

The regular meeting of the Wyoming County Community Health System (WCCHS) Board of Managers, Wyoming County, New York was held on Tuesday, March 23, 2021

BOARD OF MANAGERS PRESENT/ABSENT

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Salman Abbasey, MD | <input checked="" type="checkbox"/> Rich Kosmerl | <input checked="" type="checkbox"/> J. Thomas Reagan, MD |
| <input checked="" type="checkbox"/> Doug Berwanger | <input checked="" type="checkbox"/> Mark Merrill | <input checked="" type="checkbox"/> Larry Rogers at 5:18pm |
| <input checked="" type="checkbox"/> Cynthia Elbow | <input checked="" type="checkbox"/> Laura Paolucci | <input type="checkbox"/> James Wawrzyniak, DC |
| <input checked="" type="checkbox"/> Bryan Kehl (BOS member) | <input checked="" type="checkbox"/> Steve Perkins | |

STAFF PRESENT/ABSENT

- | | |
|---|--|
| <input checked="" type="checkbox"/> Connie Almeter (Chief Nursing Officer) | <input type="checkbox"/> Bridget Givens (Director of Mental Health) |
| <input checked="" type="checkbox"/> Ahmed Bayoumi, MD (Medical Staff President) | <input checked="" type="checkbox"/> Dawn James (NF Administrator) |
| <input checked="" type="checkbox"/> Amy Chase (Chief Financial Officer) | <input checked="" type="checkbox"/> Paul Mason, MD (Chief Medical Officer) |
| <input type="checkbox"/> Greg Collins, DO (Credentials Committee Chair) | <input checked="" type="checkbox"/> Joe McTernan (Chief Executive Officer) |
| <input checked="" type="checkbox"/> Mike Corcimiglia (Chief Operating Officer) | <input checked="" type="checkbox"/> Mandip Panesar, MD (Hospital Medical Director) |
| <input checked="" type="checkbox"/> Peggy Cunningham (Director of WPHS, Clinic Quality, & Corporate Compliance) | <input checked="" type="checkbox"/> Pam Pettnot (Executive Assistant) |
| <input checked="" type="checkbox"/> Dan Farberman (WC Human Resource Director) | <input type="checkbox"/> Denise Prusak (NF Director of Nursing) |
| | <input checked="" type="checkbox"/> Craig Woodworth (Director of Plant Operations) |

OTHERS PRESENT: Becky Ryan (Chairwoman, Wyoming County Board of Supervisors and Supervisor, Town of Warsaw), Jerry Davis (Vice Chairman, Wyoming County Board of Supervisors and Supervisor, Town of Covington), Michael Roche (Supervisor, Town of Eagle), and Don Eichenauer (Consultant)

CALL MEETING TO ORDER

President Kosmerl called the meeting to order at 4:58pm.

This meeting was held via ZOOM, in accordance with the NYS Governor's Executive Order #202.1, suspension of law allowing the attendance of meetings telephonically or other similar service. Article 7 of the Public Officers Law, to the extent necessary to permit any public body to meet and take such actions authorized by the law without permitting in public in-person access to meetings and authorizing such meetings to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed.

EXCUSE MEMBERS NOT PRESENT / QUORUM?

Motion by Manager Wawrzyniak and seconded by Manager Abbasey, the following member(s) are hereby excused:

- Manager Rogers

President Kosmerl declared that a quorum was present.

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers		Yes		No		Abstain	X	Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:	10	Yes		No		Abstain	1	Absent
RESULTS	X	PASS				FAIL		

WCCHS-21-017 CONSENT AGENDA

Motion by Manager Elbow and seconded by Manager Paolucci, the following items were listed for consideration on the consent agenda and are hereby approved as presented and on file in Administration:

- Approve BOM meeting minutes February 23, 2021

Corporate Compliance Committee (February 23, 2021)

- Approve 2021 Corporate Compliance Work Plan (attached)

Credentials Committee (March 10, 2021)

- Approve Medical Staff Appointments

DEPARTMENT OF MEDICINE

Jeril Kannampuzha, MD – Pediatrician – is applying for Active staff status in the Department of Medicine

DEPARTMENT OF SURGERY

Jeffrey Brewer, MD – General Surgeon – is applying for Active staff status in the Department of Surgery
 Jeffrey Jordan, MD – General Surgeon – is applying for Active staff status in the Department of Surgery
 Weidun Alan Guo, MD – General Surgeon – is applying for Active staff status in the Department of Surgery
 Matthew Burstein, MD – General Surgeon – is applying for Active staff status in the Department of Surgery
 Andrew Nordin, MD – General Surgeon – is applying for Active staff status in the Department of Surgery

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers		Yes		No		Abstain	X	Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	10	Yes		No		Abstain	1	Absent
RESULTS								
	X	PASS				FAIL		

DRAFT 2020 AUDITED FINANCIAL REPORT BY LUMSDEN & MCCORMICK, LLP

This item was withdrawn from the agenda by Joe McTernan due to significant changes to the reporting of the pension as it affects the financial statement. Amy Chase and Joe McTernan are scheduled to meet with the auditors to review the changes and this item will be presented at a future meeting.

NF ADMINISTRATOR REPORT

Dawn James submitted the following report:

- The nursing facility is clear of COVID-19 as of 03/15/2021. We have had two full weeks of all staff and residents negative for COVID-19. Staff continue to be exposed in the community and we currently have three staff out due to exposure. On 03/22/2021, in-person visits resumed. Families will not be allowed on the units. We are scheduling five visits at a time and using the Adult Day Health Care as the designated area for appropriate spacing.
- Vaccination continues in the nursing facility for both residents and staff. Any new residents or residents that change their mind are able to be vaccinated. We have about 90%+ compliance rate with the residents and 59% with the staff that work in the nursing facility. All staff that have declined vaccination received a letter encouraging them to reconsider and attend an informational Q&A session with Greg Collins, DO on March 18, 2021.

- Testing of nursing facility staff continues twice a week. This is not only burdensome for the nursing home, but is also draining on the staff. We have been receiving the rapid tests from NYS to help with the cost of the testing. We have reached out to Leading Age several times to lobby for a reduction to once per week and they have had no success.
- Staffing remains a challenge for the nursing facility. Individuals are not available to hire to fill open positions.
- Occupancy is rising, we had a difficult time accepting residents during the COVID-19 positive status in the building due to the logistics of quarantining appropriately.
- It has been 25 months since our last NYSDOH survey. The infection control/complaint visit from January 26, 2021 had one finding. The plan of correction (POC) was accepted and the revisit found full compliance. On March 9, 2021, the state returned for another infection control survey. Surveys are triggered if you have one (1) positive resident or staff member, they will continue to do infection control surveys based on positives. Our last visit (03/09/2021) had no findings, full compliance.

CHIEF NURSING OFFICER REPORT

Connie Almeter submitted the following report:

1. High Reliability – Workgroups have been established and are meeting to review and improve our processes with transitions of care/hand off communication with our patients.
 - a. LEAN Training – Participants continue to work on projects. Biweekly check-ins with the group will be initiated.
2. Age Friendly Health System – No update. The program is going smoothly. Deb Snow, Director of Med/Surg and ICU and Erica Killian, Director of PFS/Utilization Review continue to monitor documentation compliance and for opportunities of improvement. In addition, they have begun to submit data as they pursue the next level of the program, *Age-Friendly Health System-Committed to Care Excellence*.
3. Organizational Daily Huddle – The daily huddle continues but often difficult for everyone to attend at a particular time. We are exploring a virtual huddle in which department managers place updates into a central location electronically that is then emailed out to all department managers at the same time every day.
4. Transfer Management – No update. Transfers continue to be monitored and reviewed frequently. Discussion occurs at the senior management level on a weekly basis and questionable transfers are often discussed directly with the transferring ED or on call hospitalist.
5. EMS Partnerships – Meeting being arranged to discuss ventilator training with Monroe Ambulance staff and our respiratory therapy staff. This will avoid the need for the respiratory therapist to go on transports unless needed.
6. Joint Commission – An unannounced virtual survey occurred on March 12, 2021 as a follow-up to the completion of the mental health door hinges and door knobs. Overall the survey went well. The surveyor did identify an additional correction with ceiling tiles in the hallway. This will not require a return visit, just an electronic submission with a plan of correction.
7. OR Steering Committee – First meeting occurred on February 22, 2021. The committee had several good suggestions in which subcommittees are being developed and will look at scheduling, cost analysis of products and procedures, and throughput of rooms. Another meeting was held on March 22, 2021.

Coronavirus Update:

- Limited visitation continues for both inpatient and outpatient.
- Multiple NYSDOH surveys continue on a daily basis in regards to personal protective equipment (PPE), vaccinations, and COVID-19 positive patients.
- Daily employee and visitor/outpatient screenings continue.
- Frequent assessments of PPE continue to be done.
- As of mid-February 2021, the COVID-19 wings have been essentially COVID-19 free. Any patient with a COVID-19 diagnosis is being strategically placed on the floor that allow for ambulation and distance from other patients.

- Inpatient statistics (2 inpatients since last board meeting):

Date Range	Positive Inpatients	Ventilators	Transfers	Deaths
03/14/2020 – 04/22/2020	7	0	0	2
10/05/2020 – 12/31/2020	114	6	4	15
01/01/2021 – present	48	0	0	2

- Positive nursing staff – 17 (all have returned to work) (no change since last month)

CORPORATE COMPLIANCE REPORT

No report.

DIRECTOR OF MENTAL HEALTH REPORT

No report.

CHIEF FINANCIAL OFFICER (CFO) REPORT

No report.

COUNTY HUMAN RESOURCE DIRECTOR REPORT

Dan Farberman reported that the employee satisfaction and engagement survey was mailed out via inter-office mail to 65 physician/mid-levels, middle managers/supervisors, and senior managers/directors. A total of 28 surveys have been returned. A full report will be provided at the April 27, 2021 regular BOM meeting.

DIRECTOR OF PLANT OPERATIONS

Craig Woodworth submitted the following report:

- The telephone system change over to Empire Access is complete and will result in an estimated 50% monthly savings.
- Retrofit lighting project, converting all overbed lighting to LED, is complete.
- The upgrade to the SNF nurse call system for Blue and Plum units is expected to start on April 5, 2021.
- Materials have been ordered for renovations at the Mt. Morris dialysis clinic. Livingston County employees will perform the actual construction work.

INFORMATION TECHNOLOGY DIRECTOR REPORT

No report.

MEDICAL DIRECTOR REPORT

Mandip Panesar, MD reported that the next round of Ongoing Professional Practice Evaluation (OPPE) is expected to start on April 1, 2021 and will be conducted every eight months.

MEDICAL STAFF PRESIDENT REPORT

No report.

CHIEF MEDICAL OFFICER REPORT

Paul Mason, MD reported on the following items:

- Referenced an article published in the Buffalo Business First on March 18, 2021 titled *Dips in Hospital ER Volume Lead to More Revenue Declines*. The article featured Tom Quatroche Jr., CEO of ECMC, Don Boyd, President and CEO of Kaledia Health, and Mark Wright, Senior Vice President and CFO at Niagara Falls Memorial Medical Center. The main theme of the article was about how the decrease in emergency department volume (due to COVID-19) resulted in decreased revenue, about \$300 - \$700 per patient. The secondary theme stated how it pales in comparison to the suspension of elective surgeries and lost revenue, about \$4,000 - \$10,000 per patient.
- Announced he personally hired Robert Brown, MD (orthopedic hand surgery specialist) and will assume the financial risk associated with Dr. Brown's professional fees. Dr. Mason believes the hospital will continue to benefit from Dr. Brown's ordering of ancillary tests and services and from the technical component of the operating room. He is excited that County residents will continue to enjoy Dr. Brown's expertise. He does not anticipate any interruption in service.

CHIEF OPERATING OFFICER (COO) REPORT

Mike Corcimiglia submitted the following report:

Outpatient Clinical Services DivisionGeneral

Hospital COVID-19 vaccine clinics occurred on March 4, 5, 8, 9, 10, 11, 17 and 18 at Wyoming County Internal Medicine – Warsaw Clinic, Wyoming County Family Medicine - Arcade Clinic and Wyoming County Family Medicine - Perry Clinics. 870 doses were distributed. All WCCHS clinics have waiting lists of patients that are requesting to get vaccinated.

Rural Health Center Designation- Internal Medicine

The virtual survey took place March 22, 2021. We received a perfect score and the Wyoming County Internal Medicine – Warsaw Clinic office now has received the rural health center designation. Congratulations to Kevin Kreutzer, Clinic Office Manager, for orchestrating the application, policies, construction, and staff education required to get this designation.

Wyoming County Family Medicine - O'Dell Clinic Office

O'Dell Family Medicine clinic has been approved by NYSDOH as an official Hospital based Article 28 clinic.

Wyoming County Family Medicine - Attica

Architectural design is completed and construction of the new Attica office at 35 Main Street is underway. We will have to vacate the current Attica office by April 30, 2021. We anticipate there may be a few week delay before the new office is available to be opened.

Dialysis Center

Administrative Certificate of Need (CON) submitted to the NYSDOH has been submitted and under review. The NYSDOH Bureau of Architecture and Engineering have requested physical changes to the area to meet current codes. Construction on the Center will be performed mainly by Livingston County personnel. Construction is anticipated to start the week of Marcy 29, 2021.

Laboratory Renovation-Transformation Grant \$3.1Million

Limited CON submitted to the NYSDOH for approval has been submitted. All requirements by the NYS Bureau of Architecture and Engineering have been completed. CON status is under review. Demolition of space for Phase 1 has been completed. Additional asbestos has been found and will require abatement. Plumbing, HVAC, electrical and construction is currently in progress. Project is on schedule, completion date is January 2022.

Workplace Health

Workplace Health Services has been absorbed in a response to COVID-19 since March 2020. Keeping abreast of changes in regulation related to COVID-19. There has been a decrease in illness and COVID-19 testing as the vaccination rate among staff has increased.

Pharmacy

340B drug savings plan has started effective January 1, 2021. Continue to work with major retail pharmacies finalizing required paperwork. We will receive the benefits from the first quarter of the program in April 2021.

Laboratory

Laboratory continues to process all rapid COVID-19 tests for the Health System. This processing includes patients from the Emergency Room, surgical patients, medical surgical patients, Nursing Home staff and residents, and testing of people from Workplace Health. This equates to over 600 tests per week, we have 24 test readers. Note each test is \$95.

Primary Care Steering Committee

Primary Care Steering Committee sub groups had their first meetings and are making great progress. The Steering Committee held their second meeting the sub groups reported on the status of their projects. Next Steering Committee meeting is scheduled for April 22, 2021. The Steering Committee focus is Provider and office dashboard, strategic and integration and transparency.

Manager Rogers joined the meeting at 5:18pm during Mike Corcimiglia's report.

Manager Berwanger expressed his confusion and concern regarding a letter his sister received from Wyoming County Family Medicine, PC redirecting patients of Dr. Tracy Fabian, DO to other providers within the Health System. Mike Corcimiglia will follow up on the situation.

WCCHS-21-018 PREAUTHORIZED ACCOUNTS AND ACCOUNTS PAYABLE

Motion by President Kosmerl and seconded by Manager Wawrzyniak, the preauthorized accounts and accounts payable processed totaling \$4,554,189.52 be hereby approved as presented.

The motion was passed upon the following vote:

VOTE							
Salman Abbasey, MD	X	Yes		No		Abstain	Absent
Doug Berwanger	X	Yes		No		Abstain	Absent
Cynthia Elbow	X	Yes		No		Abstain	Absent
Bryan Kehl	X	Yes		No		Abstain	Absent
Rich Kosmerl	X	Yes		No		Abstain	Absent
Mark Merrill	X	Yes		No		Abstain	Absent
Laura Paolucci	X	Yes		No		Abstain	Absent
Steve Perkins	X	Yes		No		Abstain	Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain	Absent
Larry Rogers	X	Yes		No		Abstain	Absent
James Wawrzyniak, DC	X	Yes		No		Abstain	Absent
VOTE TOTAL:	11	Yes		No		Abstain	Absent
RESULTS	X	PASS				FAIL	

WCCHS-21-019 APPROVE WRITE-OFFS, DENIED CLAIMS, AND BAD DEBT

Motion by Manager Reagan and seconded by Manager Kehl, the write-offs/denied claims/bad debt totaling \$396,466.34 be hereby approved as presented.

The motion was passed upon the following vote:

VOTE							
Salman Abbasey, MD	X	Yes		No		Abstain	Absent
Doug Berwanger	X	Yes		No		Abstain	Absent
Cynthia Elbow	X	Yes		No		Abstain	Absent
Bryan Kehl	X	Yes		No		Abstain	Absent
Rich Kosmerl	X	Yes		No		Abstain	Absent
Mark Merrill	X	Yes		No		Abstain	Absent
Laura Paolucci	X	Yes		No		Abstain	Absent
Steve Perkins	X	Yes		No		Abstain	Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain	Absent
Larry Rogers	X	Yes		No		Abstain	Absent
James Wawrzyniak, DC	X	Yes		No		Abstain	Absent
VOTE TOTAL:	11	Yes		No		Abstain	Absent
RESULTS	X	PASS				FAIL	

WCCHS-21-020 APPROVE PERSONNEL REQUISITIONS IN PROCESS AND PROPOSED PERSONNEL CHANGES/FINANCIAL IMPACT

Motion by Manager Abbasey and seconded by Manager Perkins, the personnel requisitions in process and the proposed personnel changes/financial impact be hereby approved as presented and as follows:

PERSONNEL REQUISITIONS IN PROCESS - (RECOMMENDED)									
March 23, 2021									
Proposed Positions for Approval									
Senior Manager	Title/Department	FTE	Vacating Employee	Hourly Rate	Annual Salary	Benefits	Proposed Hourly	Proposed Annual	Benefits
James:	RN Supervisor (SNF) Per Diem/02.164	0.00	Christine Saluste 10/13/2020			\$150 / 4 hour shift			
	Nursing Assistant/05.414	1.00	Cassandra Jewett 07/11/2020	\$16.14	\$31,473	\$15,050	\$15.41	\$30,050	\$14,370
	Nursing Assistant/05.639	0.80	Amber Harder 03/06/2021	\$15.75	\$24,570	\$9,400	\$15.41	\$24,040	\$9,198
	Nursing Assistant Per Diem/05.718	0.00	Cassandra Jewett 03/06/2021	\$18.14	\$3,537	\$271	\$16.95	\$3,305	\$253
Chase:	Patient Information Specialist Per Diem/12.722	0.00	Joseph Karas 02/13/2021	\$16.36	\$3,190	\$244	\$16.36	\$3,190	\$244
	Patient Information Specialist Per Diem/12.723	0.00	Tracy Smith 03/06/2021	\$16.73	\$3,262	\$250	\$16.36	\$3,190	\$244
	Patient Information Specialist Per Diem/12.805	0.00	Jennifer Cygan 04/17/2021	\$16.36	\$3,190	\$244	\$16.36	\$3,190	\$244
Corcimiglia:	Food Service Helper/08.310	1.00	Cassidy Debien 03/10/2021	\$13.13	\$25,604	\$12,244	\$12.24	\$23,868	\$11,414
Givens:	Mental Health Social Worker/06.654	1.00	Jennifer Ashley 03/02/2021	\$32.56	\$63,492	\$30,362	\$30.22	\$58,929	\$28,180
Almeter:	Nurse Educator/03.2018	1.00	Brenda Meyer 04/30/2021	\$35.15	\$68,543	\$32,777	\$31.02	\$60,489	\$28,926
	RPN/03.652	1.00	Janet Parfitt 03/21/2021	\$29.60	\$57,720	\$27,602	\$23.52	\$45,864	\$21,932
	RPN Per Diem/03.865	0.00	Carrie Bieh1 03/08/2021	\$34.19	\$6,667	\$510	\$25.87	\$5,045	\$386

PROPOSED PERSONNEL CHANGES/FINANCIAL IMPACT				
March 23, 2021				
POSITION	ANNUAL SALARY PROPOSED	BENEFIT PACKAGE	BUDGETED SALARY	BUDGETED BENEFITS
Sr. Manager - C. Almeter				
Create 1 - 0.00 FTE RPN Per Diem Schedule WCCH Grade 15A \$25.87 - \$34.19/Hr. Available date: March 21, 2021	\$5,503	\$421	\$0	\$0
Create 1 - 0.00 FTE ED Patient Care Technician Per Diem Schedule WCCH Grade 3 \$15.54 - \$17.66/Hr. Available date: March 21, 2021	\$3,030	\$232	\$0	\$0
Sr. Manager - M. Corcimiglia				
Create 1 - 0.00 FTE Medical Biller (Temporary) Per Diem Schedule X \$13.33 - \$17.50/Hr. Available date: March 21, 2021	\$3,413	\$261	\$0	\$0
Delete 1 - 1.00 FTE Neurology Physician Provider/10.101.566 Schedule P \$230,000/Yr. Effective date: March 21, 2021	\$0	\$0	\$230,000	\$109,986
Create 1 - 1.00 FTE Pharmaceutical Clerk Schedule WCCH Grade 6 \$15.41 - \$17.21/Hr. Available date: March 21, 2021	\$30,050	\$14,370	\$0	\$0
Sr. Manager - B. Givens				
Create 1 - 1.00 Mental Health Social Worker Trainee Schedule WCCH Grade 18 \$25.32 - \$29.31/Hr. Available date: March 21, 2021	\$51,714	\$24,730	\$0	\$0
TOTALS	\$93,709	\$40,013	\$230,000	\$109,986
TOTAL ANNUAL INCREASE:				-\$206,264

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers	X	Yes		No		Abstain		Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	11	Yes		No		Abstain		Absent
RESULTS								
	X	PASS				FAIL		

WCCHS-21-021 APPROVE CONTRACTS AND/OR GRANTS

Motion by Manager Elbow and seconded by Manager Paolucci, the CEO and President of the Board of Managers, with the approval of the County Attorney and/or Costello Cooney Fearon, PLLC or Garfunkel Wild, PC, be hereby authorized and directed to sign contracts and/or grants on behalf of the Wyoming County Community Health System as presented and as follows:

1. **LYON GLOBAL**, 510 Clinton Square, Rochester, NY 14604, a marketing agreement, not to exceed \$18,000 per year, effective 04/01/2021 – 03/30/2022.
2. **ARMAND L. PANEK EQUIPMENT CO.**, 1050 Union Road, Suite 4, West Seneca, NY 14224, agreement to supply and install a new loading dock located outside the Purchase Department, \$20,262 [funded through Capital Budget], effective 04/01/2021 – 07/01/2021.
3. **KIDENEY ARCHITECTS, PC**, 143 Genesee Street, Buffalo, NY 14203, professional design services for the WCFM - Castile Clinic, field verification and Article 28 evaluation of mechanical, electrical, plumbing, and fire protection, \$5,940, effective 03/15/2021 – 03/14/2022.
4. **KIDENEY ARCHITECTS, PC**, 143 Genesee Street, Buffalo, NY 14203, professional design services for WCFM – Castile Clinic field verification and Article 28 evaluation, not to exceed \$5,000, effective 11/19/2020 – 11/18/2021.
5. **KIDENEY ARCHITECTS, PC**, 143 Genesee Street, Buffalo, NY 14203, professional design services for Livingston County Dialysis Center certificate of need (CON) and construction documents, not to exceed \$17,000, effective 10/23/2020 – 09/30/2021.
6. **KIDENEY ARCHITECTS, PC**, 143 Genesee Street, Buffalo, NY 14203, professional design services for WCFM – Arcade Clinic (401 Main Street) field verification, not to exceed \$2,500, effective 11/19/2020 – 11/18/2021.
7. **BECKMAN COULTER, INC.**, Mail Stop A2-SW-12, 250 South Kraemer Boulevard, PO Box 8000, Brea, CA 92822-8000, a service agreement for AS4 microbiology analyzer, \$3,325 [previous agreement \$3,317], effective 01/19/2021 – 01/18/2022.
8. **TENNESSEE VALLEY TRAINING CENTER**, 70 Safety Way, Decatur, AL 35601, firm fixed safety training agreement to provide certification and recertification for Workplace Health staff in Department of Transportation (DOT) breath alcohol testing, current certificates have expired and required every 3 years, \$2,200 [previous agreement \$2,800], effective 03/24/2021 – 03/23/2022.
9. **TRU-D SMART UVC**, 743 S. Dudley, Memphis, TN 38104, a service agreement for TRU-D ultraviolet room disinfection robot, \$8,750 per year, effective 04/02/2021 – 04/01/2022.

10. **MITI PROPERTIES**, 20 North View Park, Attica, NY 14011, a 10-year commercial rental agreement for approximately 1,400 sq. ft. of space at 35 Main Street, Attica, NY 14011, \$2,100 per month plus 2% increase every 2 years for an amount not to exceed \$263,000, effective 05/01/2020 – 04/30/2031, pending approval by the Wyoming County Board of Supervisors.
11. **M/E ENGINEERING**, 60 Lakefront Boulevard, Suite 320, Buffalo, NY 14202, engineering services agreement to consist of electrical engineering design to provide replacement panel boards for MDLC/F and GPL-A, \$19,200 [total budgeted capital for project \$85,000], effective 04/10/2021 – 07/31/2021.
12. Amend Resolution #WCCHS-17-071 approved on 08/29/2017 with **USHERWOOD OFFICE TECHNOLOGY**, 1005 W Fayette Street, Syracuse, NY 13204 related to a lease agreement for printers/copiers/scanners/fax machines throughout WCCHS, \$10,000 per month, as follows:
 - Extend the term of the agreement from 01/01/2018 – 12/31/2020 through **03/31/2021**.
 - Increase the contract amount from \$360,000 to **\$380,000**.
 - Pending approval by the Wyoming County Board of Supervisors [Resolution #17-362; 09/12/2017].
13. Amend Resolution #WCCHS-20-081 approved on 09/22/2020 with **JERIL A. KANNAMPUZHA, MD**, 3515 Arista Boulevard, Apt. 9210, Texarcana, TX 75503 related to an employment agreement for pediatric medical services, \$235,000 per year, as follows:
 - Change the contracting party address to **4270 Hammocks Drive, Apt. 4475, Geneseo, NY 14454**.
 - Add additional on-call shifts over and above the existing coverage obligation effective 03/01/2021.
 - Amend Salary Schedule P to create a **Stipend for Pediatrician Physician** (Position Code #10.114.582) under **PEDIATRIC CLINIC** and set the salary at \$250 per day (24 hour period) for nursery call coverage only beyond existing contract requirement, effective 03/01/2021.
 - Pending approval by the Wyoming County Board of Supervisors [Resolution #20-418; 10/13/2020].
14. **ABILITY NETWORK, INC.**, 100 N. Sixth Street, Minneapolis, MN 55403, an agreement used by Medent to process Medicare claims electronically, \$400, effective 04/01/2021 – 03/31/2022.
15. Amend Resolution approved on 06/24/2014 with **MEDENT**, PO Box 980, Auburn, NY 13021 related to the license software agreement for electronic medical records for ENT and other WCCHS specialty clinics with remote on-line backup service, as follows:
 - Add interface to export reports to Hudson Headwaters related to 340B Plan from Wyoming County Community Hospital (Attica and Castile), Dale L. Deahn, MD, and Wyoming County Community Hospital, \$0.00 cost to WCCHS, effective 03/16/2021 – 03/16/2024.
 - Add interface to export reports to Walgreens related to 340B Plan from Wyoming County Community Hospital (Attica and Castile), Dale L. Deahn, MD, and Wyoming County Community Hospital, \$0.00 cost to WCCHS, effective 03/16/2021 – 03/16/2024.
16. **UPSTATE CONCIERGE MANAGEMENT, LLC**, 216 River Street, 3rd Floor, Troy, NY 12180, TeleSAFE memorandum of agreement, comprehensive and compassionate care for any victim of sexual assault via telemedicine 24 hours a day, 7 days a week, \$0.00 cost to WCCHS, effective 03/01/2021 – 03/01/2024.
17. **UNIVERSITY OF WASHINGTON**, 4545 Roosevelt Avenue NE Suite 400, Seattle, WA 98105-4608, care management tracking software and data storage agreement, to utilize a tracking system for the new Behavioral Care Manager with the primary care offices to assist in tracking, documenting, and organizing protected health information within the collaborative care model, \$0.00 cost to WCCHS for 1 year, effective 03/01/2021 – 03/01/2022.
18. **GENESEE COMMUNITY COLLEGE**, One College Road, Batavia, NY 14020, an affiliation agreement to provide students in the PTA program fieldwork experience, \$0.00 cost to WCCHS, effective 03/15/2021 – 03/14/2026.
19. **MEDCERTS, LLC**, 13955 Farmington Road, Livonia, MI 48154, an affiliation agreement to provide training and allow observation/participation in WCCHS Laboratory by students enrolled at MedCerts, \$0.00 cost to WCCHS, effective 04/01/2021 – 03/10/2022.

20. Amend Resolution #WCCHS-16-024 approved on 04/26/2016 with **D'YOUVILLE COLLEGE**, 320 Porter Avenue, Buffalo, NY 14201 related to a clinical affiliation agreement to provide physical therapy students with clinical fieldwork experience, \$0.00 cost to WCCHS, as follows:
- Extend the term of the agreement from 05/01/2016 – 04/30/2021 through **05/01/2021 – 04/30/2026**.
21. Amend Resolution #WCCHS-16-014 approved on 02/23/2016 with **DAEMEN COLLEGE**, 4380 Main Street, Amherst, NY 14226 related to a clinical fieldwork agreement to provide physical therapy students with clinical fieldwork experience, \$0.00 cost to WCCHS, as follows:
- Change the effective date from 01/20/2016 – 01/20/2021 to **03/01/2016 – 02/28/2021** to reflect the actual executed date of the agreement.
 - Extend the term of the agreement from 03/01/2016 – 02/28/2021 through **03/01/2021 – 02/28/2026**.
22. Amend Resolution #WCCHS-18-067 approved on 07/24/2018 with **ITHACA COLLEGE**, 953 Danby Road, Ithaca, NY 14850 related to a standard affiliation agreement to provide clinical training and experience for students in PT, OT, speech language pathology/audiology, recreation and leisure services, exercise and sports sciences, and health promotion/health services, \$0.00 cost to WCCHS, as follows:
- Extend the term of the agreement from 06/27/2018 – 06/27/2021 through **06/27/2021 – 06/26/2024**.
23. Amend Resolution #WCCHS-16-052 approved on 07/26/2016 with **STATE UNIVERSITY OF NEW YORK (SUNY) - UNIVERSITY OF BUFFALO**, 3435 Main Street, 155 BEB, Buffalo, NY 14214, related to a student affiliation agreement to provide physical therapy students with clinical fieldwork experience, \$0.00 cost to WCCHS, as follows:
- Extend the term of the agreement from 06/27/2018 – 06/27/2021 through **06/27/2021 – 06/26/2024**.
24. Amend Resolution WCCHS-16-064 approved on 09/27/2016 with **UNIVERSITY AT BUFFALO (STATE UNIVERSITY OF NEW YORK - BUFFALO)**, Office of the Vice President for Health Sciences, 3435 Main Street, 155BEB, Buffalo, NY 14214, related to an affiliation agreement to provide training and clinical support to a Masters level social work student, \$0.00 cost to WCCHS, as follows:
- Extend the term of the agreement from 01/01/2017 – 01/01/2021 through **01/01/2021 – 01/01/2024**.
25. **NAZARETH COLLEGE OF ROCHESTER**, Department of Physical Therapy, 4245 East Avenue, Rochester, NY 14618, an affiliation agreement to provide therapy students with clinical fieldwork experience, \$0.00 cost to WCCHS, effective 03/01/2021 – 02/28/2026.
26. Award bid and sign contract related to the rooftop unit replacement project with **MJ MECHANICAL SERVICES, INC.**, 95 Pirson Parkway, Tonawanda, NY 14150, to replace two rooftop units (Skilled Nursing Facility and Behavioral Health Unit) including controls and piping, not to exceed \$413,907 (\$376,279 base bid plus \$37,628 contingency), effective 04/15/2021 – 09/30/2021, pending approval by the Wyoming County Board of Supervisors.

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers	X	Yes		No		Abstain		Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	11	Yes		No		Abstain		Absent
RESULTS								
	X	PASS				FAIL		

WCCHS-21-022 APPROVE MEMORANDUM OF UNDERSTANDING (MOU) WITH CSEA FOR SHIFT BONUSES IN SNF SIGNED 03/10/2021

Motion by Manager Wawrzyniak and seconded by Manager Abbasey, the memorandum of understanding between the County of Wyoming and the Civil Service Employees Association, Local 1000, AFSCME, AFL-CIO signed on 03/10/2021 related to shift bonus and critical staffing in skilled nursing facility due to COVID-19 be hereby approved as presented and attached, pending approval by the Wyoming County Board of Supervisors.

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers	X	Yes		No		Abstain		Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	11	Yes		No		Abstain		Absent
RESULTS								
	X	PASS				FAIL		

BOARD ASSIGNED PROJECTS REPORT

Don Eichenauer briefly reviewed his project report for February 2021.

BOARD PRESIDENT REPORT

No report.

BOARD COMMITTEE CHAIR REPORTS

Acute Quality Committee

Manager Paolucci inquired about the status of an electronic incident reporting system. Connie Almeter reported that quotes are being obtained for an electronic incident reporting system to track and manage adverse events and will be reported at the next BOM or Acute Quality Committee meeting. The next meeting is scheduled for May 19, 2021.

SNF Quality Committee

No report. The next meeting is scheduled for May 19, 2021.

Finance/Personnel Committee

No report.

Plant and Equipment Committee

Bryan Kehl reported that the Plant and Equipment Committee met on March 9, 2021 and referred to the draft minutes. The next meeting is scheduled for April 13, 2021.

Communications Committee

No report.

Information Technology

No report.

Governance Committee

Manager Wawrzyniak reported on the following items:

- BOM President Evaluation results – most of the board members feel that Rich Kosmerl is doing a good job as BOM President. One area for improvement is to better control the length of meetings.
- BOM Self-Evaluation results – many board members expressed the desire for board education
- Reached out to Healthcare Trustees of New York State (HTNYS) about governWell training. An initial 1-hour training session would be complimentary, future trainings would have a cost. Manager Wawrzyniak will obtain a couple of dates/times from the trainer and Pam Pettnot will pole board members for availability on those dates/times.

Compensation Committee

No report.

Credentials Committee

No report.

CHIEF EXECUTIVE OFFICER (CEO) REPORT

Joe McTernan reported on the following items:

COVID-19

- COVID-19 Hospital and SNF case rates at very low levels.
- Staff member illness and quarantine due to COVID-19 have remained low.
- Weekly COVID-19 briefings and monitoring continue.
- 600 doses of vaccine received the week of 03/22/2021 for distribution at family medicine and internal medicine clinics.

Financials

- Still no distribution plan for relief package from Washington, potential of \$35 billion for healthcare including \$7 billion in Rural Hospital Relief.
- Additional funding identified in most recent stimulus bill for rural healthcare. No distribution plan.
- WCCHS continues to work with State, Federal, and Industry groups on advocacy.
- Budget challenges continue with lost revenue and increased COVID-19 expenses.
- Continue to implement approved cost reduction plan.

State budget update – Senate and Assembly

- **General Medicaid**

Medicaid and Across-the-Board Cuts: Both the Senate and Assembly proposals add funding that would be sufficient to eliminate new Medicaid cuts proposed in the Executive budget, specifically rejecting the 1 percent across the board Medicaid cut. The Senate provides \$74.25 million to restore other cuts to long term care; Assembly restorations are similar.

Medicaid Global Spending Cap: The Senate and Assembly reject the Executive's proposal to extend the Global cap to include SFY 2022-23. The Assembly proposes to repeal the Cap outright while the Senate calls on DOH to develop alternatives to the current Medicaid Cap.

Health Care Transformation Grants: Both houses accepted the Executive Budget's reappropriation of the Statewide Health Care Transformation Grant funds, and neither house modified the allocation of funds.

Civil Penalties: The Senate and Assembly both eliminated the Governor's proposed increase in penalties for violations of the Public Health Law.

- **Nursing Homes**

Nurse Staffing: The Senate adds \$200 million for acute care facilities and nursing homes to increase nurse staffing levels.

Direct Care Spending Ratios, Executive Pay Cap and Penalties: The Senate and Assembly do not include the Executive's 30-day amendment proposals to establish nursing home minimum spending thresholds, cap executive pay, and increase penalties for violations of Public Health Law in their respective budget proposals. However, both the Senate and Assembly have passed stand-alone bills that would set minimum spending ratios for nursing homes, indicating that the proposals will be addressed outside of the budget.

Vital Access Provider (VAP) Funding: Both the Senate and Assembly accept the Executive's proposal for \$132 million in VAP funding as well as provisions to establish a source of funding for financially distressed hospitals and nursing homes.

- **Managed Long-Term Care (MLTC)**

Quality Pool: The Assembly restores the MLTC quality pool; it is unclear whether the Senate's bill included this restoration.

Non-COVID related information

- Dialysis – remains awaiting state approve. Continued work on submission for inpatient certificate of need (CON).
- Continued work with the senior team on succession planning.

Manager Berwanger commented that he met with Kathy Hochul, Lieutenant Governor, today and they talked at great length about the hospital, funding, and administration.

EXECUTIVE SESSION

Motion by President Kosmerl and seconded by Manager Paolucci, for the Board to enter into executive session to discuss the following topic(s) at 5:53pm. Joe McTernan, Pam Pettnot, Dan Farberman, Becky Ryan, and Jerry Davis remained. All other attendees ended their Zoom session or left the meeting room.

- Report from the Human Resources on the status of three (3) investigations addressing separate letters of complaint involving actions of administrative personnel.
- Report from the Human Resources on the status of the investigation and action taken on a complaint received from the CSEA regarding a potential violation of NYS Civil Service Law Section 209-a. 1. (g) by a particular person.
- Litigation Case# 1091746 (MP)
- Reviewed self-evaluation of the current CEO and final review of mutually agreed upon goals established for 2021.

The following items were not identified prior to entering executive session but were discussed during executive session:

- Moody's Investors Service bond credit rating report and Auditors concern regarding the financial and credit history of WCCHS
- Status on the Joint Commission investigation/request related to Event #4957 involving medically privileged information
- Status on NYS Office of Professional Medical Conduct request, OPMC# BU-21-02-1111A
- The employment history/administrative roles of two (2) particular contracted physicians

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers	X	Yes		No		Abstain		Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	11	Yes		No		Abstain		Absent
RESULTS								
	X	PASS				FAIL		

WCCHS-21-023 AUTHORIZATION TO ATTEND EXECUTIVE SESSION

Motion by Manager Berwanger and seconded by Manager Wawrzyniak, Michael Roche (Supervisor, Town of Eagle) be hereby authorized by the BOM to attend the executive session.

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers	X	Yes		No		Abstain		Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	11	Yes		No		Abstain		Absent
RESULTS								
	X	PASS				FAIL		

Motion by Manager Paolucci and seconded by Manager Wawrzyniak, the Board exit executive session at 7:11pm.

The motion was passed upon the following vote:

VOTE								
Salman Abbasey, MD	X	Yes		No		Abstain		Absent
Doug Berwanger	X	Yes		No		Abstain		Absent
Cynthia Elbow	X	Yes		No		Abstain		Absent
Bryan Kehl	X	Yes		No		Abstain		Absent
Rich Kosmerl	X	Yes		No		Abstain		Absent
Mark Merrill	X	Yes		No		Abstain		Absent
Laura Paolucci	X	Yes		No		Abstain		Absent
Steve Perkins	X	Yes		No		Abstain		Absent
J. Thomas Reagan, MD	X	Yes		No		Abstain		Absent
Larry Rogers	X	Yes		No		Abstain		Absent
James Wawrzyniak, DC	X	Yes		No		Abstain		Absent
VOTE TOTAL:								
	11	Yes		No		Abstain		Absent
RESULTS								
	X	PASS				FAIL		

EXECUTIVE SESSION DISCUSSIONS

President Kosmerl reminded attendees that all information discussed in executive session shall remain confidential. In addition, President Kosmerl reminded attendees that the topics for executive session must be disclosed prior to entering executive session in accordance with Public Officers Law, Article 7 Open Meetings Law, Section 105 Conduct of Executive Sessions. A few items were not identified prior to entering executive session but were discussed during executive session: two items involved an investigation of a single incident involving medically privileged information and a third topic involved defining job responsibilities between two members of the medical staff and clarifying those responsibilities with the individual physicians.

INTRODUCE/WELCOME LARRY ROGERS

President Kosmerl introduced Larry Rogers, as a new member on the WCCHS Board of Managers. Larry provided a brief biography and commented that he looks forward to serving on the BOM.

STRATEGIC PLAN

Joe McTernan commented that we have a 3-year strategic plan and would like to start the strategic planning process in April or May 2021 with a deliverable at the November or December 2021 regular BOM meeting. Manager Paolucci expressed an interest in attending strategic planning meetings along with the BOM Executive Committee.

NEXT REGULAR MEETING

The next regular meeting is scheduled for Tuesday, April 27, 2021 immediately following the BOM Finance/Personnel Committee meeting, approximately 5:00pm.

ADJOURN

There being no further business to come before the Board, the meeting duly adjourned at 7:15pm upon motion by Manager Wawrzyniak.

J. Thomas Reagan, MD, BOM Secretary Date

Pam Pettnot, Recording Secretary Date

In accordance with the Hospital's By Laws and Corporate Compliance Plan,
 The first Corporate Compliance Work Plan of each calendar year is to be reviewed, approved, and forwarded
 to the full Board of Managers for its subsequent approval by the end of the first quarter each year

2020 Corporate Compliance Work Plan

Risk Area	Activities	Goals/Expected Outcomes	Responsible Party	Completion Due
<p>One- and Two-Day Length of Stays (Admissions vs. Observation)</p>	<p>The RAC brought the message clearly to WCCH that 1-day LOSs were generally not meeting Medical Necessity. The RAC systematically reviewed these cases and most often recouped the payment. In late 2013, with Congressional passage of the Final Rule that includes the "Two Midnight " regulation, 2-day LOSs are also a priority. Case Managers perform Utilization Review. They ascertain Medical Necessity is met by review of Milliman Guidelines. ICU and Case Managers yearly competency assessment includes Observation vs Admission. They advise MD when Medical Necessity is not met. They serve in an advisory capacity to ED Staff and Attendings in selecting admission vs observation. Case Management Nurses monthly reviews 1-day LOS and communicates findings to UR Committee. Each 1-day and 2-day LOSs are reviewed with an eye for improvement opportunities. In April 2014, WCCH contracted with E H R to provide a second level review of UR. This has given WCCH a "second set of eyes" in the UR domain.</p>	<p>Reduction in 1- and 2-day LOS. Appropriate use of Observation Status when care can reasonably be expected to be completed within 2 midnights. Appropriate use of Inpatient Admission when medical necessity is met and care is expected to require greater than 2 midnights. Each record reviewed within 24 hours for Medical Necessity by Case Managers. Appropriate ordering of Admission and Observation Status.</p>	<p>Admission Coordinator, CDI Clinical Specialist, Case Managers, Physicians</p>	<p>Quarterly Reporting to Utilization Review Committee and Corporate Compliance Meeting of findings from monthly chart reviews.</p>

<p>DRG Assignment Accuracy</p>	<p>The Medical Records Manager will pull a sample of inpatient charts for review (not less than 3) by their expert consultant, NCB Medical Coding Associates, Inc., to assure accuracy in the assignment of the DRG. A focus of this quarterly audit will be DRGs reviewed by the DCS, Region A RAC. The Director of Medical Records will share improvement findings with her coding staff and her Senior Manager. In the course of denials management for coding issues, we receive feedback on coding improvement opportunities. In September 2015, a great portion of our inpatient coding duties was assumed by Strong/Highland in accordance with a "Management Agreement." In the Spring of 2017, WCCHS resumed inpatient coding duties under the direction of J. Jurek. On January 1, 2018, coding duties were assumed by NCB Medical Coding Associates, Inc.</p>	<p>Proper DRG Assignment</p>	<p>Shannon Klancer Medical Records Manager</p>	<p>Quarterly reporting to Corporate Compliance Committee</p>
<p>Accuracy of Clinic Coding/Billing</p>	<p>In the summer of 2019, Wyoming County purchased two Family practices in the southern part of the County - Deahn and O'Dell. In addition, they opened a family practice in Warsaw, New York. Five providers have been hired with more anticipated. It is important to review coding accuracy for all our clinics. This includes our specialty clinics. A professional auditing firm will conduct routine audit of coding from each clinic/provider. Clinic Managers Warsaw and Arcade and COO will share results of these audits with the Corporate Compliance Committee.</p>	<p>Accuracy in coding and billing for outpatient clinic services.</p>	<p>Clinic Manager Kevin Kreutzer Warsaw and Amy Gilbert Arcade and Michael Corcimiglia COO</p>	<p>Routine reporting to Corporate Compliance Committee</p>
<p>Accuracy of nursing home documentation supporting the PDPM Patient Driven Payment Model replacing Minimum Data Set (MDS) submissions October 2019.</p>	<p>MDS was the tool that nursing homes use to evaluate each resident and develop a plan to provide the services that best meet the resident's needs. In Oct 2019, Patient-Driven Payment Model (PDPM) replaced MDS. With PDPM, a combination of 6 payment components derive the payment. The fundamental change relies on input from all clinical team members including nursing, rehab, and ancillaries. Accuracy of documentation is essential to ensure correct payment for services.</p>	<p>Accuracy in the completion of documentaton is critical to ensure proper Medicaid payment for services provided to Nursing Home Residents. PEPPER reports provide a mechanism for WCNF to compare our scoring to other SNFs and identify where our scoring has substantial statistics divergence. WCNF monitors our MDS scoring and PEPPER reports. As we transition to PDPM, accuracy remains our primary goal.</p>	<p>Nursing Home Reimbursement Specialist Justin Bayliss, all staff involved in completion of parts of the MDS.</p>	<p>Quarterly reporting to Corporate Compliance Committee.</p>

<p>Provider timely signing of verbal/phone medical order in the electronic health record.</p>	<p>Federal and New York State Health Laws outlines the obligation of verbal / phone orders to be signed by the provider in a timely manner. Our Medical Records Department monitors this process and has an obligation to have systems in place for follow-up with providers when orders are not signed timely. Medical Records and Point of Care Nursing monitor CPSI reports on timely signing of verbal/phone order. Medical Records works with our Medical Director when their efforts to obtain timely signing of the orders (after reasonable efforts) has not been successful. Ultimately, privileges may be affected when all remedies have been unsuccessful. November 8, 2019 an ED physician was unable to sign his medical orders in CPSI. The system in CPSI failed due to an over abundance of orders causing the system to not work as intended. Further investigation by Point of Care Nursing revealed an abundance of unsigned order dating back.</p>	<p>Our goal is to have in place a system that regularly monitors the signing of medical orders in the CPSI electronic medical record. When orders are not authenticated timely, the medical records department follow-ups up with the provider. When efforts are not successful, the medical records department notifies the Medical Director who enforces this issue.</p>	<p>Medical Records Manager Shannon Klancer, Medical Records Staff and Point of Care Nursing Department, Staci Bartz and Senior Manager Amy Chase</p>	<p>Quarterly Reporting to the Corporate Compliance Meeting. November 8, 2019 issue identified. On-going.</p>
<p>Background Checks for Nursing Home Employees</p>	<p>From OIG Workplan 2021. Federal regulation provides beneficiaries who rely on long-term services with protection from abuse, neglect, and theft by preventing prospective employees with disqualifying offenses from being employees by facilities. The National Background Check Program was enacted by legislation in 2010. It is WC SNF's obligation to submit this check for all non-licensed SNF Providers within 5 to 7 days of employment. Non-licensed staff include CNA's, dietary, housekeeping, and maintenance. Until the background check is returned, the employee must be supervised. SNF is responsible for providing proof of this supervision.</p>	<p>Background checks for SNF non-licensed employees are submitted within 5-7 days of employment. Until the background check is returned, the employee is supervised. SNF staff who submit the checks receive information from both HR on new employees and from the Manager of that Department.</p>	<p>SNF Management and Sally Hare Administrative Secretary SNF, Housekeeping, Maintenance, and Dietary Managers, and Human Resources</p>	<p>Routine reporting to Corporate Compliance Committee issue identified Feb 23, 2021. On-going</p>
<p>In recognition that this is a living document, any other Corporate Compliance issue identified throughout the year.</p>				

peggycunningham/2016 2017 2018 2019 2020, 2021 Corporate Compliance Work Plan February 2021 post-meeting

2021 Corporate Compliance Work Plan 02.23.2021 post meeting (002).xls

MEMORANDUM OF UNDERSTANDING
Between the
COUNTY OF WYOMING
And the
CIVIL SERVICE EMPLOYEES ASSOCIATION, LOCAL 1000, AFSCME, AFL-CIO
WYOMING COUNTY LOCAL 861-9250

SHIFT BONUSES IN SKILLED NURSING FACILITY
(AMMENDED 3/1/2021)

WHEREAS, there is a crisis in staffing qualified Certified Nursing Assistants (CNA' s), Licensed Practical Nurses (LPN's) and Registered Nurses (RN's) during the days and shifts listed below;

WHEREAS, Wyoming County and CSEA have reached this agreement to ensure the safety, well-being and high quality of care to all patients in the Nursing Facility, and

THEREFORE, the parties whose names are affixed hereto agree to the following terms;

1. Certified Nursing Assistants, Licensed Practical Nurses (LPN's) and Registered Nurses (RN's) who are fulltime or part-time within the Nursing Facility will receive extra shift incentives for each scheduled consecutive four (4) hours worked from the period beginning 7 a.m. March 1, 2021 according to the schedule below:

1. Thirty-five dollars (\$35.00) for four (4) hours per pay period
2. Seventy dollars (\$70.00) for eight (8) hours per pay period
3. One hundred and five dollars (\$105.00) for twelve (12) hours per pay period.

2. A maximum of twelve (12) hours per week will be paid for employees in a full time status (1.0 FTE).

3. This bonus is paid for shifts that are scheduled in addition to the employee's regularly scheduled shifts.

4. Shifts will be offered on a first-come first-served basis.

5. If an RN, LPN or CNA signs up for an extra shift and finds she or he cannot work it for whatever reason, he or she would be responsible for finding someone to work the shift. If he/she DOES find someone to cover the shift, there is NO occurrence on the attendance record. If she/he does not find someone to cover the shift, then the attendance policy will apply.

6. This Memorandum of Understanding shall not create a precedent or waiver for any other case.

7. This Memorandum of Understanding can be canceled by either party with 30 calendar day's written notice to the other party for any reason, if canceled the parties will return to the provisions of the Collective Bargaining Agreement.

For The CSEA:

Date: Celiste Byduch

For WYOMING COUNTY:

Nate Palmer
Date: 3/10/2021