



ECMCC Board of Director's Meeting

June 25, 2024

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS OF
ERIE COUNTY MEDICAL CENTER CORPORATION
JUNE 25, 2024

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JUNE 25, 2024
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
 - A) **Chief Executive Officer & President**
 - B) **Chief Financial Officer**
 - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
 - A) **Executive Committee** (by Jonathan Dandes)
 - B) **Finance Committee** (by Michael Seaman)
 - C) **Buildings and Grounds Committee** (by Ronald Bennett)
 - D) **MWBE Committee** (Michael Seaman)
 - E) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
MAY 28, 2024 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

Present: Ronald Bennett (v), Reverend Mark Blue, Ronald A Chapin (v), Jonathan Dandes, Darby Fishkin (v), Sharon Hanson, Christopher O'Brien(v), Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Michael Seaman, Benjamin Swanekamp

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico, Eugenio Russi; Philip Stegeman

Also

Present: Donna Brown, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

(v) - virtual

I. Call to Order

The meeting was called to order at 4:30 pm by former Chair, Jonathan Dandes Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the April 23, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Moved by Michael Seaman and seconded by Reverend Kinzer Pointer

Motion approved unanimously

VI. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Thomas Quatroche reported that ECMC received recognition from the Americal College of Surgeons as a Surgical Quality Partner. Congratulations were given to several members of staff acknowledging those awarded Nurse of the Year, nominations from the Professional Nursing Organization and various other honors. . Patient Safety Indicators continue to reflect positive work in the first quarter of 2024. April Human Experience scores remain steady. ECMC honored those killed n the May 14th killings, recognized Mental Health Month and hosted an Open House in the Behavioral Health Department. Quatroche announced that Dr. Philip Stegeman received the Lifetime Achievement Award from the American Shoulder and Elbow Surgeons Foundation. May's awards winners were celebrated within the hospital. Two hundred and forty-nine (249) new employees have begun working at ECMC since the beginning of the year. ECMC has added 58 RNs and 12 LPNs since January 1st.

Chief Financial Officer

Contribute Jonathan Swiatkowski reviewed the April 2024 Key Statistics. Hospital volume and revenue remain high. Discharges, ER visits and surgeries were higher than last year. Length-of-stay (both Acute Average and Total Average) was slightly above budget and lower than last year. A summary of the preliminary financial results through April 30, 2024 was reviewed and the full set of these materials are received and filed. Discussion followed.

V. Standing Committees

- a. **Executive Committee:** Mr. Dandes gave a brief summary of the most recent Committee meeting.
- b. **Finance Committee:** Mr. Seaman stated that he had no additional information to add to the report given by Mr. Swiatkoski.
- c. **Human Resources Committee:** Mr. Hoffert was not available for comment.
- d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert was not available to update the group about the May meeting.

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

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

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue to enter into Executive Session at 4:54 p.m. to consider matters made confidential by law, including a personnel matter.

Motion approved unanimously

VII. Reconvene in Open Session

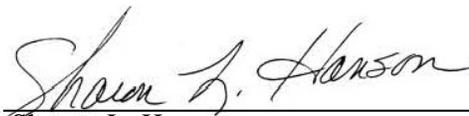
Moved by Reverend Pointer Kinzer and seconded by Darby Fishkin to reconvene in Open Session at 5:48 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:49 p.m.

jgig



Sharon L. Hanson
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Mandip Panesar, Dr. Siva Harsha Yedlapati, Dr. Ashvin Tadakamalla, Dr. Samuel Cloud, Dr. Thamer Qaqish, Dr. Victor Vacanti

Excused: Dr. Richard Hall, Christopher Resetartis, CRNA

Agenda Item	Discussion/Recommendation	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:00 pm		
II. ADMINISTRATIVE	Amendment from March 7, 2024 Credentials Meeting minutes: <u>Rehabilitation Medicine</u> <ul style="list-style-type: none"> Dr. Czynny and Ziske will remain Courtesy, Refer and Follow <u>Guest Speaker</u> Dr. DePlato-see below		
A. Minutes	Minutes from the April 4 th meeting were reviewed and approved	Motion made, all in favor, to approve as written.	Via these minutes, the actions of the Credentials Committee are submitted to the Medical Executive Committee for review and action.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	None	None	None
F. Leave of Absence (8)	<u>Anesthesiology</u> <ul style="list-style-type: none"> Nicole Bonito, CRNA- maternity; RTW 06/29/24 <u>Emergency Medicine</u> <ul style="list-style-type: none"> Jennifer Caldwell, DO- maternity; RTW 10/01/24 	None	Informational purposes only

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> Francesca Cirulli-Linde, FNP- maternity; RTW 09/03/24 Jennifer McCaul, PA-C- maternity; RTW 05/01/24 <p>Family Medicine</p> <ul style="list-style-type: none"> Sarah Abdelsayed, MD- maternity; RTW 06/01/24 Nicole Baruch, DO- maternity; RTW 08/13/24 Jamie Interlichia, PA-C- maternity; RTW 05/03/24 <p>Internal Medicine</p> <ul style="list-style-type: none"> Sandeep Kumar, MD- paternity; RTW 05/30/24 				
G. Resignations (5)		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.	Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support		
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/ SUPERVISING	RESIGN DATE	INITIAL DATE
Justin Janiga, PA-C	Emergency Medicine	<ul style="list-style-type: none"> UEMS Left practice plan Confirmed in email 	N/A	03/28/24	03/23/21
Joanne Keuck, FNP	Family Medicine	<ul style="list-style-type: none"> UBMD Left practice plan Confirmed in email 	N/A	04/29/24	09/27/22
Elizabeth Anibaldi, PA-C	Internal Medicine	<ul style="list-style-type: none"> S&K No longer requires privileges at ECMC Confirmed in email 	N/A	04/24/24	9/24/19
Vaqr Shah, MD	Internal Medicine	<ul style="list-style-type: none"> UBMD Moved out of state Confirmed in email 	N/A	04/12/24	06/23/20
Mark Sutton, DO	Psychiatry	<ul style="list-style-type: none"> UBMD Psychiatry No longer requires privileges at ECMC 	N/A	04/11/24	07/26/22

Highlight: Initiate FPPE

		• Confirmed in email		
III. CHANGE IN STAFF CATEGORY				
	None			
IV. CHANGE/ADD DEPARTMENT				
	None			
V. CHANGE/ADDITION Collaborating/Supervising (2)				
A. Amanda Chauncey, PA-C	<u>Emergency Medicine</u> <ul style="list-style-type: none"> • Change from Dr. Ellis to Dr. Caldwell • No change in privileges 	The Committee voted, all in favor, to approve the requested change as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.	
B. Olivia Battista, NP	<u>Family Medicine</u> <ul style="list-style-type: none"> • Change from Dr. Mikac to Dr. Garbarino • Change in Practice plan • No change in privileges 	The Committee voted, all in favor, to approve the requested change as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.	
VI. PRIVILEGE ADDITION/ REVISION				
	None			
VII. PRIVILEGE WITHDRAWAL				
	None			
VIII. UNACCREDITED FELLOWSHIPS				
	<ul style="list-style-type: none"> • Nothing to report at this time 	None	Informational purposes only	
IX. INITIAL APPOINTMENTS (10)				
Michael Banas, MD Internal Medicine	<ul style="list-style-type: none"> • State University of New York at Buffalo MD May 2000 • Jacobs School of Medicine Internal Medicine Residency June 2000 to June 2003 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.	

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Jacobs School of Medicine Cardiovascular Diseases Fellowship June 2003 to June 2006 • Assistant Research Faculty and Physician University at Buffalo Academic Medicine Services July 2006 to October 2007 • Cardiologist Buffalo Medical Group October 2007 to June 2015 • Director of Noninvasive Cardiac Imaging Kaleida Health November 2014 to present • General Physician, PC Great Lakes Cardiovascular July 2015 to present • Re-joining ECMC Medical Staff June 2024, previously on staff June 2006 to May 2016 • American Board of Cardiovascular Disease certified 		
Victor Sanders, MD Internal Medicine	<ul style="list-style-type: none"> • St. George's University School of Medicine MD April 2011 • ECFMG certificate May 2011 • Time gap April 2011 to June 2011 traveled within the US, moved to Arizona for residency and married in June • University of Arizona College of Medicine Internal Medicine Residency July 2011 to June 2014 • Time gap July 2014 to August 2014 studied for boards • Hospitalist – Annadel Medical Group August 2014 to December 2018 (Associate Medical Director June 2017 to December 2018) and 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<p>Pacific Hospitalist Associates January 2019 to October 2023</p> <ul style="list-style-type: none"> • Locum – BAS Healthcare November 2022 to present • Per Diem – ApolloMD August 2023 to present • Joining Apogee Physicians June 2024 • American Board of Internal Medicine certified 		
Robel Kamal, MD Psychiatry	<ul style="list-style-type: none"> • American University of Antigua College of Medicine MD September 2012 • Time gap September 2012 to April 2014 USMLE Step 3 preparation and Residency applications • Volunteer Research Assistant – NYU Langone Medical Center Alzheimer’s Disease Research Laboratory April 2014 to May 2015 and September 2015 to April 2016 • Psychiatry Externship Jamaica Hospital Medical Center May 2015 to September 2015 • Time gap April 2016 to March 2017 Travel abroad and Residency applications • Psychiatry Externship Brookdale University Hospital Medical Center March 2017 to March 2018 • Time gap March 2018 to July 2018 preparation to start Residency and vacation • Jamaica Hospital Medical Center General Psychiatry Residency July 2018 to June 2023 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Northwell Health North Shore University Hospital Addiction Psychiatry Fellowship July 2022 to June 2023 • Emergency Psychiatry CPEP – Jamaica Hospital August 2022 to present and Queens Hospital February 2023 to present • Inpatient Psychiatrist – Buffalo Psychiatric Center February 2024 to present • Joining University Psychiatric Practice at ECMC June 2024 CPEP moonlighter • American Board of Psychiatry certified and Addiction Psychiatry eligible 		
Clarence Coleman, MD Radiology	<ul style="list-style-type: none"> • University of North Carolina MD May 1994 • LAC+USC Medical Center General Surgery Internship June 1994 to June 1995 • Charles R. Drew University of Medicine and Science Otolaryngology Residency July 1995 to June 1997 (no certificate obtained, voluntarily changed program) Radiology Residency July 1997 to June 2001 • Cedars Sinai Medical Center Neuroradiology Fellowship July 2001 to June 2003 • Time gap July 2003 to August 2003 pending start of next fellowship • Loyola University Medical Center Endovascular Surgical 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<p>Neuroradiology August 2003 to August 2004</p> <ul style="list-style-type: none"> • Assistant Professor Loyola University Medical Center September 2004 to May 2005 • Radiologist – Metropolitan Radiology June 2005 to October 2005, Michael E. DeBakey VA MC July 2005 to August 2005, Quest Imaging Med Assoc. January 2006 to July 2006, Advanced imaging Center, Inc October 2006 to December 2010, Anderson, Perry, and Sharzer December 2010 to November 2015, Nash X-Ray Associates, PA February 2016 to August 2016, Virtual Radiologic Professionals, LLC December 2016 to December 2018, Staff Care (Independent Contractor) June 2017 to September 2017 and Virtual Radiologic Professionals, LLC January 2019 to present • Time gaps November 2005 to December 2005, July 2006 to September 2006, November 2015 to January 2016 waiting periods between jobs for credentialing process. August 2016 to December 2016 employment search • American Board of Diagnostic Radiology certified 		
Deborah Conway, MD Radiology	<ul style="list-style-type: none"> • University of Alabama at Birmingham MD June 1998 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Memorial Health University Medical Center Radiology Residency July 1998 to June 2003 • Seattle Childrens Hospital Pediatric Radiology Fellowship July 2003 to June 2004 • Locum Tenen – Dr. Charlie Brown and Emanuel Medical Center April 2003 to June 2003 • Radiologist Racoma Rad Assoc July 2004 to June 2007, Atlantic Radiology Associates July 2007 to December 2020 and Virtual Radiologic Professionals, LLC November 2018 to present • American Board of Diagnostic Radiology and Pediatric Radiology certified 	<p>Flags were reviewed and application was endorsed by the Chief of Service</p>	
<p>Mayte Gierbolini, MD Radiology</p>	<ul style="list-style-type: none"> • University Central Del Caribe School of Medicine Puerto Rico, MD June 1997 • Icahn School of Medicine at Mount Sinai New York Internal Medicine Residency July 1997 to June 1998 • Mount Sinai Medical Center of Florida Diagnostic Radiology Residency July 1998 to June 2002 • University of Miami Neuroradiology Fellowship July 2002 to June 2003 • Time gap July 2003 to August 2003 credentialing for new job • Radiologist – Broward PET Imaging Center, LLC August 2003 to January 2004, Advanced Berkshire Medical Imaging PC 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<p>November 2003 to December 2008, Radiology and Imaging Specialists April 2009 to January 2011, ConnectRad (Closed) November 2011 to April 2013, Virtual Radiologic Professionals, LLC February 2017 to May 2017 & January 2021 to present, and Integrated Imaging Associates January 2018 to September 2020</p> <ul style="list-style-type: none"> • Time Gap – December 2008 to March 2009, January 2011 to November 2011, & June 2017 to January 2018 relocate and credentialing for new job, April 2013 to February 2017 time off to care for child, and September 2020 to January 2021 extensive job search and interviewing • American Board of Diagnostic Radiology and Neuroradiology certified 		
<p>Vibhu Kapoor, MD Radiology</p>	<ul style="list-style-type: none"> • University of Delhi MBBS May 1992 • Time gap June 1992 to August 1992 waiting for Residency to begin • University of Bombay Diagnostic Radiology Residency August 1992 to July 1995 • ECFMG certificate May 1994 • Time gap August 1995 to September 1995 in process of getting new job • Radiologist St. Stephens Hospital September 1995 to July 1996, Rajiv Gandhi Cancer Institute 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<p>August 1996 to May 1997, Indu Clinic May 1997 to September 1997, Apollo Cliniq September 1997 to March 1999, Grant Medical College March 1999 to June 1999</p> <ul style="list-style-type: none"> • University Pittsburgh Medical Center Transitional Year July 1999 to June 2000 and Diagnostic Radiology Residency July 2000 to June 2004 • Radiologist Guam Radiology Consultants July 2004 to January 2005 • Time gap January 2005 to March 2005 waiting for H1-B Visa transfer from Guam to the U.S. • Radiologist Kent Diagnostic Radiology Associates March 2005 to November 2007, Center for Diagnostic Imaging November 2007 to June 2011 (closed), and Virtual Radiologic Professionals, LLC August 2011 to present • Time gap June 2011 to August 2011 process of switching jobs from employer closing • American Board of Diagnostic Radiology certified 		
Benjamin Martin, MD Radiology	<ul style="list-style-type: none"> • State University of New York at Buffalo MD June 2017 • Greater Baltimore Medical Center Internal Medicine Internship June 2017 to June 2018 • University of Maryland Medical Center Diagnostic Radiology Residency July 2018 to June 2022 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • The Johns Hopkins University School of Medicine Neuroradiology Clinical Fellowship July 2022 to June 2023 • Staff Radiologist – Mid-Atlantic Permanente Medical Group July 2023 to present • Joining Great Lakes Medical Imaging as a Teleradiologist June 2024 • American Board of Diagnostic Radiology certified 		
Timothy Adams, MD Surgery	<ul style="list-style-type: none"> • State University of New York at Stony Brook MD May 2001 • Jacobs School of Medicine Surgery Residency June 2001 to June 2006 • Saint Vincent Health System Colon and Rectal Surgery Residency July 2006 to June 2007 • Time gap – July 2007 to September 2007 applying for jobs • Colorectal Surgeon – Delaware Surgical Group September 2007 to November 2018 and UBMD Surgery November 2018 to present • American Board of Surgery and Colon and Rectal Surgery certified 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Michelle Christie, PA-C Surgery	<ul style="list-style-type: none"> • Daemen College Master of Science Physician Assistant May 2016 • Time gap – May 2016 to August 2016 studied and prepared for boards and NYS PA license • Surgical First Assist, Physician Assistant for Olean Medical Group 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<p>General & colorectal Surgery August 2016 to August 2017</p> <ul style="list-style-type: none"> • Physician Assistant Primary Care & Urgent Care for Niagara Falls Memorial Medical Center August 2017 to January 2018 • Physician Assistant Vascular and Endovascular Surgery for Sister of Charity Hospital January 2018 to September 2020 • Physician Assistant Operative room and First Assist for all surgical cases Kaleida Health, Milliard Fillmore Suburban Hospital September 2020 to present • Physician Assistant for Excelsior Orthopedics November 2021 to present • Supervising Physician – Dr. Timothy Adams (1) • NCCPA certified 		
X. TEMPORARY PRIVILEGES (3)	<ul style="list-style-type: none"> • John Montgomery, PA-C Emergency Medicine 4/8/2024 • Asmah Shafie, PA-C Emergency Medicine 4/8/2024 • Katherine Beall, ANP Internal Medicine 4/15/2024 	None	Informational Only
XI. REAPPOINTMENTS (43)	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested.	Via these minutes, recommendation to Medical Executive Committee for approval.
NAME	DEPARTMENT	CATEGORY	PRIVILEGES

Highlight: Initiate FPPE

DePlato, Anthony MD	Anesthesia	Active		Withdraw 2 Privileges: Level II: *Pediatric Anesthesia *Cardiac Anesthesia
Suchy, Thomas MD	Anesthesia	Active		
Ali, Samuel PA-C Collaborating MD: B. Clemency	Emergency Medicine	AHP		
Dworkin, Adam DO	Emergency Medicine	Active		
DiStefano, Mary ANP Collaborating MD: S. Evans	Family Medicine	AHP		
Garbarino, Kenneth MD	Family Medicine	Active		
Latoszek, Stephanie FNP Collaborating MD: R. Mikac	Family Medicine	AHP		
Tirabassi, Jill MD	Family Medicine	CRF		
Zionts, Michael MD	Family Medicine	Active		
Borhanjoo, Panid MD	Internal Medicine	Active		
Crane, John MD	Internal Medicine	Active		Adding 1 privilege: *Negative Pressure Therapy, including Wound Vac
Crowley, Katelyn MD	Internal Medicine	Active		
DiOrio, Leigh-Anne FNP Collaborating MD: J. Von Visger	Internal Medicine	AHP		
Giardino, Karen MD	Internal Medicine	Active		
Giardino, Susan ANP Collaborating MD: K. Giardino	Internal Medicine	AHP		
Gupta, Anu MD	Internal Medicine	Active		
Izzo, Joseph MD	Internal Medicine	Active		
Kohli, Romesh MD	Internal Medicine	Active		
Motkur, Divya MD	Internal Medicine	Active		Adding 1 privilege: Level II: * Intraosseous Vascular Access
Singh, Anurag MD	Internal Medicine	Associate		
Cheng, Yi Shun MD	Neurology	Active		
Fowler, Morgan PA-C Collaborating MD: R. Ferguson	Neurology	AHP		

Highlight: Initiate FPPE

Landi, Michael MD	Neurosurgery	Active		
Reynolds, Andrew MD	Ophthalmology	Active		Adding 1 Privilege: *Admitting
Schoene, Karen MD	Ophthalmology	CRF		
Domnisch, Frank PA-C Collaborating MD: J. Jones	Orthopaedic Surgery	AHP		
Fout, Allison PA-C Collaborating MD: A. Stoeckl	Orthopaedic Surgery	AHP		
Griffin, Shane PA-C Collaborating MD: C. Ritter	Orthopaedic Surgery	AHP		
Romanowski, Marcus MD	Orthopaedic Surgery	Active		
Maloku, Ekrem MD	Pathology	Active		
Burke, Mark MD	Plastic & Reconstructive Surgery	Active		
Dubovsky, Steven MD	Psy & Behavioral Medicine	Active		
Schaeffer, Rebecca MD	Psy & Behavioral Medicine	Active		
Hansch, Ernst MD	Radiology	Active		
Kash, Donald MD	Radiology	Active		Flags were reviewed and application was endorsed by the Chief of Service
Macfarlane, Patricia MD	Radiology	Active		
McGrath, John MD	Radiology	Active		
Pearson, Kenneth MD	Radiology	Active		
Stokoe, Gail MD	Radiology	Active		
Czyrny, James MD	Rehab Medicine	CRF		
Blochle, Raphael MD	Surgery	Active		
Kayler, Liise MD	Surgery	Active		Adding Many privileges: *See attached list
Spencer, Jeffrey MD	Urology	Active		

Bold highlighted names are reappointment dates that will be changed to align with Kaleida

XII. AUTOMATIC CONCLUSION	Reappointment Expiration																										
1st Notice	Internal Medicine (Hospitalist) <ul style="list-style-type: none"> Muhammad Cheema, MD Per Dr. Cheema and Apogee not seeking reappointment. Confirmed he wishes to let his privileges conclude 7-31-2024. 			For informational purposes.	None necessary.																						
2nd Notice	Orthopaedic Surgery <ul style="list-style-type: none"> Allison Binkley, MD, Active Letting privileges expire 6-30-2024 Internal Medicine <ul style="list-style-type: none"> Jenny Romero, MD, Courtesy Refer & Follow Non return of reappt. Certified letter sent, signed & returned Privileges expire 6-30-2024 			For informational purposes.	None necessary.																						
3rd Notice	None			For informational purposes.	None necessary.																						
XIII. PROFESSIONAL PRACTICE EVALUATIONS	FPPE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Departments</th> <th style="width: 30%;"># completed</th> </tr> </thead> <tbody> <tr> <td>Internal Med</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Family Med</td> <td style="text-align: center;">4</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total # Left Open</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Total # Closed</td> <td style="text-align: center;">9</td> </tr> </tbody> </table> OPPE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Department</th> <th style="width: 20%;">Total number of Providers</th> <th style="width: 20%;"># of Providers who met all measures</th> <th style="width: 35%;"># of Providers who did not meet one or</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Departments	# completed	Internal Med	5	Family Med	4					Total # Left Open	0	Total # Closed	9	Department	Total number of Providers	# of Providers who met all measures	# of Providers who did not meet one or					All reviewed by the Chief of Service. There were no FPPE's necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked.	Continue to monitor.
Departments	# completed																										
Internal Med	5																										
Family Med	4																										
Total # Left Open	0																										
Total # Closed	9																										
Department	Total number of Providers	# of Providers who met all measures	# of Providers who did not meet one or																								

Highlight: Initiate FPPE

				more measures		
	Cardiothoracic	22	22	0		
	Chemical Dependency	23	23	0		
	OB/GYN	8	8	0		
	OMFS	19	16	3		
	ENT	6	5	1		
XIV. OLD BUSINESS						
A. Expirables	Expirables were reviewed and discussed with the Credentials Committee.				For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.	None necessary.
B. DEA, License, Boards	<p>April 2024</p> <ul style="list-style-type: none"> • Up to date <p>May 2024</p> <ul style="list-style-type: none"> • DEA- 11 • License- 20 • Boards- 2 AHPs <p>June 2024</p> <ul style="list-style-type: none"> • DEA- 26 • License- 39 • Boards- 2 and 3 AHPs 				For informational purposes.	None necessary.
C. Annual Dues	225 outstanding dues. 2nd reminder will be sent out 05/03/24.				For informational purposes.	None necessary.
D. Pain Management addition	Awaiting input from Dr. Suchy regarding handling of admissions or complications from the procedures requested.				For informational purposes.	Cheryl Carpenter will follow up with the Committee
E. Vagal Nerve stimulation	Follow up on concerns the Committee had at the April 2024 Credentials Committee meeting. Department feedback:				For informational purposes.	Cheryl Carpenter will follow up with the Committee

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> ○ Neurology normally monitors and does all treatment and follow up on the epilepsy diagnosis, along with the device settings. Dr. Nagai is looking for implantation only. ○ Dr. Belles requested that the privilege not be added to the Otolaryngology privilege form, as ENT's do not normally do this procedure. ○ While Neurosurgery has the skill set and abilities to perform the procedure, they have no interest in performing it. But it was confirmed that Neurosurgery will gladly cover any issues or complications arising from the procedure. <p>It was agreed that Cheryl Carpenter would follow up with Dr. Glover regarding how it is handled in the community and how it would be handled in the future (not just for 1 patient).</p>		
F. Internal Medicine Boards	Dr. Milling and Dr. Rivera are actively working on completing and submitting their CEs. Boards lapsed as of 04/01/24.	For informational purposes.	None necessary.
XIIV. NEW BUSINESS			
A. Surgery Privilege additions	<p>Dr. Zaaroura has requested the following additional privileges:</p> <ul style="list-style-type: none"> ● Gastric Surgery-all types ● Small bowel surgery ● Colon surgery ● Appendectomy-acute ● Splenectomy ● Kidney biopsy (open) or drainage <p>The COS, Dr. Jeffrey Brewer notes that the procedures in question should be performed only in the setting of the transplant patient due to Dr. Zaaroura's exception from the Board Certification regulation of our Bylaws, and due to his foreign training. The Committee discussed his response and reviewed Dr. Zaaroura's training, and education. Specifically it was discussed that due to the transplant patient's complex medical and surgical history, many patients' elect to have abdominal surgeries done by a Transplant Surgeon rather than a General Surgeon. They note that this would suggest the competence to perform the procedure in any setting, not just that of a transplant patient.</p> <p>The Committee requests Dr. Brewer's expertise in the matter and will request his attendance at the next meeting.</p>	Dr. Brewer will be invited to the June 2024 Credentials Committee	Recommendation pending.

<p>B. Psychiatry Boards</p>	<p>July 2022 Med Exec- Dr. Gokhale was given a 2-year extension to obtain his Boards. On 04/19/24, Dr. Gokhale confirmed that he will not be able to complete them in the allotted time.</p> <p>Timeline:</p> <ul style="list-style-type: none"> • Joined staff on 06/01/2014. • Was not Board eligible until his 3-year OPMC sanction was completed (completed 12/23/18). • Chief of Service requested a 4-year extension, which was granted at the August 2018 Med Exec for expiration on 7/31/22. • July 2022 letter sent to Dr. Gokhale informing him of a one-time 2-year Board extension. Expiring 7/31/24 • May 10, 2023, reached out to Dr. Gokhale to remind of 1 year left to schedule the Boards. No response • Feb 2, 2024, emailed Dr. Gokhale to remind him of the Board extension expiration date. No response • April 11, 2024, emailed again. No response (except from Aggie who stated she has reminded him) • April 18, 2024- Dr. Gokhale forward an email showing he reached out to the Board <p>The Committee discussed the critical role Dr. Gokhale plays in behavioral health at ECMC, the dire need and lack of available resources. They also discussed the importance of Board Certification as well as appropriate communication.</p>	<p>Dr. Gokhale was invited to be interviewed by the Credentials Committee at their June meeting.</p>	<p>Recommendation pending.</p>
<p>C. Anesthesiology new applicant</p>	<p>Dr. DePlato, COS for Anesthesia requested to address the Credentials Committee regarding the initial appointment of Dr. John Lofaso relative to potential red flags. After a detailed discussion, the Credentials Committee invited Dr. Lofaso to apply to the ECMC staff with the understanding that final determination will be by the Board of Directors following review of the completed application.</p>	<p>The Committee recommended that Dr. Lofaso appear in person for interview prior to their final recommendation.</p>	<p>None necessary.</p>
<p>XIIII. ADJOURNMENT</p>	<p>The meeting was adjourned at 4:13 pm</p>		

Respectfully submitted,



Yogesh Bakhai, MD
Chair, Credentials Committee

Highlight: Initiate FPPE

Highlight: Initiate FPPE

ERIE COUNTY MEDICAL CENTER CORPORATION
MAY 21, 2024 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
BOARD OF DIRECTOR'S CONFERENCE ROOM

PRESENT: JONATHAN DANDES, DARBY FISHKIN, SHARON HANSON, THOMAS QUATROCHE,
EUGENIO RUSSI

ALSO

PRESENT: SAMUEL CLOUD, JOSEPH GIGLIA, ANDREW DAVIS, JONATHAN SWIATKOWSKI

I. Call to Order

The meeting was called to order at 4:03 p.m. by Committee Chair Eugenio Russi.

II. Minutes

Motion was made by Jonathan Dandes, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of April 16, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported on the statistics for the first quarter. The team continues to work hard on throughput and decreasing the number of left-without-being-seen. Hiring numbers remain strong. Dr. Quatroche reported growth in volume in the departments of orthopedics, neurology, urology and vascular.

Finances Report

Jonathan Swiatkowski reported the volume and revenue metrics continue to drive the positive momentum of the past few months. Inpatient volume was up 5.5% over budget and 7.8% from 2023. Inpatient surgeries were up 4.4% from budget and 1.3 % from last year. Both acute and total LOS were over 10% lower than last year. Case mix index remains high at 1.88. Mr. Swiatkowski reported similar trends in the year-to-date statistics. Days cash-on-hand remains below budget. April resulted in a net loss of \$9.8M. Mr. Swiatkowski gave a brief update on grants and the 2025 budget process.

IV. Payer Update

Mr. Swiatkowski presented an informational update to the committee on Payers.

V. Service Line Update

Andrew Davis reported on the upcoming changes to the service lines carried by the hospital.

VI. Glenview Heights

There are two (2) upcoming public sessions being held at Mount Olive Church & Grider Delavan Community Center to discuss Glenview Heights, formerly Kensington Heights, with the community.

VII. Strategic Planning

A Strategic Session is scheduled for the Board on May 31, 2024.

VIII. Adjourn

There being no other business, the meeting was adjourned at 5:23 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, MAY 21, 2024 – 8:30 AM

BOARD MEMBERS PRESENT OR
ATTENDING BY VIDEO
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN
RONALD CHAPIN *
DARBY FISHKIN *
BENJAMIN SWANEKAMP *

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

THOMAS QUATROCHE
JONATHAN SWIATKOWSKI
ANDREW DAVIS
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:31 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Benjamin Swanekamp, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Finance Committee meeting of April 16, 2024.

III. APRIL 2024 OPERATING PERFORMANCE

Mr. Swiatkowski reviewed operating performance for the month of April. Mr. Swiatkowski reported that monthly volume and revenue were strong and noted that favorable volume trends have continued for one full year. Inpatient discharges were 5.5% greater than budget and are trending continually higher than prior year. Inpatient and outpatient surgeries as well as emergency department visits exceeded the operating plan for the month.

Due to the number of cases with high severity, case mix index was 1.88 for the month of April. Mr. Swiatkowski noted that the hospital will typically see a higher length of stay associated with higher case mix index. Acute average length of stay slightly exceeded budget and the prior month at 7.7 days for the month as efforts to manage length of stay continue.

Mr. Swiatkowski reviewed key statistics for the year-to-date, offering comparisons to 2023 results. Mr. Swiatkowski emphasized that to date, 2024 key statistics are significantly ahead of prior year results.

Mr. Swiatkowski reviewed the finance dashboard, reporting that the total number of FTE's were greater than plan for the month due to volume and staffing requirements as employees had planned time off around the holiday week. Mr. Swiatkowski presented updates regarding cash flow and discussed several items which affected days cash on hand.

Mr. Swiatkowski reviewed financial performance for the month of April. Revenue was greater than budgeted in the operating plan but was offset by operating expenses which exceeded budget in several categories, including salaries, employee benefits, supplies, and purchased services. Mr. Swiatkowski noted that although a loss from operations was incurred, marked improvement is seen compared to prior year. Mr. Swiatkowski advised the Committee that no grant funds were recorded as none were received by the corporation during the month. It was also reported that a non-operating loss was incurred for the month due to investment market performance.

Mr. Swiatkowski further reviewed length of stay, noting that although slightly higher than the prior month, length of stay was impacted by the number of trauma cases and high patient volume in the emergency department. The hospital did see a reduction in the number of patients classified as alternative level of care with daily monitoring ongoing.

Mr. Swiatkowski reviewed April operating revenue and expenses. Mr. Swiatkowski discussed net patient service revenue for the month and advised the Committee of additional bad debt expense that was incurred. Additional information regarding these topics was presented to the satisfaction of the Committee.

Mr. Swiatkowski discussed IGT and DSH revenue which is being recorded monthly and is based on budget projections. Management will monitor whether any additional reserves are needed based on historical years. Other revenue was greater than projected in the operating plan for the month due to continued growth in ECMCC's Specialty Pharmacy department.

Mr. Swiatkowski further discussed salary expense, staffing requirements and FTE's for the month of April. In response to a question from Chair Michael Seaman, a brief discussion was held regarding staffing and recruiting for the busy summer months.

Mr. Swiatkowski provided additional information regarding employee health insurance expense and advised that several recent trends are being monitored. Mr. Swiatkowski also noted that despite increased supply costs related to pharmaceutical expense, ECMCC's Specialty Pharmacy is seeing favorable growth each month. A brief discussion regarding purchased service expense was also held with the Committee.

Mr. Swiatkowski reviewed year-to-date financial performance, reporting that although an operating loss has been incurred through April 30, 2024, the loss is lower than projected in the operating plan and substantially lower than the operating loss incurred through April of the prior year. Non-operating investment income for the year-to-date is currently slightly greater than budget despite market fluctuations since January 2024.

IV. OTHER UPDATES

In response to a question raised by Chair Michael Seaman, Mr. Swiatkowski presented updates regarding ECMCC's participation in the NYS VAPAP program, noting that ECMCC's Finance team provides updated financial information to New York State on a regular basis.

Mr. Swiatkowski further discussed cash flow and presented updates regarding the pending DSH, IGT and UPL payments. Mr. Swiatkowski also advised the Committee of several updates relating to pending FEMA payments for approved projects. Mr. Swiatkowski also noted that the payments from FEMA are cost reimbursements for expenses incurred as authorized under the respective FEMA project.

Mr. Swiatkowski presented updated information relating to the external matter which was previously discussed with Finance Committee. Updates were also presented to the Committee regarding current payer negotiations and recent grant applications.

A brief report regarding 2025 budget preparations was presented by Mr. Swiatkowski. Ms. Vanessa Hinderliter noted that evaluations of new programs are being reviewed during budget meetings with department heads and management.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:13 AM by Chair Michael Seaman.

M/WBE Quarterly Sub-Committee
Meeting Minutes 2/20/2024
10:00-10:30am

Members Present: Rev. Mark Blue, Christian Johnson, Andy Davis, Jonathan Swiatkowski, Diane Artieri, Donna Brown, Peter Cutler, Nicholas Long
Excused: Ronald Chapin, J. Giglia, Lindy Nesbitt, Sarina Rohloff

Topic	Discussion
Call to order	Rev. Blue called the meeting to order at 10:05am
Approval of Minutes November 21, 2023	Moved by Christian Johnson and seconded by Rev. Blue to receive and file the MBE/WBE Committee minutes of November 21, 2023 Motion carried
New Business	
MWBE Utilization	<ul style="list-style-type: none"> • April through December 2023 – MWBE Utilization at 47.05% • 2022-2023 was influenced heavily by a WBE discretionary purchase. • Utilization by industry <ul style="list-style-type: none"> • Most utilization was coming from construction-based projects but has flipped into non-construction based. Construction that is occurring is very small. • MBE \$1.3 million, WBE \$1.4 million with a total of \$2.8 million. • Most utilization is with WBE but have seen some changes with MBE. • Utilization by region <ul style="list-style-type: none"> • Buffalo - \$680,000 • WNY excluding Buffalo - \$1 million • NYS excluding WNY - \$1 million • Outside of NYS - \$58,000

Buffalo Purchasing Initiative	<ul style="list-style-type: none"> • Fourteen largest employers within WNY. There is one new additional company pending to join. • Only payments are directly made to MBE's in WNY as prime vendors. The program will not include tier 2 spend or beyond. • In 2022 ECMC achieved \$1.3 million in utilization. • In 2023 year and at \$924,000 with a goal of \$850,000. • Currently determining the 2024 goal. • Continuously reviewing opportunities.
ECMC's MWBE Program in the Community	<ul style="list-style-type: none"> • Invited to be a judge at the <i>Innovation Community Success at BNMC Pitch Contest</i> in December 2023 • Tom Quatroche received the <i>Buffalo Business First IDEA award for Inclusion, Diversity and Equity</i> in February 2024 • ECMC will have a table at the <i>Small Business Association Matchmaker Event</i> in May 2024
Questions	
Adjourn	Rev. Blue adjourned the meeting at 10:20am: Next meeting is May 21, 2024, at 10:00am

Action Items

Who	What	When

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE QUALITY IMPROVEMENT/
PATIENT SAFETY COMMITTEE MEETING

TUESDAY, MAY 14, 2024

MICROSOFT TEAMS PLATFORM

BOARD MEMBERS PRESENT: MICHAEL HOFFERT, BENJAMIN SWANEKAMP, REV KINZER POINTER AND CHRISTIAN JOHNSON

PRESENTERS: SIVA YEDLAPATI, MD, MANDIP PANESAR, MD, MARY WELCH, MD, MARIE JOHNSON, OTR/L, OTD, AND DOUGLAS DRUMSTA, MD

ATTENDANCE:

WILLIAM BELLES, MD
DONNA BROWN
CHARLES CAVARETTA
JOHN CUMBO
PETER CUTLER
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE, RN
JUDY DOBSON, NP
DONNA JONES, RN, FACHE
KEITH KRABILL, MD
MARC LABELLE, RN
CHARLENE LUDLOW, RN, CIC
PHYLLIS MURAWSKI, RN
PATRICK ORLOFF
YARON PERRY, MD
TOM QUATROCHE, CEO
SIVA YEDLAPATI, MD

CALL TO ORDER

Chair Michael Hoffert, called the meeting to order at 8:02 am.

I. MINUTES

The April 9, 2024, meeting minutes were distributed along with the Quality leadership Council meeting minutes from April 18, 2024, for review. A motion was made and seconded to approve both sets of minutes. They will be forwarded to the Board of Directors for filing.

II. SUMMARY REPORT OF THE QUALITY LEADERSHIP COUNCIL

Donna Jones presented on the Quality Leadership Council meeting that was held April 18, 2024.

New business consisted of Organizational Culture which included 2024 Q1 review and tools. Annual QIPS (quality improvement & patient safety) report included Bariatrics, Cardiology/IR/Outpatient testing, Pressure Ulcers, Stroke and Revenue Cycle. Ms. Jones reviewed standing business which included 2023 and 2024 QIPS plans and QAPI updates, insurance quality of care concerns, Univera hospital performance incentive program (HPIP), quality priority focus grid and a Q & A session new to the monthly QLC meetings.

III. APOGEE PHYSICIANS – SIVA YEDLAPATI, MD

Dr. Yedlapati reported on Apogee Physicians sharing a very robust presentation. His agenda began with a staffing update which showed a day shift of 13 physicians and 3 APP's, a night shift of 4 physicians with 1 APP, and a new service which is the Physician advisors currently with 3 members.

Dr. Yedlapati continued with several detailed graphs reviewing department volumes and outcomes. Observation data which included HCAHPS and CDI queries from 2023 were also reviewed. Quality improvements were shared which incorporate RN-MD Co-teaching, a nurse driven tele project, barriers to discharge, problem focused notes, and hip fracture pathways. Discharge reports were reviewed as well.

Awards /recognitions for Apogee included a program of the month award and the Nursing department selected Dr. Chauhan for physician of the year award on Doctor's Day.

The department is focusing on documentation practices, earlier discharge time focus, problem focused notes and working with the physician advisors discussing topics reviewed at their team meetings.

IV. RENAL/HEMODIALYSIS – MANDIP PANESAR, MD

Dr. Panesar presented on Outpatient Dialysis. Dr. Panesar spoke on the current staff in the dialysis department along with the home program with regards to peritoneal dialysis.

A full review of the outpatient dialysis census took place along with catheter rate, dialysis clearance, blood stream infections and the transplant waitlist.

Dr. Panesar also touched on the ESRD quality incentive program and spoke about the total performance score. A full state of the unit review took place too.

Dr. Panesar reviewed the quality rating of the dialysis unit in comparison to 22 other units within a 25-mile radius. ECMC was number two with a three-star rating. ECMC was number one with a four-star rating with regards to patient survey ratings from the same 22 facilities.

V. REHAB SERVICES - MARY WELCH, MD

Dr. Welch along with Marie Johnson reported on the Rehab Department. A department update included the following: services provided in acute care, MRU, outpatient, School 84 and PEDS. Dr. Welch and Marie shared information on their CARF re-accreditation (2023) with the next survey taking place in 2026. They discussed their annual symposium along with ultrasonic wound debridement.

A review of acute care therapy volumes along with MRU admissions from 2023, admissions to MRU 2023 and Quarter 1 2024, and outpatient therapy volumes for 2023 and 2024 took place.

Improvement initiatives and goals for 2023 were reviewed along with active events from 2023 such as falls, skin integrity, rapid response, patient behaviors, medical error/ issues, provider behavior, admission-transfer-dc, HIM, treatment/ therapy and discharges.

Departmental goals for 2024 include recruiting a physician for MRU, participation in research, develop an education plan for the therapy staff, update rehab strategic plan, increase board certifications for staff and to continue building a program for cancer care.

VI. RADIOLOGY DEPARTMENT – DOUGLAS DRUMSTA, MD

Dr. Drumsta reported on the department of Radiology. Dr. Drumsta reported on department volumes, CT procedures along with Radiologist turn around time.

The radiology department is working with Great Lakes Cancer Care. They opened 4 LDLS appointments per day and they have been increasing the number of exams performed each year. Iodine 131 Therapy was reviewed. The department uses this after surgery for thyroid cancer to eliminate any remaining thyroid tissue and to destroy remaining cancer cells.

Our hospital is the only hospital in western New York with Diagnostic Center of Excellence Accreditation. This accreditation is through January of 2025. The ACR Accreditation encompasses CT, NM, US and MRI and the department is accredited through 2027.

The department has three QIPS goals they are working on. Dr. Drumsta also spoke on the Residency program and how successful it has been. ACR Quality measures were discussed and Dr. Drumsta noted that the imaging department is in the process of installing two new digital radiology rooms and has obtained three new portable units.

VII. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC

Charlene Ludlow shared her regulatory report. Ms. Ludlow stated that there will be a mock survey coming this fall. In 2025 there will be a Joint Commission Opioid Treatment program survey and in 2025 we are scheduled for a hospital wide Joint Commission survey. Currently working on updating staffing information that will ultimately be sent to the state for review.

VIII. ADJOURN

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on June 11, 2024.

Dear ECMC Board Members,

The improvement of our overall operations continued through May, which was one of the best months since COVID in Emergency Department visits, general surgeries, and other areas. Also, another significant measure of success was the 11.7% decline in Acute Average Length of Stay. These continuing and consistent positive statistics are directly attributable to our caregivers who ensure our patients receive the best care so they can go home or to another setting.

ECMC also continues to receive local, state, and national recognition for these efforts. Dr. Elizabeth Kapral from ECMC's Department of Dentistry was honored with Business First's Excellence in Health Care award, while Lucia Rossi-Gioeli MA, VP of Ambulatory Services & Population Health and Amanda Farrell MSN, RN, Population Health Clinical Data Analyst were invited to make a presentation on ECMC's very successful Population Health efforts at America's Essential Hospitals annual conference - VITAL 2024 - in San Diego. Their presentation was entitled Addressing Perceived Control of Chronic Condition. They were also chosen to participate in the conference's Poster Presentation session, highlighting ECMC's diabetic care program.

Reinforcing ECMC's very strong MWBE efforts, Diane Artieri , VP Materials Management; Sarina Rohloff, Director of Procurement Compliance; & Nick Long, MWBE Business Enterprise Analyst represented ECMC at the NYS MWBE Regional Opportunities Expo in Syracuse on June 19th.

As we do every year, we took time in June to reflect on the members of our ECMC Family who have passed away with a Remembrance Ceremony where we honored their memory & their contributions to our institution. And we celebrated Juneteenth with several special events on our health campus, as well as our annual participation in the wonderful Juneteenth event in MLK Jr. Park. With two walks coordinated at ECMC's Downtown Clinic and our health campus, we also celebrated Pride Month during June. As we do every June, ECMC came together with our partners at Kaleida Health to field one of the largest entries in the JP Morgan Corporate Challenge. And, of course, our region's largest not-for-profit gala, Springfest, was a resounding success, attracting nearly 2,000 attendees and raising \$1.2 million to support our caregivers.

We are again very thankful to the Board for your continuing confidence in our efforts to fulfill ECMC's mission and build upon our strong legacy of providing hope and healing to the residents of Western New York. Thank you.

Best,

Tom

**Erie County Medical Center
Board Report
Chief Operating Officer
June 25, 2024**

Submitted by Andrew Davis

OPERATIONS

Ambulatory Medical Practices

In May 2024, the ambulatory departments kicked off a new low dose CT call center and screening program to help the community with early identification of lung cancer. The program was identified by review of the Erie County community needs assessment that captured data from 2015-2019 and showed that lung and bronchus cancer have the #1 mortality rate in Erie County. A collaborative team made up of staff and providers from thoracic surgery, medical oncology, pulmonary, radiology, marketing and primary care took on the task of improving screening for lung cancer using low dose CT (LDCT) diagnostic testing. Through the PDSA process the teams were able to create a process where qualified community members would be able to call in and get scheduled for a LDCT screening.

The team was able to use the phone number 716-898-5864 (LUNG) for the call center and is currently receiving and scheduling patients for LDCT lung cancer screenings. The team’s goal is to have 100 patients call and be scheduled for the screening.

Top 5 Cancer Mortality Rates by Gender, Erie County, 2015 - 2019

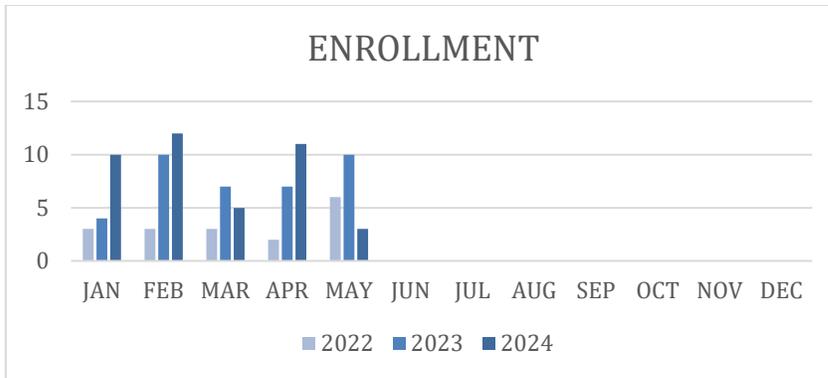
	Male	Female
1	Lung and bronchus	Lung and bronchus
2	Prostate	Breast
3	Colorectal	Colorectal
4	Pancreas	Pancreas
5	Leukemia	Ovary

Top 5 cancer mortality rates by gender, Erie County, 2015 - 2019. NYS Cancer Registry.

Center of Cancer Care Research

May 2024

Monthly Oncology Research Report – Dr. Jennifer Frustino



Study Participation:

- The total open CoC accrual for 2024 is (17) participants.
- Potential new for 2024 is (2) participants.

Sponsor Updates:

- MuReva site monitoring visit
- Merck 689 site monitoring visit
- Meira GTx site monitoring visit

Sponsored Trials:

- **MERCK trails B10: (MERCK) B10 Pembro MK-3475 plus carboplatin and paclitaxel as first-line treatment of recurrent/metastatic Head & Neck squamous cell carcinoma (KNB10): STUDDT00005605).**
- **MeiraGTx AQUAX2 Gene therapy for Radiation:** Induced Xerostomia study. First subject canulated with study drug and a second subject has been enrolled. Salivary gland gene therapy for patients with dry mouth 3 years after radiation therapy for head and neck cancer.
- **BMS - Celgene Phase 3 Relapsed or Refractory Multiple Myeloma trial**

Meetings/Events:

- UB GME Research Day
- MPH Community Partner breakfast
- Lipella feasibility
- Merck sponsorship proposal
- People's Inc. and Evergreen event planning

Dialysis

- Providing dialysis treatments for 5-7 Wende Correctional Facility inmates three (3) times per week until July 2024 or later.

Food & Nutrition Services

- Food & Nutritional Services (FNS) is consistently enhancing and innovating our operations, with a focus on onboarding and retaining employees to foster internal promotions. Providing education and tools to our staff is crucial for improved patient and customer care.
- In just 30 days, we have introduced new workflows and processes, launched a new menu, with specific heart-healthy and renal menus to disseminate to our patients. We have implemented a new diet specific to Behavioral Health and the preferences specific to that patient population and established a safety committee within the department.
- The catering department has significantly improved and continues to welcome new clients. On average, we are performing approximately 15 caterings per week. We continue to expand our retail and catering offerings.

Initiatives & Projects

- Introduction of new initiatives during the daily huddles in April.
- Encompassing education on supplements and diets
- Highlighting the allergen of the week
- Discussing the diet of the week
- Emphasizing the importance of PPD education
- Implement structures within operations and improve/implement processes to standardize operations.
- “Lean Path” program: waste observation/cost reduction to reduce carbon footprint.
- Safety remains a top priority. We are exploring options to update dish room systems, including the addition of a trough system and food scrapper to provide a cleaner disposal system.
- New Safety Committee launched April 1, 2024.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Vendor discussion for replacement of Chemistry front-end automation, chemistry platform upgrade, and long-term consumable pricing. This initiative requires review of long-term space planning to evaluate the feasibility of future extended automation tracks. Final instrumentation space plans are on hold until facility infrastructure and space planning initiatives are completed.
- ECMC/ KH Joint VAT Initiative: RFP issued for coagulation technology across the network. Vendor selection awarded on May 31, 2024. ECMC will upgrade two coagulation devices. The seven-year lease proposal has an estimated 7-year savings opportunity of \$162K over the term of the contract.
- OR Skull Cap Banking: Working with OR team for the development of necessary procedures/process for the expansion of tissue processing, banking, and storage of skull caps for reimplantation.
- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material.

Plant Operations/Capital Projects

Plant Operations/Facility project updates include the following:

Main Hospital Locker Room/Restroom Refresh/Upgrades – Complete (In-House Crew)

Emergency Department – New Traig Room ED-GR151 – Complete (In-House Crew)

- Room GR151: Relocated Hospital Police from Command Center (GR151) to new Command Center room; patch/paint new room, install electrical receptacles, mount equipment.
- Room ER-GR151: Patch/paint walls, replace stained ceiling tiles, provide window film (permanent blinds to be installed when delivered) for privacy on two windows, hang/mount sharps container and bracket for otoscope, repair countertops.

Main Hospital (Tunnel Level) – Refresh Former UB Radiology Space – Complete (In-House Crew)

- Replaced missing and stained ceiling tiles, demo select equipment, patched/painted walls, replace missing light fixture lamps, clean light fixture lenses.

Main Hospital Gift Shop Storage Room Expansion – In Progress (In-House Crew)

- Demo wall, install new walls, flooring, ceiling, lighting, HVAC and fire alarm to expand Gift Shop by 4 ft. – 95% complete

Main Hospital 1st Floor Radiology Equipment Replacement for Rooms 35 & 37 – In Progress (Contractor and In-House Crew)

- **Work completed** (Room #35):
- *In-House Team:* flooring abatement, patching and replacement; minor electrical and general room preparations for new equipment.
- *Contractor:* De-installation of existing x-ray equipment and minor electrical and general room preparations for new equipment.
- **To be completed** (Room #37):
- *In-House Team:* Minor electrical, general room preparations/repairs and flooring replacement to be completed mid-May.
- *Contractor:* Installation of new x-ray equipment to be completed the week of June 10.

Mammography Suite Creation – In Progress (In-House Crew)

- Renovations and configuration of former ED Radiology, Pain Management and registration areas. Remove wall and door in registration area, replace ceilings, add flat panel LED light fixtures, abate floors and paint/patch Pain Management rooms.
- Registration area is complete; awaiting other rooms to begin work.

Radiology

- Replacement Carestream portable imaging units have been delivered for Radiology Rooms 35 and 37. Room 35 is functional. Both rooms are expected to be complete by early July 2024.

Rehabilitation Services

- Wound Care has expanded with the new Hydrosonic wound care and recently hired a designated Physical Therapist to perform this important treatment. A newly developed tracking system reflects for the month of May, there were 78 ultrasonic patients with 18 new referrals and 147 treatments. A notification option was added to the PT wound care notes to automatically notify the Wound Care team when the PT notices that a patient's wound is evolving and requires immediate attention. An

instant message is sent through their fax machine to alert them of a priority case and reevaluate the patient in hopes to produce better outcomes.

- A new process was developed to register and provide information to patients interested in attending peri-operative training for joint replacement surgery. The new process started three months ago, and surveys were provided to patients post class. Survey results as follows:
 - Totals for 3 months: (2) hips, (1) knee, (19) shoulders
 - 79% of patients did not request further information
 - 21% had 1-2 medical questions related to the procedure and length of procedure. They were referred to Dr. Duquin's PA, who attends the shoulder class.
 - 65% of the respondents indicated the information was extremely useful
 - 34% of the respondents indicated the information was useful.
- Staff was trained on administering The Functional Assessment of Cancer Therapy – General – 7-item version (FACT-G7) to Head and Neck Cancer patients, as well as other patients in the acute hospital w/ cancer as their primary diagnosis. The FACT-G7 is a shortened, 7-item version of the FACT-G designed to quickly and effectively capture the most relevant issues for cancer patients in a valid and reliable manner. This information is useful in determining a patient's current quality of life and what types of services the patient might benefit from. By capturing this information in the acute hospital, it can be compared to how the patient scores when it is administered at a later date during an out-patient visit.

Medical Rehabilitation Unit (MRU)

- Service access goal of on the MRU to meet or exceed 17 admissions per month is on target YTD.
- MRU efficiency goal of improving timeliness of admissions to the unit from top referral source is at 4.3 days YTD, which is exceeding the goal of less than 8.8 days.
- January through May 2024, the MRU was 4% over admissions and discharges as compared to same time period in 2023.

Outpatient Therapy

- OT, PT and ST beat MTD budget for the first time in 2024 by one visit.
- Occupational and Speech Therapy beat YTD budget for the first time in 2024.

PEDS

- PEDS Rehab negotiated Ken-Ton SCIS (self-contained integrated classroom) contract for the upcoming school year 2024 – 2025 – with a 7% increase in reimbursement for therapy, and a 4.5% increase for consult services.
- PEDS Rehab has a fully executed contract for Speech and OT screenings for upcoming school year 2024 – 2025 with a 6% increase in reimbursement.

Supportive Care & Palliative Medicine

Meeting participation includes the following:

- Participation in CoC workgroup meetings.
- Monthly Advancing Palliative Synergy meetings.

Surgical Services

Robotic Volume - April 2024 *(May results unavailable at time of report)*

Bariatrics	11
Head, Neck, Plastic & Reconstructive Surgery	1
Orthopedics	13
Cardiovascular/Thoracic	2
Urology	5

- Radiology: Two new state-of-the-art imaging rooms and three (3) new portable x-ray machines.
- ION: Robotic addition to the DaVinci system for thoracic service, to increase early lung cancer detection, improving patient outcomes.

Terrace View

Operations

- The average daily census for April/May/June was 367.
- Monthly TV Department Head meetings are ongoing to review 2024 Capital Budget and department needs, review of regulatory testing compliance requirements, and survey preparedness update.
- On May 14, 2024, ECMC Counsel issued a Notice of Deficiencies and Failure to Perform letter to the facility’s contract Pharmacy vendor, PharMerica Corporation, citing multiple concerns and a request for a formal plan of correction for the aforementioned concerns. An RFP for Pharmacy Services will be distributed in June 2024.

COVID/Infection Control

- NYSDOH notified Terrace View the facility will receive \$28,970 worth of PPE infection prevention supplies. In addition to the initial shipment, NYSDOH notified Terrace View the facility was approved for an additional \$28,666 of PPE supplies.
- Continue to follow all new NYSDOH and CDC guidelines.
- Participate in weekly Leading Age calls and email updates regarding COVID, CDC, and NYSDOH.

CMS

- CMS issued QSO-24-08-NH, on Subject: Enhanced Barrier Precautions in Nursing Homes. Guidance is issued to all State Survey Agencies that all Long-Term Care facilities EBP will align with nationally accepted standards established by the CDC. EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control. Facility policy and procedure and competency staff training initiated throughout facility.

PATIENT EXPERIENCE

Press Ganey Scores

We continue to perform at a high level within our organization as it relates to Patient Experience. Our patient experience scores are listed below:

Patient Experience	YTD (Jan 1 st , 2024- May 31, 2024 N=63 (est.))	NYS Jan 1 st , 2023- May 31, 2023 N=123 (final)	2023 Benchmark
HCAHPS - Nurses	78 (est.)	75	76
HCAHPS - Doctors	74 (est.)	73	77
Discharge	90 (est.)	89	85
Overall #	70 (est.)	69	66

Ambulatory Medical Practices

Pathway Moment



Shout out to the hepatology team for developing the “My HCV TX Plan” wallet cards. These cards provide a visual timeline for patients’ hepatitis C treatment, aiding in their journey to a cure.

Food & Nutrition Services

Press Ganey – Patient Satisfaction Mean Scores (Goal – 50%)

	3/1-6/1/24	
	Survey size	Mean score
Courtesy	n=282	54.26%
Temperature	n=282	54.26%
Quality	n=282	54.26%

Patient Service Initiatives

- Patient Advocate for Food and Nutrition Services, primary aim to enhance patient satisfaction and address any instances of subpar customer service. The Patient Advocate performs patient and nursing rounds daily, assessing priority patients and visiting daily to assess service and meals.

- The CPEP diet (paper spoon diet) protocol is now in effect with significant improvement.
- Specialized menus are offered for Heart Healthy and Renal patients.

Laboratory Services

The following initiatives are underway or completed for improvement of testing turn-around time and patient experience.

- HbA1c POCT: Capital request submitted for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Contract is under legal review.
- MTP Process: Review of current Massive Transfusion Protocol for possible introduction of Whole Blood MTP packs.
- Thromboplasty Technology Review: In collaboration with the Trauma, ICU, and OR teams' evaluation of point-of-care Thromboplasty testing to improve management of trauma and critical patients for clotting capability.
- Community HCV Screening: Working with Immunodeficiency team to implement community screening for HCV in high-risk populations.
- Chemo Clinic POCT: Evaluation of the feasibility of a POCT test menu to support same day in clinic clearance of patients is in discovery phase. A review of workflows identified an opportunity to introduce a visual indicator with samples submitted for same day chemo patients.
- Department has initiated a reboot of the Daily Huddle process to improve communication and team dynamics.
- NYS/COEM Biomonitoring Study: The Laboratory is partnering with COEM to manage specimen processing and shipment of participant samples enrolled in the NYS Environmental Biomonitoring Study.

Patient Transport

- Patient Transport Coordinator meeting monthly with five (5) patients to discuss patient transporter service quality – redesigned for 2024 QIPS.
- Transport Task Committee is continuing to be utilized and change when different goals and needs are developed for patient transport.

Supportive Care & Palliative Medicine

Patient Experience ongoing initiatives include:

- Chart review of deceased patients using the “Test of Respect Scale”, to identify if patients and/or families were engaged in meaningful conversations regarding their values and goals to measure the quality of those conversations and to ensure patients received goal concordant care and their end-of-life wishes were respected.
- Comfort Blankets: The Volunteer Board gifted Palliative Medicine and Supportive Care with blankets to be given to patients on the consult service.

Surgical Services

- Implementation of new patient tracking system in the Ambulatory Surgical Center (ASC) is underway.
- Continue to monitor inpatient surgeries.

- Ashley Metzler, RN, is joining the Property Committee to assist with patient property issues.
- Review visitation policy for surgical patients remains the same, but encourage staff to allow visitors to see patients pre-op.

PEOPLE

Ambulatory Medical Practices

Community Outreach

- The Ambulatory Services Department staff continue to participate in community events, bringing pertinent healthcare information and education to the community. This is an opportunity to provide information about our Primary and Specialty Care Centers, provide pertinent education about various chronic illnesses, and linkage to a PCP at one of our Primary Care Centers. Below are the outreach events attended by department staff.
- 5/1/24 – Wellness Wednesday-Health Sciences Charter School
- 5/2/24 – All of Us Journey Interactive Education Exhibit - University at Buffalo
- 5/4/24 – Niagara Orleans Central Labor Council AFL-CIO Workers’ Memorial Day at Reservoir Park
- 5/6/24 – Erie County Overdose Prevention Task Force meeting
- 5/7/24 – Tops Lung Cancer screening event
- 5/10/24 – Annual Mental Health Awareness Flash Mob - Buffalo Public Library
- 5/11/24 – The Good for the Neighborhood Vendor Event - Rural Outreach Center
- 5/16/24 – National Women’s Health Week tabling event
- 5/18/24 – Health & Wellness Fair - Sweet Home School
- 5/23/24 – AFL-CIO Annual Dinner Buffalo/Niagara Convention Center
- 5/30/24 – IHA Good for the Neighborhood

Professional Development

- Amanda Farrell, MSN, RN, received a scholarship from the Professional Nursing Association of WNY on June 4, 2024.
- Mary Jimerson, BSN, RN, and Amanda Farrell, MSN, RN, attended the WNY Women’s Foundation Women’s Leadership Summit on May 31, 2024.

Recruitment

- In May 2024, Dr. Anne Grand'Maison joined the medical oncology team. Dr. Grand'Maison comes with a wealth of experience treating oncology and hematology patients. She will be seeing patients in the Jonah Center Oncology and Hematology Center.

Behavioral Health

- The Behavioral Health department celebrated Mental Health Awareness month. There were several workshop and speaker events scheduled throughout the month of May.

Dental/Oral Oncology & Maxillofacial Prosthetics

- **Buffalo Business First Excellence in Healthcare Award** – Dr. Elizabeth Kapral will receive this award on June 13, 2024 for her work in special needs dentistry. This program honors extraordinary professionals in the medical and healthcare fields.

Food & Nutrition Services

Staffing/Recruitment:

- A new onboarding program has been introduced by Rachel Lorek, AGM, to further develop our team with onboarding specialists. Adding an Onboarding specialist assists us with improving our staffing model.
- Our new Retail Manager is working in tandem with our catering manager and retail sous chef. As a team, they continue to innovate our operations, educate our team and expand our services.

Training/Development/Recognition:

- Focus on onboarding and retaining employees to foster internal promotions, providing education and tools to our staff for improved patient and customer care.
- Employee recognition program continues. Implemented incentives to boost staff retention and morale, including quarterly perfect attendance recognition awards, and engagement initiatives, such as providing food and prizes. The internal promotions have boosted staff morale.
- Kudos were given to several team members going above and beyond for patients.
 - Nikolas Williams, received Kudos from various units, on being an excellent caterer and service recoverer when patients are upset. Nikolas can always remedy the situation and leave the patients feeling happy and satisfied.
 - Jakia Wright received Kudos for being the best caterer in her zone.
 - Jovanna Robinson received Kudos for going above and beyond for her patients. Always multiple meal orders to ensure her patients always receive what they want.

Radiology

- Hired (4) four recent Radiologic Technology graduates for Radiologic Technologist positions starting in July.

Rehabilitation Services

- Dr. Welch and Marie Johnson reported out on Rehabilitation Services at the May Board Quality improvement meeting.
- Rehabilitation Services reported on QIPS plan and interventions at the May QLC meeting.

PEDS

- PEDS Rehab participated in Continuing Education during the month of May that was shared with staff including Issues in Ethics for Practicing Clinicians, DIR Floor time into Therapy Sessions, and Barriers to Diagnosing Autism Spectrum Disorders in Girls.

Outpatient Therapy

- Outpatient therapy representatives were invited to speak to BGH rehab providers and therapists on our Driver Rehab Program and we capitalized opportunity to market all ECMC OP rehab services.

- Outpatient Therapy completed interviews for the office manager vacancy, a key role in maximizing clinical scheduling and revenue capture.

Security

- Annual Security Guard Training ongoing.
- Hired (1) new HPSA in May.

Supportive Care & Palliative Medicine

- 05/06 – Social work intern joined the team to assist with grant-funded caregiver project.
- 05/13 – New nurses’ orientation, Sandra Lauer presented on ACP/HCP

Surgical Services

- Trialing a new runner position in the Main OR to assist with room turnovers, supplies, etc.
- Bi-weekly meetings with assistant head nurses, management and Prep & Pack, making strides in organization, updating tray recipe cards.
- Monthly meetings reviewing high implant costs and reimbursement.

Terrace View

- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, CNAs, and Respiratory Therapists. The facility goal for 2024 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.
- CMS 442-F: The CMS’s new minimum nurse staffing standards require non-rural providers to provide a minimum of 3.48 HPRD (Hours Per Resident Daily) of total direct nursing care to residents across all Long Term Care facilities of which at least 0.55 HPRD of care must be provided by RN’s and 2.45 HPRD of care provided by nurse aides (CNAs). Facilities may use any combination of nurse staff (RN, LPNs) to account for the additional .48HPRD needed to comply with total nurse staffing standard. In addition, facilities must use evidence based methods when care planning for their residents, including consideration for those residents and behavioral health needs. Facilities must use the facility assessment to assess the specific needs of each resident in the facility and to adjust as necessary based on any significant changes in resident population. Facilities must include input of nursing home leadership, including but not limited to, a member of the governing body and the medical director; management, including, but no limited to, an administrator and the director of nursing; and direct care staff, including by not limited to RNs, LPNs, and CNAs, and representatives of direct care staff, as applicable. The LTC facility must also solicit and consider input received from residents, resident representatives, and family members. All facilities are required to include these new guidelines with their Facility Assessment no later than **August 8, 2024**.

QUALITY

Environmental Services

- HCAHPS (cleanliness of the hospital environment) discharge date
May 2024 Top box score: 68%, n=119
This is the best score to date. Recognized leadership and staff for accomplishment.
- ATP Testing for April at 85%, reached goal.
- Implementing ATP testing at Terrace view beginning in May.

Food & Nutrition Services (Touchworks Rounding Tool)

Audit Period	Test Tray Audits	Hospitality Audits	Patient Rounding Audits
	GOAL = 90%	GOAL = 90%	GOAL = 90%
5/1 - 6/1/24	(n=31) 100%	(n=12) 96%	(n=140) 70%

- Our commitment to excellence motivates us to strive for a 90% target across all aspects of our operations. The improvements made in hospitality and Test Tray audits have not only boosted the communication skills of our catering team but also equipped them to address patient inquiries and concerns efficiently. Looking ahead, our unwavering priority to promptly address new admissions through thorough patient rounds highlights our strong dedication to delivering exceptional Patient Services.
- Nursing audits = 93 total rounds

Laboratory Services

The Laboratory Medicine department continues to focus on 2024 QIPS Plan Initiatives.

The 2024 Quality Improvement and Patient Safety (QIPS) Plan has the following areas of focus.

- Reduce errors with Pathology Specimen submission from 42 events in 2023 to <30 events in 2024. Errors will be classified as specimen handling or clinical information. ***Q1 event data will be evaluated for intervention planning.***
- Reduce registration errors on outpatient laboratory orders which cause a delay in provider review from 10% in 2023 to 5% in 2024. ***Q1 data will be evaluated for intervention planning. An ambulatory workgroup has been engaged to review workflows and to identify opportunities for error mitigation.***
- Reduce the % Immediate Spin Crossmatch from 95% of total crossmatch testing to 50% in 2024. ***The Electronic Crossmatch went live on 1/23/24. The immediate spin crossmatch rate has been reduced from 95% to 47% in May. The use of the electronic crossmatch and reduction of immediate spin will be monitored through the remainder of the year.***

Patient Transport

Goals

- Transport Average Response Time = <15 minutes
- Transport Time = 5 minutes
- Total Transport Time = 20 minutes

May metrics

- Transport Average Response Time = 21.25 minutes
- Average Transport Time = 5.62 minutes
- Total Transport Time = 29.47 minutes

Surgical Services

- Developing new policies for skull flap preservation is ongoing.
- 2024 Q2 QIPS audits are underway.
- RCA audits completed, 100% compliance.

SSI - Class 1 Combined

Class I Surgical Procedures	1Q 2023	2Q 2023	2023 TOTAL	2022 TOTAL	2021 TOTAL
Infections	14	0	14	49	55
Procedures	2221	798	3019	8579	9425
Rate	0.63%	%	0.46%	0.57%	0.58%

(4) new SSIs, every case is reviewed for trends

Transplant

- UNOS/MPSC will continue to monitor our program. The MPSC questionnaire was submitted on April 22, 2024. Feedback is anticipated after the MPSC meeting in July.
- UNOS onsite Survey desk audit was received and due for submission July 2024.

FINANCIAL

Ambulatory Medical Practices

- In the May 2024, the Ambulatory department saw 14,479 patients, while being budgeted for 14,513 visits (-0.2% budget). Departments that exceeded budget include: ECMC Family Health, Internal Medicine, COEM, You Center for Wellness, Cardiothoracic, Neurology, Pulmonary, Urology, General Dentistry, Hertel Dental, Oral Oncology, and Wound Care. Additionally, there were 12 visits for Covid testing and/or Covid vaccinations.
- The Ambulatory team is pleased to announce that the Occupational Health Clinic Network (OCHN) has been awarded an additional \$5 million for the budget year 2024-2025 for the ECMC Center for Occupational and Environmental Medicine Department. We eagerly await further details regarding the specific funds allocated to COEM and any accompanying guidance.

Dialysis

Budget and Variance:

- Inpatient Hemodialysis: Variance (-379 YTD), +328 treatments over January 2024. Monthly volume increase since beginning of 2024.
- Outpatient (in-center treatments): 2024 Budget 10,269; Variance (-379)

- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget 835 treatments, Variance (-340)

Census Volume:

- Outpatient (in-center treatments): May = 2,157 treatments, YTD 2024 total = 9,890
- Home Program: (Home Peritoneal & Home Hemodialysis): May = 151 treatments, 2024 totals = 495

Dialysis			2023	2024						YTD	Budget	Variance
			YTD	Jan	Feb	Mar	Apr	May				
4555	AKI	Hemodialysis - AKI	129	19	32	69	56	55	231	-	-	
	DIALNON	Hemodialysis - Non-ESRD	0	0	0	0	0	0	0	-	-	
	DIALTRAN	Hemodialysis - Transient	466	19	20	30	117	133	319	-	-	
	HD	Hemodialysis - Chronic	23,020	1,791	1,778	1,902	1,900	1,969	9,340	-	-	
	4555 Totals			23,615	1,829	1,830	2,001	2,073	2,157	9,890	10,269	-379 📉
5660	HOMEHD	Hemodialysis - Home	20	0	0	0	0	0	0	-	-	
	PD	Hemodialysis - Peritoneal	1,474	68	85	97	94	151	495	-	-	
	5660 Totals			1,494	68	85	97	94	151	495	835	-340 📉
Totals			25,109	1,897	1,915	2,098	2,167	2,308	10,385	11,104	-719 📉	

Environmental Services

- Overall labor and supply budgets for May in line and below budget.
- Overall purchased services below budget by for May2024.
- Continue to focus on transitioning floor team to internal staff members to reduce J&J vendor costs.

Food & Nutritional Services

Retail Sales

May 2024 Actual	\$146,846	April 2024 Actual	\$155,153
May 2024 Budget	\$149,070	April 2024 Budget	\$149,070
Variance	-\$ 2,224 = 98%	Variance	+\$ 6,082 = 104%

Laboratory Services

- The department budget volumes for May YTD were positive 3.8% to budget target and increased 5.6% in comparison to FY23. The May YTD operating expense has a negative variance of 2.9% to budget target and a negative variance of 3.8% to FY23. The personnel expense has a positive variance of 6.7% to budget target and a negative variance of 4.7% to FY23 actual. Non-personnel expenses for May YTD demonstrated a negative variance of 3.9% to budget target and a positive variance of 0.2% to FY23. The negative non-personnel variance is impacted by the overall positive 3.8% to budget volume YTD. The department will continue to monitor expense in alignment with overall volume.

Radiology

- The Radiology department is up 10.1% YTD over budget.

Rehabilitation Services

Acute Care Therapy

- The PT productivity statistics for the acute hospital were 3,710 against a budget of 3,271 with a positive variance of 11.8%. The OT productivity statistics were 2,736 against a budget of 2,488 with a positive variance of 9.0%.

MRU

- The MRU monthly Therapy statistics combined PT and OT for units of service were 3,535 against a budget of 3,018 for a positive variance of 14.6%. SLP services combined for MRU and Acute care services were 475 against a budget of 480 with a negligible variance.

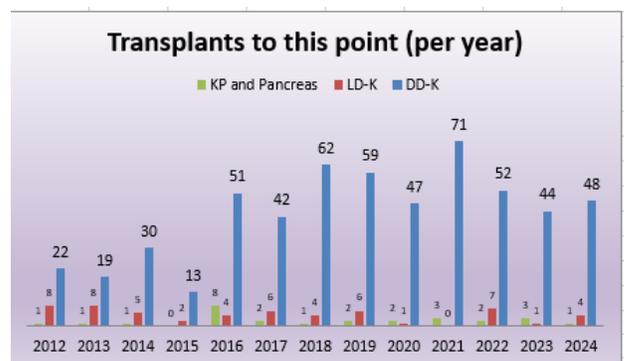
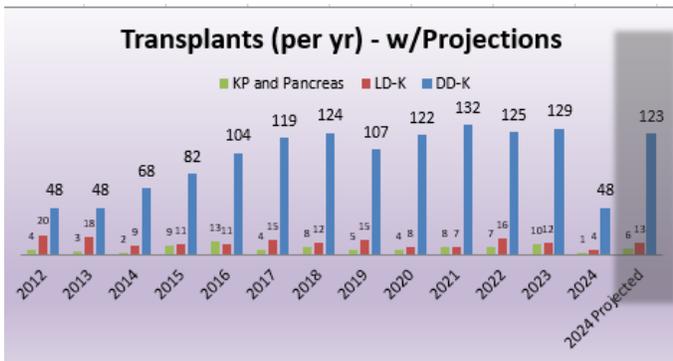
Supportive Care & Palliative Medicine

- Total Inpatient Consults for May: 122
- Transitions of Care: 19
- Discharge with Home Hospice: 3
- Terrace View: 7

Transplant

- In 2024, we have performed (53) transplants, which is (+5) transplants than this time last year.
- Pre-Transplant Clinic is below budget by (-191).
- Post-Transplant has exceeded the 2024 budget YTD by 13 and remains stable.

Transplant / Vascular			2023			2024						2024		
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	YTD	Budget	Variance	
6430	TRANPRE	Transplant Clinic	661	-	-	38	49	40	51	53	231	-	-	
	TRANPREPRC	Transplant Clinic	2	-	-	0	0	0	0	0	0	-	-	
	6430 Totals			663	563	100 ↑	38	49	40	51	53	231	422	-191 ↓
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	0	0	0	0	-	-	
	TRANPOST	Transplant Clinic	4,259	-	-	367	352	318	325	342	1,704	-	-	
	6431 Totals			4,259	4,411	-152 ↓	367	352	318	325	342	1,704	1,691	13 ==
Totals			4,922	4,974	-52 ↓	405	401	358	376	395	1,935	2,113	-178 ↓	



Medical Executive Committee

CMO Report to the ECMC Board of Directors

June 2024

University at Buffalo Update

- Psychiatry Chair search continues as well as the Division Chief of Nephrology and GI. The Chair of Anesthesia search is ongoing.

- Dr. Leonard Egede, the new Chair of Medicine begins July 1, 2024.

Current hospital operations

- Admissions YTD: 6,039 (5,493)
- ED visits YTD: 25,118 (24,130)
- CPEP visits: 4,453 (4,421)
- Observation: 1,555 (1,320)
- Inpatient Surgeries: 2,391 (2,176)
- Outpatient Surgeries: 3,542 (3,520)
- ALC days YTD: 4,072 (5,316)

The average length of stay MTD 8.2 (7.0) CMI 1.8909 (1.7702)

CMO Update

- Work continues on our Leapfrog grade.

- Volume in the OR is above budget year to date.

- Working on several surgical services enhancements such as VIZ-AI, which is radiology software, Globus Navigation /Robotics for spine and Neuro procedures and we will be replacing obsolete video equipment for Cysto and Operating rooms with 4K technology.

- Changes to the campus wide Medical Emergency process began on June 11, 2024.

ERIE COUNTY MEDICAL CENTER CORPORATION
Charlene Ludlow MHA, RN, CIC
Sr. Vice President of Nursing

Department of Nursing Report June 2024

June started off with celebrating our Nurses at the WNY Professional Nurses Association dinner. ECMC honorees included :

Kizzy Hunly RN – Nurse of Distinction

Sara Jane Saia RN – Nurse of Distinction in Education

Thomas Moses RN - Outstanding Staff Nurse

Matthew Bailen RN and Amanda Farrell RN were also recognized and awarded continuing Education Scholarships.

Our Pathway to Excellence journey has moved forward with our Nursing team’s completion of the survey to verify their commitment to the American Nursing Credential Center Standards for excellence. The goal for renewed designation represents our commitment to Quality, Safety, Leadership, shared decision making as well as professional development and staff well-being.

The ED Team celebrated EMS week with our community partners with “Dogs on the Deck” picnic at the ED entrance. ED Nurse of the year was Adrienne Mattina RN.

ECMC recruitment and retention efforts have been very strong. Currently there are additional new orientation dates scheduled to accommodate the number of new staff starting their employment this summer. Retention efforts have been successful with movement of staff to new positions within our scope of services.

We are working closely with the local Nursing schools to provide opportunities for summer and fall clinical rotation opportunities including providing preceptors for Capstone student opportunities.

The Nursing Department celebrated with Judy Dobson RN as she moves to retirement. Judy has provided ECMC with many years of dedication to our Medical Surgical Patients and staff. Her expertise has helped our staff reach escalating goals successfully and has led our Med Surg units to years of patient success as well as growth. Thank you to Judy for her leadership and mentoring of our staff over the years.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, MAY 20, 2024
MEETING HELD BY MICROSOFT TEAMS PLATFORM

Attendance (Voting Members):

Sergio Anillo, MD	Yogesh Bakhai, MD	William Belles, MD	Jeffrey Brewer, MD
Anthony DePlato, MD	William Flynn, Jr., MD	Suzanne Griffith, MD	Elizabeth Kapral, DDS
Michael Manka, MD	Andrea Manyon, MD	Parveen Minhas, ANP	Yaron Perry, MD
Jennifer Pugh, MD	Matthew Ruggieri, MD	Yousef Soofi, MD	Philip Stegemann, MD
Mary Welch, MD	Kimberly Wilkins, MD	Ashvin Tadakamalla, MD	Siva Yedlapati, MD
Brian Murray, MD			

Non-Voting Members and Guests:

Thomas Quatroche, PhD	Andy Davis, COO	Samuel Cloud, DO	Charlene Ludlow, RN
Jon Swiatkowski, CFO	Mandip Panesar, MD	Donna Jones, RN	Allison Brashear, MD
Cheryl Carpenter	Charles Cavaretta	Peter Cutler	Cassie Davis
Ashley Halloran, Pharmacy	Michael Ott, Pharmacy	John Cumbo, IT	

I. CALL TO ORDER

- A. Dr. Jennifer Pugh, President, called the meeting to order at 11:30 am.
- B. PRESIDENT’S REPORT:
 - 1. Dr. Pugh is looking forward to seeing everyone at the ECMC Foundation’s biggest fundraiser of the year, the Springfest Gala on June 1st.
 - 2. Reminder that the golf tournament is June 24th
 - 3. The Medical Executive meeting for June will be moved up one week and will take place on Monday, June 17th.
 - 4. There have been significant improvements in the delinquent records report based on the suggestions by Dr. Anillo and others on this committee. The report is included in your MEC packet that was emailed.

II. ADMINISTRATIVE REPORTS

- A. **CEO/COO/CFO REPORT –Tom Quatroche, CEO, Andrew Davis, COO, Jon Swiatkowski, CFO**
 - 1. CEO – Dr. Tom Quatroche, PhD.
 - a. Operationally speaking, we continue to see significant improvements this first quarter. Mr. Quatroche thanked everyone for their hard work.
 - b. Budget work continues, preparing for 2025 as well.
 - c. Recruitment is going well with 250 new recruits since the beginning of the year. We are seeing many individuals choosing ECMC for their career path. Hiring continues as there are still a few agency staff members in Behavioral Health.
 - 2. COO REPORT – Andrew Davis
 - a. Mr. Davis mentioned that we continue to see an increase in volumes and operationally we are seeing improvements.

3. CFO REPORT – Jon Swiatkowski, CFO

- a. Mr. Swiatkowski reviewed the April 2024 statistics showing a positive increase in volumes which is leading to higher revenue.
- b. Mr. Swiatkowski said that things are moving in the right direction with regards to April numbers. Mr. Swiatkowski also mentioned we are operating ahead of budget compared to last year at this time.
- c. Mr. Swiatkowski reviewed the length of stay numbers and thanked all who are working through the process of making improvements.
- d. Work continues with New York State for funding.
- e. We continue with the process of applying for grants. Mr. Swiatkowski thanked everyone involved in this process.
- f. FEMA funds have been awarded and we are waiting for those approved funds to arrive.

III. UNIVERSITY REPORT – Dean Allison Brashear, MD, MBA

- a. Dr. Brashear mentioned that the second graduation took place yesterday (Sunday, May 19) with over 200 bachelors and a combination of 50 masters and PhD. students.
- b. UB is waiting for the arrival of Dr. Leonard Egede, Chair of Internal Medicine. He begins July 1, 2024.
- c. Pediatric search continues with a candidate from UNC being interviewed today.
- d. Health Equity Research Institute Director should be finalized within the next few weeks. Thank you to Andy Davis for assisting with this search.
- e. July 1 – new residents will begin.
- f. A shout out goes to Dr. Andrea Manyon for hiring many new primary care physicians and additionally, a shout out to Gregory Cherr, MD, FACS for his recent work with the Learning Environment.

IV. CHIEF NURSING OFFICER REPORT – Charlene Ludlow, RN, CIC

- a. Recruitment has been very successful; we are hiring several new nurses.
- b. We continue to balance the staffing between day shift and evening shift.
- c. Discharges on the weekend must continue. We need to discharge seven days a week.
- d. Many celebrations taking place. We recognized the following staff members being nominated for the Professional Nurses Association awards, Tom Moses, BSN, RN, Charge Nurse - 7z2, Kizzie Hunley, MS, RN, Clinical Patient Care Liaison, and Sarah Saia, BSN, RN, PMH-BC, Nurse Educator.
- e. All of our documents have been accepted for the renewal of our Pathways to Excellence. The nurses now need to validate the work they have done by completing the Pathways survey.

V. CHIEF MEDICAL OFFICER REPORT – Samuel D. Cloud, DO

- a. Dr. Cloud shared an operation update which included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries.
- b. Dr. Cloud indicated that COVID and Influenza season are over.
- c. A reminder that Riskconnect is how we investigate and document quality

concerns. If you are aware of a case that requires immediate attention, please communicate this information to Dr. cloud directly.

- d. Dr. Cloud shared an update on the University.
- e. A review of the Campus Medical Emergency Instructions took place.
- f. Welcome to Dr. Murray, our Chief of Internal Medicine, and Congratulations to Dr. Kapral on her 2024 Business First Excellence in Health Care Award.
- g. Congratulations to Dr. Philip Stegemann for receiving a Lifetime Achievement Award in the upper extremity orthopaedic world.

VI. ASSOCIATE MEDICAL DIRECTORS REPORT – Dr Arthur Orlick, Dr. Michael Cummings, Dr. Tadakamalla and Dr. William Flynn

- a. No report(s)

VII. CHIEF MEDICAL INFORMATION OFFICER REPORT – Mandip Panesar, MD

- a. Dr. Panesar and John Cumbo spoke on Hypercare which went live last week. Some feedback was received and was taken back to Hypercare for adjustments.

No set date to post on-call schedules into Hypercare. We are encouraging all to use Hypercare when posting their schedules. Please post your current on-call schedules into Hypercare by the end of this month. There will be a link on the ECMC intranet on-call page to take you to Hypercare for those current schedules.

Android users, there are additional settings you need to have prior to using Hypercare on your mobile device. The help desk is available for assistance if needed (x 4477).

VIII. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

- a. no report (s)

IX. APPOINTMENT APPROVALS – Jennifer Pugh, MD

- a. Dr. Pugh reviewed the following appointment approvals:
 - 1. Eric Kaczor, MD as a member of the P & T Committee
 - 2. Melissa Hovak, ANP-BC as a member of the Professional Development and Wellness Committee.

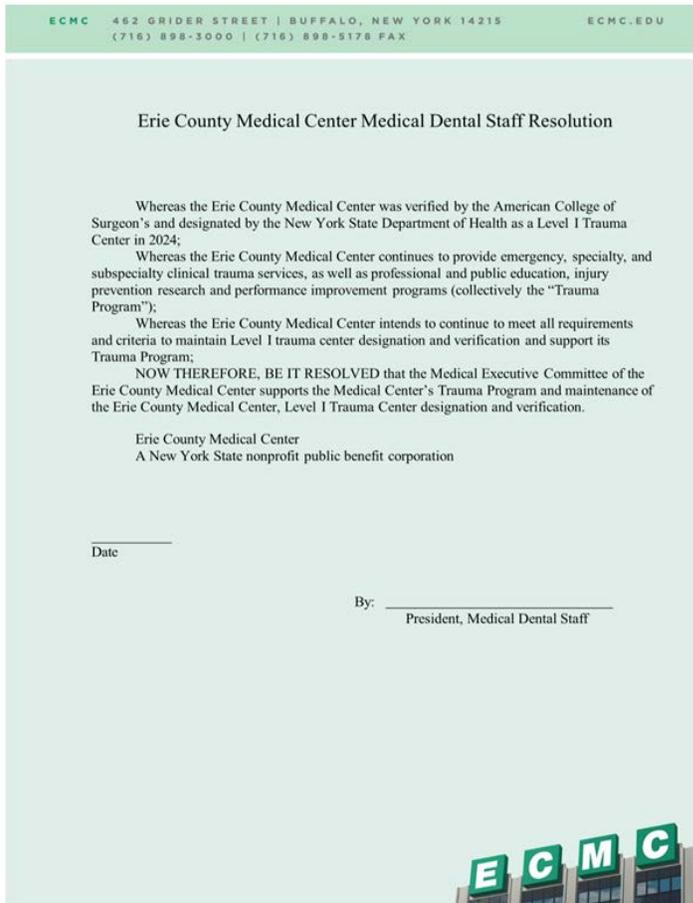
X. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	MINUTES of the Previous MEC Meeting: April 22, 2024	7-10	Receive and File
2.	CREDENTIALS COMMITTEE: May 2, 2024	12-29	Receive and File
	Appointments		Review and Approve
	Reappointments		Review and Approve
	Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	New Business / Extractions:		Review and Approve
	Trauma Program Resolution	31	Review and Approve
	Bylaws Addition of Surgical Executive Committee (SEC)	32-34	Review and Approve
3.	HIM – No report this month		
4.	University GME Committee – Minutes of April 16, 2024	36-42	Receive and File
5.	P & T Committee – Minutes of May 7, 2024	44-77	Receive and File
	FORMULARY REVIEW:		
	Levofloxacin IV & PO	49-60	Review and Approve
	Methocarbamol IV	61-67	Review and Approve
	REMOVAL FROM FORMULARY:		
	Moxifloxacin		Review and Approve
	Aggrenox		Review and Approve
	Dipyridamole PO		Review and Approve
	REVIEW OF POLICIES:		
	Standard Concentrations	68-70	Review and Approve
	ORDER SETS/GUIDELINE:		
	CNS/Meningitis order set approval	71	Review and Approve
	IVIG Ordering	73-76	Review and Approve
	REPORTING:		
	ADR Report	77	Review and Approve
6.	Professional Dev. & Wellness Committee – Minutes of April 18, 2024	79	Receive and File
7.	Resource Management Committee – Minutes of April 10, 2024	81-84	Receive and File
8.	OR Committee – Minutes of April 24, 2024	86-90	Receive and File

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

XI. NEW BUSINESS – Jennifer Pugh, MD

Trauma Certification – Resolution: A motion was made and seconded to approve the Trauma Certification resolution. Motion unanimously approved.



Proposed change to Rules & Regulations, Part II, Section II: A motion was made and seconded to approve the addition of the Surgical Executive Committee (SEC) to the Bylaws. Rules & Regulations Part II, Section II.

**Proposed change to Rules & Regulations, Part II, Section II:
THE ADDITION OF:**

II-10. **SURGICAL EXECUTIVE COMMITTEE (SEC)**

- A) **PURPOSE:** The purpose of the Surgical Executive Committee is to assist the Medical Executive Committee (MEC) in directing the functions of the operating theater, and to provide recommendations to the MEC, pertaining to surgical programs, services, facilities, equipment, and patient care as defined by the Erie County Medicine Center Corporate and Medical/Dental Staff Bylaws, Rules & Regulations.
- B) **COMPLIANCE:** The Surgical Executive Committee is charged with meeting all regulatory requirements for assuring the Medical Dental Staff evaluates the quality of care provided by its members and identifies opportunities to improve the delivery of care.
- C) **REGULATORY/ACCREDITING REQUIREMENTS RELEVANT TO FUNCTION:**
 - 1. **Joint Commission** Current Accreditation Manual for Hospitals, Medical Staff Standards
 - 2. **CMS, Conditions of Participation for Hospitals: 42 CFR 482.22**
 - 3. **Applicable New York State laws and regulations**

D) MEMBERSHIP

1. **APPOINTMENT:** Medical Staff members are appointed to the SEC by the Medical/Dental Staff President upon recommendation of Chief Medical Officer and Chair of the Committee, and for non-medical/dental staff members, appointments will be consistent with Article VII. The appointments will be approved by the Medical Executive Committee (MEC).
2. **COMPOSITION:**
 - a. Chair: The Chief of the Department of Surgery will chair the SEC.
 - b. Membership:
 - i. Medical Staff members appointed per Section D.1. should have at least two years active staff experience in a surgical specialty and work predominantly at ECMC. Representation should be multi-disciplinary and include at least 5 (five) active surgeons and at least 1 Anesthesia provider.
 - ii. Chief Medical Officer
 - iii. COO or designee.
 - iv. Vice President of Surgical Services
 - v. Ad hoc members (without vote): Others may be asked to participate on an as needed basis.
 - c. Additional Members may be appointed upon assessment of need by the Committee.
3. **TERM LIMITS:** Committee members will serve for a three (3) year term and may be reappointed for additional terms without limit. No more than fifty (50%) of the members will rotate off on any one year to ensure consistency in the process.
4. **VACANCY:** Vacancies will be filled in the same manner as original appointment is made. If a required member cannot continue to serve, a new member must be recommended to the Medical Executive Committee for approval at their next scheduled meeting.

E) RESPONSIBILITIES:

- a. To guide the MEC in the evaluation of existing programs, services, and operative facilities, recommending continuation, expansion, abridgement, or termination of each.
- b. To establish program goals, initiate, implement, and monitor programs.
- c. To evaluate personnel and other resources needed for beginning a new program or service, for construction of new facilities or for acquiring new or replacement capital equipment.
- d. To evaluate and make recommendations on OR productivity reports, block time requests, efficiencies, and revenue generating initiatives.
- e. To work with the MEC, Executive Leadership Team, the Physician Leadership Council, the Resource Utilization Committee, the Chief Medical Officer and the Quality Executive Committee to meet its defined goals.

F) MEETINGS

1. **FREQUENCY:** The Surgical Executive Committee meets as often as necessary to fulfill its responsibilities.
2. **ATTENDANCE:** Committee members are expected to attend as many of the meetings as possible. Committee members must attend no less than 75% of the scheduled meetings per year.

3. **QUORUM:** Fifty (50) percent of the members present who are required members of the Committee. Voting members include the required members of the Committee
4. **AGENDA and MINUTES:** All Surgical Executive Committee meetings are expected to have an agenda. Minutes are to be reviewed and approved in the subsequent meeting, prior to submitting minutes to the Medical Executive Committee. Action items will be forwarded to the MEC for consideration following each meeting.
5. **REPORTING RELATIONSHIP:** The Surgical Executive Committee reports to the Medical Executive Committee, with recommendations as outlined in this Subsection II-10.

G) CONFIDENTIALITY

Pursuant to N.Y. Education Law, §6527 the information and records of this committee as related to peer review activities are designated as “proceedings, reports and records of a medical peer review committee.”

All members of the Surgical Executive Committee will, consistent with the Medical/Dental Staff and Medical Center confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee.

H) CONFLICTS

Nothing in the creation this committee is intended to supplant or modify Article VII of the Medical/Dental Staff by-laws. If there is a conflict in the language of this Subsection II-10, and Article VII, Article VII shall prevail.

MOTION to APPROVE both items was made and seconded. Motion to approve both items are carried.

UNANIMOUSLY APPROVED.

XII. EXECUTIVE SESSION

The Medical Executive meeting was adjourned at 12:19 pm to Executive Session for the purpose of receiving and filing minutes from the April 11, 2024 Chiefs of Service meetings and the April 9, 2024 Board Patient Safety & Quality Assurance meetings along with discussing the Leadership Council Report, Quality Patient Safety report and the Regulatory report. Executive Session began at 12:22 pm.

The following Executive Session agenda items were discussed and motion(s) were made:

- A. **MOTION:** Receive and file Board Quality PI meeting minutes from April 9, 2024 and Chiefs of Service meeting minutes from April 11, 2024

**Motion, Seconded and
MOTION APPROVED**

XIII. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, June 17, 2024, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:30 pm.

Respectfully submitted,

Ashvin Tadakamalla, MD
Treasurer, ECMCC, Medical/Dental Staff

On behalf of:
James Lukan, MD, FACS
Secretary, ECMCC, Medical/Dental Staff