



**West Contra Costa Healthcare District
Doctors Medical Center
Governing Body
Board of Directors**

THURSDAY, MAY 30th, 2013

5:00 PM

**Doctors Medical Center
Auditorium**

**2000 Vale Road
San Pablo, CA**



**WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER**

**GOVERNING BODY
BOARD OF DIRECTORS**

**WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
MAY 30th, 2013 – 5:00 P.M.
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA 94806**

Governing Body Members

*Eric Zell, Chair
Supervisor John Gioia, Vice Chair
Irma Anderson
Wendel Brunner, M.D.
Deborah Campbell
Nancy Casazza
Sharon Drager, M.D.
Pat Godley
Richard Stern, M.D.
William Walker, M.D.
Beverly Wallace*

AGENDA

1. **CALL TO ORDER** E. Zell
2. **ROLL CALL**
3. **APPROVAL OF MINUTES OF APRIL 24, 2013** E. Zell
4. **PUBLIC COMMENTS** E. Zell
[At this time persons in the audience may speak on any items not on the agenda and any other matter within the jurisdiction of the Governing Body]
5. **QUALITY MANAGEMENT REPORT** B. Ellerston
 - a. Discussion
 - b. Presentation
 - c. Public Comment
 - d. **ACTION: Acceptance of the April 2013 Quality Management Report**
6. **FINANCIALS – APRIL 2013** J. Boatman
 - a. Presentation
 - b. Discussion
 - c. Public Comment
 - d. **ACTION: Acceptance of the April 2013 Financials**

7. **CAPITAL EQUIPMENT REQUEST** B. Ellerston
a. Presentation
b. Discussion
c. Public Comment
d. *ACTION: Approve the Capital Request for Purchase of Beds*
8. **PATIENT SATISFACTION REPORT** B. Redlo
a. Presentation
b. Discussion
c. Public Comment
d. *ACTION: Acceptance of the May 2013 Patient Satisfaction Report*
9. **CEO REPORT** D. Gideon
a. Presentation
b. Discussion
c. Public Comment
d. *ACTION: For Information Only*
10. **MEDICAL EXECUTIVE REPORT** L. Hodgson, M.D.
a. Presentation
b. Discussion
c. Public Comment
d. *ACTION: Approval of the Medical Staff Credentials and Privilege report*

ADJOURN TO CLOSED SESSION

- A. Reports of Medical Staff Audit and Quality Assurance Matters Pursuant to Health and Safety Code Section 32155.
- B. Conference with Labor Negotiators (pursuant to Government Code Section 554957.6) Agency negotiators: Bob Redlo, VP of Patient Relations, Labor Relations & Workforce Development, John Hardy, Vice President of Human Resources: California Nurses Association, NUHW, PEU Local One and Local 39.
- C. Discussion involving Trade Secrets Pursuant to Health and Safety Code Section 32106. Discussion will concern new programs, services, facilities.

ANNOUNCEMENT OF REPORTABLE ACTION(S) TAKEN IN CLOSED SESSION, IF ANY.



MINUTES
April 24, 2013

TAB 3



**WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS**

**April 24, 2013, 4:30 P.M.
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA 94806**

MINUTES

1. CALL TO ORDER

The meeting was called to order at 4:45 P.M.

2. ROLL CALL

Quorum was established and roll was called: 5:00 PM

Present: *Eric Zell, Chair*
 Supervisor John Gioia, Vice Chair
 Wendel Brunner, M.D.
 Deborah Campbell
 Nancy Casazza
 Sharon Drager, M.D.
 Beverly Wallace
 Irma Anderson

Excused: *Richard Stern, M.D.*
 William Walker, M.D.
 Patrick Godley

3. **RESOLUTION NO. 2013-06 Employee Recognition**

The management staff introduced and recognized employees with 40 or more years of service to Doctors Medical Center:

Melanie Mirlohi, Manager of the Respiratory Therapy department presented Sharon Mena for 40 years of services.

John Bliss, Manager of Telecommunications presented Bobbie Harris for 43 years of service.

Andra Kaminsky, Director of MICU presented; Nelmidia Querubin, Susan Freitas, Linda Deocampo, Adrian Boyance-Reid and Carol Deyoung for 40 years + of service.

Marianne Gerardi, Director of Case Management presented Cheryl Riley and Joanne Brennan for 40 years + of service.

Bobbie Ellerston, Chief Nursing Officer presented Sue Wockner for 42 years of service.

Jennifer Viramontes, Director of Central Distribution presented Rosetta Minor (Technician) and Shirley Johnston (Clerk) for 40 years + of service.

Christine Mariner Director of ICU/Perioperative Services presented Robert Ochoa (Surgical Orderly), Phyllis Dill (Registered Nurse) and Joyce Crockett (Secretary) for 40 year + of service.

Therese Helser, Director of Pharmacy presented Harold Woo for 50 years of service.

Mary Campbell, Director of Medical Surgical Unit and 7th floor presented Benita Thomas (LVN), Candice Phelan (RN) and Barbara Ewing (RN) for 40 years + of service. Chair Eric Zell, on behalf of the Governing Body, presented Carol Sims (RN) as the longest serving employee of Doctors Medical Center with 51 years of service

Ms. Gideon read Resolution 2013-06, and the Governing Body members individually and collectively thanked the hospitals long-term employees for their dedication and support of Doctors Medical Center, our patients and the community.

The motion made by Supervisor Gioia and seconded by Director Deborah Campbell to adopt Resolution 2013-06 passed unanimously.

4. APPROVAL OF MARCH 27th , 2013 MINUTES

The motion made by Sharon Drager, M.D. and seconded by Director Deborah Campbell to approve the March 27th, 2013 minutes passed unanimously.

5. PUBLIC COMMENTS

Tami Roncskevitz, R.N. pointed out that it's nice to appreciate employees hard work and recognize them, but the hospital should also fund pension plans and give staff the raises that they deserve.

6. FINANCIALS- APRIL 2013

Mr. James Boatman, CFO, presented and sought acceptance of the March 2013 Financials. Doctors Medical Center had a Net Loss of \$613K for the month of March, \$47,000 worse than budget.

Mr. Boatman reported that net patient revenue was under budget by \$1,248,000 for March. Inpatient gross charges were under budget by 9.7% with patient days and discharges at 6.8% and 9.2% under budget respectively. Total outpatient volume was 0.9% under budget with the emergency department beating expectations by 15.5% while both surgeries and ancillary volumes were under budget by 24.2% and 18.8% respectively.

Mr. Boatman pointed out that the majority of the net patient revenue shortfall was in Managed Care with inpatient volume at 35% under budget and outpatient revenue at 52% under budget. This negative variance was partially offset by a \$275,000 favorable variance in PPO revenue for a combined net revenue shortfall of \$1,160,000 for the month of March. Both indemnity Medi-Cal and managed Medi-Cal were 24% under budget combined for a negative variance of \$327,000. Medicare discharges were under budget by 10% while managed Medicare was 22% over budget resulting in a combined favorable variance of \$168,000.

Mr. Boatman updated everyone that Salaries and Benefits combined were under budget by \$1,200,000. Salaries were under budget by \$482,000 mainly due to effective flexing in nursing, clerical and environmental departments. A health insurance stop loss reimbursement of \$1,400,000 offset higher medical benefits costs this month resulting in a \$727,000 favorable variance in benefit costs for the month.

Mr. Boatman pointed out that the Professional fees were over budget by \$42,000 in March due to unbudgeted temporary management staffing in surgery. Supplies were under budget by \$90,000 due to lower utilization of pacemakers and Purchased Services were over budget by \$94,000 this month due to unbudgeted cost savings project and research costs related to parcel tax survey.

A motion was made by Supervisor Gioia and seconded by Secretary Casazza to accept the March 2013 Financial report passed unanimously.

7. FISCAL YEAR 2012 AUDIT

Mr. Gerald Tucker from TCA Partners, LLP a certified public accounting firm presented the fiscal year 2012 audit report.

Report on the Financial Statements

TCA audited the financial statements of West Contra Costa Healthcare District (the District) as of December 31, 2012 and 2011, which include the balance sheets as of December 31, 2012 and 2011 and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Mr. Tucker reported the financial statements referred to above present fairly, in all material respects, the financial position of the District at December 31, 2012 and 2011, and the results of its operations and its cash flows for the years then ended, in conformity with generally accepted accounting principles.

Management's discussion and analysis is not a required part of the financial statements but is supplementary information required by generally accepted accounting principles. TCA applied limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information, but did not audit the information and express no opinion on it. The accompanying financial statements were prepared assuming the Medical Center will continue as a going concern. As discussed in Note 11 to the financial statements, the Medical Center has incurred recurring losses from operations and has a net deficit of (\$8,048,000) at December 31, 2012. These conditions raise substantial doubt about its ability to continue as a going concern. One of the most important questions asked about the finances is, "Is the District as a whole better or worse off as a result of the year's activities?" Overall, the District is worse off at December 31, 2012 than it was December 31, 2011.

Mr. Tucker presented the year-end financial statements, they did not change from those reported by Mr. Boatman at the January 2013 meeting of the Governing Body.

Total operating revenue increased in 2012 from 2011 by \$7.8 million (5.5%), while operating expenses increased by \$1.6 million (1.1%). The increase in revenue is primarily due to the August 5th Chevron fire. The District experienced a three week spike in emergency room visits due to the fire. The net revenue result of this event was a one-time revenue increase for \$4.8 million. Other operating revenue for the district was the first installment for implementing an electronic medical record (EHR) system. The District received \$2.4 million as incentive payments in 2012 for this project.

Operating expenses increased in 2012 by 1.6 million or (1.1%). The largest increase in expenses was \$2.4 million in salaries and wages. Most of the Districts employees and medical staff needed to be trained on the new system at a major cost to the district. The District was able to pass a parcel tax initiative and bond indenture in 2011. Both changes had an effect on non-operating revenue.

The District continues to make changes to operations. In 2012 management was able to cut the operating losses by \$6.2 million but fell short of the goal for the year. In October of 2012 management again looked at cost cutting measures to reduce the deficit. The changes made will produce an annualized reduction in the operating losses by another \$12 million. Staff reductions produced a decrease of 22.0 FTE's. The changes included new revenue programs as well as reductions in supply and purchased service costs. The parcel tax initiative will have a full effect in 2013 and reduce the deficit another \$2.0 million. The majority of the changes put into place will only have a nine month effect in 2013 so we will still face a deficit in 2013.

In 2012 the District used \$18.2 million of the 2011 Bond proceeds to continue operations. The software conversion discussed previously also had an effect on the accounts receivable. The accounts receivable balances increased \$19.1 million with \$4.8 million of it due to the Chevron refinery fire in August.

The District sometimes provides care for patients who have little or no health insurance or other means of repayment. This service to the community is consistent with the goals established for the District when it was founded. Because there is no expectation of repayment, charity care is not reported as patient service revenues of the District. The cost of providing care to the uninsured patients was approximately \$7.0 million in 2012 and \$6.9 million in 2011.

Changes in the District's cash flows are consistent with changes in operating losses and non-operating revenues and expenses, discussed earlier.

Mr. Tucker presented several key metrics and compared Doctors Medical Center to their peer group average:

	DMC	Peer Group
Deductions from revenue %	82%	76%
Labor and benefits as % of expenses	63%	60%
Labor and benefits as % of net patient revenue	82%	72%
Benefits as a % of salaries and wages	54%	38%
Labor and benefit cost per FTE	\$134,709	\$114,000
Supplies as % of net patient revenue	15%	12%
Purchased services as % of net patient revenue	19%	14%

A motion was made by Director Anderson and second by Director Campbell to approve the Fiscal Year 2012 Audit passed unanimously

8. QUALITY MANAGEMENT REPORT-FEBRUARY 2013

Ms. Bobbie Ellerston, Chief Nursing Officer, presented and sought acceptance of the March 2013 Quality Management Report. The AMI & Pneumonia core measures are at goal in all areas, CHF has shown improvement in discharge instructions. The SCIP initiative continues to miss goal in two indicators. The stroke indicators need improvement for VTE Prophylaxis and implemented measures for the weekends.

Ms. Ellerston presented the performance monitoring goals and results for Imaging Services and for Procedural Sedation. The measurement goal for Imaging Services is patient wait time, with a goal of less than 15 minutes. In the 4th quarter of 2012 the goal was met 100% of the time. The Procedural Sedation goals relate to patient consent. To achieve 100% compliance in this area we have revised policies and developed competency training for all nurses.

Ms. Ellerston presented activity on the California Transplant Donor Network for the 4th quarter of 2012, and DMC had an overall referral rate at 100% for appropriate referrals. We had six tissue donors and zero organ donors. She pointed out other quality data that was available in the Governing Body report and that she was happy to answer any questions related to that data.

A motion was made by Director Anderson and second by Director Wallace to approve the March 2013 Quality Management Report passed unanimously.

9. CEO REPORT

Ms. Dawn Gideon, Interim president and Chief Executive Officer reminded the Governing Body that, at the March 2013 meeting, the Governing Body had approved a refinancing of the 2004 Certificates of Participation if we were able to secure a financing rate no higher than 4%. Our bond counsel and underwriters advised us that it is unlikely that we will achieve that lowered rate that the present time, and therefore any further refinancing activity has been put on hold for now.

This week is national service week, and DMC has honored the service league for their commitment and excellent service. The volunteers have donated over 1 million hours in the last 47 years. Ms. Gideon further reported that Brandy Koslavski, a DMC dietitian, has been selected by the California Dietetic Association as the 2013 Young Diet Technician of the year. Finally, she reported that the cancer center has received a Komen Foundation grant for our Breast Cancer program this year in the amount of \$38,000. This is the second consecutive year of award.

No Action Information Only

10. MEDICAL EXECUTIVE REPORT

Dr. Laurel Hodgson spoke on the Medical Executive Committee report. The medical staff bylaws underwent review and extensive revision by the medical staff attorney, as a result of last The Joint Commission survey. Those revisions are currently under review by the Bylaws Committee via the leadership of Dr. Morrissey.

The Joint Commission requires that privileges be “objective, evidence based.” The Medical Staff leadership requested that current privilege forms be reviewed and revised to better reflect services performed at DMC, to identify specific eligibility requirements that should be met prior to initial appointment, as well as criteria which must be met in order to maintain privileges. The Interim Director has been diligently working with members of the Department of Medicine and updating/revising as necessary.

Information regarding the specific privileges of each of our physicians was previously manually generated and housed in hard copy form in binders throughout several departments. This information is now available and accessible on-line. This was done to allow accurate and more timely access by departments such as admitting, scheduling, OR, ER, etc. This automated process also allows for quicker and more reliable updating.

The Ethics Committee is meeting to review, update and revise the Ethics Policy and Procedures. Research is currently underway related to legal aspects and processes for managing patients in the “end of life” stages.

Currently reappointment dates end on staggered days throughout every month. This can cause confusion and can lead to reappointments expiring prior to approval by the Governing Board. This can happen due to miscalculating the processing of reappointments through meetings or can also be caused when meetings such as MEC and/or Governing Board are moved. In order to avoid such issues, reappointments are being recalculated to end on the last day of a given month. This will have little impact on practitioners and their reappointment cycle.

THE MEETING ADJOURNED TO CLOSED SESSION AT 6:20 PM

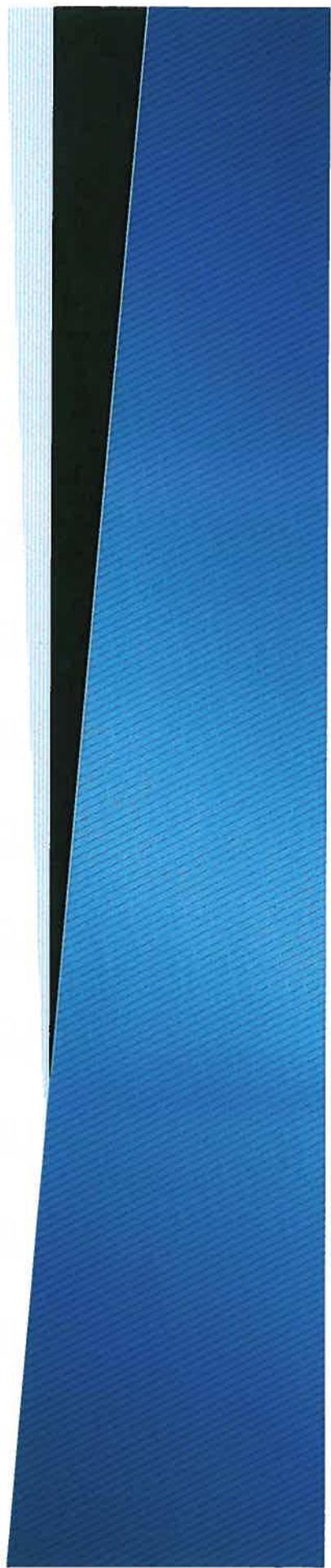


**QUALITY MANAGEMENT
REPORT
APRIL 2013**

TAB 5

Quality Management Report

MAY 2013



Patient Thru Put Committee

- ▶ A multi disciplinary committee with physician leadership
- ▶ Goal is to facilitate the patient's admission in a safe, timely and quality approach thru the continuum of care
- ▶ Utilizing the PDCA and LEAN principles
- ▶ Developing a dashboard to include indicators on ED volume/Admission and Discharge
- ▶ Have sub groups working on processes



Code Blue Committee

- ▶ Developed laminated responder cards for ICU
- ▶ Doing mock codes in ICU/Med Surg/Tele
- ▶ Revised code cart contents
- ▶ Developing dashboard for codes/RRTs/85s



Patient Falls/Falls with Injury

- ▶ Continue with a downward trend
- ▶ Discussed in Bed Huddles
- ▶ There have been no falls with injury since 1st Qtr 2011
- ▶ DMC is below the CALNOC benchmark of 2.94



HAPU'S

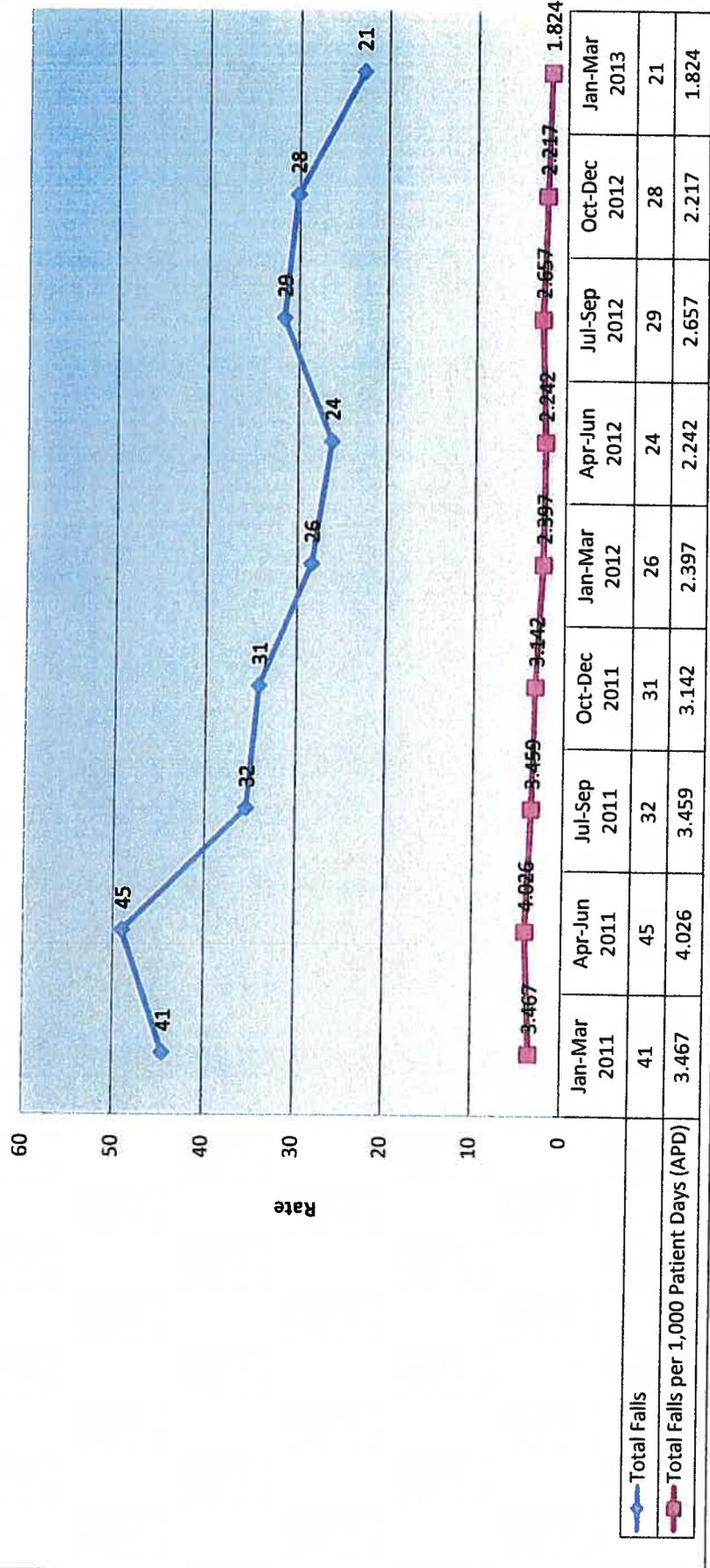
- ▶ Continue with a downward trend
- ▶ Instituted the “Buddy system” in ICU
- ▶ Reviewing the policy on Specialty beds
- ▶ Wound team attend bed huddles



Profile: PATIENT SAFETY-FALLS
 Facility: All Facilities

Indicator	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Total
Total Falls	41	45	32	31	26	24	29	28	21	277
Total Falls With Injury	2	0	0	0	0	0	0	0	0	2
% Falls with Injury	4.878	0	0	0	0	0	0	0	0	0.781
Total Falls per 1,000 Patient Days (APD)	3.467	4.026	3.459	3.142	2.397	2.242	2.657	2.217	1.824	
Total Falls w/Injury per 1,000 Patient Days (APD)	0.169	0	0	0	0	0	0	0	0	
CALNOC Benchmark	2.94	2.94	2.94	2.94	2.94	2.94	2.94	2.94	2.94	2.94
CALNOC Benchmark (Falls with Injury)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

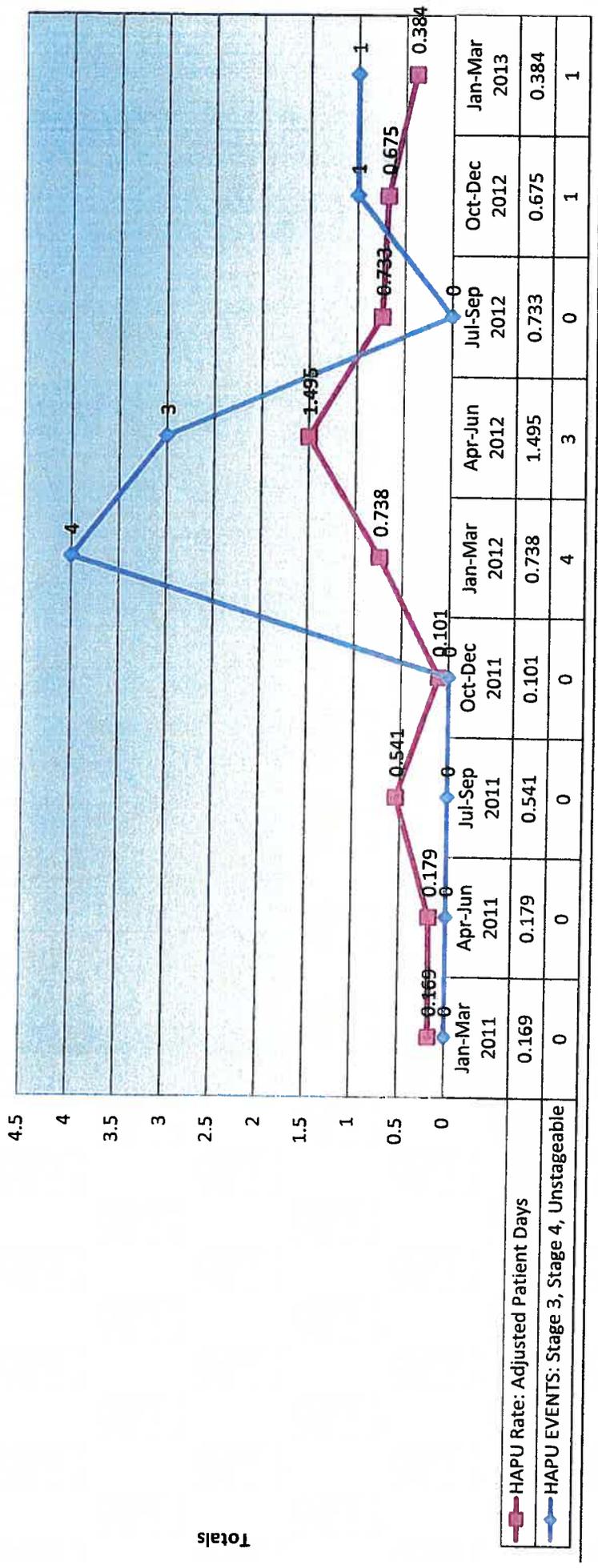
Patient Safety Falls



Profile: PATIENT SAFETY-SKIN/HAPU
 Facility: All Facilities

Indicator	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Total
Total HAPU Events	6	7	6	2	11	16	8	7	4	67
HAPU EVENTS: Stage 3, Stage 4, Unstageable	0	0	0	0	4	3	0	1	1	9
Skin Integrity Events by Location	57	33	49	47	53	41	28	30	14	352
HAPU Rate: Adjusted Patient Days	0.169	0.179	0.541	0.101	0.738	1.495	0.733	0.675	0.384	0.55717

Patient Safety: Pressure Ulcers 2011-2012





**FINANCIALS REPORT
APRIL 2013**

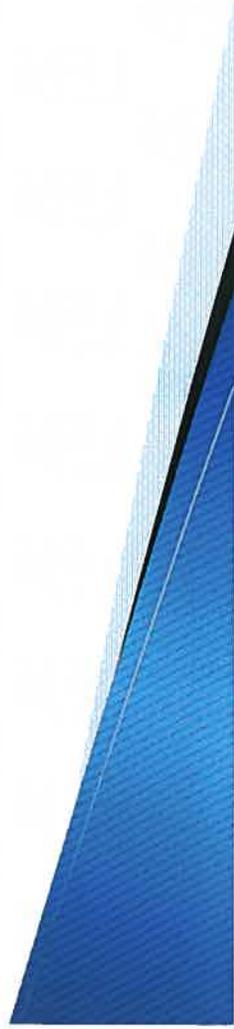
TAB 6



Board Presentation

April 2013

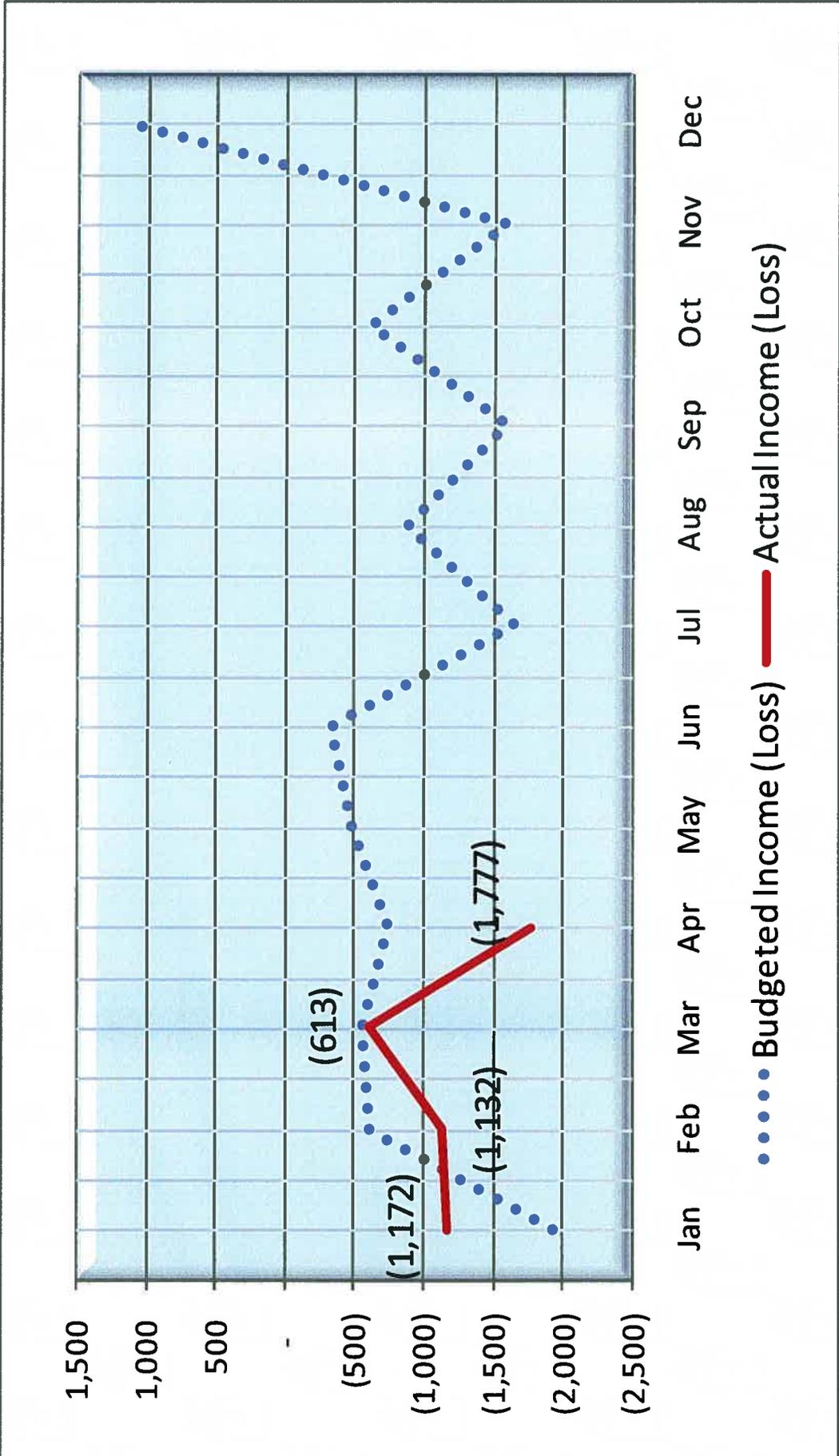
Financial Report



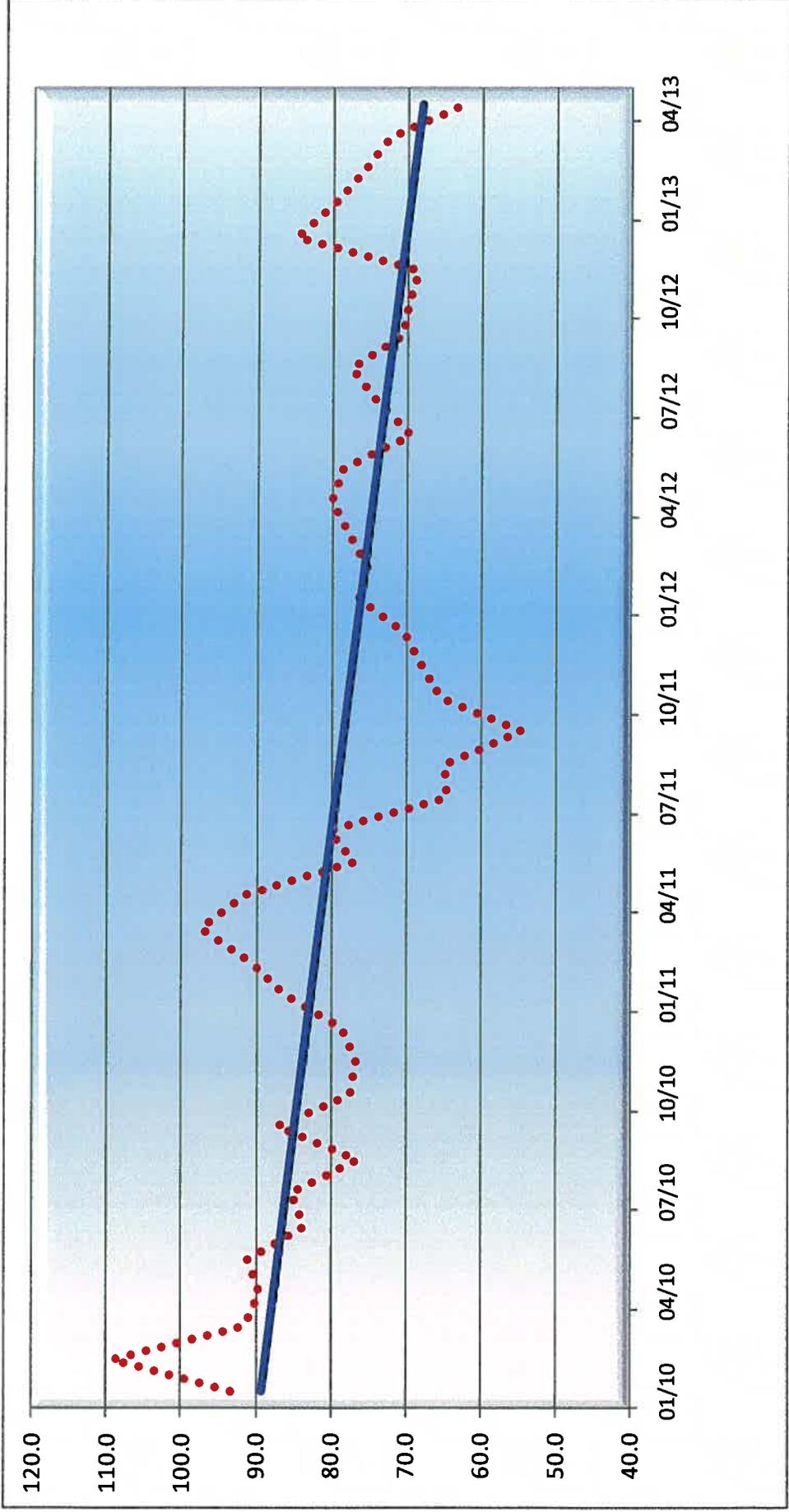
Financial Report Key Points

- Net loss was \$1.8K in April, over budget by \$1M.
- Net patient revenue was \$1.6M under budget.
- Operating expenses were \$624K under budget.

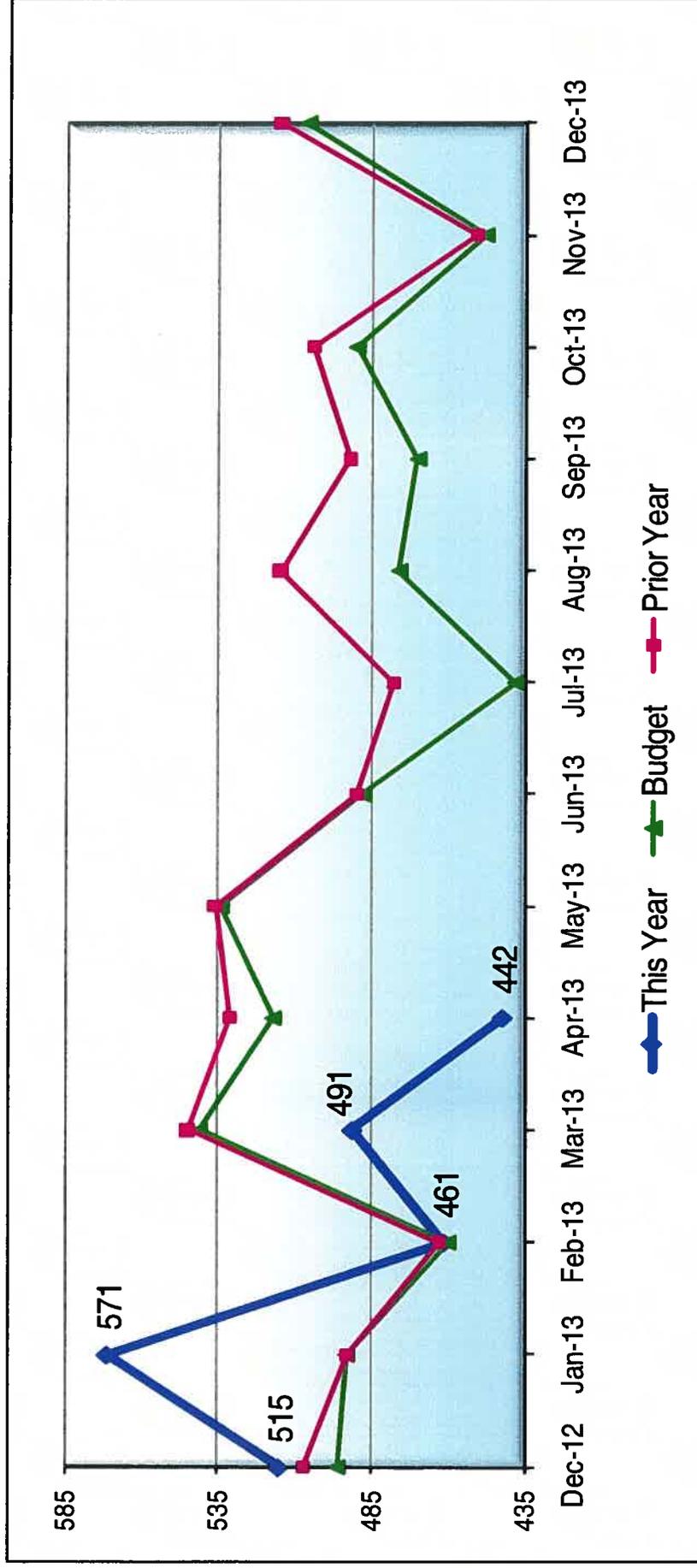
Year-to-Date Income



Average Daily Census 01 /10 thru 04 /13

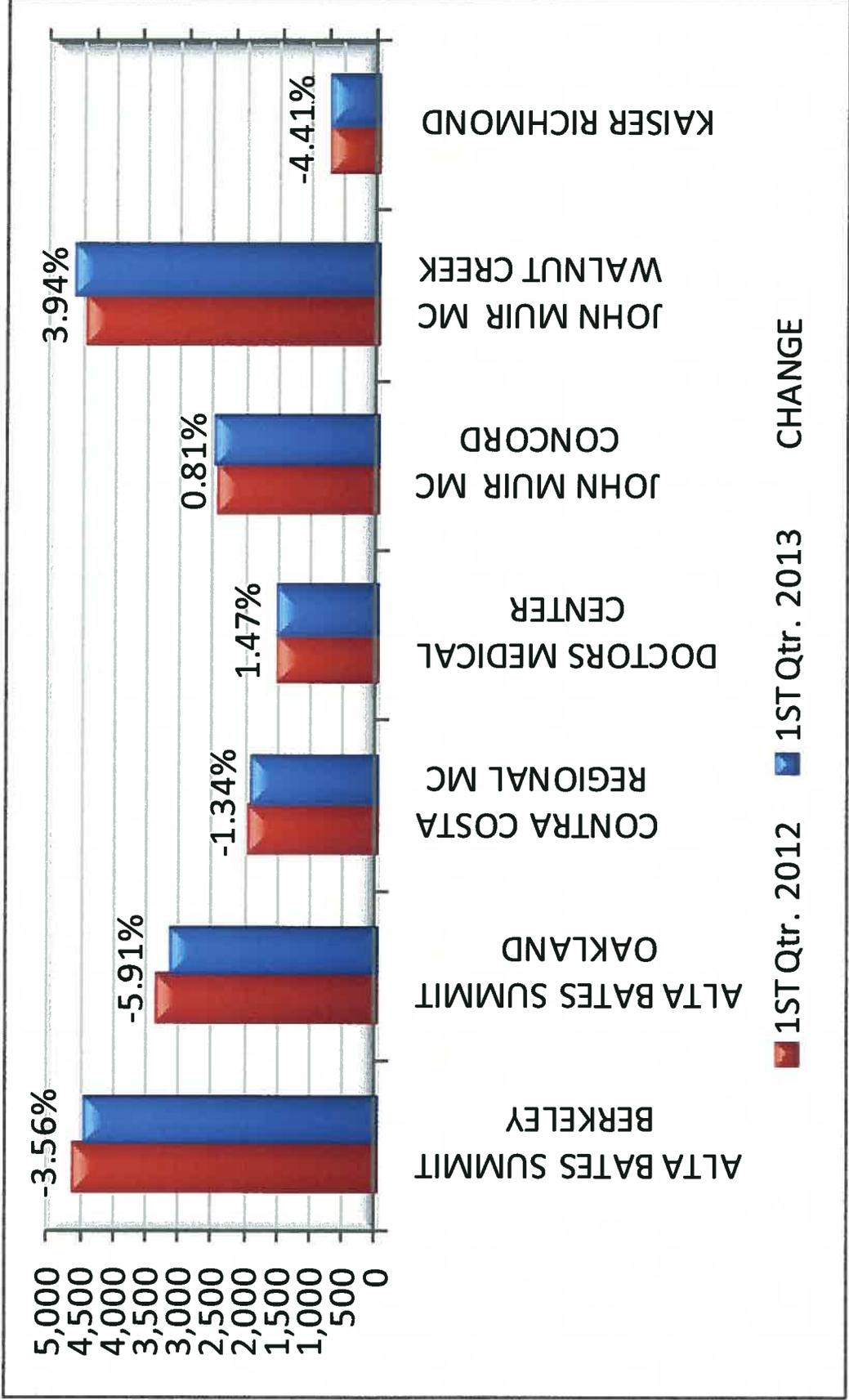


Inpatient Discharges



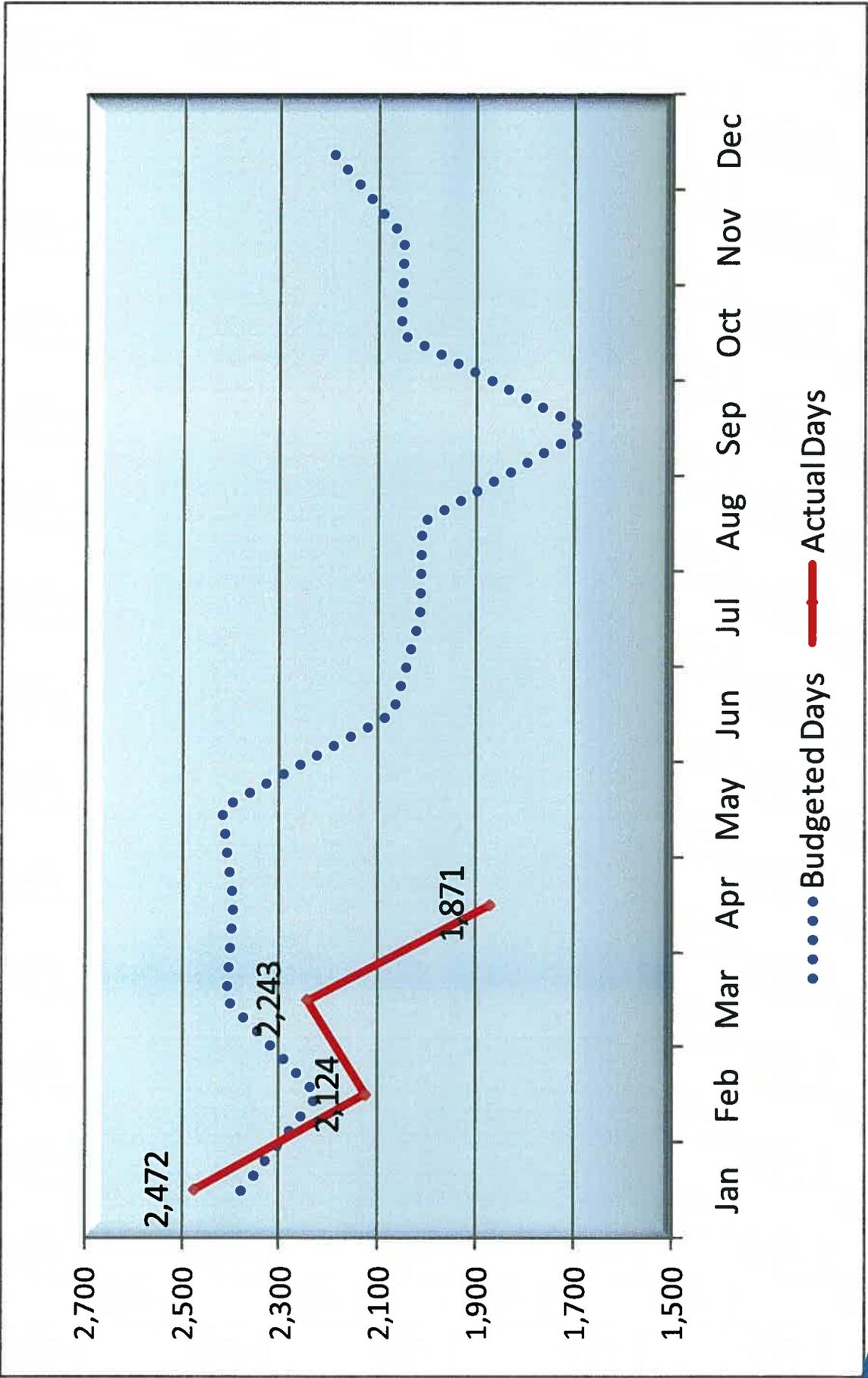
1st Qtr 2013-2012 Comparison

Discharges



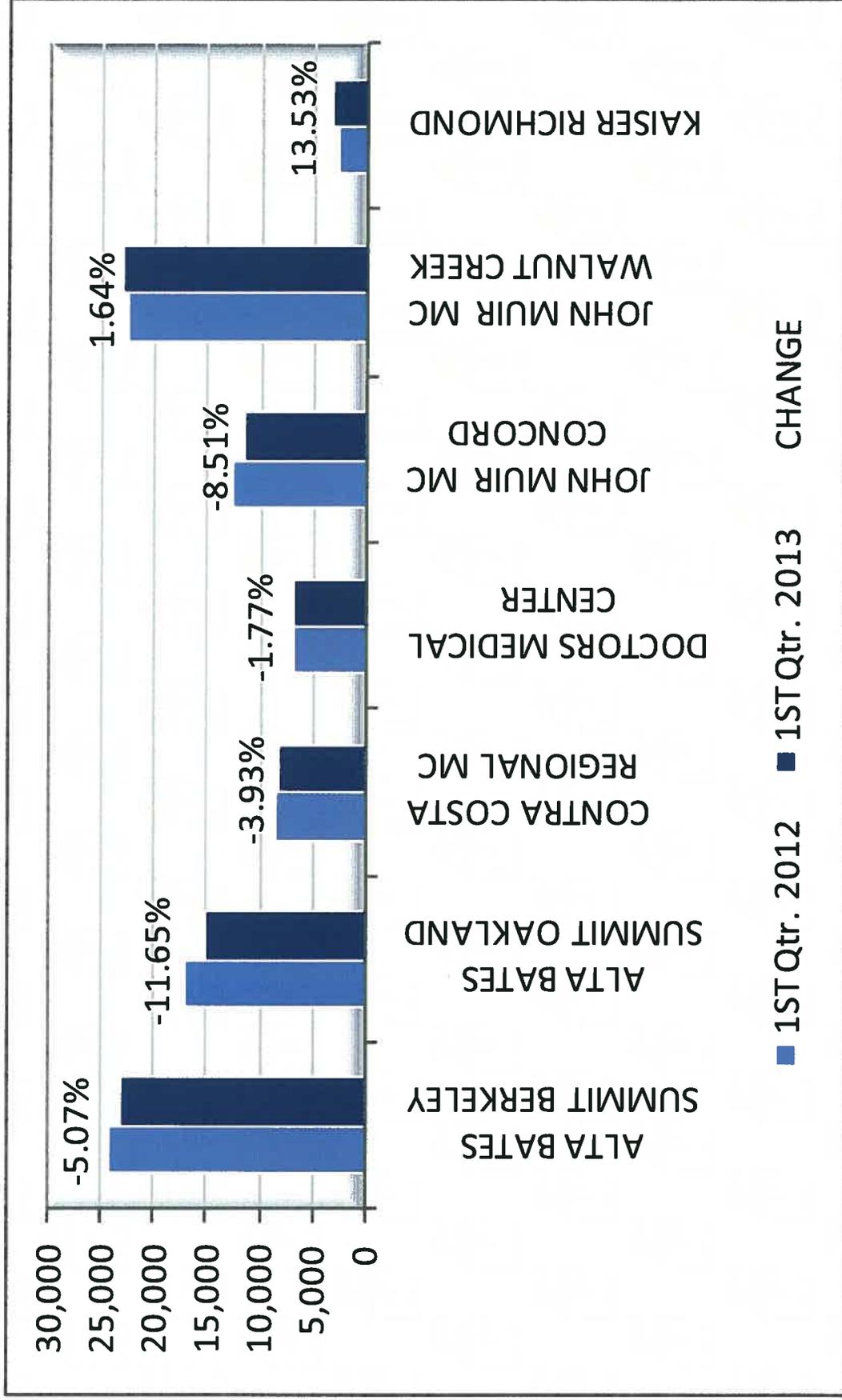
■ 1ST Qtr. 2012 ■ 1ST Qtr. 2013 CHANGE

Patient Days



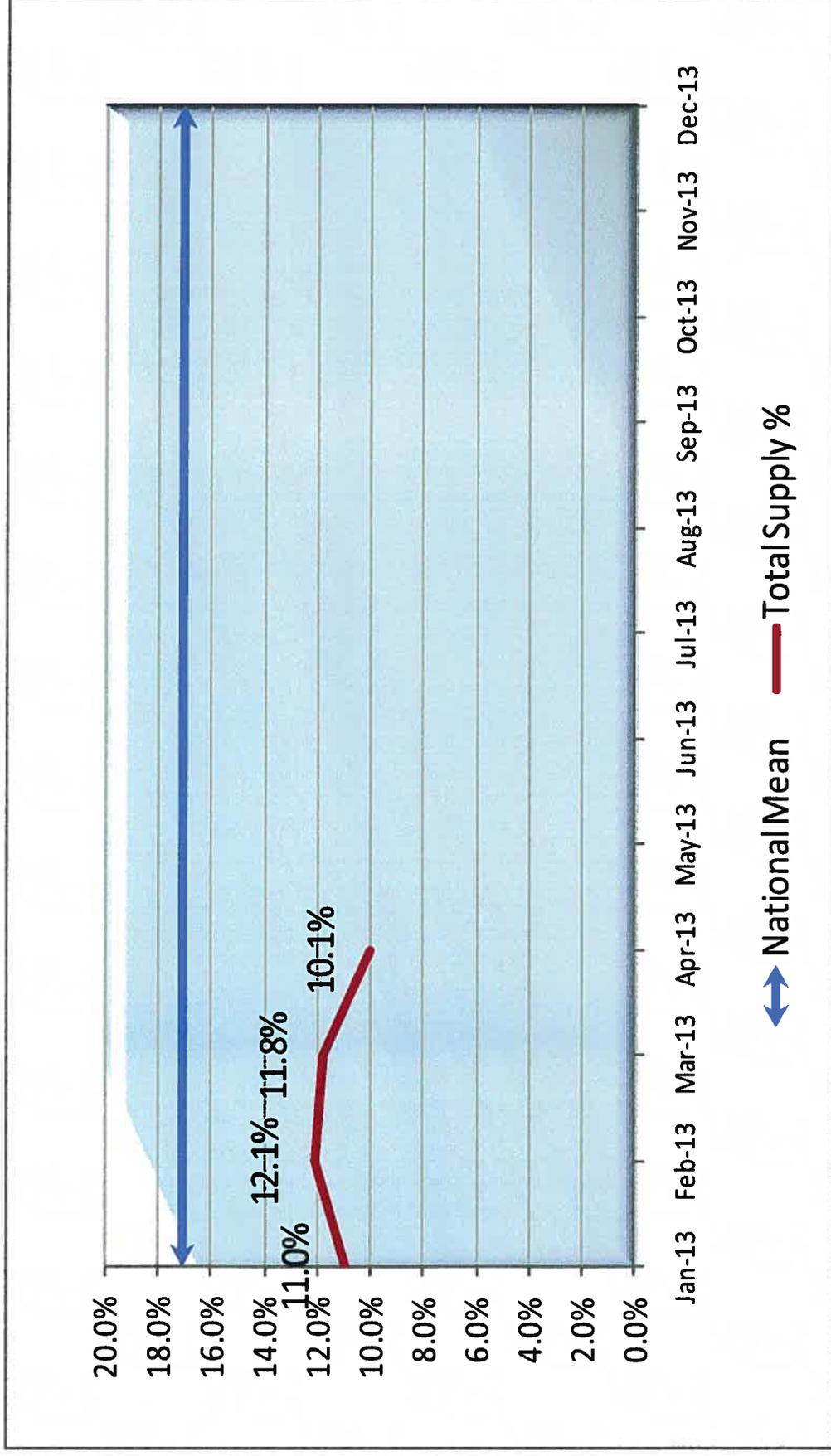
1st Qtr 2013-2012 Comparison

Patient Days

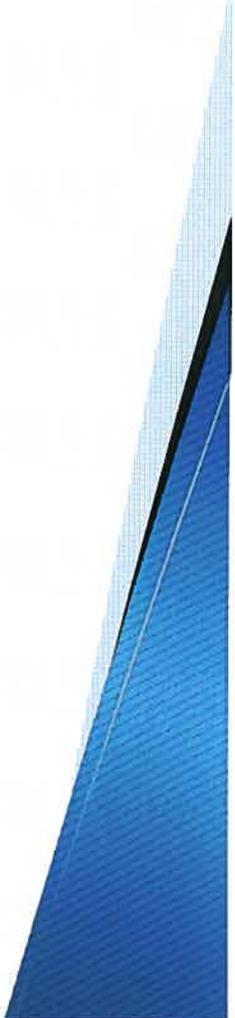
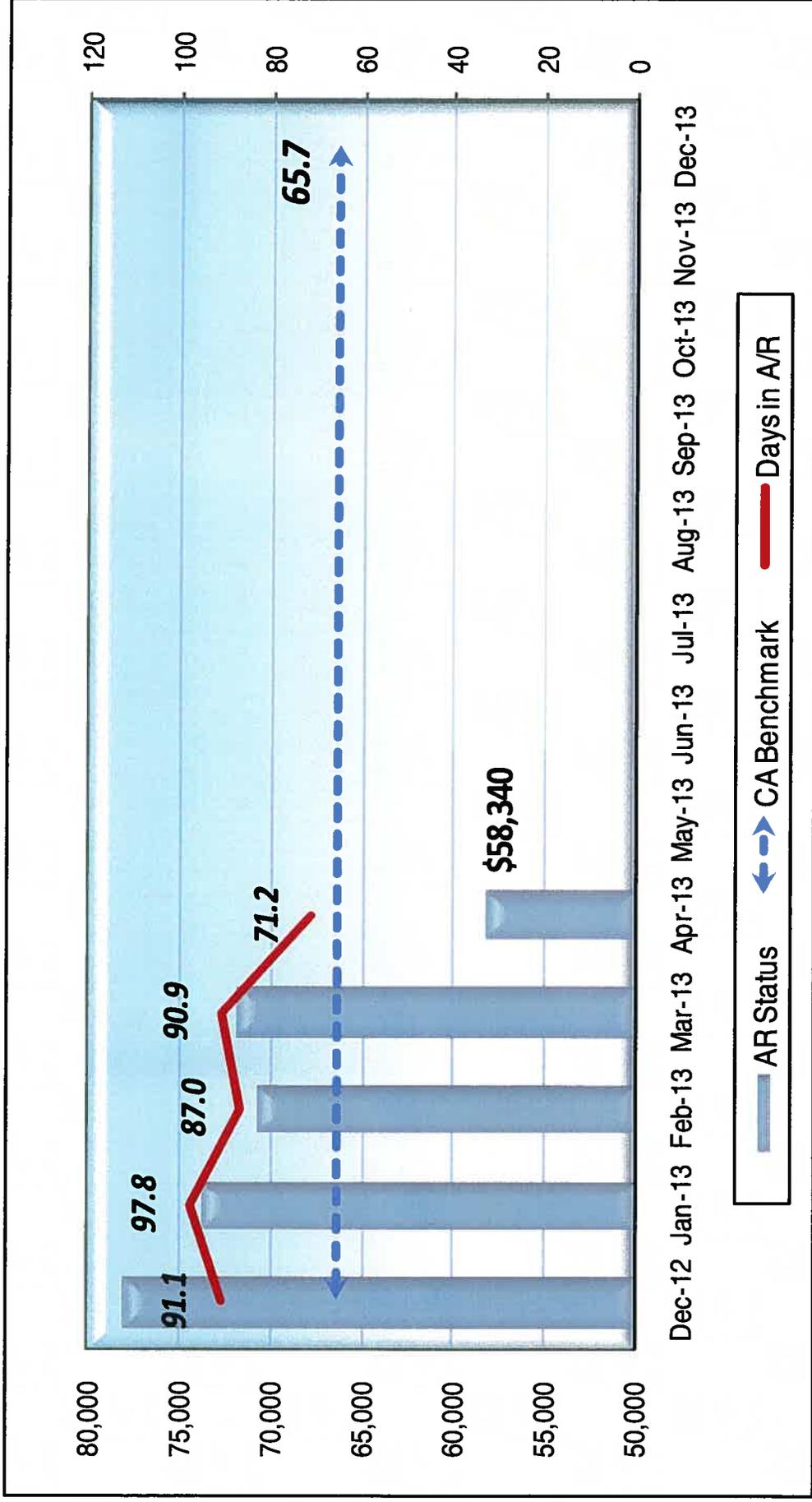


■ 1STQtr. 2012 ■ 1STQtr. 2013 CHANGE

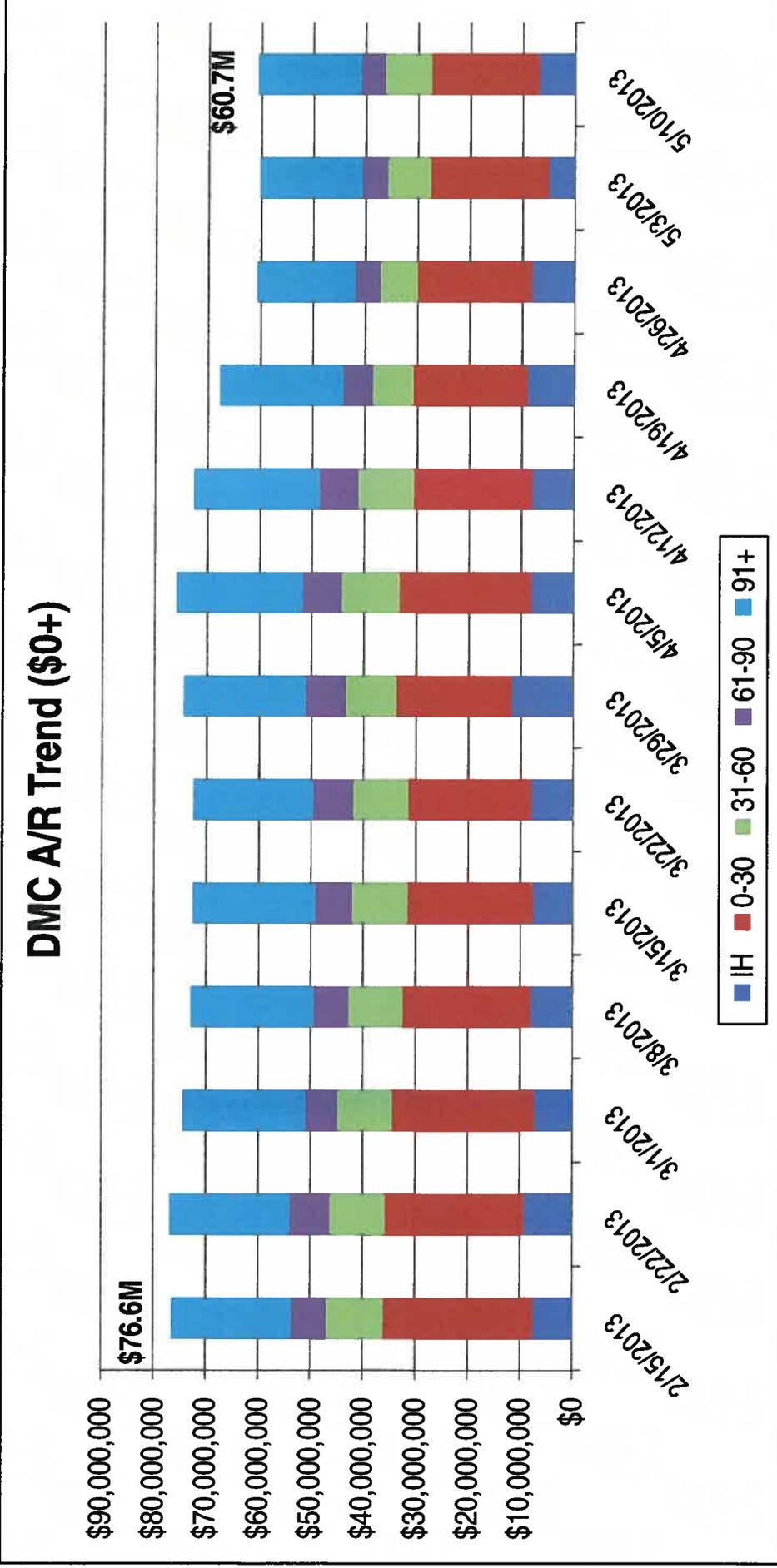
Supply Cost as % of Total Operating Expenses



Net Days in A/R



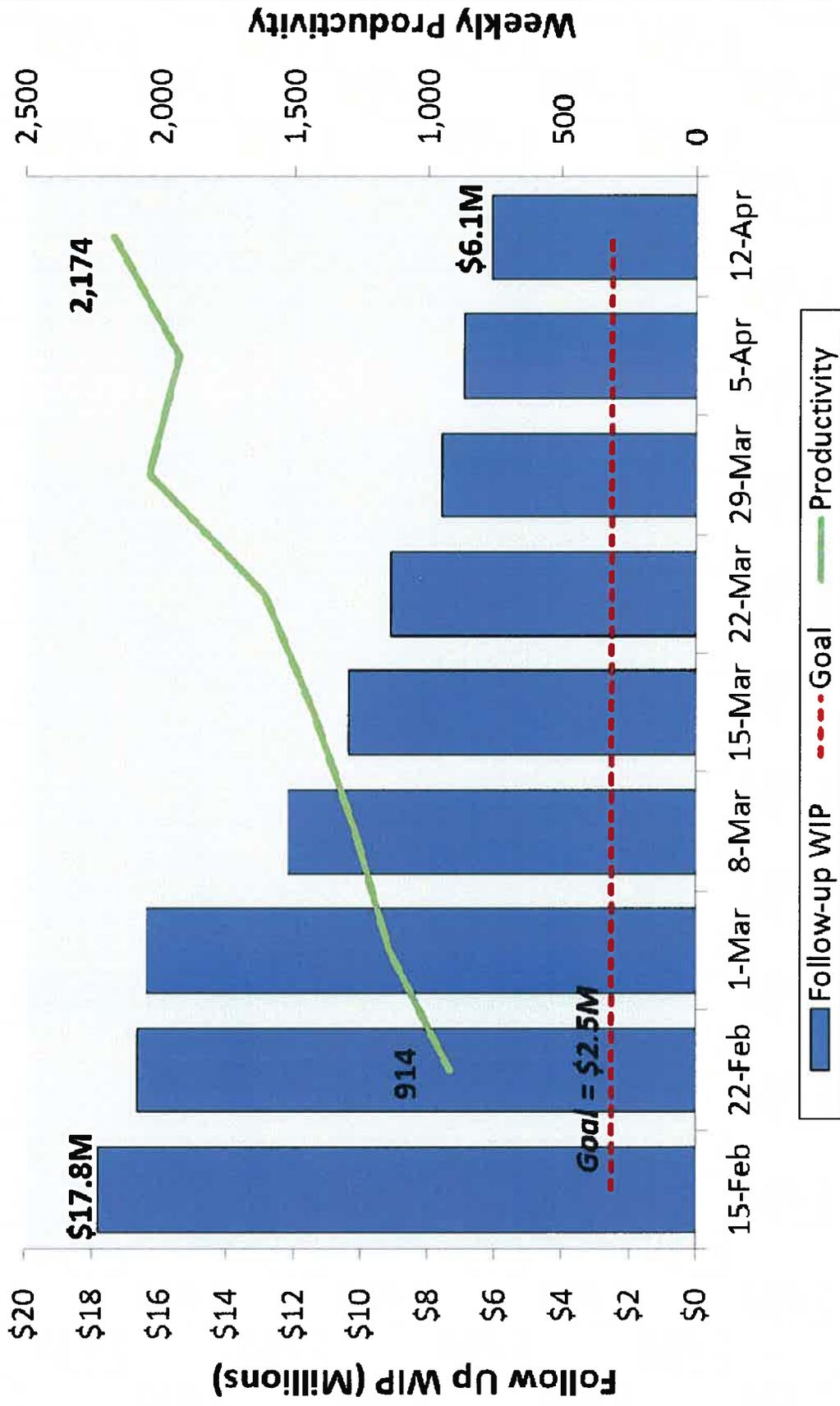
Project Results – A/R Reduction



➤ 21% reduction in A/R since TRAC Go-live
 ▪ Self-pay: 10% Sponsored: 23%

➤ Reduction by age tier
 ▪ IH: 9% 0-30: 28% 31-60: 19% 61-90: 31% 91+: 14%

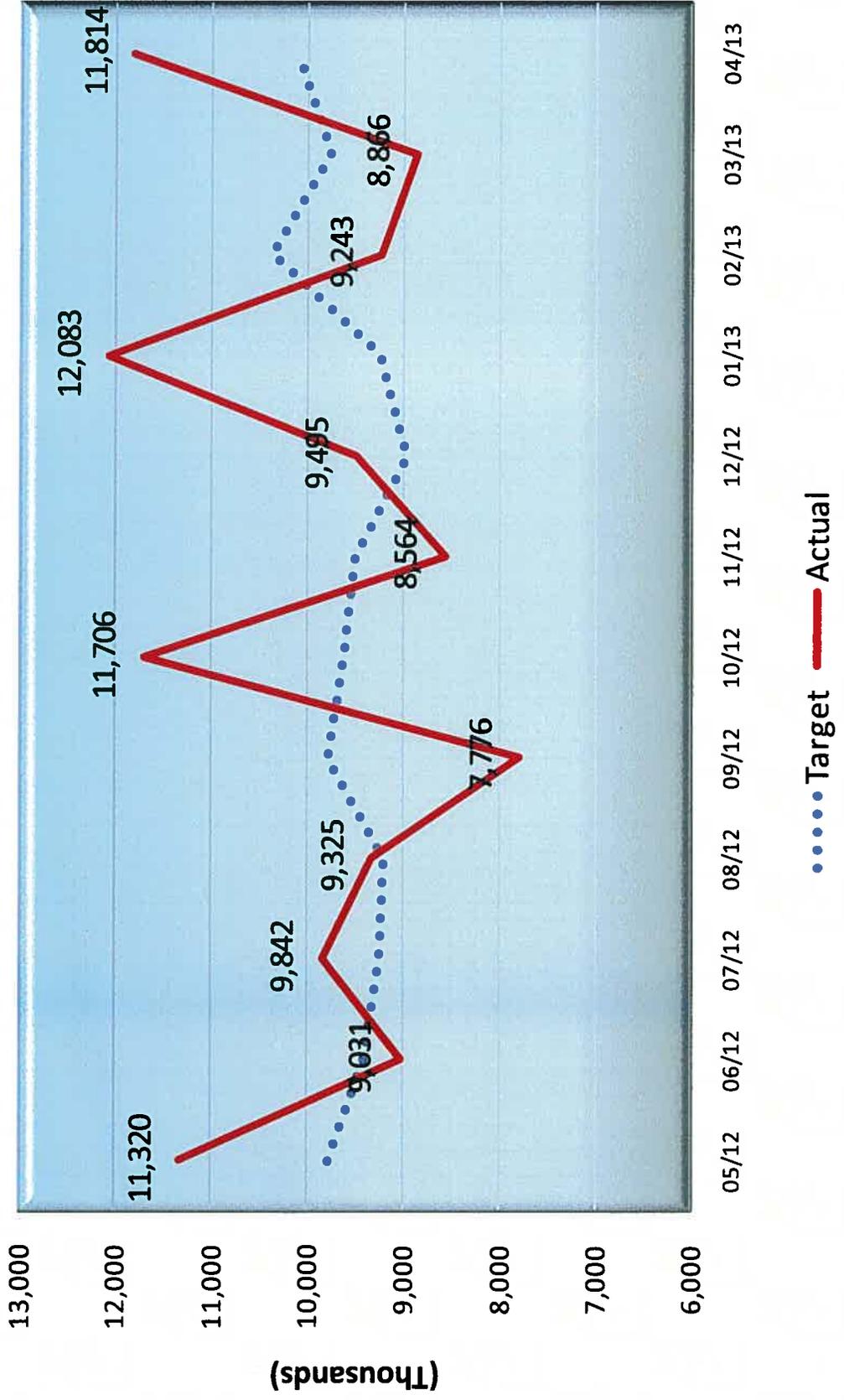
Follow Up WIP & Productivity



Project Status – Tool Implementations

Department	STAT	QUIC	ONTRAC	Implementation Summary
Patient Financial Services	X	X		<ul style="list-style-type: none"> ➤ STAT worklists manage active A/R collections workflow and prioritization for PFS staff members ➤ QUIC lists and daily reporting support biller functions and facilitate reportable real-time communication with other departments
Insurance Verification			X	<ul style="list-style-type: none"> ➤ ONTRAC workdrivers replaced paper-driven verification and authorization management
Case Management (CM)		X		<ul style="list-style-type: none"> ➤ QUIC functionality facilitates, tracks, and trends real-time communication between PFS and CM ➤ QUIC reporting also facilitates proactive tracking of outstanding appeals and outcomes
HIM		X		<ul style="list-style-type: none"> ➤ QUIC virtual lists allow coders to monitor coding-related billholds and outstanding uncoded accounts
Oncology		X		<ul style="list-style-type: none"> ➤ QUIC virtual lists provide a workdriver for managing held claims and ensuring timely billing

Cash Collections



Cash Position

April 30, 2013

(Thousands)

	April 30, 2013	December 31, 2012
Unrestricted Cash	\$7,820	\$5,059
Restricted Cash	\$7,822	\$11,612
Total Cash	\$15,642	\$16,671
Days Unrestricted Cash	21	11
Days Restricted	22	27
Total Days of Cash	43	39
California Benchmark Average	34	
Top 25%	82	
Top 10%	183	

Doctors Medical Center - San Pablo
Restated Financials Replacing Consultants with Full Time Staff
Year to date ended April 30, 2013
(Amounts in thousands)

Description	Current Month	Year to Date
Net Loss	(1,777)	(4,694)
Reduction for Consultants		
Huron	48	217
Eighty / Twenty	74	297
Optimum Financial Consultants	35	117
Total Reduction	<u>157</u>	<u>631</u>
Addition for Permanent Staff		
CEO	47	188
COO	31	124
CNO	21	84
Financial Analyst	10	40
Total Addition	<u>109</u>	<u>436</u>
Net Change	<u>48</u>	<u>195</u>
Restated Net Loss	<u>(1,729)</u>	<u>(4,499)</u>

Capital Budget 2013

Listed Equipment

\$1,493,000

Emergency Funds

507,000

Total Capital Budget:

\$2,000,000

Committed To Date:

\$392,000

Remaining Capital

\$1,608,000



**WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT**

April 30, 2013

(Amounts in Thousands)

	CURRENT PERIOD		PRIOR YEAR	
	ACTUAL	BUDGET	VAR	VAR %
	2,584	2,128	(456)	-21.4%
	19,656	65.3%	-19.9%	
	3,694	3,261	(434)	-13.3%
	30,285	36,636	(6,351)	-17.3%
	19,813	19,813	(157)	-0.8%
	49,941	56,449	(6,508)	-11.5%
	43%	40%	3%	
	4%	5%	-1%	
	12%	13%	-1%	
	12%	10%	2%	
	15%	17%	-2%	
	0%	0%	0%	
	1%	1%	0%	
	2%	3%	-1%	
	11%	10%	1%	
	436	534	(98)	-18.4%
	442	517	(75)	-14.5%
	1,871	2,393	(522)	-21.8%
	62.4	79.8	(17.4)	-21.8%
	4.23	4.63	0.40	8.5%
	30	30		
	729	797	(68)	-8.5%
	3,085	3,687	(602)	-16.3%
	103	123	(20)	-16.3%
	71	66	5	7.6%
	74	79	(5)	-6.3%
	145	145	-	0.0%
	2,111	2,162	(51)	-2.4%
	65.1%	64.8%	0.3%	0.5%
	3,245	3,336	(91)	-2.8%
	35,746	147,993	(112,247)	-31.4%
	18,183	84,360	(66,177)	-36.2%
	53,929	232,353	(178,424)	-77.2%
	49%	40%	9%	
	6%	5%	1%	
	11%	13%	-2%	
	5%	10%	-5%	
	15%	17%	-2%	
	0%	0%	0%	
	1%	1%	0%	
	3%	3%	0%	
	10%	10%	0%	
	545	2,029	(1,484)	-27.2%
	531	2,011	(1,480)	-27.8%
	2400	9,399	(6,999)	-24.4%
	80.0	78.3	1.7	2.2%
	4.52	4.67	(0.15)	-3.2%
	30	120	(90)	-30.0%
	801	3,157	(2,356)	-29.4%
	3,621	14,757	(11,136)	-30.1%
	121	123	(2)	-1.6%
	73	316	(243)	-33.2%
	84	361	(277)	-33.0%
	157	677	(520)	-32.6%
	2,282	2,162	(120)	-5.6%
	64.7%	64.8%	-0.1%	-0.2%
	3,529	3,336	(193)	-5.8%
	141,627	147,993	(6,366)	-4.3%
	77,858	84,360	(6,502)	-7.7%
	219,485	232,353	(12,868)	-5.5%
	44%	40%	4%	
	3%	5%	-2%	
	12%	13%	-1%	
	12%	10%	2%	
	16%	17%	-1%	
	0%	0%	0%	
	1%	1%	0%	
	2%	3%	-1%	
	11%	10%	1%	
	1,982	2,029	(47)	-2.3%
	1,965	2,011	(46)	-2.3%
	8,710	9,399	(689)	-7.3%
	72.6	78.3	(5.7)	-7.3%
	4.43	4.67	0.24	5.2%
	120	120		
	3,045	3,157	(112)	-3.5%
	13,498	14,757	(1,259)	-8.5%
	112	123	(11)	-8.5%
	292	316	(24)	-7.6%
	321	361	(40)	-11.1%
	613	677	(64)	-9.5%
	2,175	2,175		
	66.1%	66.1%		
	3,292	3,292		
	140,450	140,450		
	76,587	76,587		
	217,037	217,037	-	0.0%

STATISTICS

Admissions	545
Discharges	531
Patient Days	2400
Average Daily Census (ADC)	80.0
Average Length of Stay (LOS)- Accrual Based	4.52
Days in Month	30
Adjusted Discharges (AD)	801
Adjusted Patient Days (APD)	3,621
Adjusted ADC (AADC)	121
Inpatient Surgeries	73
Outpatient Surgeries	84
Total Surgeries	157



April 2013 Executive Report

Doctors Medical Center had a Net Loss of \$1,777,000 for the month of April. As a result, net income was worse than budget by \$1,032,000. The following are the factors leading to the Net Income variance:

<u>Net Patient Revenue Factors</u>	<u>Positive / (Negative)</u>
Managed Care, Commercial, PPO	(\$687,000)
Medicare / Medicare HMO	(\$633,000)
Medi-Cal / Medi-Cal HMO	(\$166,000)
Government / Workers Comp	(\$117,000)
 <u>Expenses</u>	
Salaries & Benefits	(\$125,000)
Supplies	\$148,000
Purchased Services	\$382,000
Other Operating Expenses	\$77,000

Net patient revenue was under budget by \$1,630,000 for April. Inpatient gross charges were under budget by 17% with patient days and discharges at 22% and 15% under budget respectively. Total outpatient volume was on target with the emergency department beating expectations by 2% and surgeries were right on target while ancillary volumes were under budget by 2%.

Managed Care Volume was 27% under budget, representing a reduction of \$682,000 in patient revenue. Regular Medicare and Medicare HMO combined was \$633,000 under budget. Patient days were 22% under budget and outpatient volume was 17.9% over budget. Regular Medicare patient days and discharges were under budget by 27% and 13% respectively. Additionally, Medicare reimbursement was reduced by 2% due to mandatory sequestration.

Salaries and Benefits combined were over budget by \$125,000. Salaries were favorable by \$240,000 mainly due to continued flexing in nursing, clerical and environmental departments. Benefits were \$365,000 over budget due to consistently higher than budgeted health insurance costs.

Supplies this month resulted in a \$148,000 favorable variance due to lower usage related to volume.

Purchased Services were under budget by \$382,000 this month due largely to a \$325,000 vendor issued credit for an amendment to the original contract related to the Paragon system.

Other Operating Expenses were under budget in April as a result of cost controls over travel, outside training and seminars.



CAPITAL EQUIPMENT REQUEST

TAB 7

**WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
GOVERNING BODY
BOARD OF DIRECTORS
CONTRACT RECOMMENDATION FORM**

TO: GOVERNING BODY
BOARD OF F DIRECTORS

FROM: Andra' Kaminsky RN, BSN-Director of MICU

DATE: 5/22/2013

SUBJECT: Hillrom Mattresses and frames for MICU

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) AND BACKGROUND WITH JUSTIFICATION

REQUEST / RECOMMENDATION(S): Recommend to the District Board to approve and authorize the Chief Operations Officer to execute on behalf of DMC, approval of the 16 Reconditioned TotaCare Sport Beds with Scale, Low Air Loss, Nurse call station bed exit, and 16 IV poles.

FISCAL IMPACT: \$442,746.88

STRATEGIC IMPACT: New mattresses are for increased comfort and wound prevention, thus impacting patient satisfaction. Life of mattresses is 10 years. Cost savings of this purchase includes saving \$23,700/year in waffle mattresses, and \$39,372/year in heel protectors. After comparing 3 companies, this company was chosen for best quality and price.

REQUEST / RECOMMENDATION REASON, BACKGROUND AND JUSTIFICATION:
MICU currently has 16 short stay foam mattresses which are for 1-3 day stay with mobile patients. The current mattresses are not conducive to comfort, healing, and wound prevention on critically ill and immobile patients.

Presentation Attachments: Yes X No _____

Requesting Signature: James Bostrum Date: 5/23/13

SIGNATURE(S):

Action of Board on ___ / ___ / ___ Approved as Recommended _____ Other _____

Vote of Board Members:

___ Unanimous (Absent ___)
Ayes: ___ Noes: ___
Absent: ___ Abstain: ___

I HEREBY ATTEST THAT THIS IS A TRUE AND CORRECT COPY OF AN ACTION TAKEN AND ENTERED ON THE MINUTES OF THE BOARD ON THE DATE SHOWN.

Contact Person:

Attested by: _____
Eric Zell, Chair, Governing Body
Board of Directors

Cc:
Accounts Payable
Contractor
CFO/Controller
Requestor



DOCTORS MEDICAL CENTER, SAN PABLO CAMPUS, SAN PABLO, CA

LEASE PROPOSAL & ESTIMATED RENTAL SAVNGS

Assumptions - Lease the following Hill-Rom equipment:

<u>Qty</u>		<u>Unit Price</u>	<u>Extended Price</u>
16	Reconditioned TotalCare SpORT Beds w/ Scale, Low Air Loss and CLRT (RTC-825) plus PPM w/ 3 Level Bed Exit, Nurse Call Station for Bed Exit, Touch Screen on Both Sides, Transport Foot Shelf, 6" Casters & Accessory Outlet	\$27,431.20	\$438,899.20
16	Set of 2 Permanent IV Poles (P1924B110)	\$240.48	<u>\$3,847.68</u>
	Total Order Amount - Purchase Price		\$442,746.88

LEASING ALTERNATIVES

	<u>Lease Rate Factor</u>	<u>Payment Amounts</u>
Capital Lease		
36 Monthly Payments, Starting 30 Days After Delivery	0.0299305	\$13,251.64
48 Monthly Payments, Starting 30 Days After Delivery	0.0230474	\$10,204.16

Est Annual Rental Savings (5/1/12-4/30/13 Usage - MICU Originations):	
TotalCare Connect SpORT Beds	\$59,070.00
P500 Therapy Surfaces	\$10,712.00
VersaCare P500 Beds	<u>\$968.50</u>
Total Annual Rentals for Indicated Products Originating in MICU	\$70,750.50
Estimated Annual Savings @ 90% Reduction	\$63,675.45
Estimated Monthly Savings w/ Purchase or Lease	\$5,306.29
Est Payback Period w/ Just Rental Savings - # of years	6.95

TERMS AND CONDITIONS:

- Prices reflected above are for illustrative purposes only - see Hill-Rom price proposal for product and pricing specifics along with applicable terms and conditions. Prices are valid if your order is received within 60 days. Products quoted above are coming from Remanufacturing inventory and are subject to limited availability.
- Amounts above do NOT include any applicable taxes.
- Lease would be arranged through a third party. Under the Capital Lease options, you may purchase all of the equipment at the end of the Lease Term for \$1.
- The lease rate factors quoted above are based on order amount and, in part, on current like-term Swap Rates and are subject to change if the Swap Rates increase prior to Lease Commencement. Lease factors could also change based on credit assessment by Lessor after receipt of financial statements (see #6 below).
- Monthly payments will start approximately 30 days after product delivery and acceptance.
- This proposal is contingent upon credit approval.** The last 3 years' audited financial statements (with auditor's opinion & footnotes) and your latest available comparative interim financials will be required for credit review and approval. Please send them to:
 Lisa Peters (Mailcode J36), Hill-Rom Holdings, 1069 State Route 46 East, Batesville, IN 47006
 or electronically to: Lisa.Peters@hill-rom.com
- Completion of applicable third party lease documents will also be required prior to first product delivery. Delivery & acceptance document must also be signed and returned when the equipment is delivered.
- Estimated rental savings are based on a detailed review of rental products originating in MICU during a recent 12 month period (5/1/12-4/30/13). It does not include any transfers in or out of that unit as Hill-Rom has no means to track transfers. Savings are based on past usage and changes in future usage may alter results.



PATIENT SATISFACTION REPORT

TAB 8

PATIENT SATISFACTION PROGRAM UPDATE

- **Patient Satisfaction Board meetings (Committee) quarterly or (every other month) expanded to include co-leads of the PI teams.**
- **Three Training Modules Developed with the Assistance of Press Ganey**
- **Unit Based Performance Improvement Teams Established**
- **Communication Boards Installed**
- **Employee Recognition Program Initiated**

•PATIENT EXPERIENCE TRAINING MODULES 1 AND 2 HAVE BEEN COMPLETED,

MODULE 3 IN PROGRESS

- Module : 275 attendees, Module 2: 236 attendees
- Trainings offered across all shifts and on weekends
- Set-up for pre-register established via HealthStream

•UNIT BASED PERFORMANCE IMPROVEMENT TEAMS ESTABLISHED

- 9 multidisciplinary team with representation of frontline and physician leadership
- Teams have selected initiatives to impact overall facility goals to improve communication and teamwork
- Team facilitators/managers will present selected initiatives to peers for educational purposes and to increase teamwork between departments
- Teams have selected representatives to participate on the Patient Satisfaction Committee

Patient Satisfaction Program Update

•COMMUNICATION BOARDS INSTALLED

- Feedback from frontline staff and leadership regarding communication was used to develop standardized communication boards
- Boards have been installed in all staff lounges/break rooms for easy access
- Hospital Priorities, Patient Satisfaction Scores, Employee Recognition, Hospital Updates and Department PI Initiatives have/will be posted
- Streamlined process for updating board communication has been rolled out through managers/directors

•EMPLOYEE RECOGNITION PROGRAM INITIATED

- The employee recognition policy and procedure has been revised, reviewed, approved and distributed
- Permanent Recognition Committee formed including frontline, management and physician representation
- Program outline was established to honor 1st employee in July 2013
- Announcement of program released house wide on May 6th
- Nomination process to begin May 30th

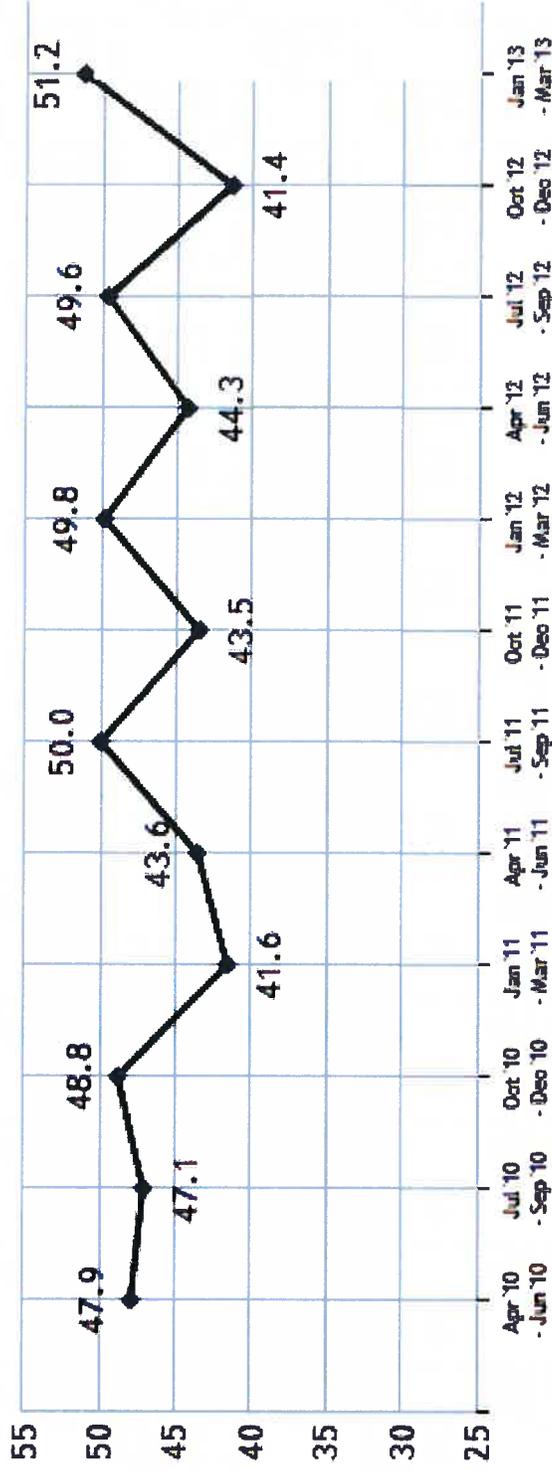
Patient Satisfaction (HCAHPS)											
INDICATOR	Threshold	Target	Goal	1st Oct 2012	2nd Oct 2012	3rd Oct 2012	4th Oct 2012	1st Oct 2013	4th Oct 2013 to 1st Oct 2013	%Change	PG Database Ranking
Patient Satisfaction - Top Box Scores(HCAHPS)	US Average	CA Average	DMC	Top Box	%Change	PG Database Ranking					
Number of Surveys Returned	CMS Required Minimum= 300+ Annually			231	232	250	238	241		N/A	N/A
Mean Score (Related to Press Ganey Supplemental Questions)	Unavailable	Unavailable	80	77	76	78	76	78		↑ 3	-
Patients who gave DMC a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	67%	63%	63%	49%	46%	49%	41%	52%		↑ 11%	1%
Patients who reported YES, they would definitely recommend the hospital.	69%	67%	67%	46%	46%	52%	39%	53%		↑ 14%	3%
Patients who reported that their nurses "Always" communicated well.	76%	71%	71%	59%	59%	66%	60%	66%		↑ 6%	3%
Patients who reported that their doctors "Always" communicated well.	80%	76%	76%	68%	73%	74%	68%	73%		↑ 5%	6%
Patients who reported that they "Always" received help as soon as they wanted.	64%	57%	57%	42%	42%	41%	40%	48%		↑ 8%	1%
Patients who reported that their pain was "Always" well controlled.	69%	66%	66%	55%	55%	63%	58%	58%		-	1%
Patients who reported that staff "Always" explained about medicines before giving it to them.	61%	56%	56%	48%	50%	54%	51%	54%		↑ 3%	-
Patients who reported that the area around their room was "Always" quiet at night.	58%	48%	48%	33%	33%	40%	35%	36%		↑ 1%	1%
Patients who reported that their room and bathroom were "Always" clean.	71%	68%	68%	53%	51%	60%	55%	61%		↑ 6%	3%
Patients who reported that YES, they were given information about what to do during their recovery at home.	81%	79%	79%	69%	71%	68%	68%	78%		↑ 10%	3%
Definitions:											
Top Box- HCAHPS response rates of patients who provided the highest score in each domain or stand alone question. Example: Definitely Yes, Always and 9-10 Mean Score- An average of all Press Ganey Supplemental question responses based on a 0-100 scoring system. Example: Very Poor=0, Poor=25, Fair=50, Good=75, Very Good=100											



Top Box Trends

Inpatient

Doctors Medical Center-San Pablo
Question - CAHPS - Rate hospital 0-10

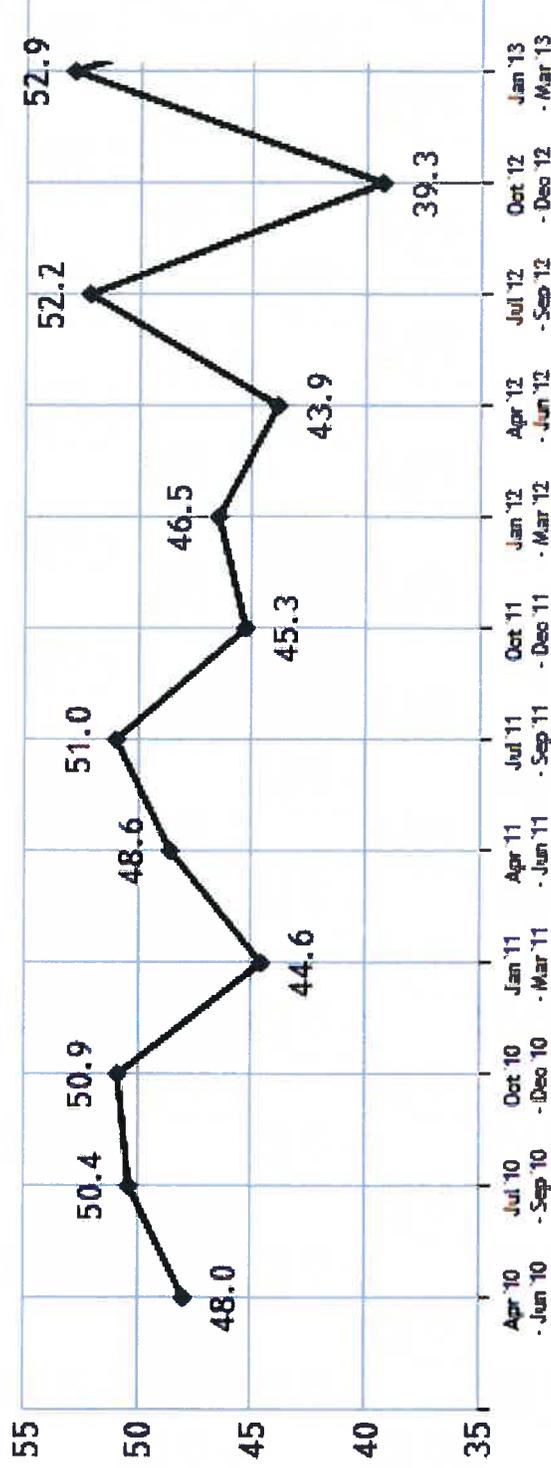


Doctors Medical Center-San Pablo

Displayed by Discharged Date

Doctors Medical Center-San Pablo

Question - CAHPS - Recommend the hospital



Doctors Medical Center-San Pablo

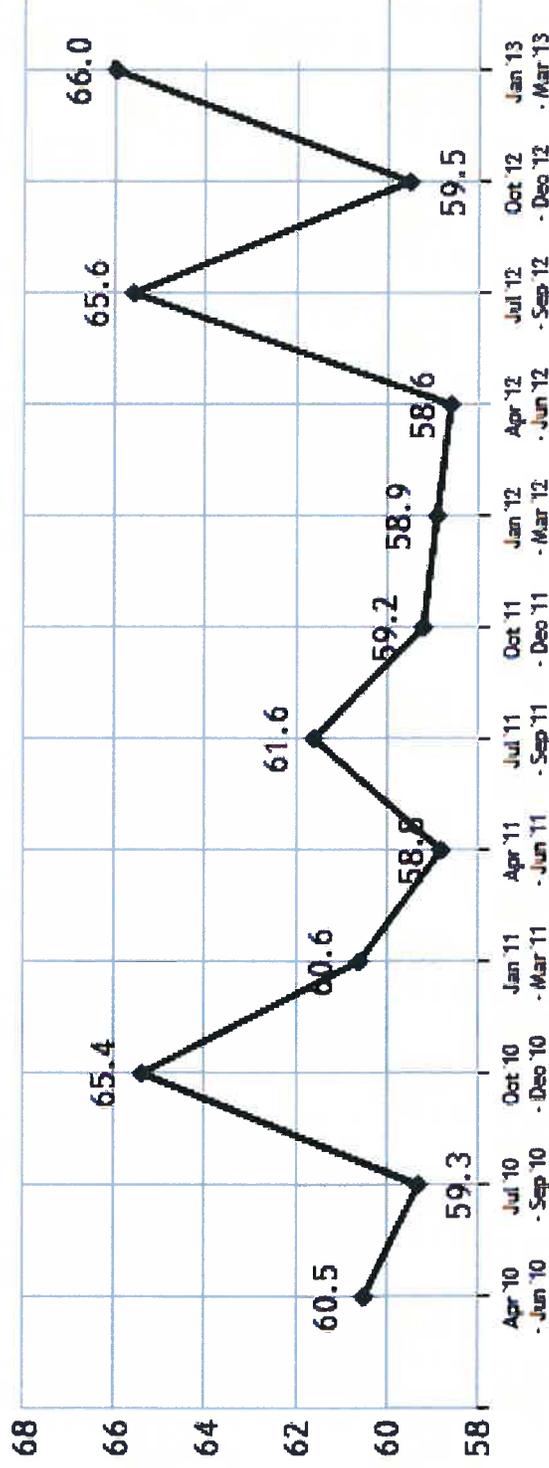
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Top Box Trends

Inpatient

Doctors Medical Center-San Pablo
Section - CAHPS - Comm w/ Nurses



Doctors Medical Center-San Pablo

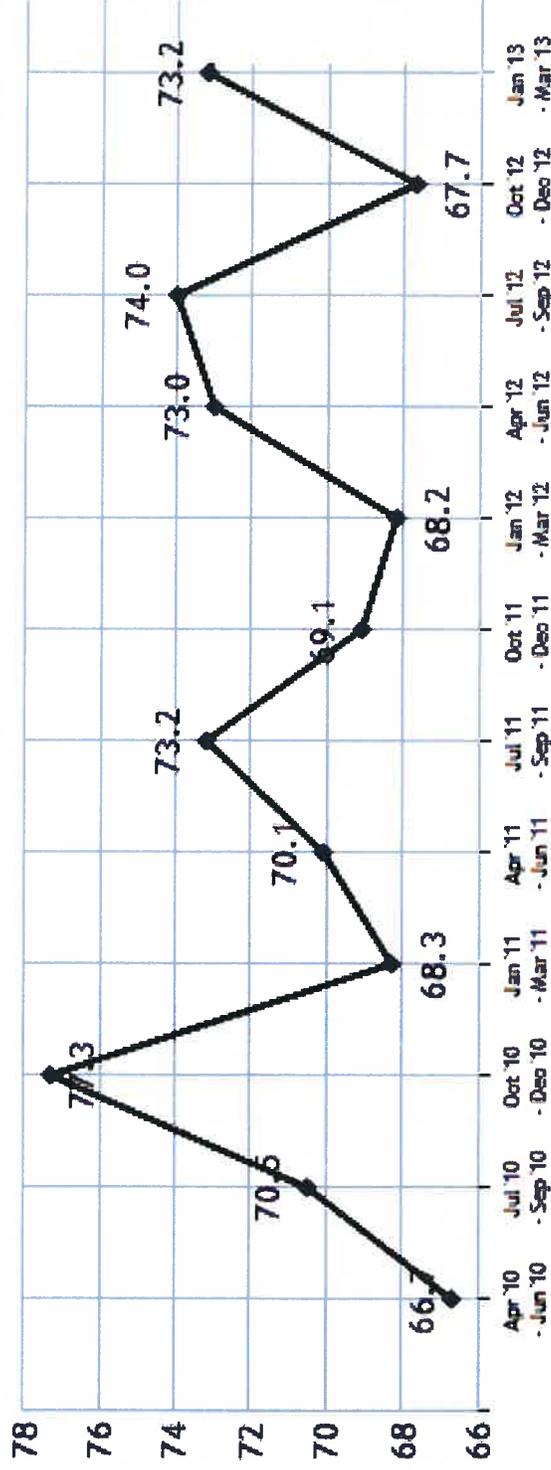
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Top Box Trends

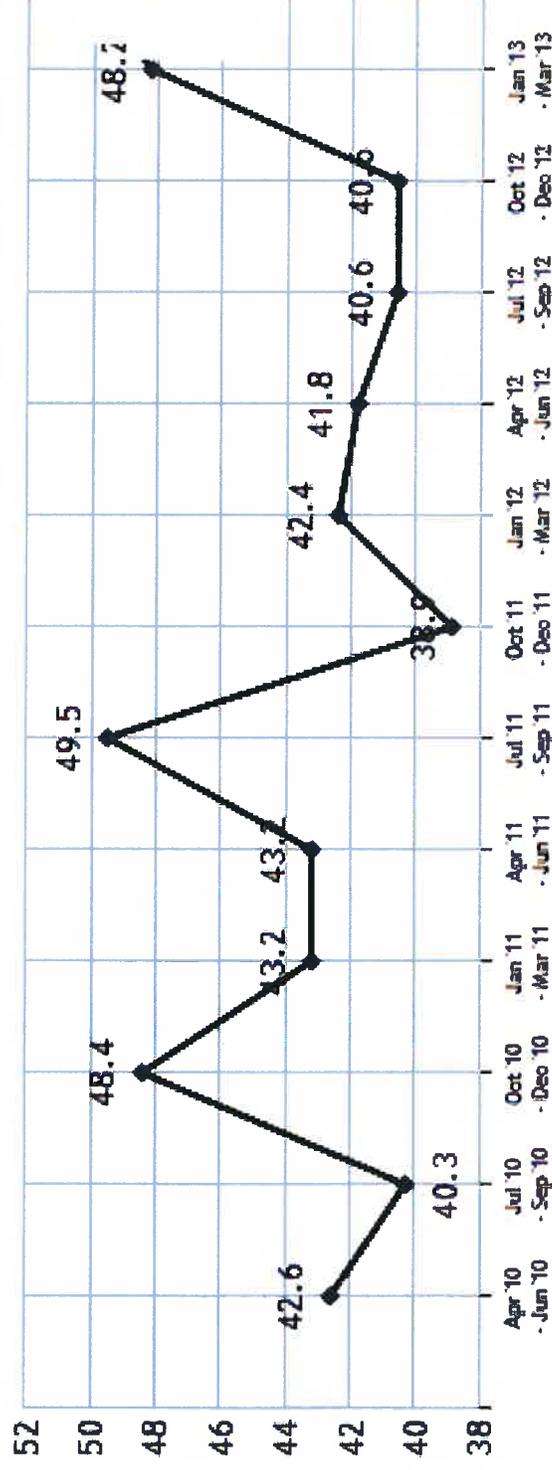
Inpatient

Doctors Medical Center-San Pablo
Section - CAHPS - Comm w/ Doctors



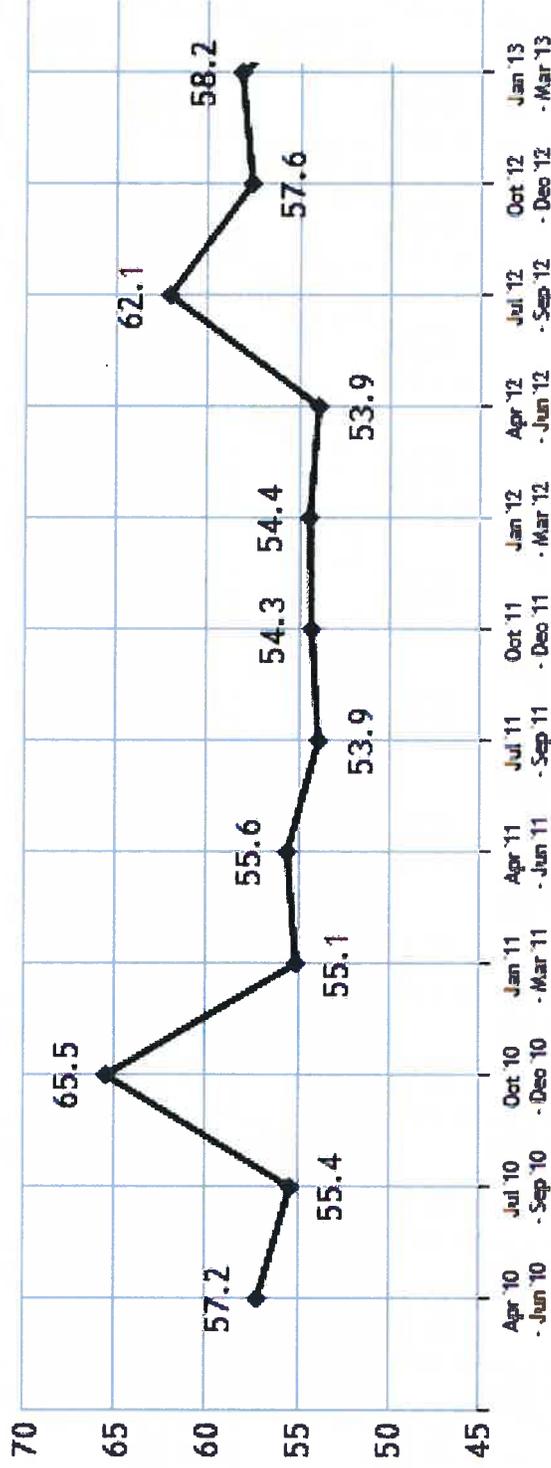
Doctors Medical Center-San Pablo

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Doctors Medical Center-San Pablo

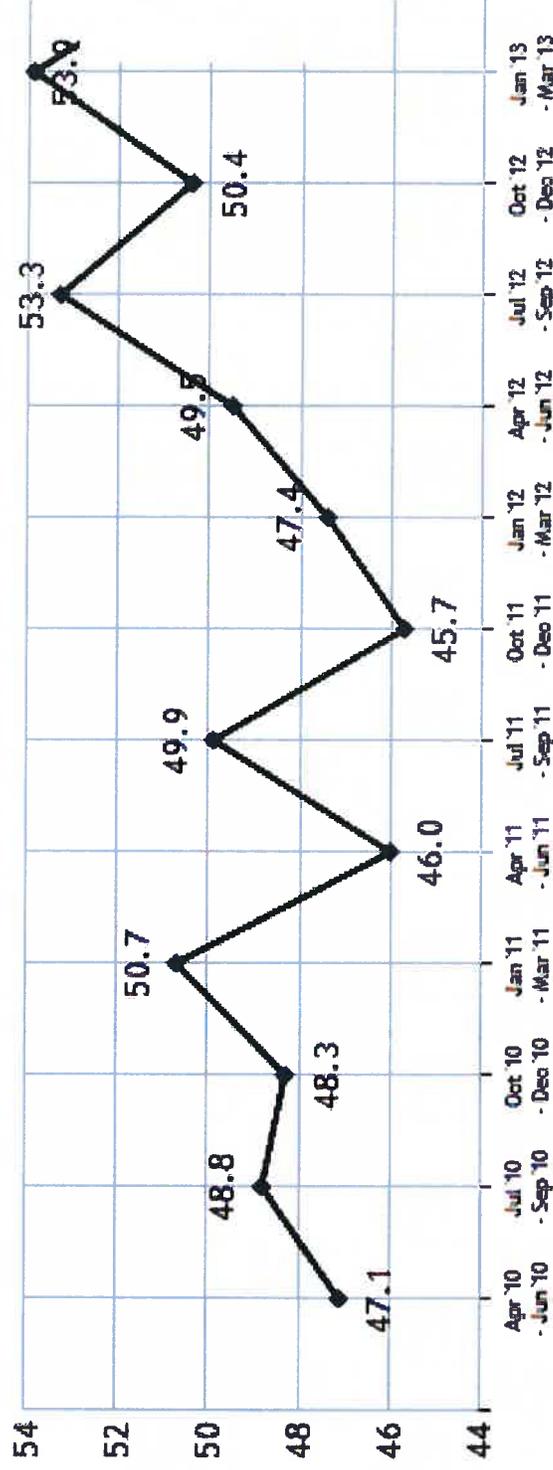
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Doctors Medical Center-San Pablo



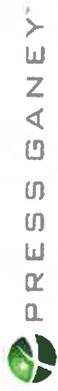
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Doctors Medical Center-San Pablo



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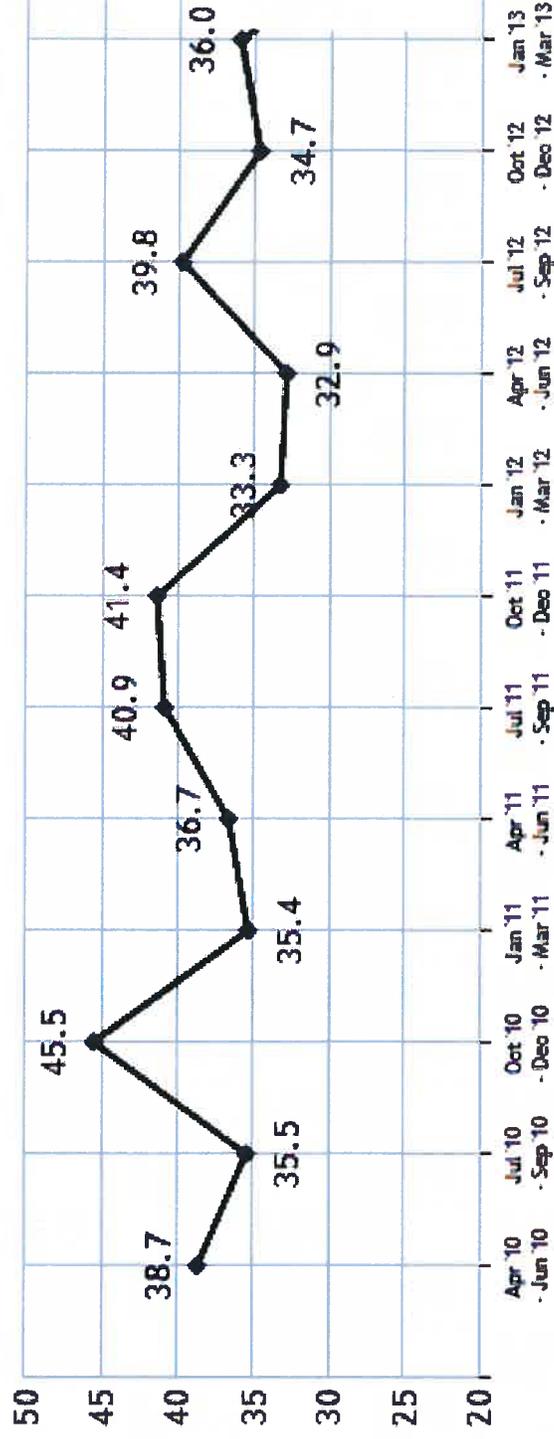


Top Box Trends

Inpatient

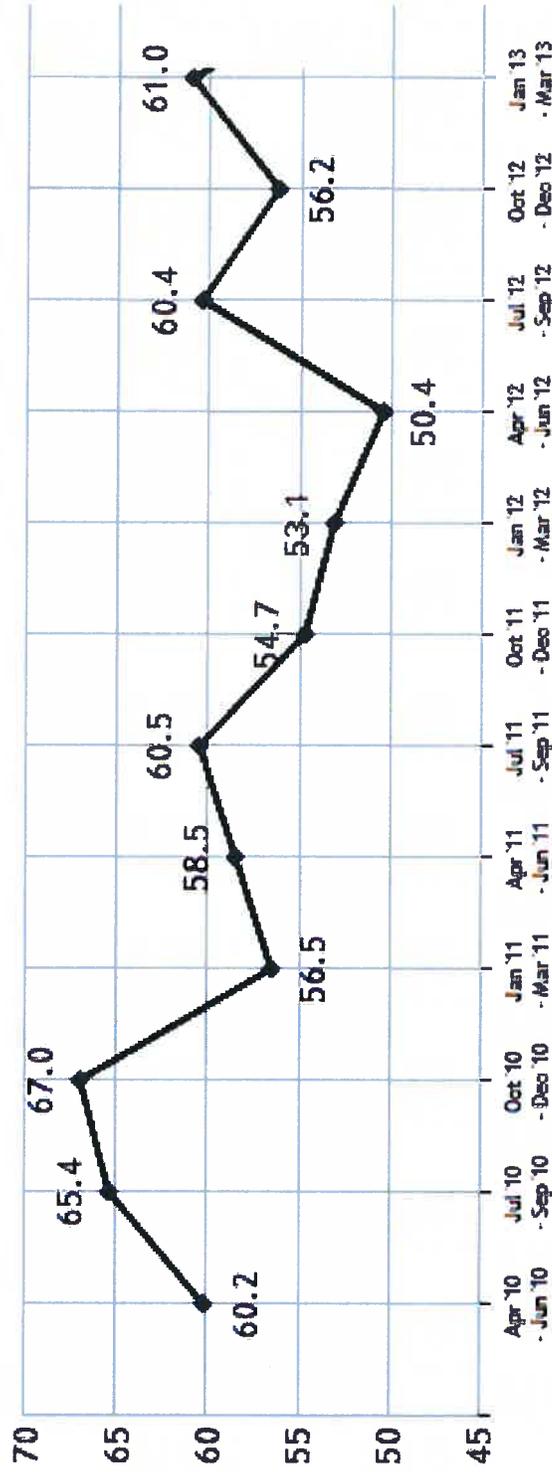
Doctors Medical Center-San Pablo

Question - CAHPS - Quietness of hospital environment



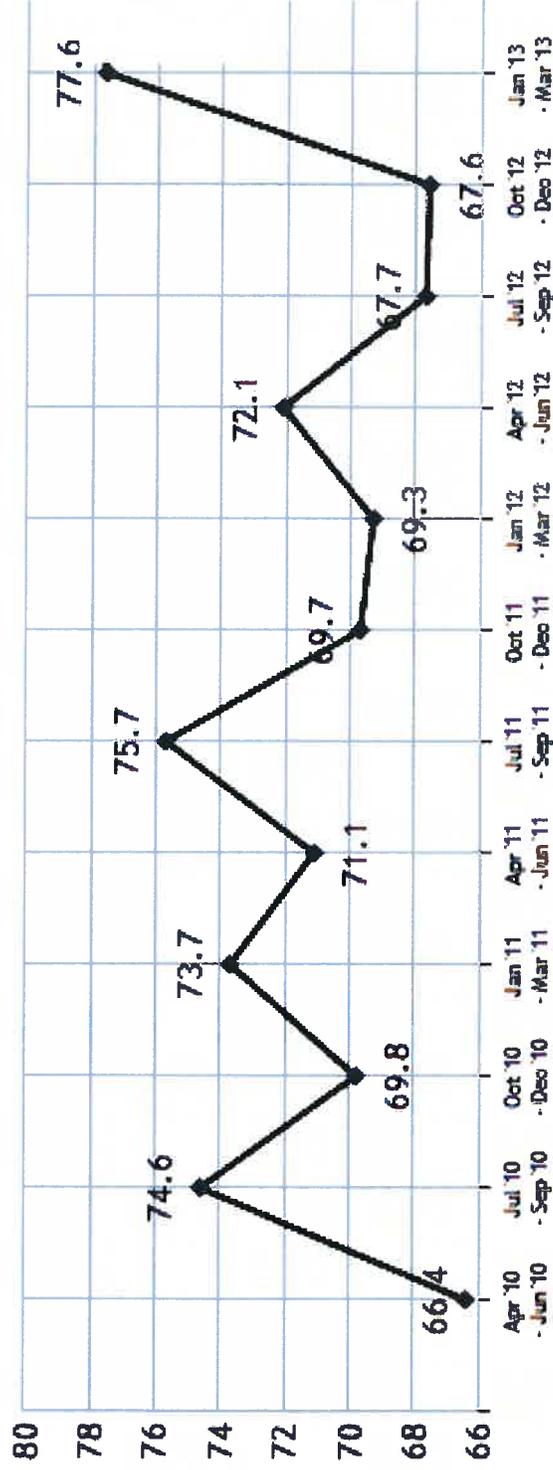
Doctors Medical Center-San Pablo

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Doctors Medical Center-San Pablo

Displayed by Discharged Date



Doctors Medical Center-San Pablo



Displayed by Discharged Date



MEDICAL EXECUTIVE REPORT

TAB 10

**MEDICAL EXECUTIVE COMMITTEE
REPORT TO THE BOARD**

MEC DATE: May 13, 2013

BOARD DATE: May 30, 2013

Non-Action Items:

TOPIC	Comment (S)
<p>Dawn Gideon reported on the following:</p> <ul style="list-style-type: none"> • Dawn Gideon distributed “One Team, One Goal, No Limits” pin to all physicians and gave a summary of events to take place throughout hospital week. • Orders / Protocol <ul style="list-style-type: none"> ➢ None presented • Pharmacy & Therapeutics <ul style="list-style-type: none"> ➢ Procedural Sedation policy ➢ Revised Warfarin Order set ➢ Formulary addition of Ofatumumab (ARZERRA) ➢ Wound Care Floorstock items ➢ CRRT orders ➢ Crash cart contents list 	<p>No action required by the Board</p>
<p>No action required by the Board</p>	<p>No action required by the Board</p>

Action Items: None

II. MEDICAL STAFF COMMITTEE		DATE
CREDENTIALS COMMITTEE		April 25, 2013
MEDICAL EXECUTIVE COMMITTEE		May 13, 2013
BOARD OF DIRECTORS APPROVAL		May 22, 2013

**DOCTORS MEDICAL CENTER
CREDENTIALS REPORT
APRIL 2013**

INITIAL APPOINTMENTS

The following practitioners have applied for membership and/or clinical privileges at DOCTORS MEDICAL CENTER. This summary includes factors that determine status of membership, licensure, professional liability insurance, required certifications (if applicable), etc. Factors that determine current competence include medical/professional education, training (internship/residencies/fellowship) and experience, board certification (if applicable), current and previous hospital and other institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action.

NAME	DEPARTMENT/SPECIALTY	CATEGORY	APPOINTMENT TERM	RECOMMENDATION
Singzon, Jaime, MD	Med./Family Practice/Internal Medicine	Provisional	5/22/2013 – 5/31/2015	Approval

REAPPOINTMENTS

The following practitioners have applied for reappointment to the Medical Staff. This summary includes factors that determine membership; licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Qualitative/quantitative factor, developed through on-going professional performance evaluation, include peer review, quality performance, clinical activity, privileges, competence, technical skills, behavior, health, medical records, blood review, medication usage, litigation history, utilization and continuity of care. **Membership requirements are met, unless specified below.**

NAME	DEPARTMENT/SPECIALTY	CATEGORY	REAPPOINTMENT TERM	RECOMMENDATION
Ahwah, Ian, MD	Med./Family Practice/Emergency Medicine	Active	06/24/13 – 05/31/15	Approval
Anthony, Elizabeth, MD	Med./Family Practice/Family Practice	Affiliate Active	06/24/13 – 05/31/15	Approval
Carter, Brazell, MD	Med./Family Practice/Internal Medicine	Active	05/27/13 – 03/31/15	Approval

Muto- Isolani, Antonio, MD	Med./Family Practice/Emergency Medicine	Courtesy	05/24/13 – 04/30/15	Approval
Lehmann, Amber, PA	Med./Family Practice/Physician Assistant ER	Allied Health	05/27/13 – 03/31/15	Approval
Agee, Robert, MD	Surgery/Urology	Active	06/24/13 – 05/31/15	Approval
Breaux, Barry, MD	Surgery/Ophthalmology	Active	06/24/13 – 05/31/15	Approval
<u>VOLUNTARY RESIGNATIONS</u>				
NAME	DEPARTMENT/SPECIALTY	EFFECTIVE DATE		
Barnes, Paul Thomas, PA	<u>Med./Family Practice/Physician Assistant ER</u>	<u>04/25/2013</u>		
Yu, John, MD	<u>Med./Family Practice/Internal Medicine</u>	<u>4/17/2013</u>		