HEAL 11 grant disbursement received (\$70K).</li> <li>o NY Presbyterian site visit completed.</li> <li>o Demolition on schedule.</li> <li>o Code of Conduct drafted.</li> <li>o Request from BG to expedite Dialysis and Transplant moves; plan being developed.</li> <li>o Preliminary discussion about physician contracts.</li> <li>o Answered CON questions from DOH.</li> <li>o Received additional CON questions in writing and verbally from DOH re. additional 12 stations.</li> <li>o Appendix X submitted to HEAL 11.</li> </ul>
August/September 2010	<ul style="list-style-type: none"> <li>o Preliminary report from consultants, TMG, final report due.</li> <li>o Initiate bid process after administrative CON approved for 12 additional stations.</li> <li>o Project bids developed, to be sent out 9/1/10.</li> <li>o Serious discussions with Labor must commence.</li> <li>o Meet with BG reps re. Advanced movement of dialysis and transplant plan.</li> <li>o Code of Ethics introduced to all Committee members and signed.</li> <li>o Begin physician consultant visits.</li> </ul>
October 2010	<ul style="list-style-type: none"> <li>o Execute plan to increase dialysis capacity in order to accommodate BG. patients beginning in October; BG plan developed but not approved by DOH for transfer of dialysis patients.</li> <li>o Anticipate approval on Appendix X – HEAL 11.</li> <li>o Award bids.</li> <li>o Significant discussions about program structure, physician leadership, administrative leadership and Advisory Board model.</li> <li>o Grace period concept for BG employees who take a job at ECMC managed up through H.R.</li> </ul>
November 2010	<ul style="list-style-type: none"> <li>o ECMC newly created dialysis capacity is filling rapidly; no DOH approval for transfer of patients related to BG plan.</li> <li>o Site preparation continues; multiple calls to DOH re. Permission to start.</li> <li>o Provided update to PSC and GL leadership.</li> <li>o Directed by GL leadership to expedite the process for appointing an interim program director of Transplant. Committee agreement.</li> <li>o Letter of Support sent by ECMC on behalf of BG Dialysis Closure Plan.</li> </ul>
December 2010	<ul style="list-style-type: none"> <li>o Groundbreaking when demolition is completed and final CON approval from DOH is received.</li> <li>o Determine advanced move of Transplant.</li> <li>o Begin business planning – work group TBD.</li> </ul>

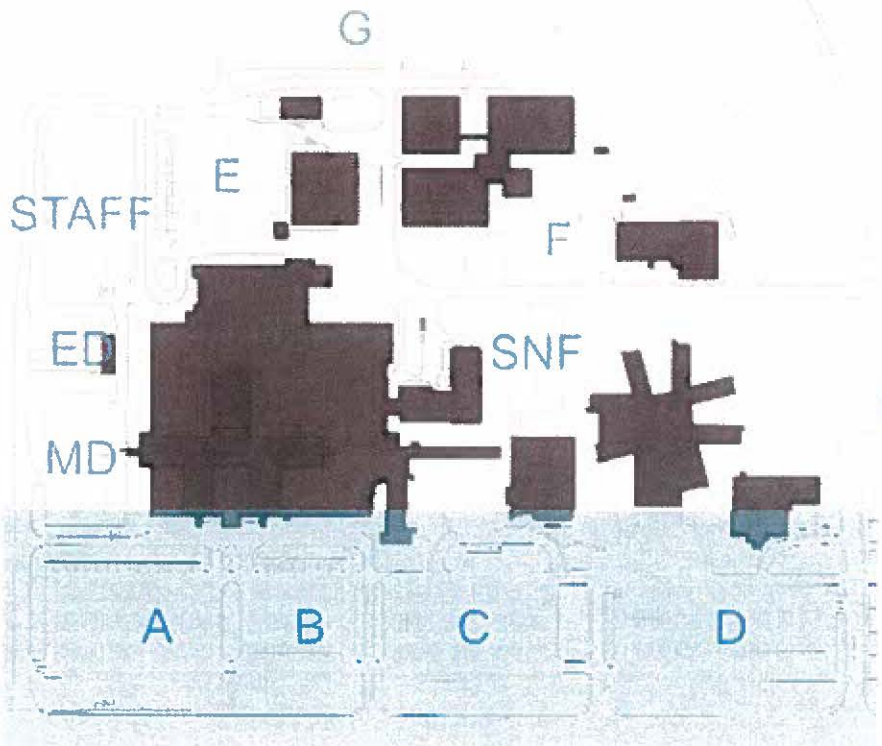
January 2011	<ul style="list-style-type: none"> <li>o DOH Approval obtained for transfer of 12 Dialysis stations from BG to ECMC.</li> <li>o Notification from DOH that HEAL II funds must be spent and billed by 8/15/11 or be at risk. Tracking system developed.</li> <li>o BG received DOH approval for Dialysis Closure Plan; BG notified patients of closure; ECMC accepting patients to capacity; waiting list developed.</li> <li>o Physician Consultants Report dismissed by co-chairs,</li> <li>o Significant discussion of structure and financial model with legal and H.R reps attending.</li> </ul>
February 2011	<ul style="list-style-type: none"> <li>o HEAL II Tracking \$2 million spent.</li> <li>o Review of Work Plan “Timetable for Transplant Consolidation” edits. Patients to move September/October 2011.</li> <li>o Dialysis census at BG 75; at ECMC 80.</li> <li>o Finance working on Hold Harmless model. Structure JV or employment not determined.</li> <li>o Dr. Dayton and Mark Barabas to schedule meetings with employees.</li> </ul>
March 2011	<ul style="list-style-type: none"> <li>o Dr. Murray appointed Interim Program Director.</li> <li>o Work Plan reviewed.</li> <li>o Dr. Murray meets with physicians individually.</li> <li>o ECMC service line model chosen.</li> <li>o Employee meetings put on hold.</li> </ul>
April 2011	<ul style="list-style-type: none"> <li>o Executive Dimensions hired as recruitment firm to hire Vice President of Transplant Services.</li> <li>o Meetings with employees put on hold until financial hold-harmless finalized.</li> <li>o Action Item Timeline and Business Plan drafted.</li> <li>o Review of physician contracts with chairs.</li> </ul>
May 2011	<ul style="list-style-type: none"> <li>o 10z5 completed on time; transplant office area occupied.</li> <li>o HEAL 11 spend near \$6 million.</li> <li>o OR capacity reviewed.</li> <li>o Financial Hold-Harmless ECMC / Kaleida completed.</li> <li>o Transplant coordinators pay grade and job descriptions revised.</li> </ul>
June 2011	<ul style="list-style-type: none"> <li>o Developed Transplant Staffing plan.</li> <li>o Appointed Drs. Pankewycz and Laftavi interim Medical and Surgical Directors.</li> <li>o Meetings with employees delayed due to union negotiations at Kaleida.</li> <li>o Reviewed candidates for Vice President position with Executive Dimensions.</li> </ul>
July 2011	<ul style="list-style-type: none"> <li>o Discussion of transition timeline ECMC/BGH.</li> <li>o Business Plan draft reviewed.</li> <li>o Program for Marketing presented.</li> <li>o V/P candidates selected for interviews.</li> </ul>



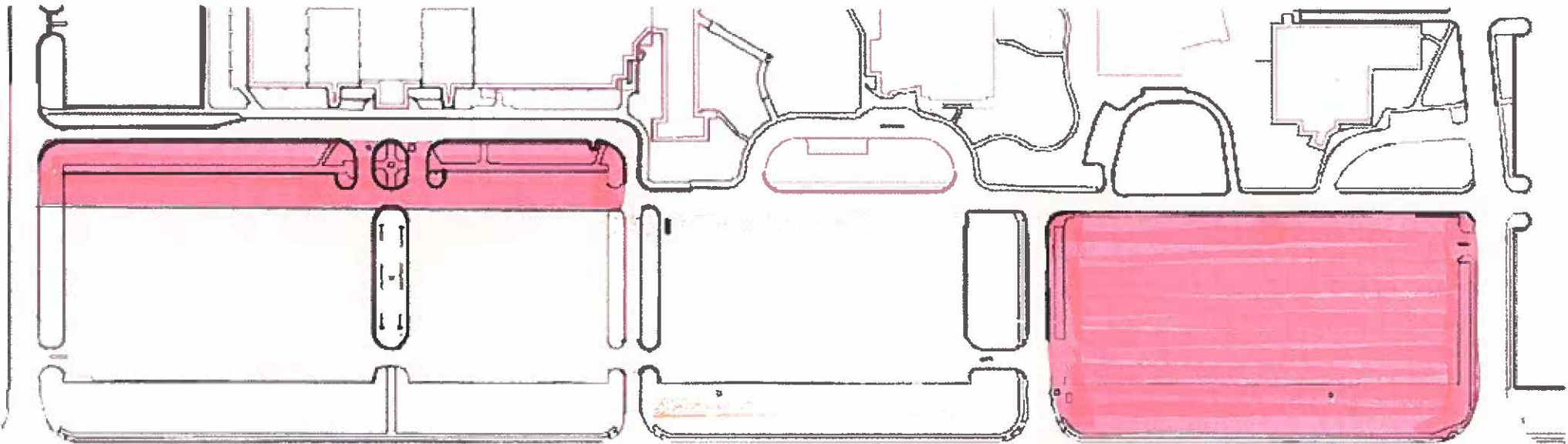
August 2011	<ul style="list-style-type: none"> <li>o Buffalo General draft of closure plan developed.</li> <li>o Candidates for V/P position interviewed.</li> <li>o Meeting held at Buffalo General with Transplant staff.</li> <li>o Physician contracts reviewed with leadership.</li> <li>o HEAL grant balance nearly spent.</li> </ul>
September 2011	<ul style="list-style-type: none"> <li>o Meet and Greet with Buffalo General Transplant staff scheduled at ECMC (9/7/11).</li> <li>o Transfer of program documents obtained from UNOS.</li> <li>o Individual meetings with Buffalo General staff.</li> <li>o 10z1, Vascular Access and Inpatient Dialysis on schedule (to be completed by end of September).</li> </ul>
October 2011	<ul style="list-style-type: none"> <li>o Program Director – engaging physicians, weekly planning.</li> <li>o Inpatient Dialysis and Vascular Access on 10z1 occupied.</li> <li>o BG received permission from DOH to decertify Transplant-Dialysis Services.</li> <li>o Physician contract templates developed.</li> <li>o HR meeting with BG staff, begin recruiting unfilled positions.</li> </ul>
November 2011	<ul style="list-style-type: none"> <li>o Coordination of TP waiting lists under regulatory guidelines.</li> <li>o Challenge construction team to complete Dialysis building by 12/12/11.</li> <li>o Begin training new Dialysis staff.</li> <li>o Final round of interviews for Transplant VP position.</li> <li>o On boarding – new employees for Transplant.</li> </ul>
December 2011	<ul style="list-style-type: none"> <li>o DOH-occupancy inspection/permission to occupy Dialysis building.</li> <li>o Ribbon Cutting Ceremony 12/9/11 Dialysis</li> <li>o 12/12/11 began accepting Dialysis patients from BG.</li> </ul>
January 2012	<ul style="list-style-type: none"> <li>o New V/P Transplant/Dialysis Services, John Henry begins working.</li> <li>o Blended Transplant Service – includes both ECMC and Buffalo General employees and physicians.</li> <li>o Launched Home Peritoneal Dialysis Program. Claims filing approved February 13, 2012</li> </ul>
February 2012	<ul style="list-style-type: none"> <li>o On Boarding of Buffalo General patients continue.</li> <li>o MIQS system selected for dialysis.</li> <li>o Patient parking designated for outpatient dialysis patients.</li> <li>o Established real-time remove/offsite electronic viewing of transplant biopsies and conference call discussions with BGH Pathology attending.</li> </ul>
March 2012	<ul style="list-style-type: none"> <li>o DOH inspection of 10 North successful.</li> <li>o Begin conversion from “Project Management” driven to “Operations Driven”</li> <li>o Program Director and V/P established a series of work groups for Transplant.</li> <li>o First phase of 11 private rooms on 10 North open.</li> </ul>
April 2012	<ul style="list-style-type: none"> <li>o 10 North private rooms for Transplant/Renal service near completion for Phase II.</li> </ul>

April 2012 con't.	<ul style="list-style-type: none"> <li>○ Nursing staff continues post-op training in TICU</li> <li>○ Set all time monthly high of transplants performed in a single month (10)</li> </ul>
May 2012	<ul style="list-style-type: none"> <li>○ Living Donor program numbers increase.</li> <li>○ 10 North Open House for staff, physicians and Board.</li> <li>○ Surpassed total volume (27) of transplant completed at ECMC in CY 2011 with a current volume of 31 transplants performed.</li> </ul>
June 2012	<ul style="list-style-type: none"> <li>○ DOH inspects Phase II, the second 11 private rooms on 10 North.</li> <li>○ 10 North - Phase II rooms open</li> <li>○ Dialysis Program has 140 outpatients</li> <li>○ Transplant Program averaging 8 per month.</li> <li>○ Preparation for first UNOS site visit to consolidated program.</li> <li>○ Participated as primary sponsor of Buffalo Walk for Kidneys (Northeast Kidney Foundation) under ECMC/Great Lakes collaborative.</li> </ul>
July 2012	<ul style="list-style-type: none"> <li>○ Establishing Transplant Volunteer Program to support New Patient Evaluation Day and separate volunteer program</li> <li>○ UNOS Site survey visit</li> </ul>

Circulation: Grider Street Frontage (Existing)



Grider Street



PHASE I / MAIN DRIVE RELOCATION – PART 1 OF 2

05/07/12 THROUGH 07/13/12

- LOST MONTHLY EMPLOYEES ..... 80 (+/-)
- PATIENT / VISITOR SPACES ..... 47 (+/-)
- LOST PAID PARKING SPACES @ LOT A/B ..... 127 (-)

PHASE I / RECONSTRUCTION PARKING LOT D

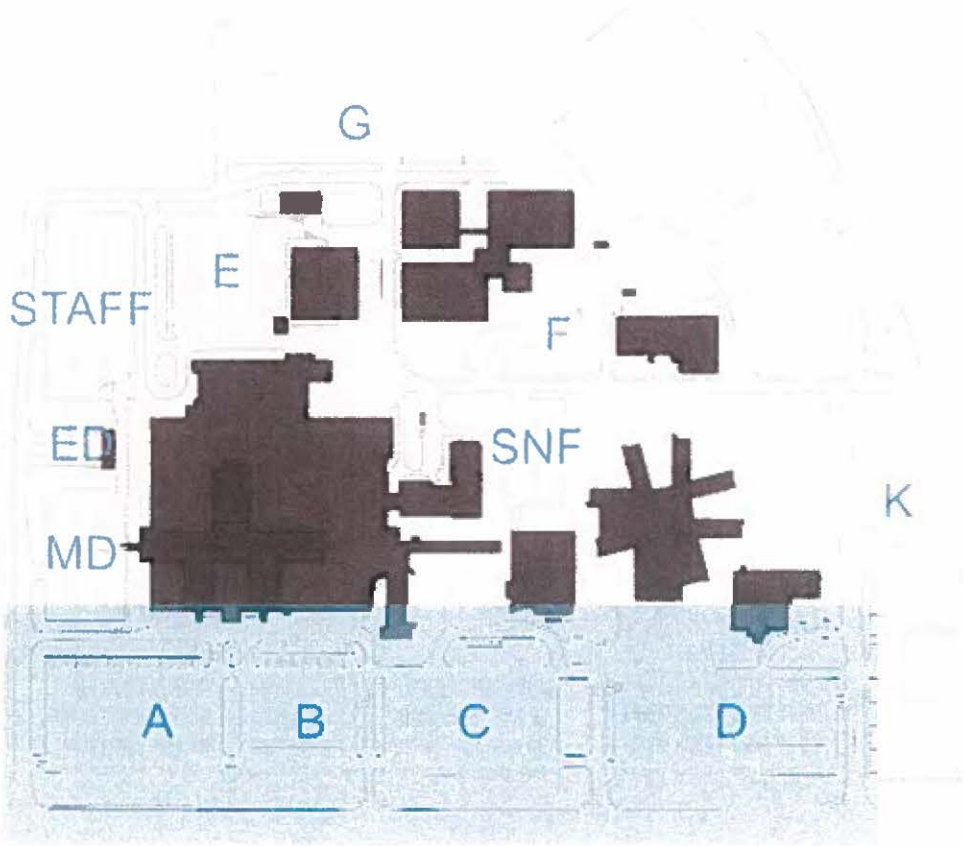
05/07/12 THROUGH 07/13/12

- LOST PARKING SPACES @ LOT D ..... 242
- LOST PAID PARKING SPACES @ LOT A/B ..... 127
- GAINED PARKING @ NEW RAMP ..... 374

TOTAL PHASE I PARKING DIFFERENTIAL ..... 5 (+/-)



Circulation: Grider Street Frontage (Existing)

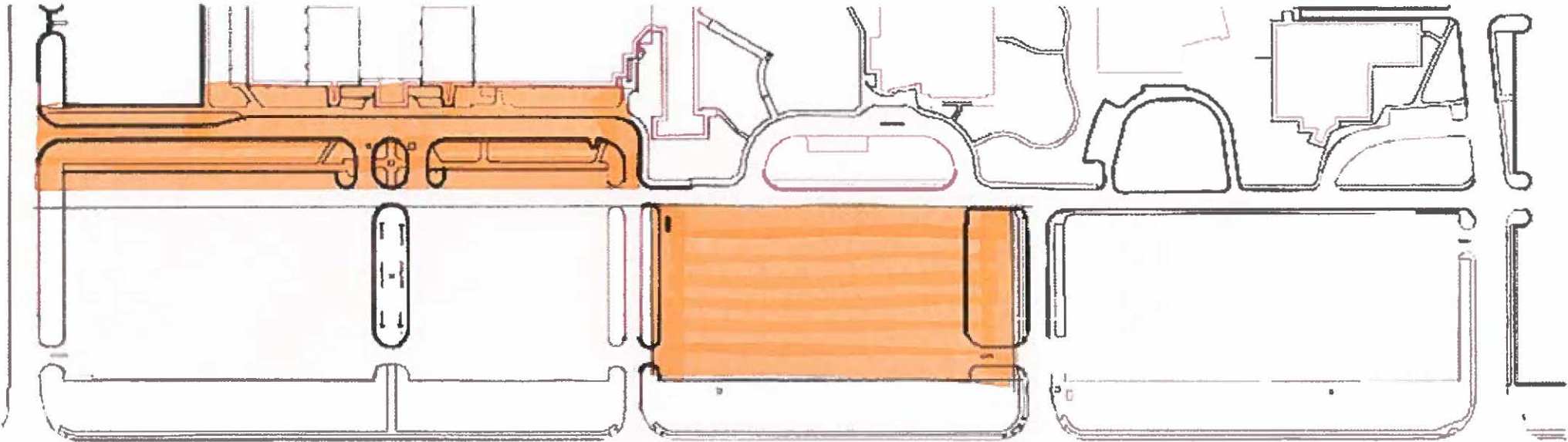


Grider Street

PHASE 2 / MAIN DRIVE RELOCATION – PART 2 OF 2

07/14/12 THROUGH 09/07/12

- NO CHANGE IN PARKING .....0



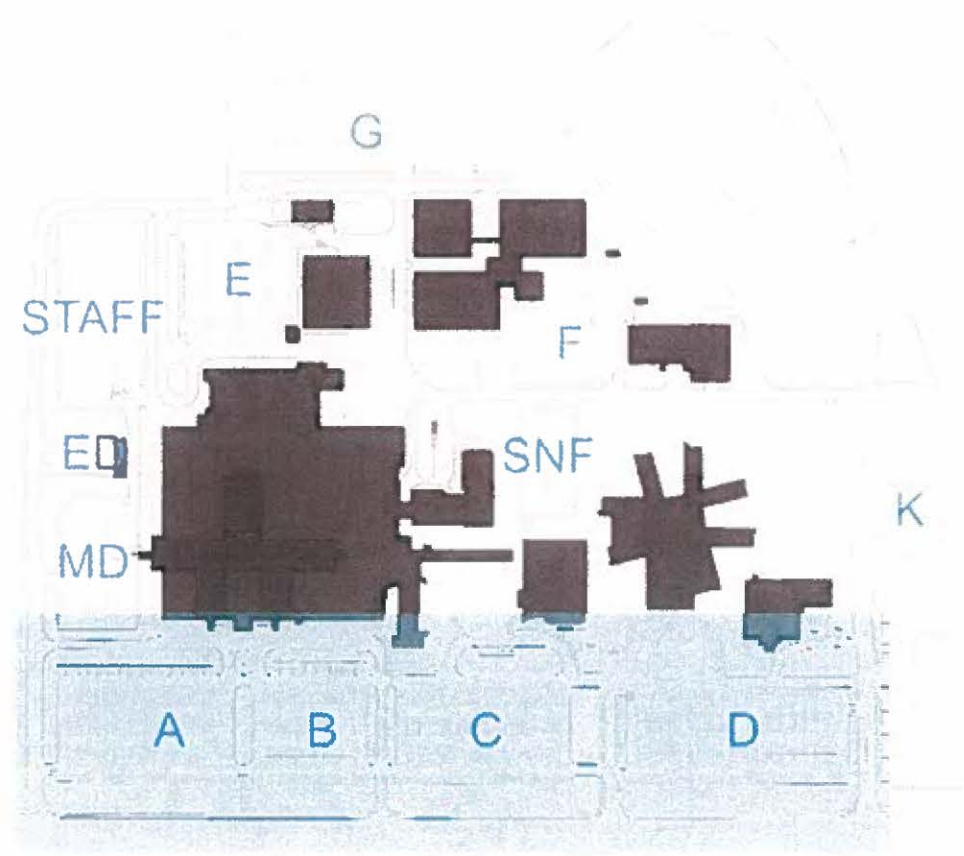
PHASE 2 / RECONSTRUCTION PARKING LOT C

07/14/12 THROUGH 09/07/12

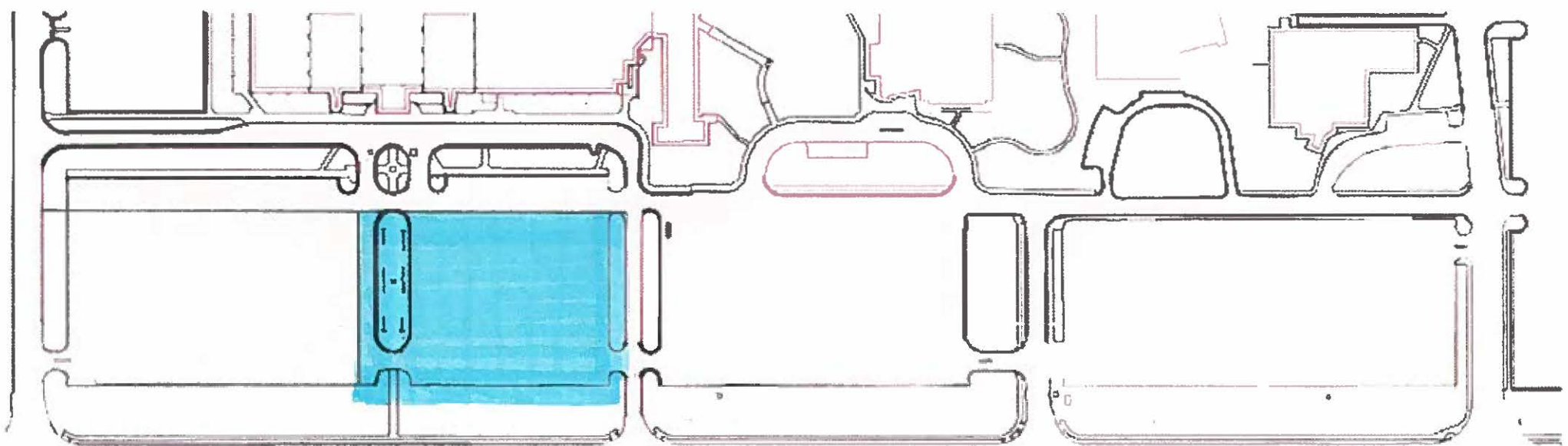
- LOST PAID PARKING SPACES @ LOT A/B ..... 127 (-)
- LOST PARKING SPACES @ LOT C ..... 253 (-)
- GAINED SPACES @ NEW LOT D ..... 100 (+)
- GAINED PARKING @ NEW RAMP ..... 374 (+)

TOTAL PHASE 2 PARKING DIFFERENTIAL ..... 94 (+)

Circulation: Grider Street Frontage (Existing)



Grider Street



PHASE 3 / RECONSTRUCTION PARKING LOT B

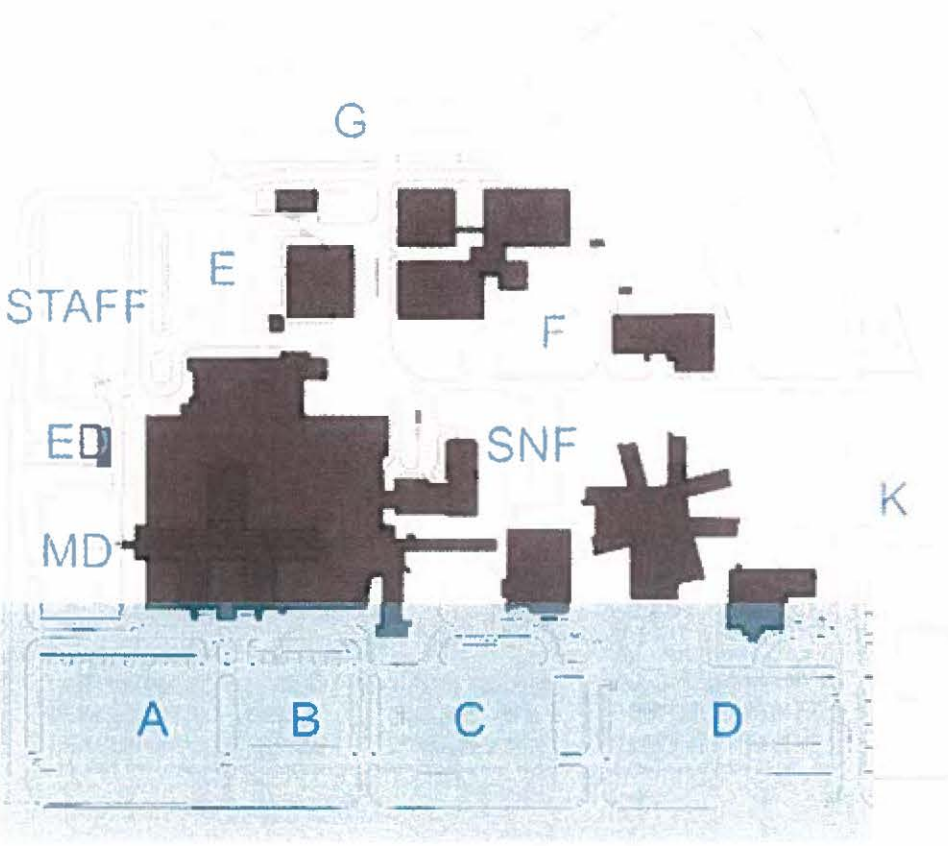
09/08/12 THROUGH 10/26/12

- LOST PAID PARKING SPACES @ LOT A/B ..... 220 (-)
- GAINED SPACES @ NEW LOT C..... 14 (+)
- GAINED SPACES @ NEW LOT D..... 100 (+)
- GAINED PARKING @ NEW RAMP ..... 374 (+)

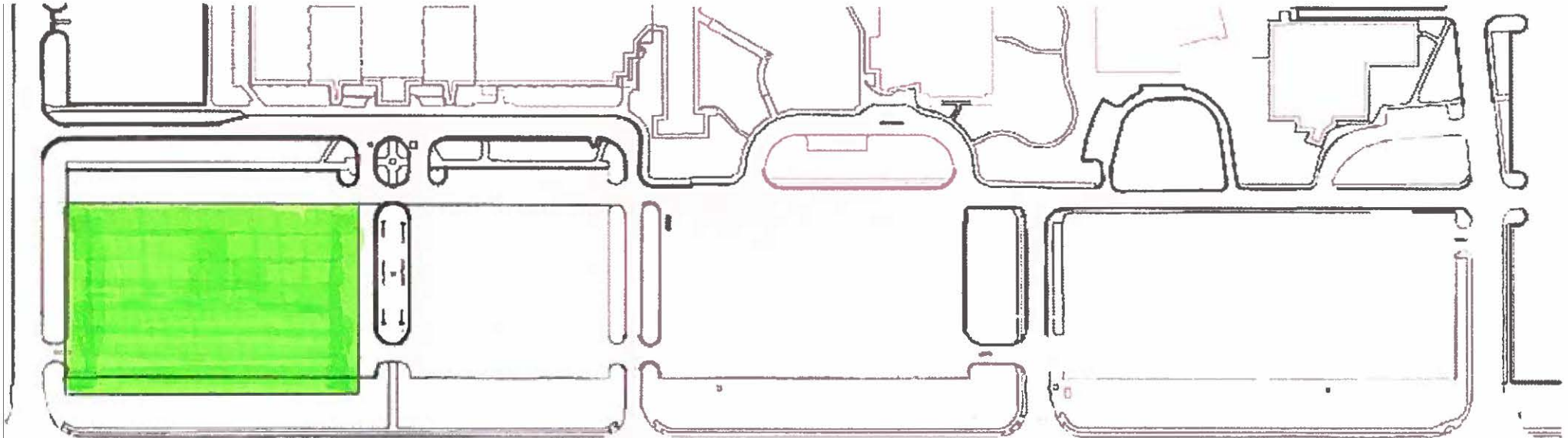
TOTAL PHASE 3 PARKING DIFFERENTIAL ..... 268 (+)



Circulation: Grider Street Frontage (Existing)



Grider Street



PHASE 4 / RECONSTRUCTION PARKING LOT A

10/27/12 THROUGH 12/07/12

- LOST PAID PARKING SPACES @ LOT A/B ..... 277 (-)
- GAINED SPACES @ NEW LOT C ..... 14 (+)
- GAINED SPACES @ NEW LOT D ..... 100 (+)
- GAINED PARKING @ NEW RAMP ..... 374 (+)

TOTAL PHASE 4 PARKING DIFFERENTIAL ..... 211 (+)



KIDENEY  
ARCHITECTS

200 John James Audubon Parkway  
Buffalo, New York 14228  
716-636-9700 Fax 716-636-9783

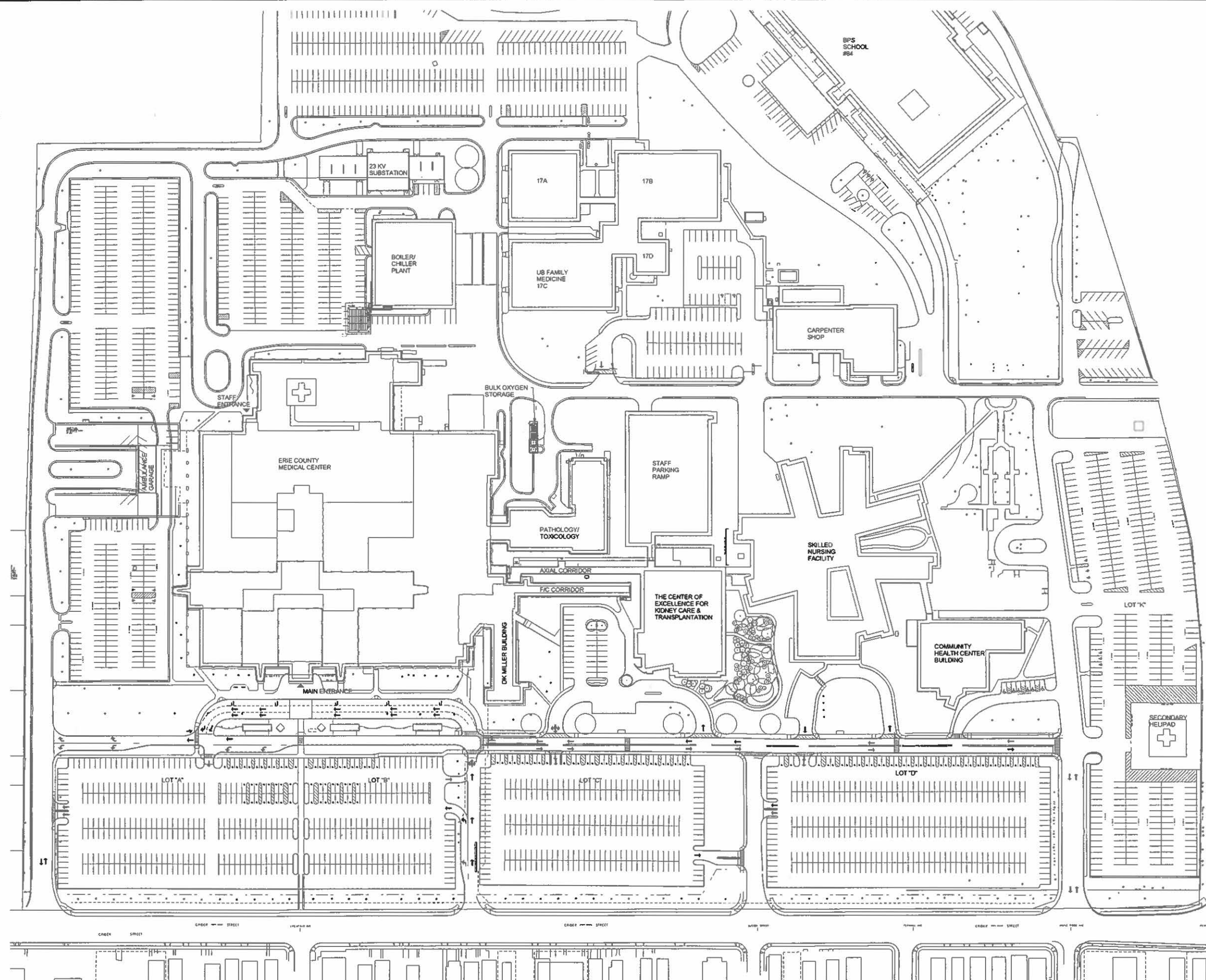
ARCHITECTS, PLANNERS  
INTERIOR & LANDSCAPE DESIGN

**E C M C**  
ERIE COUNTY  
MEDICAL CENTER  
CORPORATION  
400 ORCHARD STREET, BUFFALO, NEW YORK 14203  
DIALYSIS MEDICAL OFFICE  
BUILDING BUILD OUT

Future Site Plan

1" = 60'-0"	
DATE	
DESIGNER	JTJ
PROJECT	AMS
DATE	20100309 00
DATE	0207/2012

A100



Future Site Plan  
SCALE 1" = 60'-0"

Erie County Medical Center Corp.

NOTES:  
1. SEE EXISTING SITE PLAN FOR EXISTING BUILDINGS AND UTILITIES.  
2. SEE EXISTING SITE PLAN FOR EXISTING PARKING LOTS AND DRIVEWAYS.  
3. SEE EXISTING SITE PLAN FOR EXISTING STREETS AND ALLEYS.  
4. SEE EXISTING SITE PLAN FOR EXISTING UTILITIES AND EGRESS ROUTES.  
5. SEE EXISTING SITE PLAN FOR EXISTING LANDSCAPE AND PLANTING.



# Chief Financial Officer





**ERIE COUNTY MEDICAL CENTER  
CORPORATION**

**Internal Financial Reports**  
**For the month ended May 31, 2012**

Prepared by ECMCC Finance

# Erie County Medical Center Corporation

## Balance Sheet May 31, 2012 and December 31, 2011

(Dollars in Thousands)

	May 31, 2012	Audited December 31, 2011	Change from Prior Year End
<b>ASSETS</b>			
Current assets:			
Cash and cash equivalents	\$ 15,579	\$ 38,222	\$ (22,643)
Investments	17,279	46,306	(29,027)
Patient receivables, net	38,806	39,217	(411)
Prepaid expenses, inventories and other receivables	61,843	57,500	4,343
<b>Total Current Assets</b>	<b>133,507</b>	<b>181,245</b>	<b>(47,738)</b>
Assets Whose Use is Limited:			
Designated under self-insurance programs	85,389	79,426	5,963
Designated by Board	25,000	25,000	0
Restricted under debt agreements	66,436	93,412	(26,976)
Restricted	29,660	23,354	6,306
	206,485	221,192	(14,707)
Property and equipment, net	208,931	163,015	45,916
Deferred financing costs	3,183	3,233	(50)
Other assets	3,931	1,873	2,058
<b>Total Assets</b>	<b>\$ 556,037</b>	<b>\$ 570,558</b>	<b>\$ (14,521)</b>
<b>LIABILITIES AND NET ASSETS</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 5,146	\$ 4,249	\$ 897
Accounts payable	42,117	39,138	2,979
Accrued salaries and benefits	16,383	17,908	(1,525)
Other accrued expenses	36,465	59,398	(22,933)
Estimated third party payer settlements	26,791	28,211	(1,420)
<b>Total Current Liabilities</b>	<b>126,902</b>	<b>148,904</b>	<b>(22,002)</b>
Long-term debt	185,448	187,290	(1,842)
Estimated self-insurance reserves	52,370	47,700	4,670
Other liabilities	94,241	88,566	5,675
<b>Total Liabilities</b>	<b>458,961</b>	<b>472,460</b>	<b>(13,499)</b>
<b>Net Assets</b>			
Unrestricted net assets	86,226	87,248	(1,022)
Restricted net assets	10,850	10,850	0
<b>Total Net Assets</b>	<b>97,076</b>	<b>98,098</b>	<b>(1,022)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 556,037</b>	<b>\$ 570,558</b>	<b>\$ (14,521)</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the month ended May 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
<b>Operating Revenue:</b>				
Net Patient Revenue	\$ 34,748	\$ 33,365	\$ 1,383	\$ 31,113
Less: Provision for bad debts	(2,050)	(2,025)	(25)	(1,878)
Adjusted net patient revenue	32,698	31,340	1,358	29,235
Disproportionate Share/IGT Revenue	4,702	4,702	-	3,850
Other Revenue	1,888	2,118	(230)	3,236
<b>Total Operating Revenue</b>	<b>39,288</b>	<b>38,160</b>	<b>1,128</b>	<b>36,321</b>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	13,308	13,406	98	12,051
Employee Benefits	9,038	8,816	(222)	8,604
Physician Fees	4,259	4,210	(49)	3,947
Purchased Services	3,186	2,724	(462)	2,641
Supplies	6,276	5,523	(753)	5,023
Other Expenses	744	698	(46)	700
Utilities	381	625	244	603
Insurance	513	537	24	599
Depreciation & Amortization	1,446	1,467	21	1,238
Interest	447	439	(8)	449
<b>Total Operating Expenses</b>	<b>39,598</b>	<b>38,445</b>	<b>(1,153)</b>	<b>35,855</b>
<b>Income (Loss) from Operations</b>	<b>(310)</b>	<b>(285)</b>	<b>(25)</b>	<b>466</b>
<b>Non-operating gains (losses):</b>				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	(1,906)	172	(2,078)	84
Non-operating Gains(Losses), net	(1,906)	172	(2,078)	84
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<b>\$ (2,216)</b>	<b>\$ (113)</b>	<b>\$ (2,103)</b>	<b>\$ 550</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the five months ended May 31, 2012

(Dollars in Thousands)

	Actual	Budget	Variance	Prior Year
<b>Operating Revenue:</b>				
Net Patient Revenue	\$ 158,798	\$ 158,946	\$ (148)	\$ 146,784
Less: Provision for bad debts	(9,418)	(10,129)	711	(9,031)
Adjusted net patient revenue	149,380	148,817	563	137,753
Disproportionate Share/IGT Revenue	23,510	23,510	-	19,251
Other Revenue	9,149	10,589	(1,440)	13,518
<b>Total Operating Revenue</b>	<u>182,039</u>	<u>182,916</u>	<u>(877)</u>	<u>170,522</u>
<b>Operating Expenses:</b>				
Salaries / Wages / Contract Labor	64,582	64,884	302	62,965
Employee Benefits	43,161	42,707	(454)	42,237
Physician Fees	21,106	20,546	(560)	19,437
Purchased Services	13,374	13,544	170	12,973
Supplies	26,769	25,399	(1,370)	23,774
Other Expenses	3,107	3,454	347	3,484
Utilities	2,318	3,277	959	3,335
Insurance	2,571	2,683	112	3,007
Depreciation & Amortization	7,241	7,337	96	6,192
Interest	2,192	2,198	6	2,218
<b>Total Operating Expenses</b>	<u>186,421</u>	<u>186,029</u>	<u>(392)</u>	<u>179,622</u>
<b>Income (Loss) from Operations</b>	<u>(4,382)</u>	<u>(3,113)</u>	<u>(1,269)</u>	<u>(9,100)</u>
<b>Non-operating Gains (Losses)</b>				
Interest and Dividends	-	-	-	-
Unrealized Gains/(Losses) on Investments	3,690	859	2,831	3,489
Non Operating Gains (Losses), net	3,690	859	2,831	3,489
<b>Excess of (Deficiency) of Revenue Over Expenses</b>	<u>\$ (692)</u>	<u>\$ (2,254)</u>	<u>\$ 1,562</u>	<u>\$ (5,611)</u>

**Erie County Medical Center Corporation**  
**Statement of Changes in Net Assets**  
**For the month and five months ended May 31, 2012**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b><u>UNRESTRICTED NET ASSETS</u></b>		
Excess (Deficiency) of Revenue Over Expenses	\$ (2,216)	\$ (692)
Other Transfers, Net	(71)	(330)
Contributions for Capital Acquisitions	-	-
Net Assets Released from Restrictions for Capital Acquisition	<u>-</u>	<u>-</u>
Change in Unrestricted Net Assets	<u>(2,287)</u>	<u>(1,022)</u>
<b><u>TEMPORARILY RESTRICTED NET ASSETS</u></b>		
Contributions, Bequests, and Grants	-	-
Net Assets Released from Restrictions for Operations	-	-
Net Assets Released from Restrictions for Capital Acquisition	<u>-</u>	<u>-</u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Total Net Assets	<u>(2,287)</u>	<u>(1,022)</u>
Net Assets, Beginning of Period	<u>99,363</u>	<u>98,098</u>
<b>NET ASSETS, End of Period</b>	<b><u>\$ 97,076</u></b>	<b><u>\$ 97,076</u></b>

# Erie County Medical Center Corporation

## Statement of Cash Flows

For the month and five months ended May 31, 2012

(Dollars in Thousands)

	Month	Year-to-Date
<b><u>CASH FLOWS FROM OPERATING ACTIVITIES</u></b>		
Change in net assets	\$ (2,287)	\$ (1,022)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Depreciation and amortization	1,446	7,241
Provision for bad debt expense	2,050	9,418
Net Change in unrealized (gains) losses on Investments	(1,906)	3,690
Transfer to component unit - Grider Initiative, Inc.	71	330
Capital contribution to/from Erie County	-	-
<b><u>Changes in Operating Assets and Liabilities:</u></b>		
Patient receivables	(4,046)	(9,007)
Prepaid expenses, inventories and other receivables	(1,615)	(4,343)
Accounts payable	3,749	2,979
Accrued salaries and benefits	1,823	(1,525)
Estimated third party payer settlements	(966)	(1,420)
Other accrued expenses	(3,658)	(22,933)
Self Insurance reserves	951	4,670
Other liabilities	1,135	5,675
Net Cash Provided by (Used in) Operating Activities	<u>(3,253)</u>	<u>(6,247)</u>
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>		
Additions to Property and Equipment, net		
Campus expansion	(8,635)	(47,390)
Routine capital	(3,599)	(5,717)
Decrease (increase) in assets whose use is limited	7,128	14,707
Purchases (sales) of investments, net	9,700	25,337
Investment in component unit - Grider Initiative, Inc.	(71)	(330)
Change in other assets	<u>(450)</u>	<u>(2,058)</u>
Net Cash Provided by (Used in) Investing Activities	<u>4,073</u>	<u>(15,451)</u>
<b><u>CASH FLOWS FROM FINANCING ACTIVITIES</u></b>		
Principal payments on long-term debt	(45)	(945)
Capital contribution to/from Erie County	<u>-</u>	<u>-</u>
Net Cash Provided by (Used in) Financing Activities	<u>(45)</u>	<u>(945)</u>
Increase (Decrease) in Cash and Cash Equivalents	775	(22,643)
Cash and Cash Equivalents, Beginning of Period	<u>14,804</u>	<u>38,222</u>
Cash and Cash Equivalents, End of Period	<u>\$ 15,579</u>	<u>\$ 15,579</u>

# Erie County Medical Center Corporation

## Key Statistics

Period Ended May 31, 2012

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>							
1,006	964	4.4%	924	4,672	4,593	1.7%	4,408
134	125	7.2%	123	637	547	16.5%	537
25	31	-19.4%	29	129	160	-19.4%	172
200	206	-2.9%	207	1,003	981	2.2%	986
44	35	25.7%	23	187	155	20.6%	139
1,409	1,361	3.5%	1,306	6,628	6,436	3.0%	6,242
<b>Total Discharges</b>							
<b>Patient Days:</b>							
5,843	5,767	1.3%	5,941	28,928	27,473	5.3%	27,884
412	525	-21.5%	407	2,011	2,293	-12.3%	1,853
547	581	-5.9%	598	2,575	3,005	-14.3%	3,286
2,870	2,803	2.4%	2,676	13,550	13,350	1.5%	12,899
719	874	-17.7%	716	3,986	3,907	2.0%	3,480
10,391	10,550	-1.5%	10,338	51,050	50,028	2.0%	49,402
<b>Total Days</b>							
<b>Average Daily Census:</b>							
188	186	1.3%	192	190	181	5.3%	185
13	17	-21.5%	13	13	15	-12.3%	12
18	19	-5.9%	19	17	20	-14.3%	22
93	90	2.4%	86	89	88	1.5%	85
23	28	-17.7%	23	26	26	2.0%	23
335	340	-1.5%	333	336	329	2.0%	327
<b>Total ADC</b>							
<b>Average Length of Stay:</b>							
5.8	6.0	-2.9%	6.4	6.2	6.0	3.5%	6.3
3.1	4.2	-26.8%	3.3	3.2	4.2	-24.7%	3.5
21.9	18.7	16.7%	20.6	20.0	18.8	6.3%	19.1
14.4	13.6	5.5%	12.9	13.5	13.6	-0.7%	13.1
16.3	25.0	-34.6%	31.1	21.3	25.2	-15.4%	25.0
7.4	7.8	-4.9%	7.9	7.7	7.8	-0.9%	7.9
<b>Average Length of Stay</b>							
4,155	3,737	11.2%	4,061	20,366	19,112	6.6%	19,813
134	125	7.6%	131	134	126	6.6%	131
<b>SNF Days</b>							
<b>SNF ADC</b>							
<b>Occupancy:</b>							
60.9%	61.9%	-1.5%	60.6%	62.7%	59.8%	4.7%	59.5%
80.0%	81.4%	-1.7%	78.7%	82.4%	78.7%	4.7%	75.9%
81.6%	81.4%	0.2%	80.2%	84.0%	78.7%	6.7%	79.2%
<b>% of acute available beds</b>							
<b>% of acute staffed beds</b>							
<b>Case Mix Index:</b>							
1.73	2.10	-17.3%	2.06	1.77	1.93	-8.2%	1.89
2.36	2.02	17.0%	1.97	1.97	2.16	-8.7%	2.12
155	153	1.3%	141	648	756	-14.3%	694
460	440	4.5%	417	2,068	1,997	3.6%	1,869
653	648	0.8%	625	3,151	3,341	-5.7%	3,256
29,859	31,645	-5.6%	29,748	143,116	152,775	-6.3%	144,053
5,660	5,785	-2.2%	5,336	26,310	26,780	-1.8%	24,707
37.1	40.0	-7.3%	48.9	37.1	40.0	-7.3%	48.9
6.1%	6.2%	-3.1%	6.3%	6.2%	6.6%	-6.5%	6.5%
2,451	2,426	1.0%	2,321	2,397	2,389	0.3%	2,397
3.08	3.14	-2.0%	3.11	3.14	3.16	-0.7%	3.21
\$ 12,722	\$ 12,726	0.0%	\$ 12,527	\$ 12,740	\$ 12,792	-0.4%	\$ 12,044
\$ 14,876	\$ 15,132	-1.7%	\$ 14,847	\$ 15,323	\$ 15,485	-1.0%	\$ 15,208
<b>Net Revenue per Adjusted Discharge</b>							
<b>Cost per Adjusted Discharge</b>							
<b>Erie County Home:</b>							
10,363	10,484	-1.2%	13,501	53,360	52,982	0.7%	69,028
334	349	-4.3%	436	351	349	0.7%	457
57.0%	59.6%	-4.3%	74.3%	59.9%	59.5%	0.7%	78.0%
324	319	1.4%	387	343	332	3.4%	413
<b>FTE's</b>							



**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  
JUNE 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 329 beds at the Erie County Home and total bed census of 464);
- 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;

A LTC Facility Naming Committee is currently in the development stages. Tom Q. is looking to create an interdisciplinary group to develop a process and selection criteria for the new LTC facility. NYS DOH is requiring this be completed by September 1, 2012;

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. We just completed our annual OMH Inpatient survey (Adult and Adolescent) in May. Based on OMH exit we probably had our best survey in several years;

Renovation to relocate the CPEP-EOB beds to the 4<sup>th</sup> floor started in April. The unit will be open by the end of July;

The renovation of the CPEP Fast Track Triage started in April. This should be up and operational by end of July;

The relocation of the EOB beds to the 4<sup>th</sup> floor and the Fast Track Triage will add about 4,500 square feet to CPEP (almost doubling the current size);

Three new physicians will be joining University Psychiatric Practice Plan in July. This will help with CPEP volumes and insure that construction changes noted above will have sufficient physician coverage;

## ERIE COUNTY MEDICAL CENTER CORPORATION

ECMC/Kaleida has learned that we did get the HEAL-21 Grant for \$15 million to consolidate programs and services here at ECMC to create the Behavioral Health Center of Excellence (\$25 million has been requested). We are awaiting official notification;

### REHABILITATION SERVICES:

Dr. Mark Livecchi has been appointed Clinical Director of Rehabilitation Services. Starting date in July 1, 2012;

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. A third HBO chamber is on the horizon;

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

### TRANSITIONAL CARE UNIT (TCU):

Jenifer Cronkhite, Director of Nursing SNF has been appointed TCU Project Champion;

Dr. Arthur Orlick has been named as Medical Director of the TCU;

TCU Steering Committee developed and will be meeting twice monthly to insure TCU is up and operational by end of October;

CON modification was sent to DOH in Albany and they did approve it. Unfortunately with the change in location they are requiring more extensive fire safety protection (i.e. sprinkler). This will add about \$250,000 to the project and delay the opening to December;

### FOOD AND NUTRITIONAL SERVICES:

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;

Morrison is submitted proposal to extend current agreement (expires in 2014). This proposal will include up to \$2 million dollars of capital investment from Morrison into ECMC operations (cafeteria and food preparation areas). We are currently reviewing proposal and to insure that this will meet ECMC's needs. The proposal calls for a (5) year extension with a (3) year extension.

Nirav R. Shah, M.D., M.P.H.  
Commissioner

**NEW YORK**  
state department of  
**HEALTH**

Sue Kelly  
Executive Deputy Commissioner

June 18, 2012

Jody Lomeo  
Chief Executive Officer  
Erie County Medical Center Corporation  
462 Grider Street  
Buffalo, New York 14215

Re: HEAL NY Phase 21 - Restructuring Initiatives in Medicaid Redesign  
Project Name: *Regional Behavioral Health Center for Excellence Consolidation Project*

Dear Mr. Lomeo:

We are pleased to inform you that your facility has been selected to receive an award under the HEAL NY Phase 21 – Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY) Restructuring Initiatives in Medicaid Redesign, FAU Control #1111091042. Funds available under this grant program support capital projects that assist hospitals and nursing homes to implement necessary actions to close, merge, downsize or restructure, in favor of a reconfigured health care system delivering more efficient, higher quality health care appropriate to the health care needs of the community.

This is the last major grant award under New York State's existing Medicaid 1115 Waiver which expires on March 31, 2014. The Waiver will not be extended, and as such, all funds have to be expensed and claimed by February 14, 2014. Therefore, it is imperative that contracts are finalized, projects begun and funds spent as soon as possible.

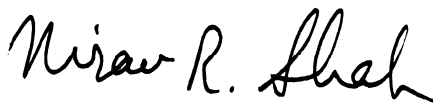
The amount of your award, including an explanation of any costs proposed in your application found to be ineligible or otherwise unsupported, is shown on the enclosed form, "HEAL NY Phase 21 Grant Award Notification". This form also contains a brief explanation of what projects and general costs are supportable, as well as a list of any contingencies that must be addressed as part of this award offer.

A Grant Disbursement Agreement (GDA) package will be mailed to you under a separate cover. The Workplan, Budget and Timeline submitted with your grant application will become part of the GDA. Any costs the New York State Department of Health (Department) has determined to be eligible and allowed for reimbursement within the contract period shall be finalized prior to the execution of a GDA with the Department. The approved project budget and workplan will become appendices in the executed GDA.

Please return the completed and signed GDA within 30 days after the date it is sent to you, if not sooner. Your grant award will not be final until your GDA has been approved by the Department. This award letter will expire 90 days after issuance and, upon termination, the Department and the Dormitory Authority of the State of New York (DASNY) reserve the right to reallocate the funds to other applicants. Please note that applicants that submitted a corresponding request to support operational costs under the Medicaid rate adjustment component of the RFA should be notified of an award decision soon.

A contract manager from the Bureau of HEAL, Workforce Development and Capital Investment will contact you within the next few days to discuss the contracting process. It is important that you work closely with your contract manager to finalize your contract in a timely manner. If you have any questions regarding this information, please contact Mr. Barry Gray, via e-mail at [bmg01@health.state.ny.us](mailto:bmg01@health.state.ny.us) or by phone at (518) 473-4700. Again, congratulations on the receipt of this grant award.

Sincerely,



Nirav R. Shah, M.D., M.P.H.  
Commissioner of Health



Paul T. Williams, Jr.  
President  
Dormitory Authority of the State of New York

HEAL NY Phase 21 Grant Award Notification  
NYS Department of Health

Restructuring Initiatives in Medicaid Redesign

**Applicant Name:** **Erie County Medical Center Corporation**  
462 Grider Street  
Buffalo, New York 14215

**Applicant Contact:** Richard Cleland  
Senior Vice President of Operations

**Applicant Phone:** 716-898-5072  
**Applicant Fax:** 716-898-5178  
**Applicant Email:** rcleland@ECMMC.edu

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**Application  
Number:** 85

**Project Name:** *Regional Behavioral Health Center for Excellence Consolidation Project*

**Grant Amount:** \$15,000,000

**Supportable Components:** Inpatient consolidation and renovation of (114,000 sq. ft. at ECMC) to accommodate 180 bed Center for Excellence / Inpatient Behavioral Health Services

**Unsupportable Components:** New construction and related cost

**Contingencies:** None



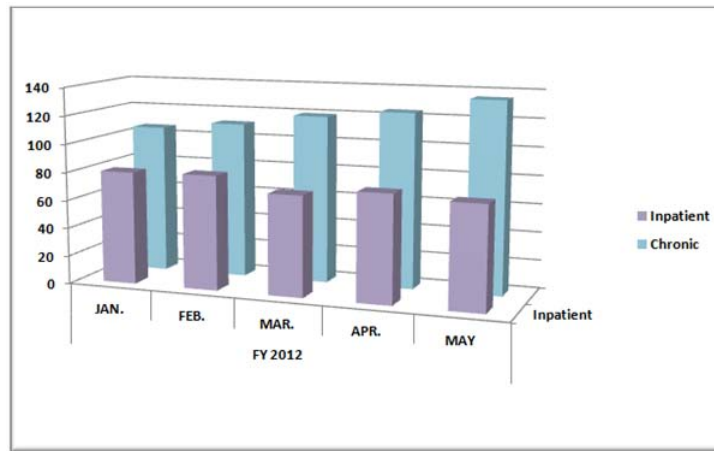
**Sr. Vice President of  
Operations  
- Ronald Krawiec -**

Erie County Medical Center Corporation  
Report to the Board of Directors  
Ronald J. Krawiec, Senior Vice President of Operations  
June 26, 2012

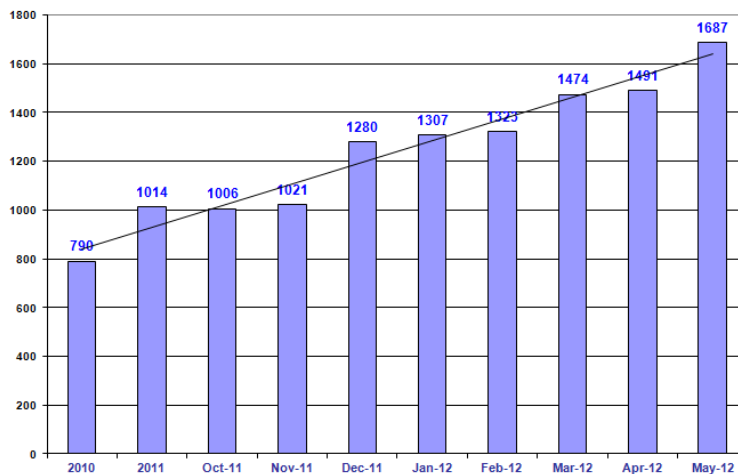
**TRANSPLANTATION & KIDNEY CARE CENTER – JOHN HENRY**

The Outpatient Dialysis Center continues to see positive trends in both number of treatments and patient visits compared to 2011. We have reached 63% capacity enrollment for chronic outpatient dialysis patients (57% last month). Total treatments are up 31% from 2011 and continue on a trajectory to exceed 20,000 for FY 2012 (v.15,879 in FY 2011).

**Inpatient & Outpatient Dialysis  
Volume Growth in # of Patients**

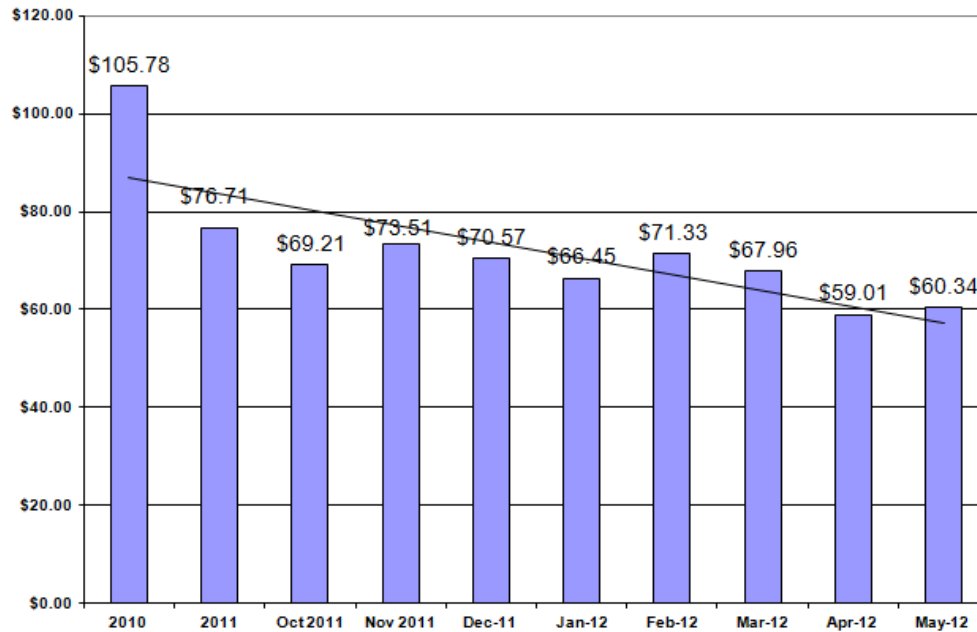


**Dialysis - Average Treatments Per Month**



- 2012 Overall drug cost reduction of \$6.11 per treatment equates to a savings of \$62,322 for the balance of CY 2012
- Weighted avg. drug cost per treatment for 2010 & 2011: \$84.01
- Weighted avg. drug cost per treatment for 2012: \$64.70
- Avg. drug cost savings for CY 2012 based on weighted avg savings of \$19.41 per treatment and annualized 2012 treatments of 20,313: \$394,275

**Average Dialysis Drug Costs per Treatment**



## **TRANSPLANTATION**

We have opened the remaining unit, 10z3 as of June 2012. This brings online an additional eleven single patient rooms. The total inpatient complement is now 22 beds, four of which are multi-acuity.

Post Transplant clinic has established a new monthly high volume of 345 patients seen. Additionally, we continue to see an average of 163 pre-transplant patients / month.

We completed seven deceased donor transplants in the month of May.

## **AMBULATORY SERVICES – PAUL MUENZNER**

Centralized Patient Scheduling has been implemented for ENT, Podiatry, Neurosurgery and Pulmonology clinics effective June 11, 2012.



Grider Family Health Clinic has added a Physician Assistant to their Family Medicine Department staff to facilitate the growing patient follow-up appointment workload so that the physician can concentrate on new patient appointments.

Plant Operations has completed their preliminary architectural drawings at the Grider Family Health Clinic building to move Immunodeficiency/HIV clinic to that facility. We will research to see if any grant dollars may be available for this capital improvement.

## **LABORATORY – JOSEPH KABACINSKI**

New York State has renewed our Limited Service Lab Registration for another two years. The registration is for a two year period until May 2014 and is required in order to perform all aspects of point-of-care and waived testing on the ECMC campus.

Laboratory testing activity is up significantly in all areas. Billed procedures have increased by 12.3% year to date when compared with the same period in 2011. These increases are attributed to the transplant program, an uptick in testing for Lab outreach clients, breast and head/neck surgical procedures, and various other clinical demands. Despite the increase in workload, the Lab is continuing efforts to reduce costs of Lab testing and increase productivity. We are using Lean Process Design to analyze processes and workflow in the Main Lab areas and we are eliminating steps that do not add value to our processing.

We continue working to negotiate reduced Lab fees for reference testing with Laboratory Corporation of America (LCA), our primary reference lab. Deloitte & Touche and ECMC Purchasing are participating in this negotiation to obtain a joint fee schedule with Kaleida Health through the Great Lakes Health collaboration. We hope to reduce overall cost of reference Lab testing by virtue of the economy of scale afforded by the Great Lakes partnership.

We are now providing Lab testing for a new client, Be Well – Great Lakes Physician Services. On July 11, we will commence services and lease space to New York State for a study being conducted by the Great lakes Biomonitoring Project. This program will continue through the summer of 2012. The Lab is looking to developing lab space at Dr. Sharma's location in Hamburg for a New York State licensed ECMC Patient Service Center (for specimen collection).

## **ENVIRONMENTAL SERVICES – JUAN SANTIAGO**

An Evening Turndown service has been started on patient floors. It is very well received by our patients. The service allows the EVS staff the opportunity to enter into patient rooms during visiting hours and do a quick tidy up. This service only existed in the past upon a patient's specific request.



# Chief Medical Officer

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

**UNIVERSITY AFFAIRS**

**GMEC**

IPRO conducted its Annual Off-Site Compliance Assessment of Working Hours and Conditions of Post-Graduate Trainees at Erie County Medical Center. MDSO has to submit required documentation for review. On 5/29/12 we received notification that no issues were identified.

**PROFESSIONAL STEERING COMMITTEE**

Dr Murray will report on the meeting held June 11<sup>th</sup> 2012.

**MEDICAL STAFF AFFAIRS**

See separate report by Sue Ksiazek for full details.

**CLINICAL ISSUES**

UTILIZATION REVIEW	March	April	May	YTD vs.2011
Discharges	999	885	1033	up 5.7%
Observation	136	124	156	down 0.3%
LOS	6.1	5.7	5.8	down 2.4%
CMI	2.10	1.87	2.04	down 0.7%
Surgical Cases	831	789	873	up 3.1%
Readmissions (30d)	11.9%	16.9%		

**OTHER**

**PHYSICIAN ORDER ENTRY GO-LIVE IN EMERGENCY DEPARTMENT**

The era of physicians entering orders by computer arrived at ECMC with GoLive in the Emergency Department on Tuesday June 19<sup>th</sup>. The process went very well with few delays in care and a lot of credit must go to the IT department for the extensive preliminary groundwork to ensure the projects success.

## **GREAT LAKES HEALTH RECEIVES \$15 MILLION FOR CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH CARE**

**BUFFALO, NY – June 18, 2012** – Great Lakes Health today announced that New York’s Health Department approved a \$15 million grant to help Erie County Medical Center and Kaleida Health consolidate mental health and drug dependency treatment in one \$25 million Regional Behavioral Health Center of Excellence (COE) at ECMC.

The new center, announced as a concept Feb. 13, 2012, is a physician-driven collaboration between ECMC and Kaleida. It will 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.

“The HEAL-NY grant will help us create a Center of Excellence for Behavioral Health on the ECMC Health Campus, create a new and improved facility for the Comprehensive Psychiatric Emergency Program (CPEP), and continue our collaborative relationship for the good of our patients,” said Kaleida President and CEO James R. Kaskie. “Collaboration creates synergies and synergies get things done.”

“This is another tangible example of leveraging the talents, infrastructure, clinical expertise of both ECMC and Kaleida to benefit our community and the patients we serve,” he added.

The consolidated model will combine the resources of the ECMC and Buffalo General Medical Center behavioral health programs and will create a single, 180-bed inpatient psychiatric program. It will also 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 state’s Healthcare Efficiency and Affordability Law-21 [HEAL-NY] funding significantly moves the project forward.

ECMC Corp. 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.

“This center provides an opportunity to develop better quality, consolidated programs of emergency, outpatient, and inpatient services with one focus: the patients,” said ECMC CEO Jody L. Lomeo. “It will be state-of-the-art, and will deliver the care the mentally ill in our community deserve. That care will improve by having all our collective expert physicians and staff in one place and this is another example of the success of Great Lakes Health.”

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.

This combination of factors 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.

Dr. Yogesh Bakhai, ECMC Chief of Service of Psychiatry and Dr. Maria Cartagena, medical director, Buffalo General's Department of Inpatient Behavioral Health & Psychiatry, will lead this initiative.

"The region has needed a Center of Excellence in Behavioral Health for years," said Dr. Bakhai. "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," said Dr. Cartagena. "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."

"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 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 its community-based locations.

Currently, ECMC has 132 licensed inpatient psychiatric beds with 2,297 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 to merge the services of ECMC and Kaleida. The first created the Gates Vascular Institute on the Buffalo Niagara Medical Campus in collaboration with the University at Buffalo and the second being the Regional Center of Excellence for Transplantation & Kidney Care on ECMC's campus, both HEAL-funded initiatives to restructure and right size the region's health care.



## **Senior Vice President of Nursing**

ERIE COUNTY MEDICAL CENTER CORPORATION

Report to the Board of Directors  
Karen Ziemianski, RN, MS  
Acting Director of Nursing  
Assistant Director of Nursing, Medical/Surgical

end of May / June, 2012

end of May . . .

May 18-22, 2012 - NAONE National Conference

ECMC's Orthopaedic nurses Judy Haynes, Leigh Ann DeSantis-Evans and Lynne Golombek attended the National Association of Orthopaedic Nurses Annual Conference in New Orleans from May 18<sup>th</sup> through the 22<sup>nd</sup>. In addition to providing clinical updates on the specialty, it was an opportunity to network nationally with other orthopaedic nursing professionals.

May 30, 2012 - WUFO - Great Lakes Radio Show

Karen Ziemianski was the guest on radio station WUFO for a conversation on, "The Role of Nursing and Nursing as a Career". Arrangements were coordinated by ECMCC's Director of Community Health Education, Rita Hubbard-Robinson.

June, 2012 . . .

June 9, 2012 - Collaboration with Mt. Olive Baptist Church

Once again this month, the ECMC Nursing Department continued their collaboration with the Mount Olive Baptist Church in a 16-week comprehensive weight loss and health promotion for 52 congregation participants. Health education was provided to the participants by ECMC nurses Karen Beckman, RN, MS, Paula Quesinberry, RN and Andy Grzeskowiak, RN.

June 13, 2012 - Educational Agreement with Medina Hospital

ECMCC and Medina Hospital signed an agreement for our Nursing Inservice staff to provide Medina Hospital staff with on-site critical care classes. Classes are scheduled to begin on June 14, 2012.

June 13, 2012 - D'Youville College Alumni Award

ECMCC Nursing staff members were honored at an awards gala sponsored by the D'Youville College Alumni Association. Honorees were Michelle Swygert, RN, Nursing Care Coordinator, and Karen Ziemianski, RN, MS, Acting Director of Nursing and Assistant Director of Nursing for the Medical/Surgical areas.

June 15, 2012 - Harvard University Course

Members of the ECMCC Management Staff participated in a year-long Harvard University program designed to accelerate both Hospital and Regional performance. Graduates of the program were Dawn Walters, RN and Karen Ziemianski, RN.

June 16, 2012 - Community Presence at *Juneteenth* Celebration

The Nursing Department was represented at the Annual *Juneteenth* Celebration, held June 17-18, 2012 at the Martin Luther King Park. Participants were Linda Schwab, RN, representing the Trauma Department, Karen Beckman, RN for the Emergency Department, and Paula Quesinberry, RN for the Stroke Program.

June 19, 2012 - CPOE "Go Live"

The new Computerized Physician Order Entry Program went live in the Emergency Department on June 19<sup>th</sup>. Putting the system in place was a multi-disciplinary team whose goal was to achieve "meaningful use" objectives, which are to use the electronic health record to improve quality, safety and efficiency, and to maintain privacy and security of patient health information. Nursing representatives on the project were RN's Peggy Cramer, Donna Oddo, and Karen Beckman.

June 19, 2012 - Advisory Board *Throughput* Initiative

The final program of the Nursing Advisory Board Throughput Initiative culminated with presentations by the six teams that worked on various patient flow initiatives. Over 25 nursing staff members participated on the teams over the past one and a half years.





## **Vice President of Human Resources**

**ERIE COUNTY MEDICAL CENTER  
BOARD OF DIRECTORS  
HUMAN RESOURCES DEPARTMENT  
JUNE 26, 2012**

**I. CSEA NEGOTIATIONS**

ECMCC and the County have been meeting with the CSEA. There is no progress in negotiations.

ECMCC and CSEA have been conducted impact negotiations regarding the consolidation of the Home and the SNF.

**II. NYSNA NEGOTIATIONS**

NYSNA negotiations have not yet been scheduled.

ECMCC and NYSNA have been conducting impact negotiations regarding the consolidation of the Home and the SNF.

**III. AFSCME**

ECMCC and AFSCME have been conducting impact negotiations regarding the consolidation of the Home and the SNF.

**IV. BENEFITS UPDATE**

Independent Health, through its pharmacy benefit provider, will be proving pharmacy benefits to participants in the Labor Management Healthcare Fund effective July 1, 2012.

**V. TRAINING**

Kim Jansen Willer of Palladian EAP provided Customer Service workshops involving “Handling Customer Complaints” on June 7, 2012 and one entitled “Professional Manners & Improving Customer Service” on May 24, 2012. The next class is scheduled for July 26, 2012.

**VI. NURSING TURNOVER RATES**

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

April Losses – 4 FTES; 1 FTE in Med/Surg terminated, 3 FTES in Behavioral Health resigned. (16 FTES lost YTD)

Turnover Rate .53%

Quit Rate .4%

Turnover Rate YTD 2.02% (1.59% without retirees) 1.65% 2011

Quit Rate YTD 1.72% (1.19% without retirees) 1.25% 2011

May Hires – 10.5 FTES – 5.5 FTES in Med/Surg, 2.5 FTES in Behavioral Health, .5 FTE in PACU, 1 FTE in ED and 1 FTE in Critical Care. 56.5 FTES hired YTD. (3 LPN FTES hired, 1.5 FTES in Med/Surg, 1 FTES in Behavioral Health, .5 FTE in Hemo. 19 LPN FTES hired YTD)

May Losses – 7 FTES, 2 FTES in Med/Surg (1 FTE terminated, 1 FTE resign), 1 FTE in Behavioral Health retire, 2 FTES in Critical Care 1 FTE retire, 1 FTE resign, 1 FTE in PACU termination and 1 FTE in Hemo retire. (23 FTES lost YTD)

Turnover Rate .93% (.53% without retirees)

Quit Rate .66% (.26% without retirees)

Turnover Rate YTD 2.95% (2.12% without retirees) 2.92% in 2011

Quit Rate YTD 2.38% (1.51% without retirees) 2.18% in 2011

June Hires – 6 FTES and 2 Per Diem – 2 FTES & 2 Per Diem in Med/Surg, 2 FTES in Behavioral Health, 1 FTE in Critical Care and 1 FTE in ED. 62.5 FTES & 2 Per Diems hired YTD. (2 LPN FTES hired, 1 FTE in Hemo and 1 FTE in Med/Surg. 21 LPN FTES hired YTD)

**VII. MAY EMPLOYEE TURNOVER**

**Ratio: 0.48%      Total Separations: 25      # Employees: 2581**

**VIII. EMPLOYEE SURVEY**

Email accounts are being 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.

**IX. POLICIES**

ECMCC promulgated a Use of Social Networking Sites policy that is applicable to the entire organization.

**X. WORKERS COMPENSATION – 2<sup>ND</sup> QUARTER REPORT**

TOTAL INCIDENTS REPORTED	EMPLOYEES W/LOST TIME	DAYS AWAY FROM WORK
149	107	256



# Chief Information Officer



## HEALTH INFORMATION SYSTEM/TECHNOLOGY

June 2012

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

**Clinical Automation: ED Computerized Physician Order Entry (CPOE).** Through hard work and teamwork by several disciplines, the Emergency Department successfully rolled out CPOE on June 18<sup>th</sup> to all ED Providers. Currently 90% of all ED orders including medication, radiology and ancillary services are being directly entered by the ED Physician. Overall percentage of medication orders being directly placed by licensed providers for total patient population is approximately 45%. Continuation of this process will ensure ECMC will fulfill the CPOE objective placed by the ARRA Meaningful Use Stage 1.

**ARRA Meaningful Use Inpatient Report Card.** We are in the final phase of completing the outstanding core and optional measures to begin the attestation process for Meaningful Use Stage 1 compliance. This includes working with nursing leadership to finalize workflow for providing an electronic discharge summary to patients upon request, final testing of the continuity of care document (CCD) and scheduling of the HIPAA Security Audit. Attestation for inpatient compliance will begin July 1, 2012. Successful compliance of the Meaningful Use Stage 1 will result in additional funding up to 3.6 million dollars.

We have also in the final stages of completed the requirements for Meaningful Use Core within the Clevehill Family Practice and Grider Health Family Practice Clinics. We are working toward finalizing the attestation process for qualified physicians within these clinics. A cost analysis will be completed within the next month.

**Microsoft Exchange System (Email) Upgrade.** Continue roll out of the ECMC global email system to nursing staff. Expected completion of this phase is targeted for end of August 2012.

**Parking and Security System.** Through an interdisciplinary committee, a parking and security system has been selected. The vendor is Great Lakes Building Solutions (Security) and Ber National (Parking Access/Revenue Control System). This will provide the organization with a centralized management structure for campus access control for items such as cameras, doors and access device. A work team for implementation will be created to develop project plan for roll out.



## **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**  
**June 26, 2012**

**Marketing**

“True Care” and “Expansion” marketing campaign for 2012 in market  
Service line marketing review underway to begin marketing for specific lines

**Planning and Business Development**

Meeting held with Orthopedic physicians to discuss renovation of orthopedic floor and clinic space  
Operation Room expansion filed and initial questions answered  
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 had over 2300 patients and ancillary business has had significant referrals  
Two large Southtown primary care physicians underway  
In discussions with large specialty practices looking to affiliate with ECMC  
ECMC received 15 million HEAL grant for Behavioral Health

**Media Report**

- **Local and national media coverage of the tragic events during the week of June 10, 2012.**
- **Buffalo Business First; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WNY Health Magazine: Behavioral health programs will get a major overhaul at ECMC with the help of new state grant funding.** The \$15 million grant will support a project by GLH to consolidate mental health and drug dependency treatment programs into a regional behavioral health center at Erie County Medical Center.
- **WGRZ-TV, Channel 4: A Nurse is a cancer survivor.** Channel 2 reporter interviewed breast cancer survivor and ECMC/UB Surgery NP Sharon Occhino about breast cancer survival, awareness, screening, and the Susan G. Komen Race for the Cure.
- **The Buffalo News. Support group dedicates bench to those affected by kidney disease.** Rev. James Lewis dedicated the bench on Ring Road across from the zoo. Dr. Brian Murray is quoted.
- **Buffalo Healthy Living: Medical 411: Polycystic Kidney Disease.** ECMC Chief Medical Director explains the many symptoms of the disorder PKD. Dr. Murray is quoted.
- **Buffalo News; YNN Buffalo; WBFO-FM, Radio 88.7; WNY Media.net; Buffalo Healthy Living: New Family clinic opens on ECMC campus.** The ECMC campus on Grider Street continues to change, with major construction projects and smaller changes to increase medical care possibilities like the newly opened Grider Family Health Center. Program Director, Magdalena Nichols; Medical Director, Antonia Redhead; and CEO, Jody Lomeo were quoted.
- **Buffalo Rising: Construction Watch: ECMC Campus.** Construction continues on a new nursing home on the Erie County Medical Center (ECMC) campus on Grider Street.
- **ABC News; Buffalo News; Boston.com; Daily Mail; Complex.com; WIVB-TV, Channel 4; WKBW-TV, Channel 7; WGRZ-TV, Channel 2: Arrest made after ambulance was stolen.** “While awaiting medical evaluation, the patient fled the emergency room and drove off in an ambulance,” a spokesman for the hospital said in a statement.



## **Community and Government Relations**

Lifeline Foundation Mammography Bus had first event

Meetings held with various community groups regarding mammography bus and events scheduled

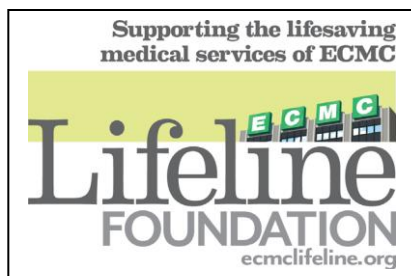
Great Lakes Health meeting held with Hispanic community

Corporate Challenge event a success with approximately 200 participants

Continuing to work with other PBC hospitals on legislation and advocacy efforts



# **Executive Director, ECMC Lifeline Foundation**



## ECMC Lifeline Foundation Report For ECMCC Board of Directors June 26, 2012

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

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

- Ongoing planning/strategy meetings with Campaign Chair, Jonathan Dandes continue biweekly and monthly Campaign Cabinet Member meetings are scheduled. Tours and meetings with prospective donors and campaign cabinet members are being scheduled.

### **Grant Initiatives**

- Lifeline Foundation continues to collaborate with various hospital departments to apply for grants to assist with securing goods and services not currently funded through the hospital budget. Applications completed since last meeting include:  
     NYSDOT - grant for wheelchair accessible van  
     Christopher Reeves Foundation – iPad technology grant for patients with spinal cord injuries - **\$8395.00 awarded**  
     Maria Love Foundation –dialysis and transplant patient medical & transportation expenses  
     Genentech – support for Shanor Memorial Transplant Fund

### **Event News**

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



Join us for an enjoyable day of golf to benefit ECMC patient care.

Golf, sponsorship and underwriting opportunities  
are available at various levels.

Call Lifeline Foundation at 898-4478  
for Morning and afternoon flight foursome reservations

- **Shanor Memorial Golf Tournament – Monday, July 23, 2012 at River Oaks**  
The 10<sup>th</sup> annual tournament will fund the Rick & Genelle Shanor Memorial Transplant Fund which will benefits the Regional Center of Excellence for Transplantation & Kidney Care at ECMC.
- **SAVE THE DATE! WNY Runs for Heroes 5K & Healthwalk**  
**Saturday, September 29, 2012 Delaware Park**

### **Notable Contributions**

Earlier this month Mr. Russell Salvatore finalized his commitment to the hospital by agreeing to contribute \$193,973.00 to Lifeline for the purchase of a 26" LG flat screen for each patient bed in the tower. He chose the larger amount requested so that he could upgrade the TV's from 22" to 26". The 347 televisions are expected in late July and installation will begin shortly after. This is Mr. Salvatore's largest non-capital contribution to any single area not for profit.

# **NEW BUSINESS**

# **OLD BUSINESS**



# **Medical-Dental Executive Committee**

# MEDICAL EXECUTIVE COMMITTEE MEETING

## MONDAY, MAY 21, 2012 AT 11:30 A.M.

### Attendance (Voting Members):

Amsterdam, Daniel, PhD	Hall, Richard, MD	
Bakhai, Yogesh, MD	Izzo, Joseph, MD	
Belles, William, MD	Kowalski, Joseph, MD	
Bennett, Gregory, MD	Manka, Michael, MD	
Chauncey, Amanda, PA	Schuder, Richard, MD	
Cloud, Samuel, DO	Stegemann, Philip, MD	
Dashkoff, Neil, MD	Venuto, Rocco, MD	
Davis, Howard, MD		
Downing, Stephen, MD		
Ebling, Nancy, DO		
Ferguson, Richard, MD		
Flynn, William, MD		

### Attendance (Non-Voting Members):

Ziemianski, Karen, RN	Feidt, Leslie	Siskin, Stewart
Fudyma, John, MD	Ludlow, Charlene, RN	
Jehle, Dietrich, MD	Sammarco, Michael	
Murray, Brian, MD	Krawiec, Ronald	
Lomeo, Jody	Cleland, Richard	
Barabas, Mark	Gonzalez, Susan	

### Excused:

Arroyo, Armando, MD	Malik, Khalid, MD	
Desai, Ravi, MD	Pranikoff, Kevin, MD	
DeZastro, Timothy, MD		
Gogan, Catherine, DDS		
Loree, Thom, MD		
Lukan, James, MD		

### Absent:

None.		

## I. CALL TO ORDER

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

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

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

## III. UNIVERSITY REPORT – Dean Cain, MD

- A. No report this month. See Chief Medical Officer for University updates.

#### **IV. CEO/COO/CFO BRIEFING**

- A. CEO REPORT - Jody Lomeo**
  - a. **SPRINGFEST** – Mr. Lomeo thanked everyone for their support of this great event.
  - b. **BEHAVIORAL HEALTH** – ECMC has not yet received determination on the Heal Grant funds from the State for renovations of the CPEP and behavioral health programs. Administration continues to review ways to improve CPEP services.
- B. PRESIDENT’S REPORT – Mark Barabas, President and COO**
  - a. **TRANSPLANT INPATIENT UNIT** – The 10<sup>th</sup> floor renovated rooms are scheduled to be inspected by the State in early June and should be open for use shortly thereafter.
  - b. **VOLUMES** - Early discharges (before noon) were in the 30% range in some areas representing a great improvement. Surgery volumes are down slightly. ALC days are down significantly which is helping census volume.
- C. FINANCIAL REPORT – Michael Sammarco, CFO**
  - a. **VOLUMES/FINANCIAL REPORT** – April volumes were near budget though acute care discharges were down slightly. The hospital/Erie County Home had a combined an operating loss of \$1.4 million in the month of April. It is noted that observation stays are trending down. Please ensure patients do meet the criteria for inpatient status as audits will result in denial of short stays if the patient condition did not meet criteria for inpatient admission.

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

##### **A. UNIVERSITY AFFAIRS**

###### **GMEC**

Approved the transfer of 2 ENT residents from the VAMC to Sisters (1 resident) and ECMC (1 resident) because of the lack of faculty and adequate cases. Committee agreed to review this issue if the VAMC was successful in recruiting new faculty and caseload increased.

Recently we were notified by the GME office that a surgical resident who was removed from the program in 2006 and who sued UB has been reinstated by the court under “probationary status”. This matter



will need to be reviewed by the Committee in executive session as the GME Office is asking if ECMC is willing to accept the resident back into the institution so he can satisfy his training requirements.

## **B. PROFESSIONAL STEERING COMMITTEE**

Next meeting is scheduled for June 2012.

## **C. MEDICAL STAFF AFFAIRS**

No report.

## **D. CLINICAL ISSUES**

UTILIZATION REVIEW	February	March	April	YTD vs.2011
Discharges	852	999	891	up 4.9%
Observation	130	136	124	down 5.1%
LOS	6.9	6.1	5.8	up 1.30%
CMI	1.99	2.10	1.87	down 1.2%
Surgical Cases	793	831	789	up 3.1%
Readmissions (30d)	14.0%	11.9%		

### **1. NEW CLINICAL CHIEF FOR REHABILITATION MEDICINE**

I am glad to report that **Dr. Mark LiVecchi**, currently Director of Rehabilitation Medicine at Unity Hospital in Rochester New York has accepted the position of Chief of Rehabilitation Medicine and will be starting in July. Dr LiVecchi's CV was distributed for review.

### **2. CMS MODIFIES CONDITIONS OF PARTICIPATION**

On May 16, 2012, the Centers for Medicare & Medicaid Services (CMS) published a final rule, "Reform of Hospital and Critical Access Hospital Conditions of Participation." This final rule was developed through a retrospective review of existing regulations called for by President Obama's January 18, 2011 Executive Order 13563, to "modify, streamline, or repeal" regulations which impose unnecessary burdens, including on hospitals and other providers that must comply with requirements under Medicare.

The CoPs are federal health and safety requirements ensuring high quality care for all patients. Hospitals and CAHs must meet these conditions to participate in

the Medicare and Medicaid programs. The final rule is designed to reduce the regulatory burden on hospitals by the following:

- Requiring that all eligible candidates, including APRNs and PAs, must be reviewed by the medical staff for potential appointment to the hospital medical staff and then allowing for the granting of all the privileges, rights, and responsibilities accorded to appointed medical staff members.
- Supporting and encouraging patient-centered care, through such changes such as allowing a patient or his or her caregiver/support person to administer certain medications (both those brought from the patient's home and those dispensed by the hospital), and by allowing hospitals to use a single, interdisciplinary care plan that supports coordination of care through nursing services.
- Encouraging the use of evidence-based pre-printed and electronic standing orders, order sets, and protocols that ensure the consistency and quality of care provided to all patients by allowing nurses the ability to implement orders that are timely and clear.
- Allowing hospitals to determine the best ways to oversee and manage outpatients by removing the unnecessary requirement for a single Director of Outpatient Services.
- Increasing flexibility for hospitals by allowing one governing body to oversee multiple hospitals in a single health system.
- Allowing CAHs the flexibility to affiliate with other providers, as well as using temporary entities, to address efficiencies and alleviate work force shortages so that they can provide safe and timely delivery of care to their patients.

The final rule will be effective on July 16, 2012.

**E. JOINT COMMISSION** - A summary by VHA of some key provisions that will impact us as we look towards Joint Commission recertification next year is provided as listed below.

## ***HHS Releases Final Rules on Modifications to Medicare Conditions of Participation for Hospitals and Critical Access Hospitals***

*On May 10, 2012, the Department of Health and Human Services released new hospital and critical access hospital Medicare Conditions of Participation (CoP) rules. The new CoPs reduce the regulatory burden on hospitals through the following changes:*

- Allowing hospitals to have one governing body to oversee multiple hospitals in a single system.*
- Allowing CAHs to partner with other providers to be more efficient and still ensure the safe and timely delivery of patient care.*
- Removal of the requirement for a single Director of Outpatient Services by allowing hospitals to determine the oversight and management needed in outpatient care.*
- Support and encouragement of patient centered care through regulatory changes, such as allowing a patient or their caregiver/support person to administer certain medications from home and the hospital.*
- Allowing hospitals to use a single interdisciplinary plan that supports care coordination through nursing services.*
- Requirement for all advanced practice nurse and physician assistant candidates to be reviewed by the medical staff for potential appointment to the hospital medical staff and then granting all the privileges, rights and responsibilities accorded to appointed medical staff members.*
- Elimination of the hospital infection control log as hospitals are required to monitor their infections through other electronic surveillance approaches.*
- Allowing drugs and biologicals to be prepared and administered upon the orders of practitioners (other than a doctor), in accordance with hospital policy and State law, and allowing orders for drugs and biologicals to be documented and signed by practitioners (other than a doctor), in accordance with hospital policy and State law.*
- Removal of the requirement that hospitals must report deaths that occur while a patient is only in soft, 2-point wrist restraints with a requirement that hospitals must maintain a log (or other system) of all such deaths. This log must be made available to CMS immediately upon request and the name of the practitioner responsible for the care of the patient may be used in the log in lieu of the name of the attending physician if the patient was under the care of a non-physician practitioner and not a physician.*
- Allowing podiatrists to be responsible for the organization and conduct of the medical staff. This change will allow podiatrists to assume a new leadership role within hospitals, if hospitals opt to allow this.*
- Flexibility for hospitals to use standing orders and requirement that medical staff, nursing and pharmacy approve written and electronic standing orders, order sets and protocols. Orders and protocols must be based on nationally-recognized and evidence-based guidelines and recommendations.*
- Elimination of the requirement for authentication of verbal orders within 48-hours with deference to applicable State law to establish authentication time frames.*
- All orders, including verbal orders, must be dated, timed and authenticated by either the ordering practitioner or another practitioner responsible for the care of the patient and authorized to write orders by hospital policy in accordance with State law.*

**F. GVI and CARDIAC SERVICES at ECMC** – Dr. Murray met with the ECMC representatives of the Professional Steering Committee and discussed how we might enter into a partnership with the GVI over time. It is a big undertaking with shared staff and programs. Additional discussions will take place to involve the three surgeons from the GVI program to meet with the Professional Steering members. Perfusion services are likely the first service to implement here in conjunction with the GVI.

## **VII. ASSOC. MED DIRECTOR REPORT – Dietrich Jehle, MD**

### **A. CLINICAL ISSUES**

#### 1. Trauma Center Verification by the ACS

New York State will no longer be performing Trauma Center verifications and is expecting this to be done by the American College of Surgeons. The application process with the ACS has been started. We anticipate that we will need to clarify trauma activation guidelines, guidelines for admission to off service vs. trauma service, address backup OR issue, compile research activities, improve documentation of physician response, and consider a program (SBIRT) for alcohol related injuries.

#### 2. Clinical Documentation Initiative

The physician response rate has remained high - 100% this past month - agreement rate of 93% (240 Queries).

#### 3. ALC (Alternative Level of Care) Patients

The total numbers of ALC days were up significantly in the beginning of this year, which negatively impacts on length of stay and hospital profitability. We are partnering with nursing homes with lower occupancy rates for potential solutions. We made significant improvements in April, averaging 9.2 ALC patients per day; however, this has crept up to 12.9 per day for May.

#### 4. Emergency Department Throughput

Total ED visits have increased by 6.3% for 2012 year to date and hospital admissions from the emergency department are up by 4.2% compared with 2011.

### 5. Operating Room Utilization

The operating room volume for 2012 year to date is up by 3.1% compared to 2011 (despite running one room short of 2011 due to renovations). In order to improve room turnover to goal of under 25 minutes (national average) we are changing the approach to room turnover from “hard stop” to “hard go” from the recovery room 20 minutes after “wheels out” of prior case.

#### **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 April 8<sup>th</sup> 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.

#### **IX. DIRECTOR OF PHYSICIAN QUALITY AND ED. – S. Ksiazek**

- A. Susan Ksiazek is out of town and deferred her report to Dr. Murray.
- B. Under “New Business” there will be a motion to modify the Rules and Regulations regarding death certificates.

#### **X. LIFELINE FOUNDATION – Susan Gonzalez**

- A. **SPRINGFEST, Saturday, May 12, 2012 – Buffalo Convention Center** – Event was a huge success with 1,300 guests. The largest event ever held by ECMC.
- B. **GOLF OUTING** – Please submit reservations as the event sells out quickly.

#### **XI. CONSENT CALENDAR**

	MEETING MINUTES/MOTIONS	ACTION ITEMS
A.	<b>MINUTES OF THE Previous MEC Meeting: April 23, 2012</b>	Received and Filed
B.	<b>CREDENTIALS COMMITTEE: Minutes of May 1, 2012</b>	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
C.	<b>HIM Committee Meeting: No meeting</b>	No report
D.	<b>P &amp; T COMMITTEE – Minutes of May 2, 2012</b>	Received and Filed
	1. Antiinfective Subcommittee Minutes - Approve	Reviewed and Approved
	2. Psyllium Powder Packets (Metamucil®) – Add to Formulary	Reviewed and Approved
	3. Albendazole 200 mg – Add to Formulary	Reviewed and Approved
	4. Mebendazole – Delete from Formulary	Reviewed and Approved
	5. Acetaminophen 120 mg and codeine phosphate 12 mg per	Reviewed and Approved

	MEETING MINUTES/MOTIONS	ACTION ITEMS
	5 mL (12.5 mL) – Delete from Formulary	
	6. Policy F-27 Pharmacy Monitoring – Approve	Reviewed and Approved
	7. Aminoglycoside Dosing Guideline – Approve	Reviewed and Approved
	8. TI-25 Soluble Fiber Products – Approve Revision	Reviewed and Approved
	9. IV-04 Med. Admin in Presence of a Physician – Approve Revision	Reviewed and Approved
	10. IV-02 Med. Admin by MD & RN – Approve Revision	Reviewed and Approved
E.	TRANSFUSION COMMITTEE – Minutes of March 29, 2012	Received and Filed
F.	INFECTION CONTROL COMMITTEE – Minutes of February 13, 2012	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**

- a. MOTION: MODIFY THE ECMC RULES AND REGULATIONS, PART I, SECTION III.A.** pronouncement and reporting of deaths to include nurse practitioner as per New York State Health Law.

## **SECTION III DEATHS AND AUTOPSIES**

### **III.A. PRONOUNCEMENT AND REPORTING OF DEATHS**

In the event of the death of a patient in the Hospital, the patient shall be pronounced dead within a reasonable period of time by the attending Staff Member or an appropriately privileged provider acting on his behalf or, in the case of brain death, by a physician with privileges to determine brain death. If necessary, the death shall be reported to the Medical Examiner. A death certificate must be signed by the attending Staff Member, or an appropriately privileged and licensed physician or nurse practitioner acting on his behalf, except in those cases where such a certificate is issued by the Medical Examiner. A death certificate must be promptly signed in accordance with the legal requirement that such certificate must be filed with the appropriate governmental authority within 72 hours of death. A body may not be released from the Hospital until an entry verifying death has been made in the medical record of the deceased patient and signed by a Staff Member or his appropriately privileged designee.

**MOTION UNANIMOUSLY APPROVED**

- b. MOTION to approve the POLICY- CALL BACK POLICY.

**MOTION UNANIMOUSLY APPROVED**

**XIII. OLD BUSINESS**

- A. NONE

**XIV. NEW BUSINESS**

- A. **PHYSICIAN ORDER ENTRY** – Will be going live in the Emergency Department in the next couple of weeks. Please watch for notices from the IT Department.

**XV. ADJOURNMENT**

There being no further business, a motion was made, seconded and unanimously approved to adjourn the meeting at 12:10 p.m.

Respectfully submitted,



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

# Reading Material



**From the  
Chief Executive Officer**



From the Business First

:<http://www.bizjournals.com/buffalo/news/2012/06/19/area-hospitals-plan-for-upgrades-with.html>

# Hospitals plan upgrades with state funds

**Business First by Tracey Drury, Buffalo Business First Reporter**

Date: Tuesday, June 19, 2012, 10:39am EDT

## Related:

Health Care



Tracey Drury

Buffalo Business First Reporter- *Business First*

Email

Behavioral health programs will get a major overhaul at both **Erie County Medical Center** and **Niagara Falls Memorial Medical Center** with the help of new state grant funding.

The grants, totaling \$15 million for ECMC and nearly \$2 million for Niagara Falls Memorial, are among \$301.1 million awarded statewide to hospitals and nursing to improve care and eliminate excess bed capacity through the Health Care Efficiency and Affordability Law (HEAL NY).

The ECMC grant supports a \$25 million project by Great Lakes Health to consolidate mental health and drug dependency treatment programs into a regional behavioral health center at ECMC. The project calls for combining the programs from both ECMC and Kaleida Health's Buffalo General Medical Center, creating a 180-bed inpatient psychiatric program, with an opening set for March 2014.

Plans call for expanding the existing emergency behavioral health facility from 6,500 square feet to 16,000 square feet. ECMC will also continue to operate its 22 detoxification beds and 20 inpatient chemical dependency rehabilitation beds.

When first announced in February, Great Lakes said it had asked the state for \$25 million to support a \$35 million plan. With \$10 million less approved in the HEAL grant, Richard Cleland, senior vice president of operations at ECMC, says the team has redesigned patient flow and modified its plans.

"Some of the things we can live without, while some construction costs and modifications

we'll do later," he says. "It won't impact the essence of the grant or the consolidation."

The project, which still requires approval through the state's certificate-of-need process, will be the third program to merge between ECMC and Kaleida under the Great Lakes Health System umbrella.

At Niagara Falls Memorial, a \$1.98 million HEAL grant will support the launch of a new care model to better connect patients to services in and outside its own network. Called the Niagara Connection Project, plans include creating a short-term intensive psychiatric treatment program; expanding and renovating the hospital's outpatient behavioral health services to meet increased volume needs.

The program also includes hiring care coordinators to work with patients to avoid unnecessary hospital readmissions and repeat emergency room visits by connecting them with community-based service providers. Tied into the care coordinators would be the creation of a hospital-based one-stop center with participation by community agencies providing such services as public housing, food and clothing, health insurance assistance, Medicaid transportation, financial counseling and primary care services.

Niagara Falls Memorial estimates the project will generate a cost savings of \$2.9 million.

This round of HEAL funding included grants statewide to 40 hospitals and nursing homes received grants to improve primary and community-based care, eliminate excess bed capacity and reduce over-reliance on inpatient care in hospitals and nursing homes.

Other grants awarded in the Western New York region included include Jones Memorial Hospital, which will receive \$1.07 million; and Lake Erie Regional Health Systems, \$1.8 million.

The awards come through the State Department of Health (DOH) and the Dormitory Authority of the State of New York (DASNY) and are part of nearly \$3 billion in funding invested in health care reform through 20 separate HEAL NY phases over the past seven years.

The grants will help implement recommendations from Gov. Cuomo's Medicaid Redesign Team, including enabling health-care facilities to deliver more efficient, higher quality care through restructuring, merging and realigning operations.

Tracey Drury covers health/medical, nonprofits and insurance

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June 19, 2012 12:45 AM

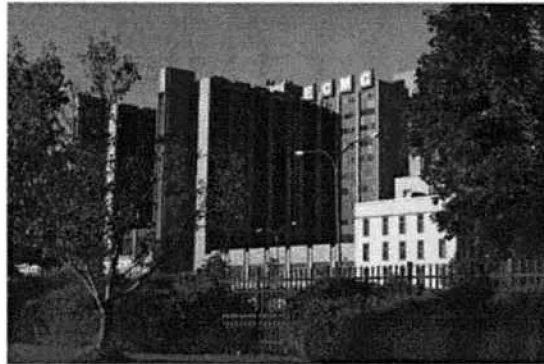
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## Grant to Help Establish Center of Excellence for Behavioral Health Care


 buffalo rising  
8

New York's Health Department has approved a \$15 million grant to help Erie County Medical Center and Kaleida Health consolidate mental health and drug dependency treatment in one \$25 million Regional Behavioral Health Center of Excellence (COE) at ECMC.

The new center, announced as a concept Feb. 13, 2012, is a physician-driven collaboration between ECMC and Kaleida. It will 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.



"The HEAL-NY grant will help us create a Center of Excellence for Behavioral Health on the ECMC Health Campus, create a new and improved facility for the Comprehensive Psychiatric Emergency Program (CPEP), and continue our collaborative relationship for the good of our patients," said Kaleida President and CEO James R. Kaskie. "Collaboration creates synergies and synergies get things done."

"This is another tangible example of leveraging the talents, infrastructure, clinical expertise of both ECMC and Kaleida to benefit our community and the patients we serve," he added.

The consolidated model will combine the resources of the ECMC and Buffalo General Medical Center behavioral health programs and will create a single, 180-bed inpatient psychiatric program. It will also 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 state's Healthcare Efficiency and Affordability Law-21 [HEAL-NY] funding significantly moves the project forward.

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ECMC Corp. 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.

"This center provides an opportunity to develop better quality, consolidated programs of emergency, outpatient, and inpatient services with one focus: the patients," said ECMC CEO Jody L. Lomeo. "It will be state-of-the-art, and will deliver the care the mentally ill in our community deserve. That care will improve by having all our collective expert physicians and staff in one place and this is another example of the success of Great Lakes Health."

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.

This combination of factors 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.

Erie County Medical Center Corp.

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bring back the  
3 martini lunch  
on Fridays



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Grant to Help Establish Center of Excell  
ShiftySixx: I agree with you on the private sector being more adapt to job creation but do you think that the ad

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paulsobo: Im not so sure that the private sector wont provide a cheaper solution. Bloated buracracies can be m

Grant to Help Establish Center of Excell  
ShiftySixx: "In the last 20 years, the Buffalo Psychiatric Center went from 1,200 beds to 160 and the Gowanda Ps

Grant to Help Establish Center of Excell  
paulsobo: There is plenty of land surrounding ECMC for them to co-locate. It makes perfect sense for there to

Grant to Help Establish Center of Excell  
impressingagent: see ya wouldn't wanna be ya :)

Grant to Help Establish Center of Excell  
Page 98 of 106

Dr. Yogesh Bakhai, ECMC Chief of Service of Psychiatry and Dr. Maria Cartagena, medical director, Buffalo General's Department of Inpatient Behavioral Health & Psychiatry, will lead this initiative.

"This project is solely about the needs of patients," said Dr. Cartagena. "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."

"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 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 its community-based locations.

Currently, ECMC has 132 licensed inpatient psychiatric beds with 2,297 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 to merge the services of ECMC and Kaleida. The first created the Gates Vascular Institute on the Buffalo Niagara Medical Campus in collaboration with the University at Buffalo and the second being the Regional Center of Excellence for Transplantation & Kidney Care on ECMC's campus, both HEAL-funded initiatives to restructure and right size the region's health care.

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## COMMENTS

8 Comments

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hamp

June 19, 2012 6:58 AM



Why doesn't the Buffalo Psychiatric Center move to the ECMC campus too?  
That could help restore the original Richardson site plan.

[\[ REPLY \]](#)

Score: 3 ( 5 votes )

grad94

June 19, 2012 8:05 AM



because the state office of mental health owns the psych center. it does not own the ecmc campus.  
because 'mixed use' means that the staff & patients get to use the space, too.  
because urban renewal relocated people against their will and look how well that worked out.  
because the patients are our neighbors.

[\[ REPLY \]](#)

[replied to hamp](#)

Score: -4 ( 8 votes )

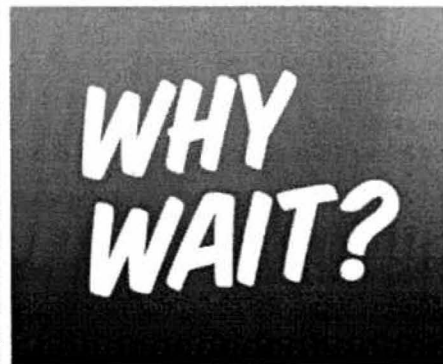
paulsobo

June 19, 2012 12:01 PM



impressingagent: Perhaps they should turn the Richardson complex into a tourist attraction. Promote the true power of

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# BuffaloNewscom

Delaware Park

## Support group dedicates bench to those affected by kidney disease

By **Jon Harris**

Published: June 4, 2012, 12:00 AM

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Updated: June 4, 2012, 6:37 AM

When Barbara Breckenridge first went on dialysis because of kidney disease, she didn't have anyone to talk to when she needed it most.

"Most times, when people hear that they got to go on dialysis, they just think, 'Well, this is the end of my life,' " Breckenridge said. "Which is what I thought when I first started."

But in July 1999, Breckenridge received a kidney transplant after 32 years on dialysis.

Now, Breckenridge is the community relations director of the recently formed Northeast Kidney Foundation of Greater Buffalo. The organization aims to support and improve the lives of those affected by kidney disease, even if that just means giving them someone to talk to.

On Sunday, Breckenridge found herself in Delaware Park to help dedicate a memorial bench honoring those affected by kidney disease and those who have given a kidney or will do so in the future.

After the dedication, many of those gathered took part in the Buffalo Walk for Kidneys 2012, a 1.8-mile trek around the park to raise funds for free kidney screenings, patient support and outreach in the community. Breckenridge said almost \$30,000 was raised, coming from sponsorships and individual donations.

The Rev. James Lewis, director of pastoral care at Erie County Medical Center, dedicated the bench on Ring Road across from the Buffalo Zoo. It features a plate reading, "To those present and future affected by kidney disease and to the heroes that give and will give the gift of life. Dedicated by families, friends and the kidney support group at ECMC."

Frank Ireland, a current dialysis patient, made the 15-minute dedication more personal. Ireland lost a friend eight years ago to the disease, exactly one year after he received a kidney transplant.

"The hardest part is getting comfortable with losing someone," he said.

With the bench in Delaware Park, Breckenridge hopes those lost to kidney disease will live on. The bench, she said, cost about \$3,500 and has been five years in the making.

"We got an idea about five years ago that we should do something to remember the people we had lost at dialysis," said Breckenridge, adding that many times the donors and recipients get the attention while those who never had the opportunity to have a transplant are forgotten.

At ECMC, a support group helps those affected by kidney disease, whether it's the donors, families, those on dialysis or those waiting to receive a transplant.

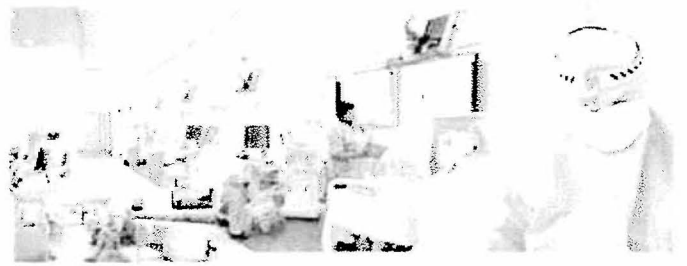
"Anybody that has any type of issue with the disease and with the journey that they're going through, we have somebody there who can talk to them and help them through," Breckenridge said.

To Brian Murray, chief medical officer and transplant program director at ECMC, such organizations fill an important void in the coping process.

In Western New York, Murray said, there are 50,000 people who have some form of kidney disease. While most have mild forms, up to 5,000 are on dialysis or in need of a kidney transplant.

"You can really see today how it's really a community of people who support each other through some very difficult moments," Murray said while he walked the loop at Delaware Park.

*jharris@buffnews.com*



Meg A. of East Amherst maintains a healthy lifestyle – she eats healthy foods and works out regularly. So when a routine blood test revealed a kidney problem she was surprised and concerned. Following a renal ultrasound, her primary care physician told her to make an appointment with a kidney specialist.

Meg decided it was time to do some homework, and learned The Regional Center of Excellence for Transplantation and Kidney Care at Erie County Medical Center (ECMC) was created from a merger of two transplant programs – Buffalo General Medical Center and ECMC. The Center is devoted to lifesaving kidney and pancreas transplants, vascular surgical care, hemodialysis for outpatients and inpatients, and treatment and disease management services for patients with all stages of chronic kidney disease. It is also home to the region's largest up-to-date outpatient dialysis unit.

Meg called ECMC to ask for an appointment with ECMC Corporation Chief Medical Officer and Interim Center Director Dr. Brian Murray. After undergoing a test called Magnetic Resonance Angiography (MRA) Meg was relieved to learn she didn't have any blocked renal arteries. However, she did have PKD (Autosomal Dominant Polycystic Kidney Disease).

PKD is a disorder that affects 1 in 1,000 Americans in which many cysts form in the kidneys. Dr. Murray explains that the disease is genetic, and says, "If one parent carries the gene, children have a 50% chance of developing the disorder." Although PKD occurs in children and adults, it is much more common in adults, and symptoms do not usually appear until middle age. A more serious form of PKD appears in infancy or childhood.

So what causes these clusters of cysts? Dr. Murray says, "PKD is associated with aortic aneurysms, brain aneurysms, cysts in the liver, pancreas, testes, and diverticula of the colon. About 50% of all people with PKD have cysts on the liver.

Sometimes there are no symptoms, but when present they can include abdominal pain or tenderness, blood in the

urine, excessive nighttime urination, flank pain on one or both sides, drowsiness, joint pain, and nail abnormalities."

Tests can determine if a person has cysts on the liver or other organs, and genetic tests can determine whether someone carries the PKD gene. Treatment involves controlling symptoms and preventing complications through blood pressure medicines, diuretics and a low-salt diet. Sometimes removal of one or both kidneys is needed.

The good news is that the disease gets worse slowly, and medical treatment may relieve symptoms for many years. Also, people with PKD who don't have other diseases may be a good candidate for a kidney transplant.

While Meg is concerned about her health she can't say enough about the care she is receiving at ECMC from Dr. Murray. She also recently met with Dr. Rocco Venuto who is overseeing a clinical trial to test a new drug that may keep cysts from growing. Meg says, "It's exciting to be involved in a study that is taking place in 300 different locations all over the world. And, I am glad to be contributing to finding a drug that some day may help me and others."

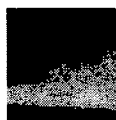
To learn more about the ECMC Regional Center of Excellence for Transplantation and Kidney Care, call 716-898-5001.

#### **WNY RESOURCE:**

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**Local****9:45 AM** FRI MAY 25, 2012

## New clinic opens on ECMC campus

By **MIKE DESMOND**

The ECMC campus on Grider Street continues to change, with major construction projects and smaller changes to increase medical care possibilities like the newly-opened Grider Family Health Center.

The general idea is that a patient can go to the emergency room or go to the new family health center and get a family doctor.

The center is one of several new family health centers in the area which want to get patients into the health care system and provide more than just care for a particular problem at a particular time, instead offering a full range of care with hospital services right there.

Medical Director Doctor Antonia Redhead says she wants people to come in for care and education before they become seriously ill

ECMC CEO Jody Lomeo says there is a shortage of family care doctors.

"What we were focussing on was bringing primary care back to this community and servicing the people in the area," Lomeo said.

"This is not what I would tell you is a money-maker. You don't do this type of thing. You don't do this for the financial end of it. You do it to take care of the patients."

Within a few weeks, Women and Children's Hospital will be opening a clinic in another wing of the building housing the family health center.



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REAL ESTATE

May 21, 2012 12:10 AM

## Construction Watch: ECMC Campus



wcperspective

16

Construction continues on a new nursing home on the Erie County Medical Center (ECMC) campus on Grider Street. The \$103 million building will contain 390 beds. The facility is slated to open late this year and will replace the 80 year old Erie County nursing home in Alden.

Residents had some input in the design of the five-story, 275,500 square foot building. It will have three floors with over ninety skilled nursing beds each, one floor with 66 sub-acute rehab beds, a 16-bed behavioral intervention unit and a 20-bed ventilator unit. The ground floor contains a visitor's lobby, public restrooms, a gift shop, and administrative, nursing, and business offices. It also serves as a multi-purpose gathering space for residents' special events.



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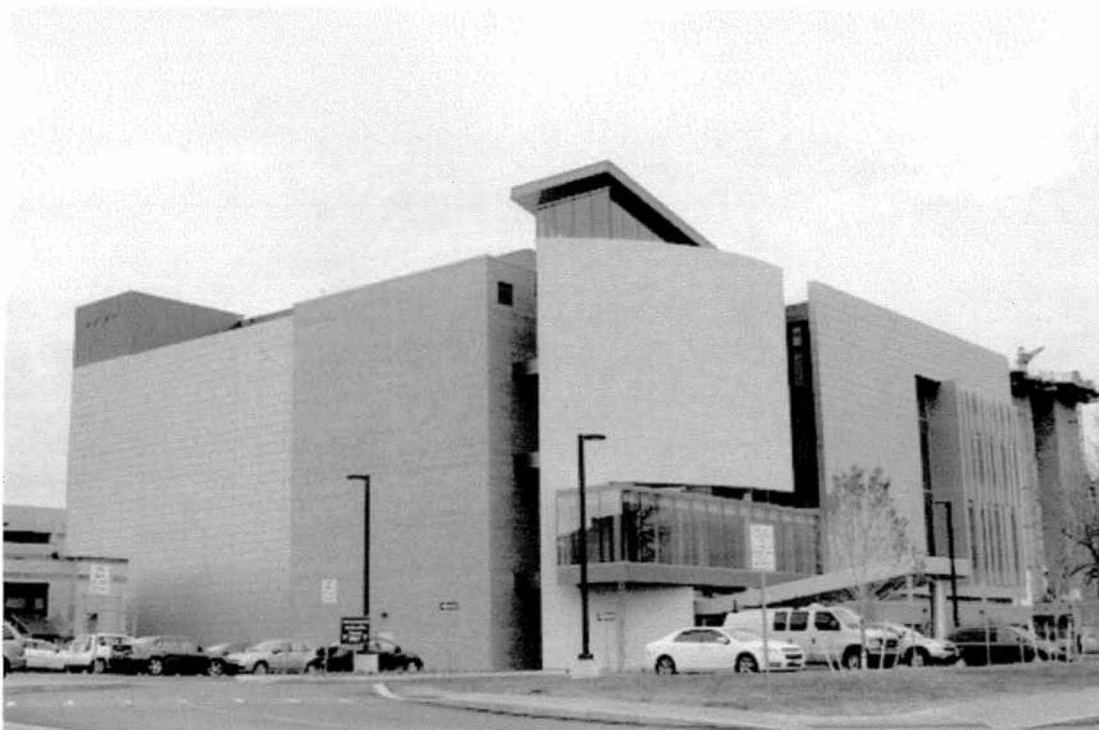
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The nursing home is adjacent to the recently-completed \$27 million Regional Center of Excellence for Transplantation & Kidney Care (below).





The facility is expected to handle 150 to 200 transplants a year. It features 36 modern hemodialysis stations; facilities for home dialysis training; out-patient and community outreach offices; clinical support spaces and room for additional dialysis stations to meet future growth needs. It is the only kidney and pancreas transplant center in Western New York.

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## COMMENTS

16 Comments

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P2buffalonian

May 21, 2012 6:15 AM



i just threw up in my mouth...eyesores tend to do that

[REPLY]

Score: -14 ( 20 votes )

No\_Illusions

May 21, 2012 6:29 AM

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What makes either building an eyesore?

The Kidney Center actually looks attractive to me...

## **WKBW - TV Buffalo, New York**

Print this article

# **Arrest Made After Ambulance Was Stolen**

By WKBW News

May 20, 2012

BUFFALO, N.Y. ( release ) Buffalo police, working with Amherst police and ECMC police, have made an arrest in a incident involving a stolen ambulance from the ECMC ER ramp.

The incident occurred at approximately 6:30am Sunday morning.

Authorities have arrested a 37 year old female patient at ECMC and charged her Reckless Endangerment, Grand larceny, criminal possession of a stolen vehicle and other charges.

Police say she made off with the Rural Metro ambulance as it was parked at the ER ramp at ECMC.

ECMC police immediately began to pursue the vehicle, that was apparently traveling at a high rate of speed.

Officers say the ambulance almost struck several pedestrians and vehicles in the vicinity of Bailey Avenue and Kensington and Suffolk Avenue and Kensington.

Police say eventually she lost control of the ambulance at 2043 Kensington, where the vehicle came to rest. Authorities say damage's could in the tens of thousands of dollars but it appears there were no major injuries.

On Sunday, Eyewitness News received a statement from ECMC:

Early this morning, a patient was brought to ECMC by Buffalo police. The patient appeared to be intoxicated and had an injury. While awaiting medical evaluation, the patient fled the emergency room and drove off in an ambulance. ECMC police pursued the vehicle and called Amherst and Cheektowaga police to assist in apprehending the individual.