DOCTORS
MEDICAL CENTER

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

Wednesday, March 26, 2014

4:30 PM

Doctors Medical Center
Auditorium

2000 Vale Road

San Pablo, CA

DOCTORS
MEDICAL CENTER

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER

GOVERNING BODY
BOARD OF DIRECTORS

WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
MARCH 26, 2014 – 4:30 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 FEBRUARY 26, 2014** — 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 of the Governing Body]

5. **QUALITY MANAGEMENT REPORT** — B. Nissila
   a. Presentation
   b. Discussion
   c. Public Comment
   d. ACTION: Acceptance of the March 2014 Quality Management Report

6. **PATIENT SATISFACTION REPORT & RESOLUTION: EMPLOYEE RECOGNITION** — B. Redlo
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Adoption of Resolution No. 2014-04*

7. **FINANCIALS – FEBRUARY 2014** J. Boatman
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Acceptance of the February 2014 Financials*

8. **2014 BUDGET APPROVAL – 2ND QUARTER BUDGET** J. Boatman
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Approval of 2nd Quarter 2014 Budget*

9. **CONTINGENCY CLOSURE PLAN / FISCAL CRISIS** D. Gideon
   a. Discussion
   b. Presentation
   c. Public Comment
   d. *ACTION: Approval of Contingency Closure Plan in the Event of Failure of Parcel Tax Measure*

10. **CEO REPORT** D. Gideon
   a. Discussion
   b. Presentation
   c. Public Comment
   d. *ACTION: For Information Only*

11. **MEDICAL EXECUTIVE REPORT** R. Stern, M.D.
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Approval of the MEC report and the Credentials Committee Report of the Medical Staff*

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.

DOCTORS
MEDICAL CENTER

MINUTES

TAB 3

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WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS

February 26, 2014
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA 94806

MINUTES

1. CALL TO ORDER

The meeting was called to order at 4:35 P.M.

2. ROLL CALL

Quorum was established and roll was called: 4:36 PM

Present:
Eric Zell, Chair
Supervisor John Gioia, Vice Chair
Deborah Campbell
Irma Anderson (Via Phone In)
Sharon Drager, M.D.
Wendell Brunner, M.D.
Richard Stern, M.D.
Beverly Wallace
William Walker, M.D

Excused:
Pat Godley
Nancy Casazza

3. APPROVAL OF JANUARY 29 , 2014 MINUTES

The motion made by Director Beverly Wallace and seconded by William Walker, M.D. to approve the January 29, 2014 minutes passed unanimously.

4. PUBLIC COMMENTS

No Public Comment

5. QUALITY MANAGEMENT REPORT

Ms. Rebecca Nissila, Director of Quality Management and Medical Staff, presented the Quality Report starting with the Laboratory Quality summary for 2013. This summary included the compliance results for cross match/transfusion ratio (actual at 1.4% which is better than goal of 2%), the patient safety audit (actual of 64.8% vs goal of 90%), transfusion documentation (actual at 76% vs. goal of 90%), and the turn-around-time for Code Stroke lab tests (actual above 90% and trending upwards vs. a goal of 90%). She discussed that the corrective action for those items below goal including a change in process to appoint the unit supervisors responsible for concurrent auditing.

Ms. Nissila continued her report with a review of progress in monitoring and documentation of medical and behavioral restraints, including documentation of non-physical interventions, and physician evaluation and documentation of reason for restraint and for continuation of restraint. Unit supervisors will be held responsible for concurrent review and the completion of documentation.

Finally, Ms. Nissila reported that DMC was 100% compliant in referral for organ procurement, with 16 referrals appropriate for tissue donation.

A motion made by Director Beverly Wallace and seconded by Sharon Drager, M.D. to approve the February 2014 Quality Management Report passed unanimously.

6. FINANCIALS- JANUARY 2014

Mr. James Boatman, CFO, presented and sought acceptance of the January 2014 Financials. Doctors Medical Center had a net loss of $2,506,000 for the month of January, which was $188,000 worse than budget. The following are the factors leading to the net income variance for the month:

Net patient revenue was under budget by $194,000 for January particularly due to lower inpatient and outpatient reimbursements. While total gross revenue targets were 4% below expectations, patient days and discharges exceeded budget by 14.6% and 8.4%, respectively. Total outpatient volume was under budget by 2.6% with ancillary visits at 5.5% below budget.

In January, Medicare outpatient volume was 17.4% worse than budgeted resulting in a $236,000 shortfall in patient revenue. Managed Care inpatient volume was 7.3% under budget resulting in a shortfall of $104,000 in patient revenue. The Medi-Cal inpatient volume was 8.8% over budget resulting in a $129,000 positive variance to budget.

Mr. Boatman reported that Salaries exceeded budget by $127,000 in January as we incurred higher levels of overtime to staff for the increase in volume. Professional Fees were $92,000 under budget as a result of reduced physician fees and consulting costs. Supplies were favorable by $116,000 in January due to lower pacemaker utilization offset by higher pharmaceutical costs and implants usage. Inpatient surgeries were 14.3% higher than budget. Purchased services exceeded budget by $228,000 primarily due to additional bad debt collection costs which are offset by increased cash collections on claims greater than 150 days old. He ended by summarizing the remaining expense variances.

A motion made by Director Beverly Wallace and seconded by Director Deborah Campbell to accept the January 2014 Financial report passed unanimously.

7. REVIEW OF ONGOING FINANCIAL CRISIS AND POTENTIAL CLOSURE

Ms. Dawn Gideon, Interim President and CEO reported on the ongoing financial crisis and potential closure of the hospital. To illustrate the various cash flow scenarios currently under consideration, she presented three different cash projections: 1) The baseline cash flow without any outside/unusual funding; 2) cash flow projections assuming the parking easement agreement only (no parcel tax and no additional outside support); and (3) cash flow assuming both the parking easement and approval of the parcel tax measure.

The baseline cash flow projection is consistent with the original November 2013 projections, out of cash by May. This projected baseline cash flow assumes that we realize $5 million in annual savings on the health benefits that are currently under negotiation with the unions. This cash flow projection shows that the hospital will need to close this summer without support.

The second cash flow scenario, including the payment on the parking easement, assumes that the payment will be made in June as this agreement will need to be approved by San Pablo zoning. It was originally hoped that the payment could be received in February or March, but that is not presently as option. This payment does provide some additional liquidity to support the hospital from June through August, but replacement funding must be found to bridge the April- June time frame. In addition, further support will be required after August. As with the first cash flow, under this second scenario the hospital will need to close.

The third cash flow demonstrates the positive impact of the proposed parcel tax. With passage of that parcel tax, the liquidity to keep the hospital operational will be provided. However, the first receipt of tax revenue will not be until December, so the hospital still needs approximately $8 million in additional support (for the August to December timeframe) to remain operational until December. Without that additional support the hospital will need to close before the first parcel tax payment is received.

In summary the hospital needs:

- $5 million to get us to June
- The parking easement will provide $5 million to get us from June through August
- $8 million is needed to get us from September to December

Ms. Gideon reported that she and Director Zell have made a modified request to Kaiser for support. The current request is for $5 million to bridge the organization to June. If the parcel tax does not pass, no further funding will be requested and the hospital will close. If the parcel tax does pass, we have requested an additional $8 to bridge the hospital to collection of the parcel tax in December. This amount, plus the payment of the parking easement, will keep the hospital operational until the parcel tax payments start. Ms. Gideon did caution that these cash flow projections do not include any extraordinary changes, including declines in volume or change in payor mix, and assumes that we receive $5 million in negotiated changes in benefit costs.

With the passage of parcel tax, the hospital ends the year in a positive cash position that will be used to support operations in early 2015. Without passage of the new parcel tax measure, DMC does not have a future and closure will need to occur this summer. The option of Bankruptcy will not help DMC, the only reason we emerged from bankruptcy in 2008 is because Kaiser, the Sate of California and John Muir gave DMC money without which it would have closed. While we are hopeful on the parcel tax, we need to also prepare for the measure to be defeated. This means planning for the closure and hoping for the best.

8. CEO REPORT

Ms. Gideon referred to her report of the review of ongoing financial crisis and potential closure of DMC.

9. MEDICAL EXECUTIVE REPORT

Dr. Richard Stern presented and sought approval of the Medical Executive Committee and Credentials Committee report. He presented the Pharmacy and Therapeutic Committee report and New Committee Chairs 2014 for approval. He also presented January 2014 Credential Report for approval.

A motion made by William Walker, M.D. and seconded by Director Beverly Wallace to approve the MEC report and Credentials Committee report, passed with one abstention from Dr. Sharon Drager.

THE MEETING ADJOURNED AT 5:26 PM

DOCTORS
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QUALITY REPORT

TAB 5

Quality Management Report

Doctor's Medical Center

March 26, 2014

HCAHPS Update (Patient Satisfaction)

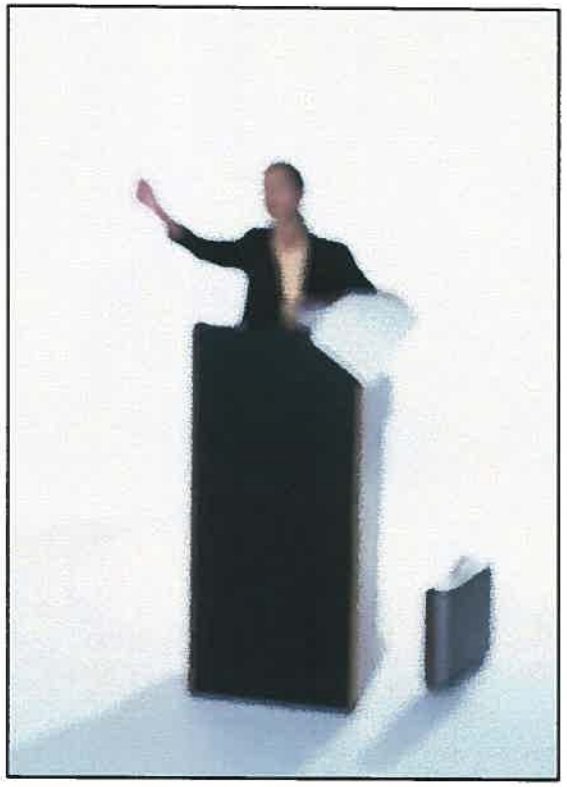
Core Measures

- Heart Attack (AMI)
- Heart Failure (HF)
- Surgical Care Improvement Project (SCIP)

Presented by Becky Nissila, R.N. MBA
Director of Quality / Medical Staff Services

HCAHPS (Patient Satisfaction)

- Progress with the Work Groups continues
- Full Report / Update will be presented by Mr. Redlo



Core Measures – Acute Myocardial Infarction (AMI)

- All Measures 100% compliant except:
  - Statin prescribed at Discharge = 92.3% (24/26)
- ACTION:
  - Physician education by Quality
  - Direction from Department Chair
    - Trend for Peer Counseling/Review referral

Core Measures – Heart Failure

- Requirements Suspended or Removed:
  - Discharge Instructions
    - Activity
    - Diet
    - Follow-Up
    - Medication information/instructions
    - Worsening symptoms
    - Daily weight monitoring
- Evaluation of Left Ventricular Systolic Dysfunction (LVSD) = 100%
- ACEI or ARB (medication) for LVSD = 100%

Core Measures –
Surgical Care Improvement Project (SCIP)

- **Excellent Performance:**
  - Hair Removal, Peri-operative Beta Blocker and VTE Prophylaxis (Blood Clot prevention) = 100% compliance
- **Performance Meeting Goal of 95%:**
  - Antibiotic Selection = 95.2% (20/21)
  - Urinary Catheter removed = 95.8% (23/24)
- **Opportunities for Improvement:**
  - Antibiotics w/in 1 hour of surgery start time = 90.5% (19/21)
  - Antibiotics discontinued w/in 24 hours of surgery end time = 89.5% (17/19)

Core Measures –

Surgical Care Improvement Project (SCIP)

- ACTION:
  1. New Process for Urinary Catheter documentation reminder for physicians
  2. Surgical Antibiotic process review and revision by Directors / Unit Supervisors / Pharmacy / Clinical IT / Quality

Implementation of process changes has been completed.

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Acute Myocardial Infarction (AMI)

	2Q 2013	3Q 2013	4Q 2013	Jan-Feb 1Q 2014	Goal
Medication: Aspirin at arrival (AMI1)	100.0%	100.0%	100.0%	100.0%	95%
Aspirin at discharge (AMI2)	100.0%	100.0%	100.0%	100.0%	95%
ACEI/ARB for LVSD[1] (AMI3)	100.0%	100.0%	100.0%	100.0%	95%
Beta blocker at discharge (AMI5)	100.0%	100.0%	100.0%	100.0%	95%
Fibrinolysis Tx within 30 min of arrival (AMI7a)	n/a	n/a	n/a	n/a	95%
Percutaneous Cardiac Intervention (PCI) w/in 90 min of arrival (AMI8a)	100.0%	100.0%	100.0%	100.0%	95%
Statin Prescribed at Discharge (AMI10)	100.0%	100.0%	100.0%	(24/26) 92.3%	95%

COMMENTS:

- Total of 38 cases selected in population
- Q4 indicators are 100% except for STATINS at discharge
- 2/26 cases with No REASON documented for not prescribing STATINS at discharge
- Ongoing daily report sent to Nursing leadership. Meets twice a month for Core Measure Quality Improvement.

ACTION PLAN:

Discuss with physicians involved

Trend for peer review referral

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Congestive Heart Failure (CHF)

	2Q 2013	3Q 2013	4Q 2013	Jan-Feb 1Q 2014	Goal
All Discharge Instructions (HF1)	98.4%	100.0%	100.0%	Suspended / Removed	95%
Activity instructions at discharge (HF1a)	100.0%	100.0%	100.0%	no longer collecting	95%
Diet instructions at discharge (HF1b)	100.0%	100.0%	100.0%	no longer collecting	95%
Follow-up instructions at discharge (HF1c)	100.0%	100.0%	100.0%	no longer collecting	95%
Medications instructions at discharge (HF1d)	100.0%	100.0%	100.0%	no longer collecting	95%
Symptoms worsening instructions at discharge (HF1e)	100.0%	100.0%	100.0%	no longer collecting	95%
Weight monitoring instructions at discharge (HF1f)	98.4%	100.0%	100.0%	no longer collecting	95%
Evaluation of Left Ventricular Systolic (LVS) Function (HF2)	97.3%	100.0%	100.0%	100.0%	95%
ACEI or ARB for LVSD[1] (HF3)	100.0%	100.0%	100.0%	100.0%	95%

COMMENTS:

- Total of 61 cases selected in population
- Ongoing monthly meeting with physician leadership to discuss identified issues for CHF
- Quality meets with Hospitalist group & Physician Leadership to review Core Measure fallouts and identify actions to be taken to improve numbers.
- Quality met with individuals involved (RNs, MDs) during rounds and discussed opportunities for improvement.

ACTION PLAN:

Continue current processes

Report to HPIC / MSPI / MEC Gov Board

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Surgical Care Improvement Project (SCIP)

	2Q 2013	3Q 2013	4Q 2013	Jan-Feb 1Q 2014	Goal
Antibiotics within 1 hour (SCIP INF 1a)	100.0%	(35/37) 94.6%	(24/25) 96.0%	**(19/21) 90.5%**	95%
Antibiotics Selection (SCIP INF 2a)	100.0%	(36/37) 97.3%	100.0%	(20/21) 95.2%	95%
Antibiotics discontinued within 24 hours (SCIP INF 3a)	92.0%	(35/36) 97.2%	(22/23) 95.7%	**(17/19) 89.5%**	95%
Cardiac patients 6am postop serum glucose (SCIP-Inf-4)	n/a	n/a	n/a	n/a	95%
Hair Removal (SCIP INF 6)	96.2%	100.0%	100.0%	100.0%	95%
Urinary Catheter Removed Post-Op Day 1 & Day 2 (SCIP INF 9)	97.1%	100.0%	100.0%	(23/24) 95.8%	95%
Periop Temp Mgt (SCIP INF 10)	100.0%	100.0%	100.0%	**Suspended / Removed**	95%
Beta Blocker perioperative (SCIP CARD 2)	100.0%	(15/16) 93.8%	**(8/9) 88.9%**	100.0%	95%
VTE Prophylaxis Timely (SCIP VTE 2)	**(42/47) 89.4%**	(48/49) 98%	100.0%	100.0%	95%

COMMENTS:

- Total of 34 cases selected in population
- Met most benchmarks set for the hospital for 1Q14 (above 95%) except for Abx within 1h (SCIP-1) & Abx Selection (SCIP-2)
- 2/21 cases Abx not given within 1 hr of surgery start time (incision) due to UNK Abx start time (Abx administration not documented) & > 60 minute administration of Abx
- 1/21 cases related to antibiotic selection due to UNK Abx start time (Abx administration not documented, aka not given)
- 2/19 cases related to Abx DCd within 24 hours of Anes End Time (handwritten orders)
- 1/24 cases related to Foley Catheter not removed on POD1 or POD2, no Reason found (sticket for Foley Cath not check/completed)

ACTION PLAN:

- All Abx (except Vanco and Fluoroquinolones) will be administered in the OR only (by anesthesia)
- MD/OR Staff be mindful of delays in procedure start time and to start/delay antibiotic to stay within the 1-hour window (or 2-hour if Vancomycin or Fluoroquinolone)

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PATIENT SATISFACTION REPORT& RESOLUTION 2014-04

TAB 6

PRESS GANEY

DOCTORS MEDICAL CENTER

PATIENT SATISFACTION
PROGRAM UPDATE

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Discharge Planning and Noise Teams

The Patient Satisfaction Committee (PSC) designated two teams to focus on areas that have the greatest opportunity for improvement based upon HCAHPS results. The teams have been meeting and will be presenting at the next PSC meeting.

Press Ganey: Patient Experience Optimizer (PEO) Contract

The Press Ganey PEO contract renewal has been placed on hold until May 2014. The following initiatives will continue to be in operation:

- Unit Based Performance Improvement Teams
- Nurse Competency: Service Behavior Training
- New Employee: Service Behavior Training

Employee Recognition Program

The employee recognition program has been successfully implemented with the nomination and selection of four quarterly winners.

Employee Engagement: The Advisory Board

We are reviewing opportunity to work with the Advisory Board to administer an Employee and Physician Engagement Survey and Program.

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Performance Improvement Focus Questions:

Teamwork- Staff worked together to care for you
Communication- Nurses (Staff) kept you informed

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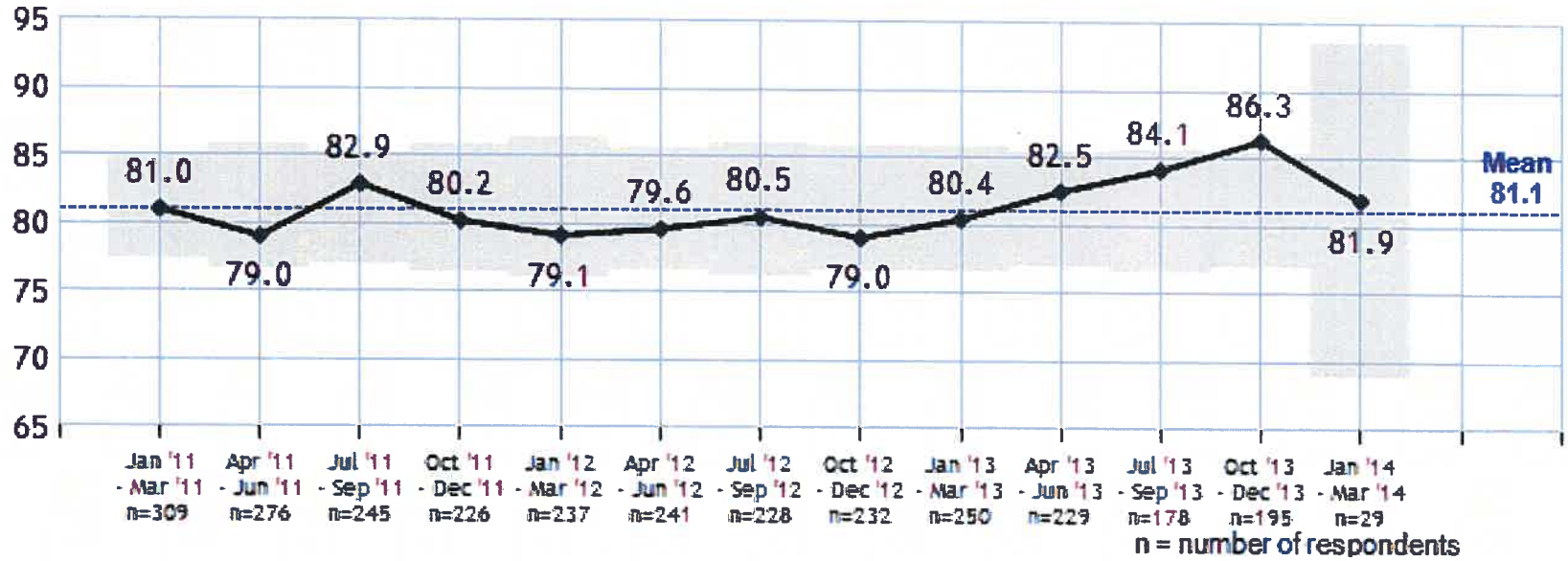
Mean Trends

Inpatient

Doctors Medical Center-San Pablo

Question - Staff worked together care for you



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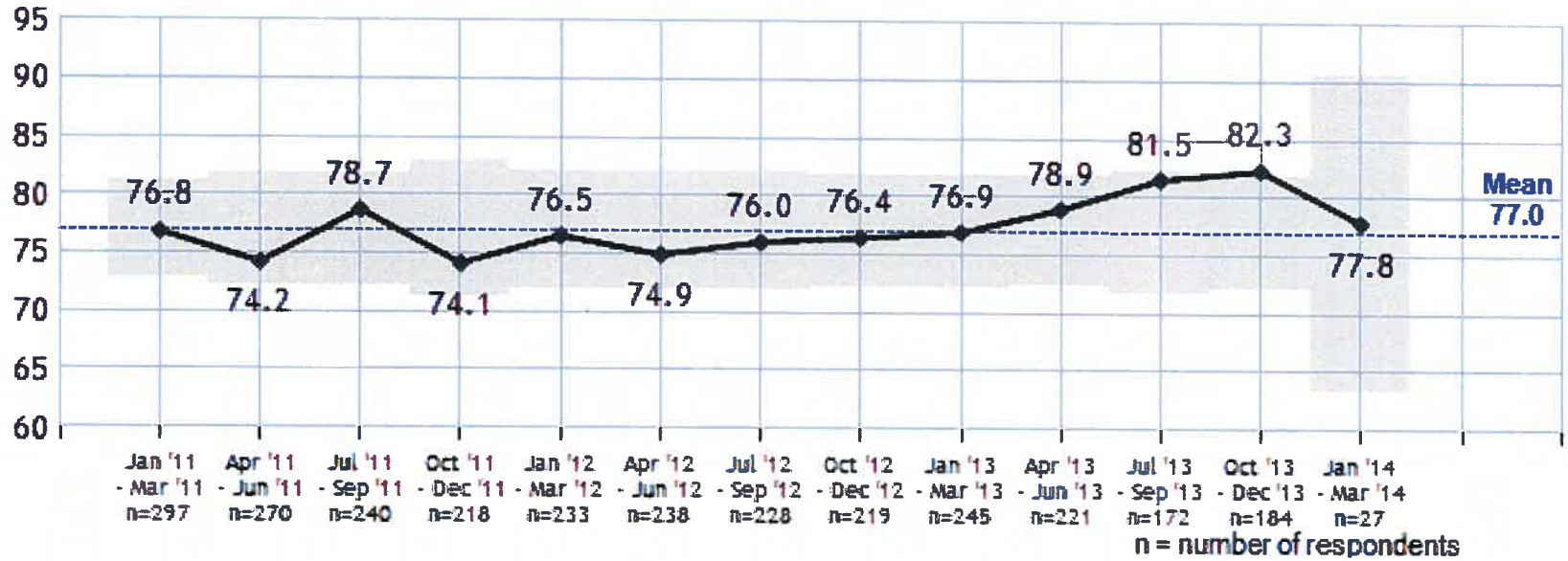
Mean Trends

Inpatient

Doctors Medical Center-San Pablo

Question - Nurses kept you informed



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HCAHPS Questions

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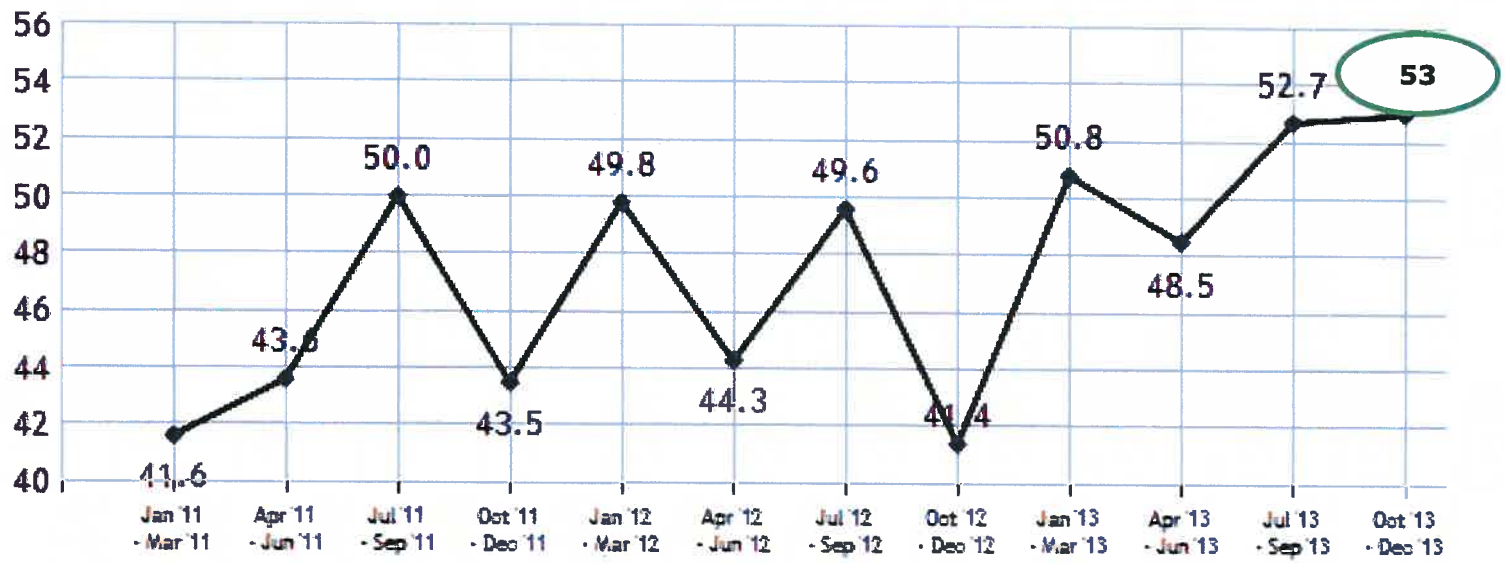
Question - CAHPS - Rate hospital 0-10



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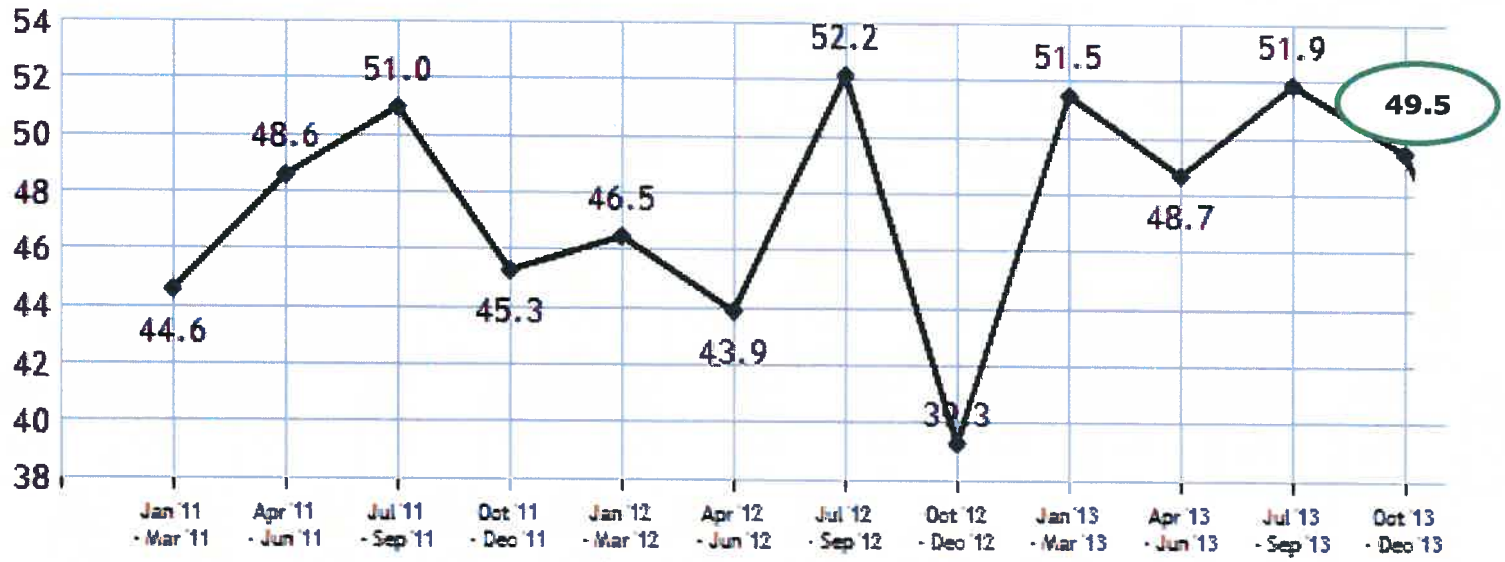
Question - CAHPS - Recommend the hospital



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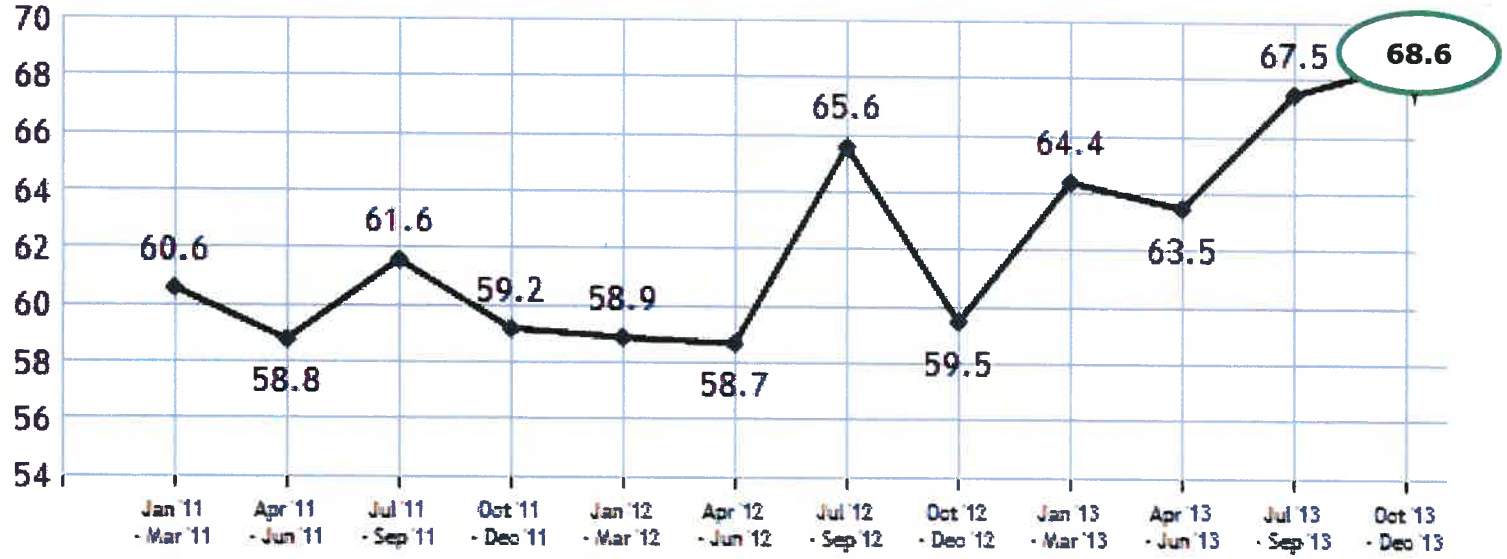
Section - CAHPS - Comm w/ Nurses



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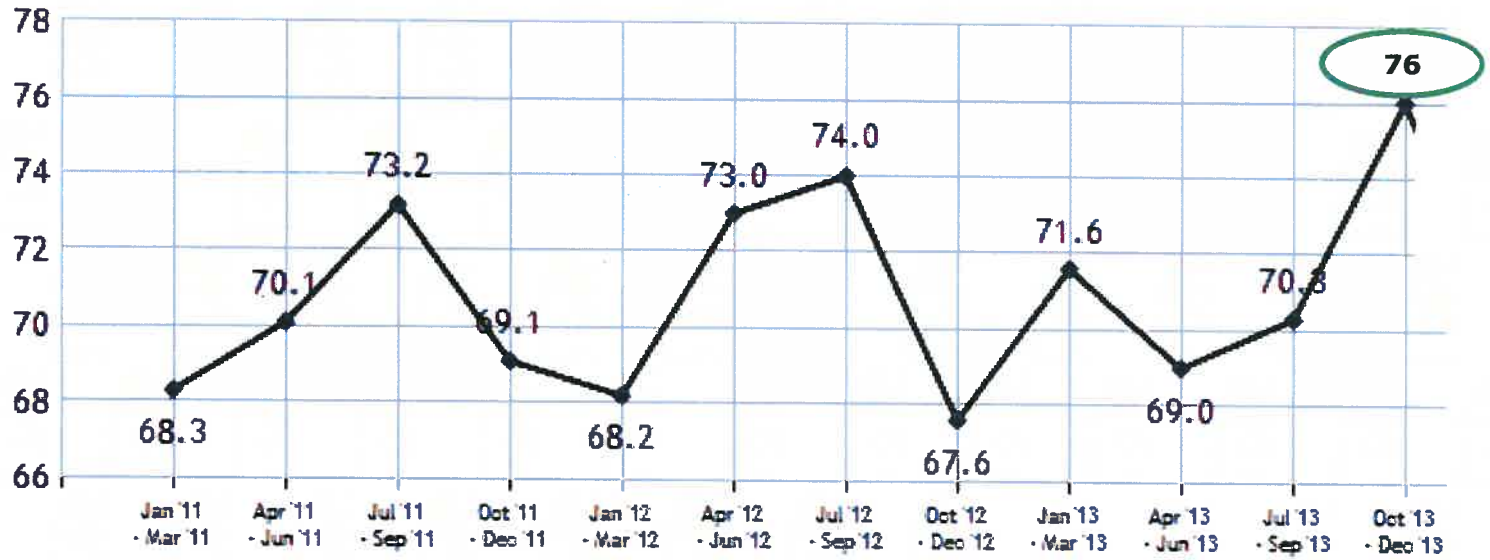
Section - CAHPS - Comm w/ Doctors



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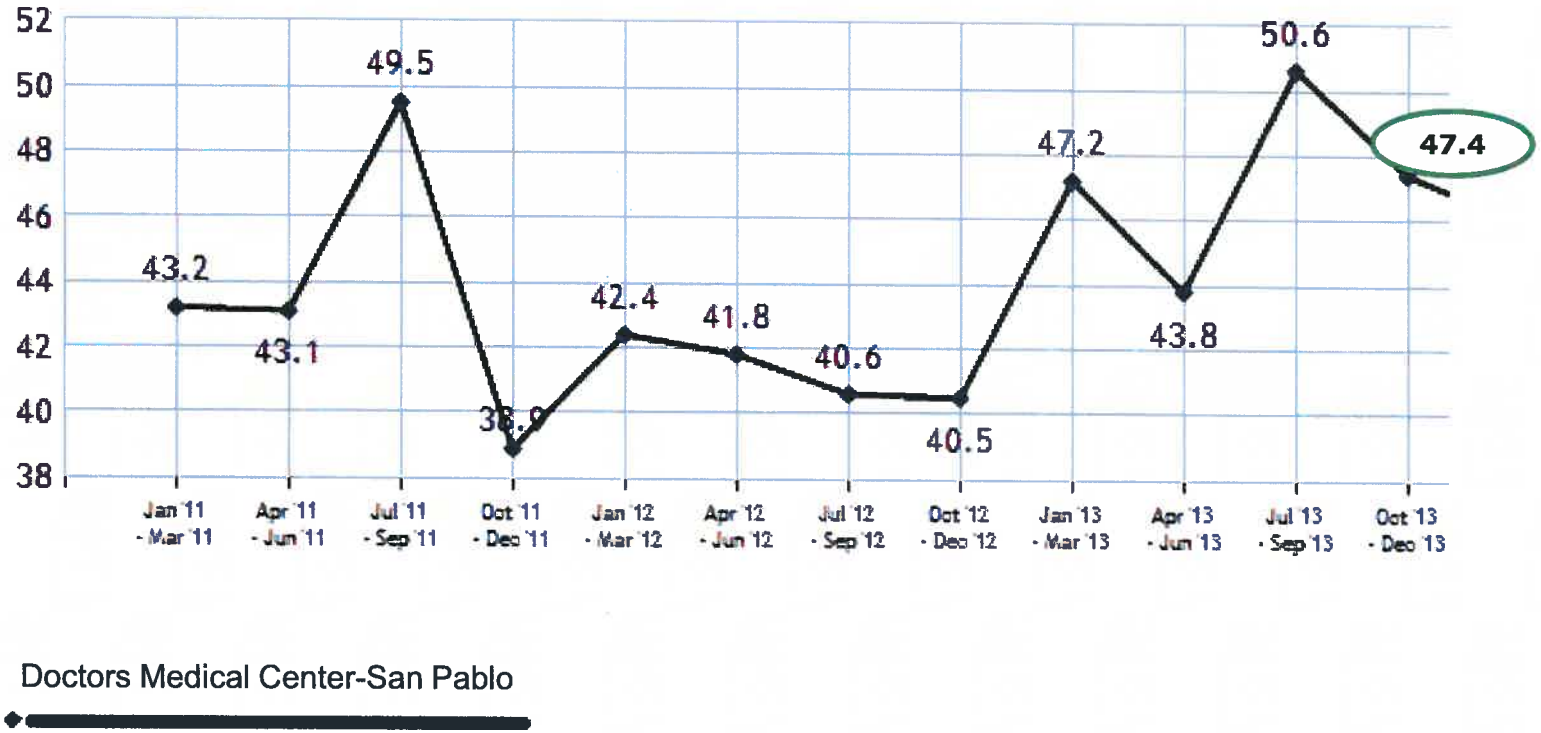
Section - CAHPS - Response of Hosp Staff



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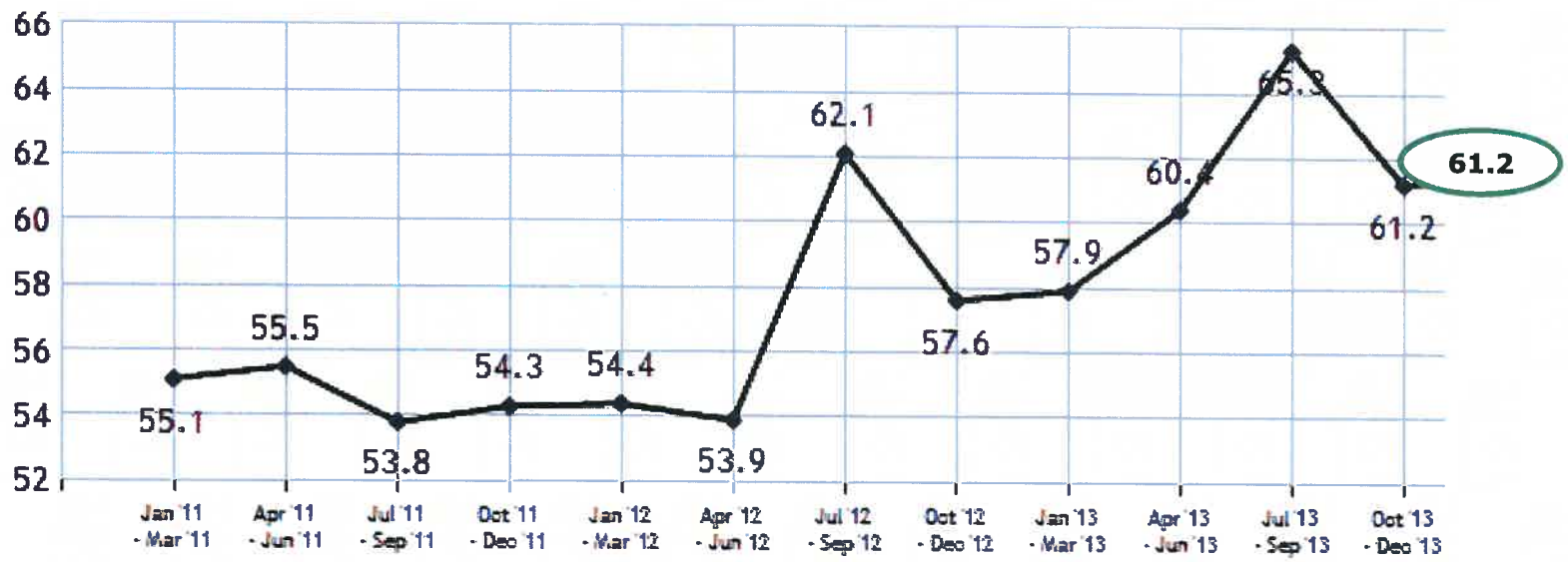
Section - CAHPS - Pain Management



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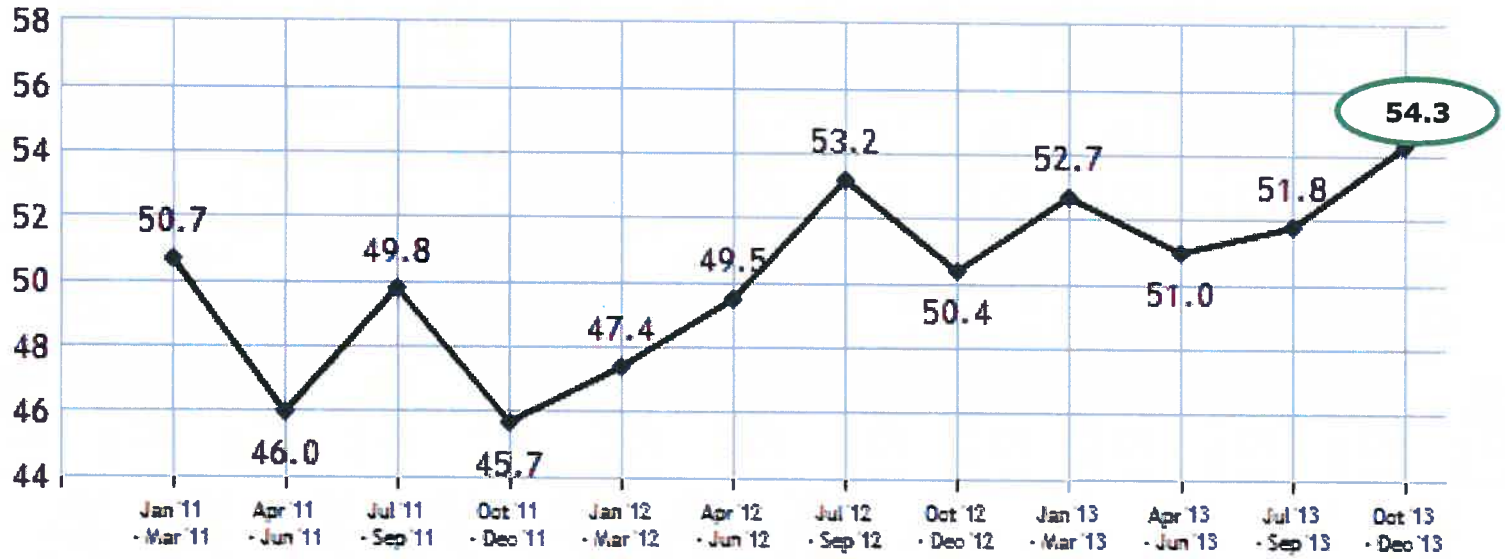
Section - CAHPS - Comm About Medicines



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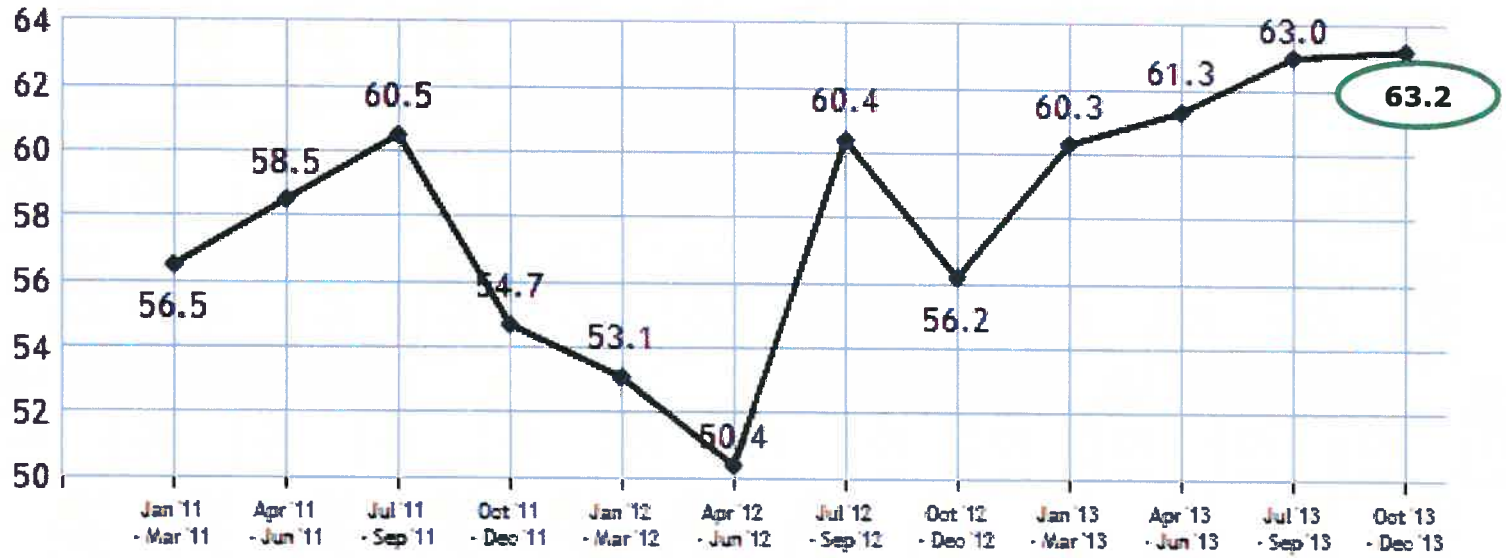
Question - CAHPS - Cleanliness of hospital environment



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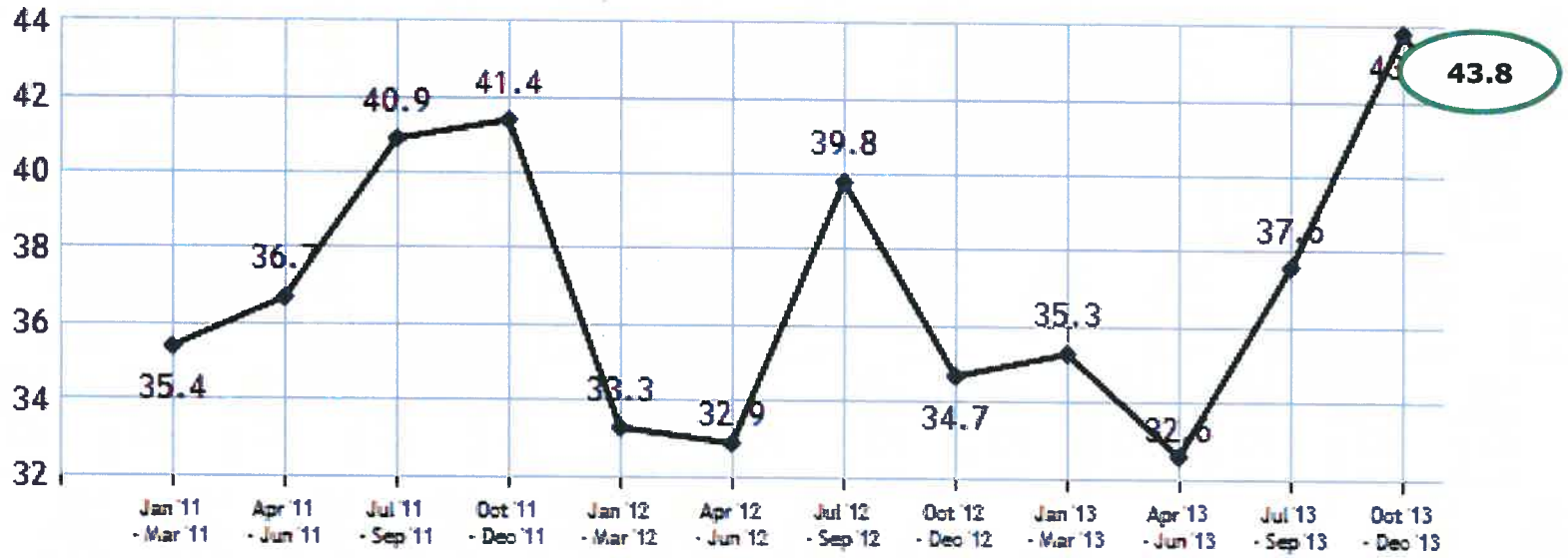
Question - CAHPS - Quietness of hospital environment



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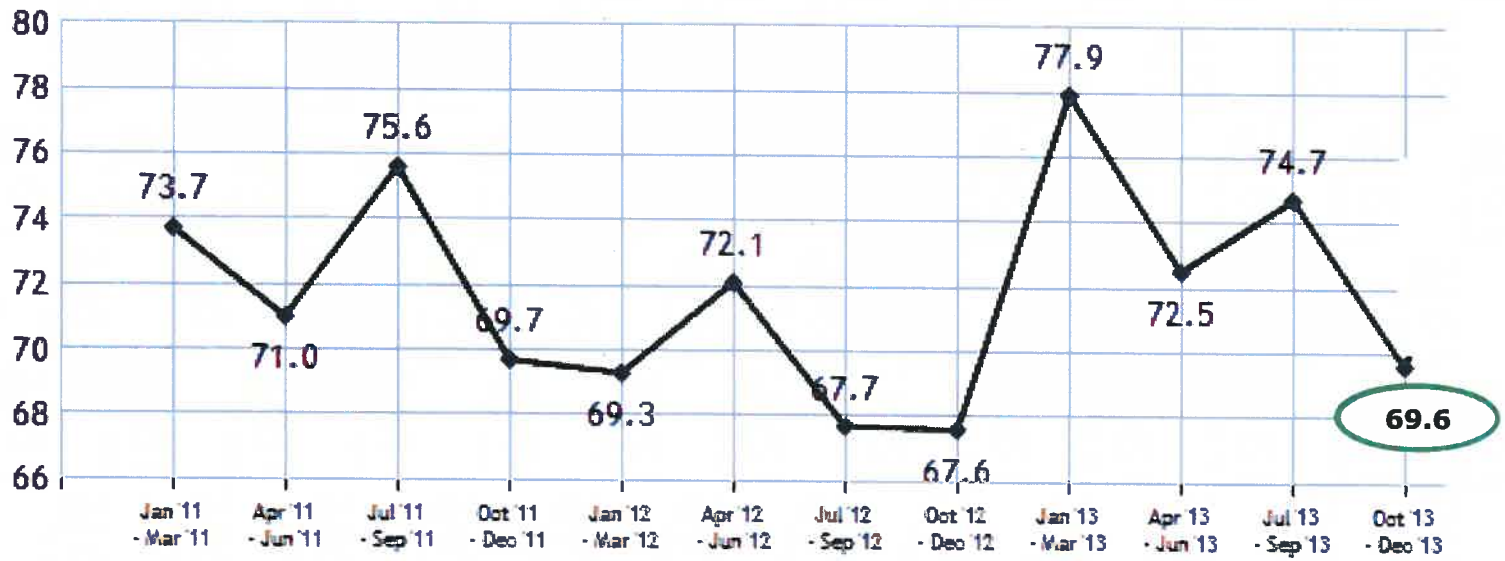
Section - CAHPS - Discharge Information



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Patient Feedback

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Patient Feedback

Feb. 18, 2014

Dear Doctors, Nurses, & all Staff,

We'd like to thank Doctors Medical Center's emergency room staff, technicians, nurses (Sonya & Ty) and doctor (Dr. Quang), ICU nurses (Nightingale, John, Traunda) doctors, (Dr. Tuan Dang & Dr. Rees), technicians (Dorothy), physical therapist (forgot her name), 3rd floor nurses (Lauren, Minnie), nurse in training (Ruby), and others whose names we've forgotten for the excellent, skillful & heartfelt care that Jim Coates received during his stay at the hospital Feb. 7-9, 2014.

[redacted] was brought to the emergency room via an ambulance as a result of a 911 call. Jim experienced a stroke and the quick diagnosis, care & treatment resulted in his discharge two days later with no apparent physical or mental limitations. We are immeasurably grateful to all who participated in his care and extend our heartfelt thanks and deep appreciation for the important life-saving work you do.

We understand that Doctors Medical Center is struggling to survive in this time of economic instability and we hope that this facility and its medical staff are able to continue to provide emergency/hospital care to the surrounding community for years to come.

We would like to make a small donation as a token of our immense gratitude and enclose a check.

Sincerely & with gratitude,

[redacted]

THANKS

PRESS GANEY

Patient Feedback

January 12th, 2014

To: Doctors Hospital
From: Emelder W. Roe
Subject: My Knee Replacement Surgery and Staff.

I apologize for the delay in sending this letter, just been rehabbing and busy. I had knee replacement surgery at your facility on Oct 9th, 2013, and I was released on October 13th, 2013.

During my stay, I had the chance to meet some remarkable, and professional and caring staff. They should be commended, I felt I was in good hands; their Names are listed below.

Becky
Agnes
Eric
Virgina (The Best)
Athina
Moody Donnelly
Michael
Jhon, my physical therapist.

I hope and pray that I spelled their names correctly, and I again apologized for not addressing their professionalism and caring nature during my stay at your hospital.

Thanks

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WEST CONTRA COSTA HEALTHCARE DISTRICT

RESOLUTION NO. 2014-04

RESOLUTION EMPLOYEE RECOGNITION

WHEREAS Brian Lawson has demonstrated commitment to the mission, vision and values of Doctors Medical Center and has been recognized for outstanding service and dedication by patients, employees and physicians;

WHEREAS Brian has voluntarily co-lead the annual Relay for Life and participated in the Komen Walk on behalf of Doctors Medical Center;

WHEREAS, Brian became a Board Certified Specialist in Oncology Nutrition (CSO) to serve as Doctors Medical Centers' in-house expert for nutrition of cancer patients;

WHEREAS, Brian Lawson has contributed to the learning and growth of his department through leadership and exemplification of professional service behaviors and has continued to support Doctors Medical Center throughout both good times and challenges;

NOW, THEREFORE, BE IT RESOLVED that the West Contra Costa Healthcare District Board of Directors Governing Body recognizes and thanks Brian Lawson for his dedication to the community, this hospital and the many patients we serve.

PASSED AND ADOPTED by the Governing Body Board of Directors of the West Contra Costa Healthcare District on this 26th day of March, 2014, by the following vote:

AYES:

NO:

ABSTAIN:

_____

Eric Zell, Chair of Board of Directors

_____

Nancy Casazza, Secretary of Board of Directors

DOCTORS
MEDICAL CENTER

FINANCIALS

TAB 7

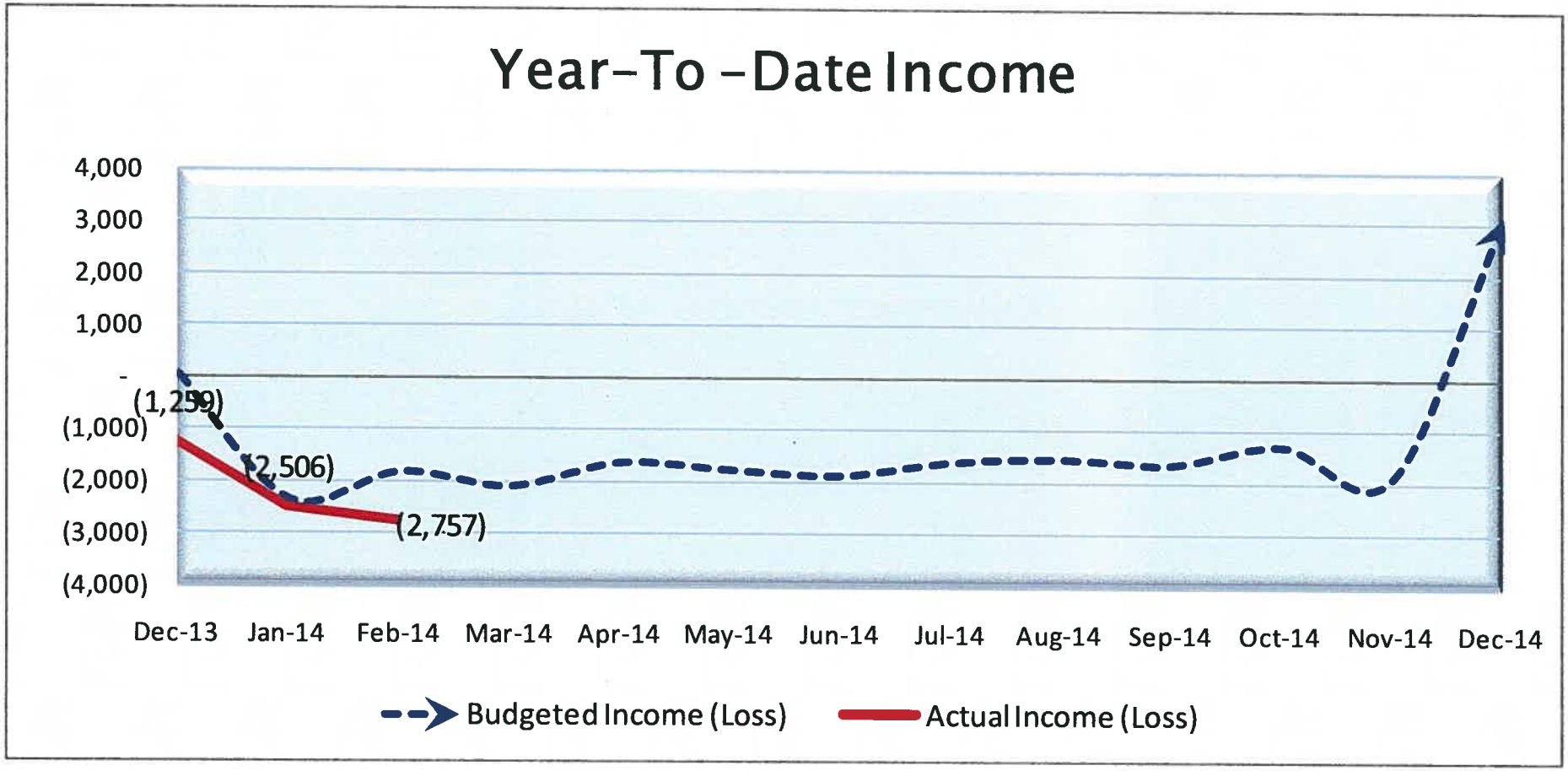
Board Presentation

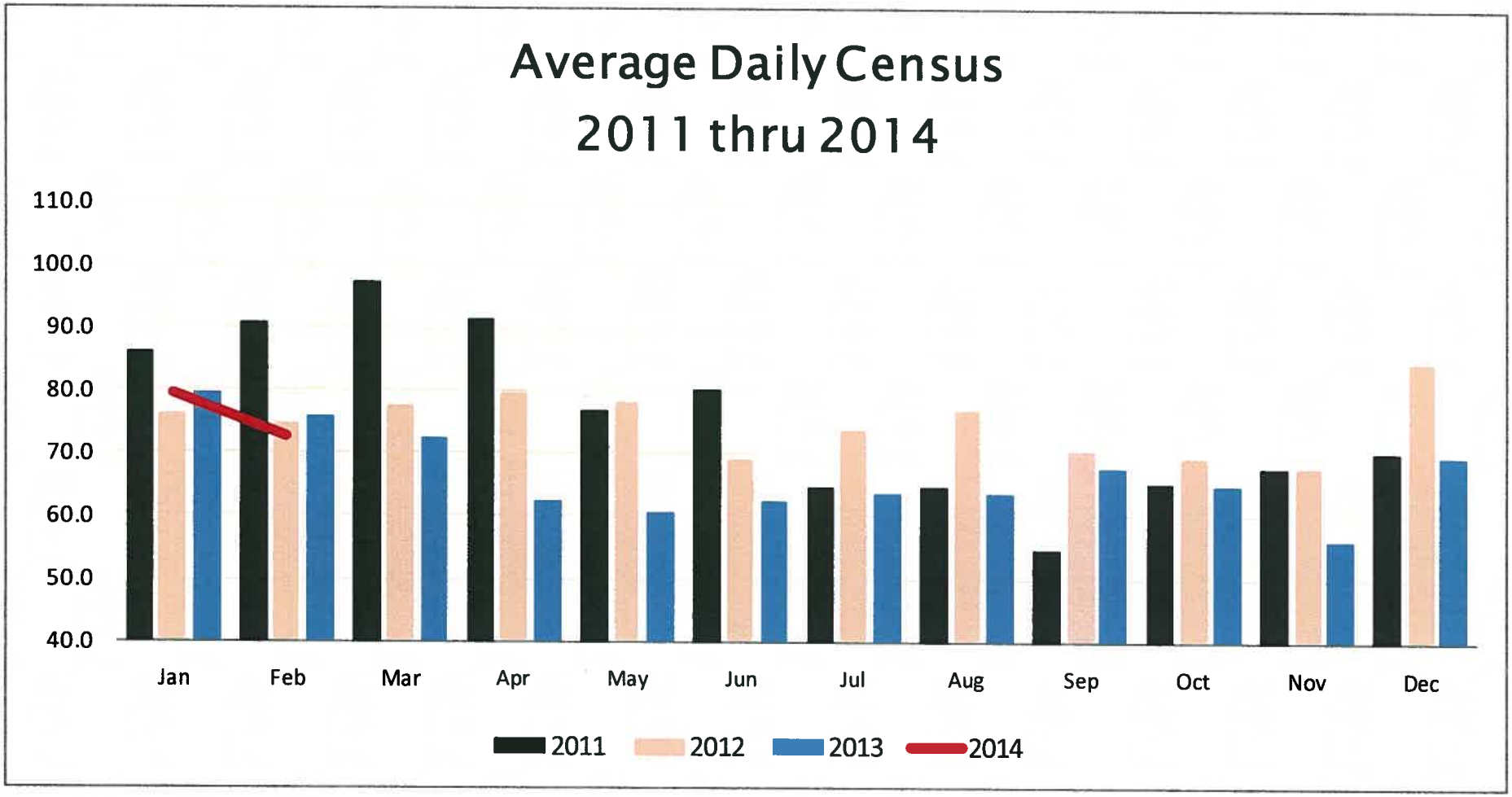
February 2014

Financial Report

Financial Report Key Points

- Net loss was $2.8M in February, $975K under budget
- Net patient revenue was $1.5M under budget
- Operating expenses were $532K under budget


Year-To -Date Income
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
(3,000)
(4,000)
(1,259)
(2,506)
(2,757)
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Budgeted Income (Loss)
Actual Income (Loss)


Average Daily Census
2011 thru 2014
110.0
100.0
90.0
80.0
70.0
60.0
50.0
40.0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2011
2012
2013
2014

Statement of Activity - Summary

For the Period Ending

February 28, 2014

(Thousands)

Month to Date				Year to Date		
Actual	Budget	Var		Actual	Budget	Var
8,423	9,939	(1,516)	**Net Operating Revenues $**	18,375	20,108	(1,733)
11,888	12,420	532	**Total Operating Expenses $**	25,055	25,602	547
(3,465)	(2,480)	(985)	**Income/(Loss) from Operations $**	(6,680)	(5,494)	(1,186)
708	698	10	**Income from Other Sources $**	1,417	1,394	23
(2,757)	(1,782)	(975)	**Net Income / (Loss) $**	(5,263)	(4,100)	(1,163)

2,032	2,122	(90)	**Patient Days**	4,491	4,267	224
400	473	(73)	**Discharges**	919	952	(33)
5,529	5,846	(317)	**Outpatient Visits**	11,932	12,419	(487)
593	629	36	**Worked FTE's**	566	610	44
1.65	1.55	0.10	**Medicare CMI**	1.60	1.55	0.05

Budget Variances - Net Revenue

Medicare	$	(693) K
Managed Care	$	(587) K
Medi-Cal	$	(160) K

Budget Variances – Expenses

- Salaries & Benefits $294K – Ongoing staff flexing in response to reduced volume.
- Professional Fees $137K – Lower physician and other consulting fees.
- Supplies $268K – Underutilization of surgical supplies due to lower surgery volume.
- Purchased Services ($138K) – Higher collection costs offset by higher A/R cash collections.

Cash Position

February 28, 2014

(Thousands)

	February 28, 2014	December 31, 2013
Unrestricted Cash	$2,080	$9,609
Restricted Cash	$6,120	$4,723
Total Cash	$8,200	$14,332
Days Unrestricted Cash	5	25
Days Restricted	16	14
Total Days of Cash	21	39

California Benchmark Average	34
Top 25%	82
Top 10%	183

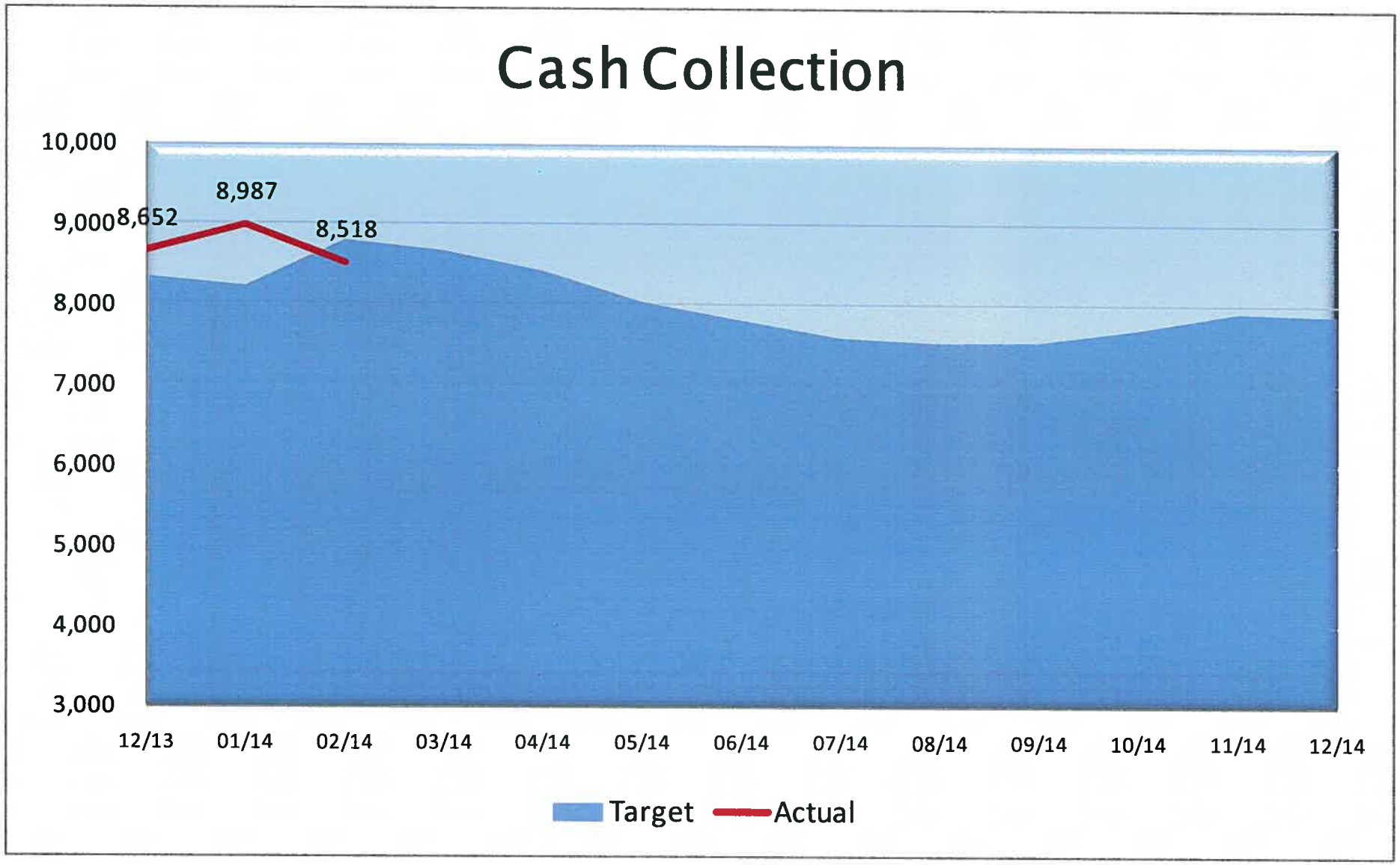
Accounts Receivable

February 28, 2014

(Thousands)

	February 28, 2014	December 31, 2013
Net Patient Accounts Receivable	$21,980	$20,457
Net Days in Accounts Receivable	72.1	72.8

California Benchmark Average	65.7 days
Top 25%	45.2 days
Top 10%	35.5 days


Cash Collection
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
8,652
8,987
8,518
12/13
01/14
02/14
03/14
04/14
05/14
06/14
07/14
08/14
09/14
10/14
11/14
12/14
Target
Actual

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
February 28, 2014
(Amounts in Thousands)

CURRENT PERIOD				PRIOR YEAR		CURRENT YTD				PRIOR YEAR
ACTUAL	BUDGET	VAR	VAR %	ACTUAL		ACTUAL	BUDGET	VAR	VAR %	ACTUAL
					OPERATING REVENUE					
8,323	9,866	(1,543)	-15.6%	10,136	Net Patient Service Revenue	18,207	19,943	(1,736)	-8.7%	21,052
100	74	26	35.9%	82	Other Revenue	168	165	3	1.9%	184
8,423	9,939	(1,516)	-15.3%	10,218	**Total Operating Revenue**	18,375	20,108	(1,733)	-8.6%	21,236
					OPERATING EXPENSES					
4,676	4,806	130	2.7%	4,930	Salaries & Wages	9,987	9,990	3	0.0%	10,054
3,221	3,385	164	4.9%	2,806	Employee Benefits	6,699	6,939	240	3.5%	6,009
815	952	137	14.4%	948	Professional Fees	1,675	1,904	229	12.0%	2,055
1,105	1,373	268	19.5%	1,469	Supplies	2,493	2,877	384	13.4%	2,893
1,034	896	(138)	-15.3%	913	Purchased Services	2,222	1,856	(366)	-19.7%	1,934
262	261	(1)	-0.3%	288	Rentals & Leases	505	522	17	3.3%	610
413	413	0	0.1%	415	Depreciation & Amortization	826	827	1	0.1%	832
362	333	(29)	-8.8%	332	Other Operating Expenses	648	687	39	5.6%	670
11,888	12,420	532	4.3%	12,101	**Total Operating Expenses**	25,055	25,602	547	2.1%	25,057
(3,465)	(2,480)	(985)	-39.7%	(1,883)	**Operating Profit / Loss**	(6,680)	(5,494)	(1,186)	-21.6%	(3,821)
					NON-OPERATING REVENUES (EXPENSES)					
-	-	-	0.0%	-	Other Non-Operating Revenue	-	-	-	0.0%	-
1,143	1,138	5	-0.4%	1,123	District Tax Revenue	2,286	2,276	10	-0.4%	2,246
9	12	(3)	-25.2%	22	Investment Income	17	23	(6)	-27.0%	69
(444)	(452)	8	0.0%	(394)	Less: Interest Expense	(886)	(905)	19	-2.1%	(798)
708	698	10	1.4%	751	**Total Net Non-Operating**	1,417	1,394	23	1.6%	1,517
(2,757)	(1,782)	(975)	-54.7%	(1,132)	**Income Profit (Loss)**	(5,263)	(4,100)	(1,163)	-28.4%	(2,304)
					Profitability Ratios:					
-41.1%	-25.0%	-16.2%		-18.4%	Operating Margin %	-36.4%	-27.3%	-9.0%		-18.0%
-32.7%	-17.9%	-14.8%		-11.1%	Profit Margin %	-28.6%	-20.4%	-8.3%		-10.8%

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
February 28, 2014
(Amounts in Thousands)

CURRENT PERIOD				PRIOR YEAR		CURRENT YTD				PRIOR YEAR
ACTUAL	BUDGET	VAR	VAR %	ACTUAL		ACTUAL	BUDGET	VAR	VAR %	ACTUAL
2,418	2,391	(27)	-1.1%	2,375	SWB / APD	2,350	2,502	152	6.1%	2,318
66.4%	66.0%	-0.5%		63.9%	SWB / Total Operating Expenses	66.6%	66.1%	-0.5%		64.1%
3,640	3,625	(15)	-0.4%	3,715	Total Operating Expenses / APD	3,528	3,784	256	6.8%	3,616
29,712	31,758	(2,046)	-6.4%	35,021	I/P Gross Charges	64,575	68,039	(3,464)	-5.1%	75,591
18,044	19,517	(1,473)	-7.5%	18,688	O/P Gross Charges	37,536	39,845	(2,309)	-5.8%	38,376
47,756	**51,275**	**(3,519)**	**-6.9%**	**53,709**	**Total Gross Charges**	**102,111**	**107,884**	**(5,773)**	**-5.4%**	**113,967**
					Payor Mix (IP and OP)					
53%	54%	-1%		55%	Medicare %	51%	54%	-3%		56%
21%	22%	-1%		20%	Medi-Cal %	23%	22%	1%		20%
11%	11%	0%		12%	Managed Care	11%	11%	0%		12%
4%	4%	0%		3%	Other Government %	4%	4%	0%		3%
11%	10%	1%		10%	Self Pay %	11%	10%	1%		10%
					STATISTICS					
413	473	(60)	-12.7%	454	Admissions	942	952	(10)	-1.1%	1,034
400	473	(73)	-15.4%	461	Discharges	919	952	(33)	-3.5%	1,032
2,032	2,122	(90)	-4.2%	2,124	Patient Days	4,491	4,267	224	5.2%	4,596
72.6	75.8	(3.2)	-4.2%	73.2	Average Daily Census (ADC)	76.1	72.3	3.8	5.2%	76.6
5.08	4.49	0.59	13.2%	4.61	Average Length of Stay (LOS)- Accrual Based	4.89	4.48	0.40	9.0%	4.45
28	28			29	Days in Month	59	59			60
643	764	(121)	-15.8%	707	Adjusted Discharges (AD)	1,453	1,510	(56)	-3.7%	1,556
3,266	3,426	(160)	-4.7%	3,257	Adjusted Patient Days (APD)	7,102	6,766	336	5.0%	6,929
117	122	(6)	-4.7%	112	Adjusted ADC (AADC)	120	115	6	5.0%	115
58	68	(10)	-14.7%	70	Inpatient Surgeries	146	145	1	0.7%	142
58	83	(25)	-30.1%	95	Outpatient Surgeries	132	156	(24)	-15.4%	200
116	**151**	(35)	-23.2%	**165**	**Total Surgeries**	**278**	**301**	(23)	-7.6%	**342**

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
February 28, 2014
(Amounts in Thousands)

CURRENT PERIOD				PRIOR YEAR		CURRENT YTD				PRIOR YEAR
ACTUAL	BUDGET	VAR	VAR %	ACTUAL		ACTUAL	BUDGET	VAR	VAR %	ACTUAL
2,911	3,035	(124)	-4.1%	3,129	ED Outpatient Visits	6,434	6,566	(132)	-2.0%	6,711
2,560	2,728	(168)	-6.2%	2,761	Ancillary Outpatient Visits	5,366	5,697	(331)	-5.8%	5,771
58	83	(25)	-30.1%	95	Outpatient Surgeries	132	156	(24)	-15.4%	200
5,529	**5,846**	(317)	-5.4%	**5,985**	**Total Outpatient Visits**	**11,932**	**12,419**	(487)	-3.9%	**12,682**
376	423	(47)	-11.2%	435	Emergency Room Admits	848	852	(4)	-0.5%	991
12.9%	13.9%			13.9%	% of Total E/R Visits	13.2%	13.0%			14.8%
91.0%	89.5%			95.8%	% of Acute Admissions	90.0%	89.5%			95.8%
593	629	36	5.7%	633	Worked FTE	566	610	44	7.2%	613
670	744	74	9.9%	719	Paid FTE	684	723	39	5.4%	720
5.08	5.14	0.05	1.0%	5.63	Worked FTE / AADC	4.70	5.32	0.62	11.6%	5.30
5.74	6.08	0.33	5.5%	6.40	Paid FTE / AADC	5.69	6.31	0.62	9.8%	6.23
2,548	2,880	(331)	-11.5%	3,112	Net Patient Revenue / APD	2,564	2,948	(384)	-13.0%	3,038
14,622	14,966	(344)	-2.3%	16,488	I/P Charges / Patient Days	14,379	15,945	(1,567)	-9.8%	16,447
3,264	3,339	(75)	-2.2%	3,122	O/P Charges / Visit	3,146	3,208	(63)	-1.9%	3,026
1,432	1,403	(29)	-2.1%	1,513	Salary Expense / APD	1,406	1,477	70	4.8%	1,451
5.45	4.90	(0.55)	-11.2%	4.87	Medicare LOS - Discharged Based	5.33	4.90	(0.43)	-8.7%	4.82
1.65	1.55	0.10	6.5%	1.51	Medicare CMI	1.60	1.55	0.05	3.0%	1.55
3.30	3.16	0.14	4.5%	3.22	Medicare CMI Adjusted LOS	3.33	3.16	0.17	5.5%	3.10
5.08	4.49	(0.59)	-13.2%	4.61	Total LOS - Discharged Based	4.91	4.49	(0.42)	-9.4%	4.47
1.52	1.51	0.01	0.6%	1.50	Total CMI	1.55	1.51	0.04	2.6%	1.52
3.35	2.97	0.37	12.5%	3.07	Total CMI Adjusted LOS	3.17	2.97	0.20	6.6%	2.93

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
BALANCE SHEET
February 28, 2014
(Amounts in Thousands)

	Current Month	Dec. 31, 2013
ASSETS		
Cash	2,080	9,609
Net Patient Accounts Receivable	21,980	20,457
Other Receivables	2,151	508
Inventory	1,628	1,647
Current Assets With Limited Use	6,120	4,723
Prepaid Expenses and Deposits	1,416	1,262
TOTAL CURRENT ASSETS	**35,375**	**38,206**
Assets With Limited Use	**642**	**642**
Property Plant & Equipment		
Land	12,120	12,120
Bldg/Leasehold Improvements	29,717	29,433
Capital Leases	10,926	10,926
Equipment	45,368	45,321
CIP	679	876
Total Property, Plant & Equipment	98,810	98,676
Accumulated Depreciation	-59,400	-58,618
Net Property, Plant & Equipment	**39,410**	**40,058**
Intangible Assets	**1,381**	**1,392**
Total Assets	**76,808**	**80,298**

		Current Month	Dec. 31, 2013
	LIABILITIES		
96	Current Maturities of Debt Borrowings	1,326	1,320
97	Accounts Payable and Accrued Expenses	14,242	14,052
98	Accrued Payroll and Related Liabilities	19,410	17,501
99	Deferred District Tax Revenue	2,891	2,891
100	Estimated Third Party Payor Settlements	3,199	2,934
101	**Total Current Liabilities**	**41,068**	**38,698**
	Other Liabilities		
102	Other Deferred Liabilities	8,630	9,112
	Long Term Debt		
103	Notes Payable - Secured	60,315	60,319
104	Capital Leases	858	920
105	Less Current Portion LTD	-1,326	-1,320
106	**Total Long Term Debt**	**59,847**	**59,919**
107	**Total Liabilities**	**109,545**	**107,729**
	EQUITY		
108	Retained Earnings	-27,474	-8,053
109	Year to Date Profit / (Loss)	-5,263	-19,378
110	**Total Equity**	**-32,737**	**-27,431**
111	**Total Liabilities & Equity**	**76,808**	**80,298**

Current Ratio (CA/CL)	***0.86***	***0.99***
Net Working Capital (CA-CL)	***(5,693)***	***(492)***
Long Term Debt Ratio (LTD/TA)	***0.78***	***0.75***
Long Term Debt to Capital (LTD/(LTD+TE)	***2.21***	***1.84***
Financial Leverage (TA/TE)	***-2.3***	***-2.9***
Quick Ratio	**0.59**	**0.78**
Unrestricted Cash Days	**5**	**25**
Restricted Cash Days	**16**	**14**
Net A/R Days	**72.1**	**72.8**

DOCTORS
MEDICAL CENTER

February 2014 Executive Report

Doctors Medical Center had a net loss of $2,757,000 for the month of February. As a result, net income was $975,000 worse than budget. The following are the factors leading to the net income variance for the month:

Net Patient Revenue Factors	Positive / (Negative)
Medicare	($693)
Managed Care	($587)
Medi-Cal	($160)

Net patient revenue was under budget by $1,543,000 for February. Inpatient and outpatient volumes combined missed targets by 7%. Patient days and discharges were under budget by 4.2% and 15.4% respectively. Outpatient surgery volumes were under budget by 30%.

In February, regular Medicare and Medicare HMO combined was $693,000 under budget. Regular Medicare patient days were 10% lower than budget and the outpatient reimbursement rate was 32% lower than expected resulting in a $723,000 shortfall in regular Medicare

Total Managed Care was under budget by $587,000. PPO contract patient days and outpatient reimbursements were under budget by 33% and 21% respectively, resulting in $540,000 shortfall in patient revenue.

Traditional Medi-Cal and Medi-Cal HMO inpatient volumes were under budget 25% resulting in a shortfall of $160,000 in February.

Salaries and benefits combined were under budget by $294,000 due primarily to continued staff flexing particularly in nursing in response to reduced inpatient and outpatient volume.

Professional Fees were $137,000 under budget because inpatient and outpatient volumes were 7% down in February.

Supplies were favorable by $268,000 in February as a result of reduced volume in surgery. Outpatient Surgeries missed the target by 30% while inpatient surgeries were under by 15%.

Purchased services exceeded budget by $138,000 primarily due to additional bad debt collection costs which was offset by increased cash collections on claims greater than 150 days old.

DOCTORS
MEDICAL CENTER

2014 BUDGET APPROVAL

TAB 8

2nd Quarter Budget -2014

Amounts in Thousands

	2nd Quarter 2014
OPERATING REVENUE	
Net Patient Service Revenue	23,922
Other Revenue	276
Total Operating Revenue	24,198
OPERATING EXPENSES	
Salaries & Wages	14,109
Employee Benefits	8,548
Professional Fees	3,411
Supplies	3,413
Purchased Services	3,111
Rentals & Leases	744
Depreciation & Amortization	1,265
Other Operating Expenses	1,090
Total Operating Expenses	35,691
Operating Profit / Loss	(11,493)
NON-OPERATING REVENUES (EXPENSES)	
District Tax Revenue	3,414
Investment Income	33
Less: Interest Expense	(1,348)
Total Net Non-Operating	2,099
Net Income (Loss)	(9,394)

DOCTORS
MEDICAL CENTER

CONTINGENCY CLOSURE PLAN/ FISCAL CRISIS

TAB 9

Presentation to the Governing Body of the Board of Directors

March 2014

DMC 2014 Quest for Sustainability

- For DMC to remain open through 2014, several things need to happen:
  - We need outside funding to get us to May and the parcel tax vote
  - The parcel tax needs to be approved by 2/3 vote
  - Since any approved tax measure will not result in available funding until December, we will need further operating support to get us to December and the first tax installment
- Should we fail at any of these, the hospital will close

As we work to achieve each of these goals, we also need to prepare in the event of failure . Closure planning: If the parcel tax does not pass...

- Board of Directors meeting and vote for closure: May 7 or 8
- Official notification to employees, physicians and other stakeholders: May 8 or 9
- Last day for outpatient services: July 11
- Last date for elective admissions: July 11
- Closure of ED: July 18
- Closure of inpatient services: July 25 (or upon discharge of last patient. Any patients remaining on July 25 will be transferred)
- Full facility closure: July 25

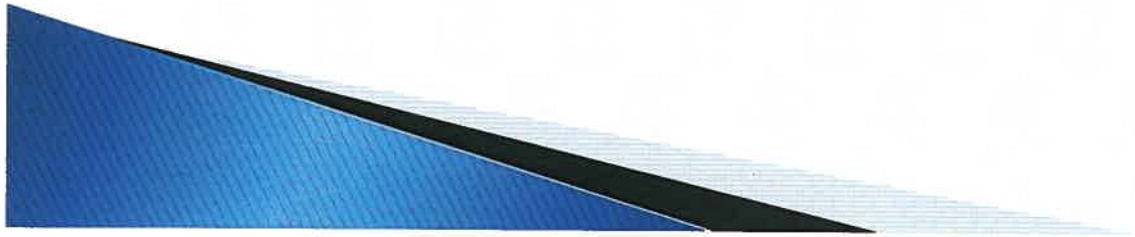
Dates are approximate and the final plan will be developed with approval of CDPH

Preparing the Community/Other Providers:

- Meeting of other area providers and first responders scheduled for early April to begin contingency planning
- Communication to the community/patients of any closure decision:
  - General Population: Media (newspaper, TV, radio), direct communications to key groups (City Councils, Mayors, Board of Supervisors, State Officials, Police, Fire, Area nursing and personal care homes, County EMS, Other CC and Alameda Hospitals, State Department of Corrections, Alameda Contra Costa County Medical Society, California Hospital Association, Hospital Council)
  - Patients: three separate letters to patients (May, June, July) seen at DMC in past 3 years regarding the closure and how they can access medical records; postings in departments; flyers distributed in departments

Next Steps for Governing Body/Board of Directors

- Review CA state regulatory requirements related to hospital closure (April Meeting)
- Draft Closure Resolution
- Schedule meeting for May 7 or 8
  - If parcel tax passes: discuss next steps in sustainability efforts (partner, new hospital)
  - If parcel tax does not pass: move on closure resolution



DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE REPORT

TAB 11

MEDICAL EXECUTIVE COMMITTEE
REPORT TO THE BOARD

MEC DATE: March 10, 2014 **BOARD DATE:** March 26, 2014

TOPIC	Comment (S)
Dawn Gideon, Interim CEO provided the following report: • Dawn Gideon reported current state of DMC's financial situation. Mail-in parcel tax vote is scheduled for May 6th, and if parcel tax does not pass two-thirds majority vote then the Board will be presented with the option for hospital closure process. Closure process will consist of a WARN notice to the employees, and a schedule of department closures. If parcel tax does not pass, expected closure date is the end of July. • Committee encouraged to do phone banking.	No action required by the Board
Richard Stern, Chief of Staff: • None Presented	No action required by the Board
Policy, Procedures, Forms: A. Medical Education Committee • Honorarium Policy	Approval
Credentials Committee • Credentials Report: February 2014	Approval

APPROVAL ROUTING SHEET FOR POLICIES AND PROCEDURES

All items marked with † must be completed, and or required routing

†TITLE: Honorarium & Reimbursement Policy	†CHECK ONE: ☐ New ☐ Reviewed ☒ Revised : ☐ Major ☐ Minor
† ☐ Administrative ☐ Clinical ☒ Department Medical Staff	
†SUBMITTED BY: Muhammad Rapes, MD	
†NEW POLICY - REASON FOR SUBMISSION: ☐ Change in Law ☐ New Regulation: CMS CDPH TJC Other	
†REVIEWED OR REVISED - SUMMARY OF POLICY / PROCEDURE CHANGES: Section III Procedure #7 - Members of our Medical Staff will be paid an honorium of up to $350, pending monies are available. Only faculty presenting solo will be paid. Panelist will not be paid.	

	MEETING DATE	APPROVAL
☐ **Manager or Department Director**†		
☒ **Medical Staff Department(s):**		
☐ Cancer Committee ☐ CV Surgery Committee		
☐ Infection Control Committee ☐ IDP Committee		
☐ Medical Ethics Committee ☐ Patient Safety Committee		
☐ Radiation Safety Committee ☐ P&T Committee		
☐ Respiratory/Critical Care/ED Committee		
☐ Quality Improvement Team: ☐ EM Committee		
☐ EOC/Safety Committee ☒ Other: Medical Education	2/25/14	2/25/14
☐ **Nursing Department:**		
☐ Nursing Practice:		
☐ **Forms Committee** (as applicable)		
☐ **Administrative Policy Review Committee (APRC)**†		
☐ **Executive Leadership**		
☒ **Medical Executive Committee (MEC)** (as applicable)	3/10/14	3/10/14
☒ **Board of Trustees** *(automatic from MEC)* *(as applicable)*	3/26/14	

DOCTORS
MEDICAL CENTER

Manual:	Sub Folder:
Title: Honorarium & Reimbursement Policy	Reviewed: Revised: 2/21/12, 2/26/13, 9/24/13
Effective Date: 6/8/2010	Page : 1 of 3

Honorarium & Reimbursement Policy

I. **Purpose**

A. To establish guidelines to be used when offering payment amounts to faculty of CME activities.

II. **Definitions**

A. ACCME – Accreditation Council for Continuing Medical Education is the nationally recognized accrediting agency for continuing medical education.

B. *AMA PRA Category 1 Credit™* – AMA's Physician's Recognition Award Credit System; also, referred as Category 1 CME.

C. CMA – California Medical Association is an advocacy organization active in the legal, legislative, reimbursement and regulatory areas on behalf of California physicians and their patients.

D. CME – Continuing Medical Education: Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.

E. CME Provider – Hospitals, professional societies and other entities that provide accredited CME to physicians.

F. ACCME Standards for Commercial Support – Standard 2 – Appropriate Use of Commercial Support – 3.7 States "The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures."

G. Planner – Anyone in a position to control content during the planning stages of a CME activity.

H. Author – Anyone who controls content for a CME activity that is of a written nature.

I. Faculty – Anyone who controls content of a CME activity during the verbal presentation.

III. **Procedure**

1. Planners are not paid an honorarium for their role as a planner.

2. Faculty are only paid for that portion of an activity which they are responsible for the content.

3. After an activity is planned, the CME Coordinator contacts commercial companies and requests an educational grant to help underwrite honoraria and other activity expenses.

4. Faculty confirmation letters outline the amount of money they will be paid for their time and expertise. They are told they are not to accept payment from any other source for their services relating to the specific activity.

5. Without prior CME Committee approval honoraria is negotiated between speaker and the CME Coordinator. The Coordinator is authorized to offer up to $500 standard honoraria.

6. Requests for more than $500.00 must be approved by the CME Committee. When there is insufficient time for Committee approval, the Chair may approve up to $750.00.

7. Members of our medical staff ~~are not paid an honorarium~~ ~~can~~ will be paid an honorarium of up to $350, pending monies are available. Only faculty presenting solo will be paid. Panelists will not be paid. Honoraria will only be paid for courses, and not for RSS, or student presentations.

8. Outside our Medical Staff faculty will receive payment of reasonable honoraria and may receive reimbursement of out-of-pocket expenses. Honoraria amounts may range between $250.00 and $3,000.00 depending upon the following criteria:
   1. Length of activity
   2. Number of presentations delivered
   3. Distance traveled
   4. Time away from primary occupation
   5. Level of expertise with subject matter
   6. Local, regional or national stature

9. The honorarium for CME activities publicized with multiple faculty (including, but not limited to, panel members, physician facilitators, etc.) will be determined and approved by the CME Committee. The CME Committee will base its determination on the amount of preparation time required of each faculty member. The combined honoraria of multiple faculty members shall not exceed the amount of reasonable honorarium offered a single speaker.

10. Out-of-pocket expenses incurred by a planner, faculty, author, volunteer, or staff are reimbursed only for their official participation as agreed upon in advance and outlined in an agreement signed by the CME Coordinator and the person with whom the expense will occur.

11. Out-of-pocket expenses incurred by a planner/faculty/author on behalf of an activity approved by the CME Committee or the CME Chair are reimbursed. Types of expenses eligible for reimbursement are:
    1. Roundtrip Airfare (economy)
    2. Public or Private Ground Transportation (taxi, shuttle, bus)
    3. Rental Car (mid-size)
    4. Gasoline for rental car
    5. Mileage at the current IRS rate
    6. Hotel (not to exceed $150.00 per night)
    7. Food (not to exceed $50.00 per day)

12. When payment of honorarium is required, the CME Coordinator requests a check in the amount needed from Medical Staff funds. The honorarium is mailed to the speaker along with a summary of the evaluation forms and thank you letter.

IV. References

A. ACCME Standards for Commercial Support
B. IMQ/CMA CME Accreditation Standards Manual

V. Cross-References

A. Faculty Letter

VI. Associated Documents

A. Faculty Letter
B. Honorarium & Reimbursement Form

VII. Approvals

A. CME Committee
B. Medical Executive Committee
C. Board of Directors

MEDICAL STAFF COMMITTEE RECOMMENDATIONS	DATE
CREDENTIALS COMMITTEE	February 27, 2014
MEDICAL EXECUTIVE COMMITTEE	March 10, 2014
BOARD OF DIRECTORS APPROVAL	March 26, 2014

DOCTORS MEDICAL CENTER
CREDENTIALS REPORT
FEBRUARY 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
Frank, Jeffrey, MD	Med./Family Practice/Internal Medicine	Provisional	03/26/2014 – 03/25/2016	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
Iota-Herbei, Claudia, MD	Medicine & Family Practice/Nephrology	Courtesy	03/28/2014 – 02/28/2016	Approval
Moore, Jude, MD	Medicine & Family Practice/Emergency Med	Active	03/28/2014 – 02/28/2015	Approval

VOLUNTARY RESIGNATIONS

NAME	DEPARTMENT/SPECIALTY	EFFECTIVE DATE
Burke, Hana, MD	Medicine & Family Practice/Internal Medicine	02/27/2014
Adam Shiffman, PA-C	Medicine & Family Practice/Physician Assistant ER	12/31/2012
Sarah Vensel, PA-C	Medicine & Family Practice/Physician Assistant ER	4/30/2013
Jennifer Weise, PA-C	Medicine & Family Practice/Physician Assistant ER	11/30/2013