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

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Wednesday, February 29, 2012  
4:30 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  
FEBRUARY 29, 2012 - 4:30 P.M.  
Doctors Medical Center - Auditorium  
2000 Vale Road  
San Pablo, CA 94806**

**Board of Directors**  
*Supervisor John Gioia, Chair  
Eric Zell, 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** J. Gioia
2. **ROLL CALL**
3. **APPROVAL OF JANUARY 25, 2011 MINUTES** J. Gioia
4. **PUBLIC COMMENTS** J. Gioia  
*[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. **MEDICAL EXECUTIVE REPORT** L. Hodgson, M.D.
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. **ACTION:**
    - *Acceptance of Medical Staff Report*
    - *Approval of Appointments, Reappointments and Changes of Staff Status and Procedures*
    - *Approval of revised Look-Alike/Sound-Alike Medications Errors (LASA) Policy*

6. **FINANCIALS –JANUARY 2012** J. Boatman
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Acceptance of the January 2011 Financials*
  
7. **CAPITAL EXPENDITURE REVIEW PROCESS POLICY:  
SIGNATURE AUTHORIZATION MATRIX** D. Gideon
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Approval of the revised Signature Authorization Matrix*
  
8. **PATIENT CARE SERVICES POLICY:  
NURSING CARE FOR PATIENTS WITH ACUTE STROKE** B. Ellerston
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Approval of the new Nursing Care for Patients with Acute Stroke Policy*
  
9. **NURSING SERVICES** B. Ellerston
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: For Information Only*
  
10. **CEO UPDATE** D. Gideon
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: For Information Only*
  
11. **ELECTION OF CHAIR AND VICE CHAIR** J. Gioia
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Approval of Election of Chair and Vice Chair*

**ADJOURN TO CLOSED SESSION**

- A. Reports of Medical Staff Audit and Quality Assurance Pursuant to Health and Safety Code Sec. 32155.
- B. Conference with Labor Negotiators (pursuant to Government Code Section 554957.6)  
Agency negotiators: John Hardy, Vice President of Human Resources: California Nurse Association.

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

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MINUTES  
January 25, 2012

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TAB 3



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

**January 25, 2012, 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 4:30 P.M.

**2. ROLL CALL**

Quorum was established and roll was called:

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

Excused:           *Patrick Godley*

**3. APPROVAL OF DECEMBER 14, 2011 MINUTES**

*The motion made by Director Zell and seconded by Director Anderson to approve the December 14, 2011 minutes passed unanimously.*

**4. PUBLIC COMMENTS**

There were no public comments.

## 5. FIRE ALARM SYSTEM UPDATE

Mr. William Appling, Director of Plant Operations reported that he met with the Contra Costa Fire District (CCCFD) to discuss the scope of the project. Based on the complexity of work, we received verbal approval for an indefinite extension to develop a plan and expect to have in writing back from the CCCFD by January 27th. On January 5<sup>th</sup> a site walk was conducted and determined that the scope of the project may not be as expensive as discussed. Based on the new recommendations, we believe that the total cost of the project would come in under \$80,000.

## 6. FINANCIALS –DECEMBER 2011.

Mr. Jim Boatman, CFO presented and sought approval of the December 2011 Financials. He reported patient volume decreased in December inpatient discharges was under by 1.6%. Year to date outpatient visits increased 6% in volume. Discharge LOS was under budget at 4.3.

Mr. Boatman reported a net loss was \$2.0M in December. Net loss to date is \$18M. Payroll and supply expenses were under budget again. Worked FTE's were 7.7% below budget. A \$40M bond indenture sold by year end providing additional cash to the Hospital. Operating cash in December was \$14M. Restricted cash balance of 30M is related to the new bond indenture.

*A motion made by Director Campbell and seconded by Director Anderson to approve the December Financials passed unanimously.*

## 7. POLICIES

Ms. Juli Maxworthy, VP Quality & Risk Management sought approval of the following new policies:

- Plant Operations: Medical Equipment Management Program Policy
- Communications/Telecom: Electronic Communication and Personal Devices

Supervisor Gioia commented that some policies should go through legal review, and sought recommendation from Mr. Colin Coffey, District Counsel.

Mr. Coffey stated that prior to approval, high level compliance policies should go through legal review. He suggested that the Board should have a good comfort level that administrative level policies are prepared or reviewed by senior management based on industry standards.

*A motion was made by Director Wallace and seconded by Director Casazza to approve the Medical Equipment Management Program Policy and pending legal review of the Electronic Communication and Personal Devices policy passed unanimously.*

## 8. QUALITY REPORT

Ms. Maxworthy presented an overview of the following 2012 National Patient Safety Goals:

- Identify Patients Correctly
- Improve Staff Communication
- Use Medicines Safely
- Prevent Infection
- Identify patient Safety Risks
- Prevent Mistakes in Surgery

## 9. CEO UPDATE

Ms. Dawn Gideon, CEO reported the following:

- 2011 was a productive year, with many accomplishments:
  - November 15<sup>th</sup> parcel tax passed
  - November 16<sup>th</sup> the District Board discussed the approval and issuance of Certificates of Participation
  - We received an “A-“ rating from Standard and Poors, which is a good investment grade rating, allowing us to secure an interest rate of 6.096% over the course of 30 years on a \$40M financing
  - On December 29<sup>th</sup> we closed on the \$40M of COP with a net at \$39M after costs. We drew down \$12M. The balance is held by the trustee, thus must obtain additional request to draw down further. The initial draw down was identified; we presented a budget, \$8M in operating loss, with cash loss a portion of that budget. We used monies to address vendor issues. The money was procured to provide the liquidity to the organization for this fiscal year. The balance of these funds are appropriately invested and being held by the trustee. The annual debt service on this new offering is variable based on the variability of the interest rate over the life of the bonds.
- Focused Priorities for 2012:
  1. Meet budget presented on November 16<sup>th</sup>
  2. Implementation of the Paragon Systems - the launch and full implementation of the electronic medical record. We go live with the first phase on February 6<sup>th</sup>. The computerized physician order entry will be installed and fully functional at the end of April
  3. Patient satisfaction - several facets occurring around patient satisfaction in addition to general communication house-wide on satisfaction:
    - Esthetic upgrades will begin tonight in the ER through the lobby to Physician entry, and will take approximately three months
    - By invitation only, the Patient Satisfaction Retreat took place last night. Participants included representation of the medical staff and Board, employees, management, the executive team, patients and

labor union leadership. This group came together to begin to understand where we are in patient satisfaction today as evidenced by HCAPS and more qualitative feedback from patients submitted letters in attendance sharing with us their personal viewpoint. The goal is for this group to come together routinely to help us outline a Plan, to measure our outcomes against that Plan, and to effect definitive corrective measures throughout the year. At a minimum, the group will meet quarterly. One of the goals must be to deliver a program of ascertainable activities.

4. Joint Commission preparedness throughout the organization. Policies and procedures and other activities will be presented to the Board on behalf of the Medical Staff in general to ensure we're consistent and are prepared for the Joint Commission survey.
5. Development of the Strategic Plan. As we have repeatedly discussed, we need to develop a long term sustainable plan that recognizes that our current business model does not work. At our previous Governing Body meeting, Ms. Gideon shared a draft RFP to go out to qualified firms, along with a list of characteristics that we were looking for in our advisors. Consultants have responded, and management has chosen two of the proposals to move forward. A committee was formed to include Drs. Drager, Hodgson, Directors' Zell and Anderson to review those proposals. The Committee will meet with the Bidders to select, and make a final decision. Thereafter, management will immediately engage the firm to assist us in collaborating a strategic plan. The target goal is mid-Summer to create a plan to present to the Governing Board for approval that will address the issues of long-term modeling, long-term sustainability, long-term corporate structure, long-term financing, and long-term relationship with the medical staff.

#### **10. EMERGENCY DEPARTMENT YEAR IN REVIEW PERFORMANCE SNAPSHOT PRESENTATION**

Dr. Seth Thomas, Director of ER gave a presentation overview of the Emergency Department year end review, representing CEP America. He talked about the history, performances, achievements, future plans and how to partner with DMC and to make it even better.

## 11. MEDICAL EXECUTIVE REPORT

Dr. Hodgson sought approval of the December Credentials Report. There were no policies.

*The motion made by Director Anderson and seconded by Director Campbell to approve the Medical Staff and Credentials report for December 2011 passed unanimously.*

**THE MEETING ADJOURNED TO CLOSED SESSION AT 6:00 PM**

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# MEDICAL EXECUTIVE REPORT

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TAB 5

**MEDICAL EXECUTIVE COMMITTEE  
REPORT TO THE BOARD OF DIRECTORS  
FEBRUARY 2012**

ITEM	ACTION
A. CHIEF OF STAFF REPORT	Informational
B. POLICIES, PROCEDURES & FORMS	Approval
C. CREDENTIALS REPORT – January 2012	Approval

**POLICY, PROCEDURE AND FORMS REPORT**

**February 2012**

IN ACCORDANCE WITH MEDICAL STAFF BYLAWS, REGULATORY AND ACCREDITATION STANDARDS, THE POLICIES, PROCEDURES AND FORMS LISTED BELOW HAVE BEEN DEVELOPED AND/OR REVISED BY APPROPRIATE HOSPITAL AND/OR MEDICAL STAFF COMMITTEES AND HAVE BEEN APPROVED BY THE MEDICAL EXECUTIVE COMMITTEE.

*\*NOTE: COPIES OF ALL POLICIES LISTED IN SECTION A AND SECTION B BELOW ARE ATTACHED TO THIS REPORT; THOSE POLICIES/DOCUMENTS LISTED IN SECTION C: REVISED WITH MINOR/NON-SUBSTANTIVE CHANGES, WILL BE AVAILABLE FOR REVIEW IN THE MEDICAL STAFF OFFICE AND ADMINISTRATION.*

POLICY/PROCEDURE/FORMS	TYPE	REASON FOR REVIEW	PAGE
<b>A. Revised With Major/Substantive Changes</b> 1. Avoiding "Look Alike" and "Sound Alike" Medication Errors (LASA)	Medication Management P&P	Revised to include Hydromorphone and Penicillamine to Tall Man lettering (HYDROmorphone, PenicillAMINE)	1-4

**APPROVAL ROUTING SHEET FOR POLICIES AND PROCEDURES**



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

† <b>TITLE:</b> Look-Alike/Sound-Alike Medications	† <b>CHECK ONE:</b> <input type="checkbox"/> New <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised : <input checked="" type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	
† <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Department <u>PHARMACY</u>		
† <b>SUBMITTED BY:</b> Therese Helser		
† <b>NEW POLICY - REASON FOR SUBMISSION:</b> <input type="checkbox"/> Change in Law <input type="checkbox"/> New Regulation: CMS    CDPH <input checked="" type="checkbox"/> TIC  Other: Annual review of high risk medication policy regarding look-alike/sound-alike medications. To assure standards & practice are updated based on ISMP & TIC recommendations for look-alike/sound-alike medications .		
† <b>REVIEWED OR REVISED - SUMMARY OF POLICY / PROCEDURE CHANGES:</b> Reflects current practice at DMC.		
	<b>MEETING DATE</b>	<b>APPROVAL</b>
<input checked="" type="checkbox"/> <b>Manager or Department Director</b> †	12/2011	YES
<input checked="" type="checkbox"/> <b>Administrative Policy Review Committee (APRC)</b> † (Determine committee routing) Send electronic copy with tracked revisions to PI	12/28/11	YES
<input type="checkbox"/> <b>Medical Staff Department(s):</b>		
<input type="checkbox"/> Cancer Committee <input type="checkbox"/> CV Surgery Committee		
<input type="checkbox"/> Infection Control Committee <input type="checkbox"/> IDP Committee		
<input type="checkbox"/> Medical Ethics Committee <input type="checkbox"/> Patient Safety Committee		
<input type="checkbox"/> Radiation Safety Committee <input checked="" type="checkbox"/> P&T Committee	1/25/12	YES
<input type="checkbox"/> Respiratory/Critical Care/ED Committee		
<input type="checkbox"/> Quality Improvement Team: <input type="checkbox"/> EM Committee		
<input type="checkbox"/> EOC/Safety Committee <input checked="" type="checkbox"/> Other: Medication Error	12/2011	YES
<input type="checkbox"/> <b>Nursing Department:</b>	12/2011	YES
<input checked="" type="checkbox"/> <b>Nursing Practice:</b>		
<input type="checkbox"/> <b>Forms Committee</b> (as applicable)		
<input type="checkbox"/> <b>Executive Leadership</b>		
<input type="checkbox"/> <b>Medical Executive Committee (MEC)</b>	2/13/12	YES
<input type="checkbox"/> <b>Board of Trustees</b> (automatic from MEC)		
<input type="checkbox"/> <b>Final version routed to PI for posting to MCN</b> (notification to submitter of approval)		

# DOCTORS MEDICAL CENTER

<b>Manual: INTRADEPARTMENTAL</b>	<b>Sub Folder: MEDICATION</b>
<b>Title: Avoiding "Look-Alike" and "Sound-Alike" Medication Errors (LASA)</b>	<b>Reviewed: 11/02, 6/07, 7/09, 6/10, 9/10</b> <b>Revised: 2/03, 9/04, 2/05,6/06,8/09, 02/12</b>
<b>Effective Date: 11/02</b>	<b>Page 1 of 3</b>

## PURPOSE

1. To provide an organization-wide drug safety policy to prevent "look-alike" and "sound-alike" (LASA) medication errors as recommended by the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP), TJC and the Institute for Safe Medication Practices (ISMP).
2. To maintain and annually review a list of LASA medications.
3. To take action to prevent the interchange of these products.

## POLICY

1. Increase patient safety by avoiding preventable injuries associated with "look-alike" drug labeling / packaging to the greatest extent possible.
2. Decrease unnecessary costs associated with preventable adverse drug events.

## CATEGORIES OF "LOOK-ALIKE/SOUND-ALIKE"(LASA) MEDICATION ERRORS

1. Similarly packaged drugs
2. Similar vial size cap and label color
3. Similar unit dose packaging
4. Similar IV solution packaging and labeling
5. Similar drug name

## PROCEDURE

### I. SPECIFIC "LOOK-ALIKE/SOUND-ALIKE" MEDICATIONS

- A. Insulin and Heparin vials
  - Store separately.
  - Alert and educate Nursing & Pharmacy staff.
- B. Pre-mixed IV Solutions which are identically packaged with identical color labeling
  - Concentrated IV Heparin (e.g. 50 units/ml) vs Dilute IV Heparin (e.g. 2 units/ml)
  - Concentrated IV Heparin vs. Theophylline IV Solutions
  - Hypertonic Saline Solutions (e.g. 3% NaCl) vs Isotonic or Hypotonic Saline (e.g. 0.9% and 0.45% NaCl)
  - Store all these solutions separately.
  - Develop additional brightly colored labeling to distinguish drug and concentration differences
  - Remove hypertonic saline from all nursing areas and store only the pharmacy and the Night Supervisor automated dispensing cabinet. Storage in the pharmacy also requires separation from other saline solutions.
  - Alert and educate pharmacy and nursing.

### II. TALL MAN LETTERING

- A. **Tall Man lettering** is the practice of writing part of a drug's name in upper case letters to help distinguish sound-alike, look-alike drugs from one another in order to avoid medication errors.

- B. Pharmacy medication storage bins, automated dispensing cabinets, and Medication Administration Records (MAR) utilize TALL MAN LETTERING. The following drugs will be listed with tall-man lettering :

This list was adapted from The Joint Commission’s listing of LASA medications and per ISMP newsletter recommendations.

<b>LOOK-ALIKE MEDICATION</b>	<b>TALL MAN LETTERING</b>
<b>Acetohexamide</b>	<b>AcetoHEXAMIDE</b>
<b>Acetazolamide</b>	<b>AcetaZOLAMIDE</b>
<b>Bupropion</b>	<b>BuPROPion</b>
<b>Buspirone</b>	<b>BusPIRone</b>
<b>Carboplatin</b>	<b>CARBOplatin</b>
<b>Cisplatin</b>	<b>CISplatin</b>
<b>Chlorpropamide</b>	<b>ChlorproPAMIDE</b>
<b>Chlorpromazine</b>	<b>ChlorproMAZINE</b>
<b>Clonidine</b>	<b>CloniDINE</b>
<b>Clonazepam</b>	<b>ClonAZEPAM</b>
<b>Daunorubicin</b>	<b>DAUNOrubicin</b>
<b>Diphenhydramine</b>	<b>DiphenhydrAMINE</b>
<b>Dobutamine</b>	<b>DOBUTamine</b>
<b>Dopamine</b>	<b>DOPamine</b>
<b>Doxorubicin</b>	<b>DOXOrubicin</b>
<b>Glyburide</b>	<b>GlyBURIDE</b>
<b>Glipizide</b>	<b>GlipiZIDE</b>
<b>Hydralazine</b>	<b>HydrALAZINE</b>
<b>Hydromorphone</b>	<b>HYDRORmorphone</b>
<b>Hydroxyzine</b>	<b>HydroOXYzine</b>
<b>Medroxyprogesterone</b>	<b>MedroxyPROGESTERone</b>
<b>Methylprednisolone</b>	<b>MethyIPREDNISolone</b>
<b>Nicardipine</b>	<b>NiCARdipine</b>
<b>Nifedipine</b>	<b>NIFEdipine</b>
<b>Penicillamine</b>	<b>PenicillAMINE</b>
<b>Prednisone</b>	<b>PredniSONE</b>
<b>Prednisolone</b>	<b>PrednisoLONE</b>
<b>Sulfadiazine</b>	<b>SulfADIAZINE</b>
<b>Tolazamide</b>	<b>TOLAZamide</b>
<b>Tolbutamide</b>	<b>TOLBUTamide</b>
<b>Vinblastine</b>	<b>VinBLASStine</b>
<b>Vincristine</b>	<b>VinCRISStine</b>

- C. The following drugs will be stored separately in the automated dispensing cabinets and in any other floor stock areas, including anesthesia trays:
- **Concentrated Morphine liquid 20mg/ml vs. 2mg/ml concentration**
  - **HYDROMORPHONE vs. MORPHINE**
  - **PCA’S including: Morphine, Meperidine, Hydromorphone – HIGH DOSE vs. REGULAR CONCENTRATION**
  - **EPINEPHrine vs. EPHEDrine**
  - **DOPAmine vs. DOBUTAmine**

- D. The following drugs will be stored separately from each other in the Pharmacy:
  - **DOXOrubicin conventional vs. Liposomal Doxorubicin**
  - **Amphotericin conventional vs. Liposomal Amphotericin**
  - **Taxol (paclitaxel) vs. Taxotere (docetaxel)**
  - **VinBLASStine (Velban) vs. VinCRISStine (Oncovin)**
  - **CISPlatin (Platinol) vs. CARBOPlatin (Paraplatin)**
  - **CloniDINE vs. ClonAZEPAM**
- E. Insulin mixture products will be listed as “MIX”, along with the name of the insulin product (e.g. Insulin 70/30 MIX).

**III. MEDICAL STAFF MEASURES**

- A. The medical staff will use protocols developed in CPOE to enter their medication orders. Paper versions of preprinted orders and protocols are available for use in the event of system downtimes and emergencies.
- B. Encourage physicians to review the patient’s medication profile daily to review for accuracy. A medication profile is available to the physician to review.
- C. When placing orders for medications, ensure that all medications have an associated indication for use. In most cases, medications that sound or look similar are used for different purposes.
- D. Maintain awareness of look-alike and sound-alike medication names as published by various safety agencies. Regularly provide information to professional staff (e.g. TJC, ISMP).
- E. Whenever possible, determine the purpose of the medication before dispensing or medication administration. Most products with look-alike or sound-alike names are used for different purposes.
- G. Consider the possibility of name confusion when adding a new product to the formulary. Review information previously published by safety agencies.

**IV. ANNUAL REVIEW**

This policy will be reviewed annually to fulfill TJC patient safety goals

**REFERENCES:**

Cohen MR and Kilo CM, “High-Alert Medications: Safeguarding Against Errors”, Chapter 5 in *Medication Errors*, Washington, DC, American Pharmaceutical Association, 1999.

Joint Commission on Accreditation of Healthcare Organizations, Sentinel Event Alert Issue 11, High-Alert Medications and Patient Safety, Nov 19,1999

[www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea\\_41.htm](http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_41.htm) – accessed 8/18/09.

TJC – National Patient Safety Goal NPSG.03.01.01, 03.03.01

TJC – Medication Management Standard MM.04.01.01 EP4, MM.01.01.03

ISMP LIST OF CONFUSED NAMES

<b>Responsible for review/updating</b>	Pharmacy Director	Pharmacy
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**MEDICAL EXECUTIVE COMMITTEE  
 CREDENTIALS REPORT TO THE BOARD**

**JANUARY 2012**

*The following practitioners' applications for appointment and/or reappointment have been reviewed by the appropriate committees of the Medical Staff and have been deemed as complete and are recommended for approval by the Credentials Committee (01/26/12) and the Medical Executive Committee (02/13/12).*

<b>CREDENTIALS REPORT TO THE BOARD JANUARY 2012</b>	
<b>INITIAL APPOINTMENTS</b>	
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>
Chen, Charlene, MD	Med&Fam Pract/Neurology Telemedicine
Wong, Christine, MD	Med&Fam Pract/Neurology Telemedicine
<b>REAPPOINTMENTS</b>	
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>
Tufft, Robert, MD	Medicine&Family Practice/HBO
Bordow, Richard MD	Medicine&Family Practice/Pulmonary Med
<b>RESIGNATIONS</b>	
Barbera, Elizabeth, PA	Medicine&Family Practice/Allied Health Professional
Schaner, Gregory, MD	Medicine&Family Practice/Radiology

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FINANCIALS  
January 2012

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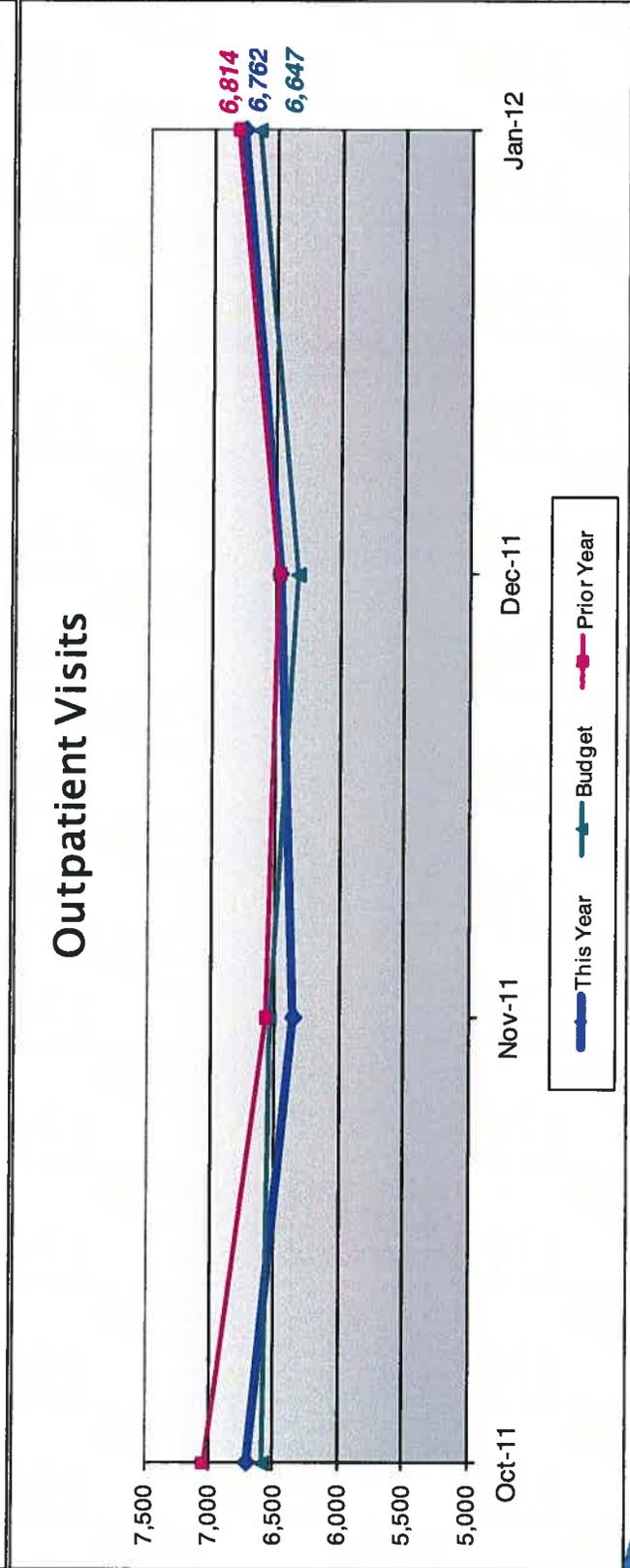
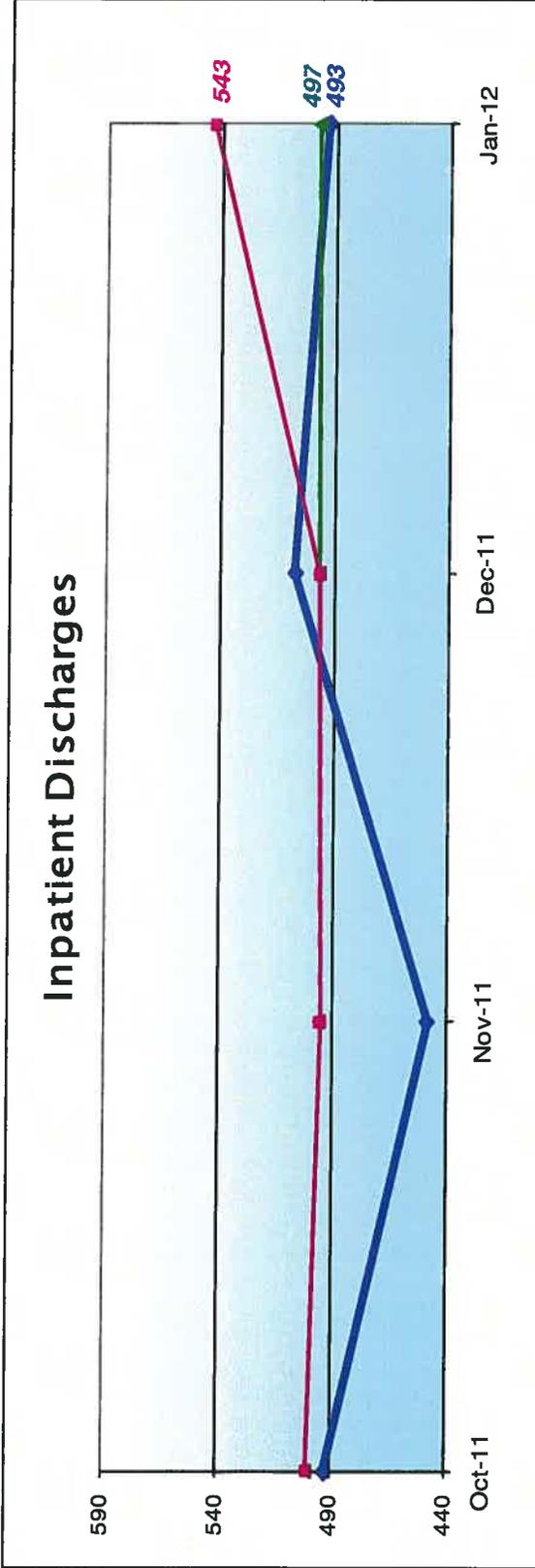
TAB 6



**Board Presentation**  
**January 2012 Financial Report**



# Patient Volumes





# Budget Variances – Net Revenue

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- Government – (\$310K).
- HMO/PPO/Commercial – (\$450K).
- Medicare / Medicare HMO – (\$265K).

# Budget Variances – Expenses

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- Salaries & Benefits \$311 – Salaries under budget due to flexing.
- Supplies \$318K – Flexed supply costs, reduction in implants, pacemakers, and pharmaceuticals.
- Purchased Services \$181K – Repairs and Maintenance under budget.
- Rentals Expenses (\$32K) – Rental of medical equipment.

## Cash Position

### January 31, 2012

*(Thousands)*

	January 31, 2012	December 31, 2010
Unrestricted Cash	\$4,092	\$5,229
Restricted Cash	\$28,487	\$4,006
Total Cash	\$32,579	\$9,235
Days Unrestricted Cash	11	25
Days Restricted	76	80
Total Days of Cash	86	106

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

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# Accounts Receivable

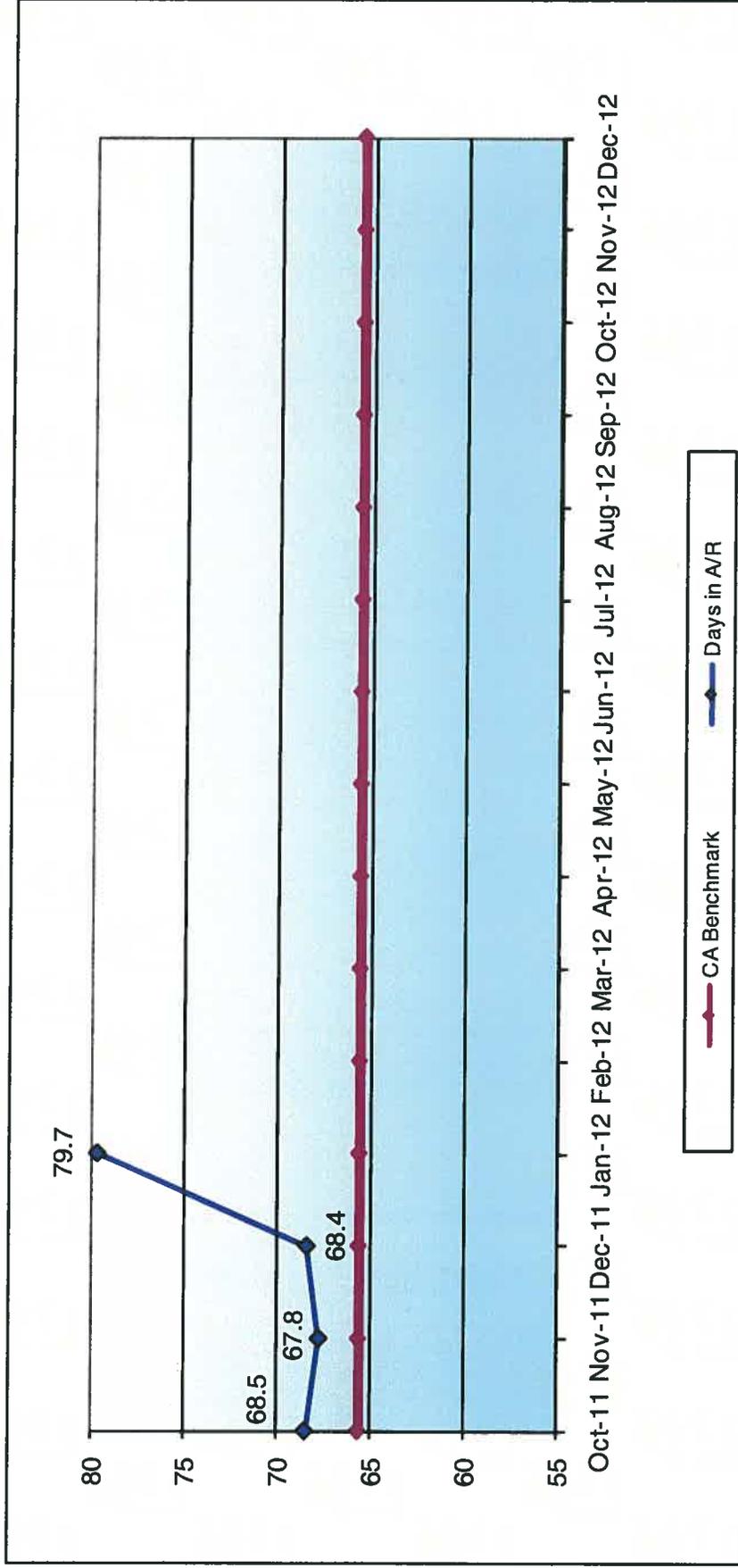
January 31, 2012

*(Thousands)*

	January 31, 2012	December 31, 2010
Net Patient Accounts Receivable	\$21,262	\$19,177
Net Days in Accounts Receivable	79.7	60.7

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

# Accounts Receivable Net Days in A/R



# Financial Report Key Points

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- ▶ Net Loss was \$1.6M in January.
- ▶ Payroll and Supply Expenses under budget again.
- ▶ Worked FTE's were 5.8% below budget.
- ▶ Accounts Receivable days grew to 80 Days.



## January 2012 Executive Report

Doctors Medical Center had a Net Loss of \$1,612,000 in the month of January. As a result, net income was under budget by \$291,000. The following are the other factors leading to the Net Income variance:

<u>Net Patient Revenue Factors</u>	<u>Over / (Under)</u>
HMO/PPO/ Commercial Volume	(\$450,000)
Government	(\$310,000)
Medicare / Medicare HMO	(\$265,000)
<u>Expenses</u>	
Salaries & Benefits	\$311,000
Supplies	\$318,000
Purchased Services	\$181,000
Rentals	(\$32,000)

Net patient revenue was under budget by \$1,116,000. Gross charges were under budget in January 10.4%. Patient days were 7.7% under budget and discharges were 0.8% under budget. The revenue variance for HMO/PPO is created by missing the gross charges target for this insurance group. Charges were over \$900,000 under budget for the month. The net revenue target for both Medicare and the Government payers was under budget due to both volume and rates missing our targets for the month.

Salaries and Benefits combined were under budget \$311,000 or 3.9% while patient days were 7.7% under budget. Worked FTE's were under budget 5.8% as a reflection of the staffing reduction for the lower volumes.

Supplies were under budget \$318,000. Most of the supply reduction was in implant, pharmaceuticals and pacemaker costs.

Purchased services was under budget \$181,000 in January. Costs for repairs and maintenance for equipment was under budget in the month of January.

Rentals were over budget \$32,000. We incurred additional costs for the rental of medical equipment in the month of January.



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

January 31, 2012  
(Amounts in Thousands)

22	2,169	2,156	(13)	-0.6%	2,147	SWB / APD	2,169	2,156	(13)	-0.6%	2,284
23	66.3%	63.7%			65.2%	SWB / Total Operating Expenses	66.3%	63.7%			64.9%
24	3,270	3,385	115	3.4%	3,290	Total Operating Expenses / APD	3,270	3,385	115	3.4%	3,518
25	37,096	42,940	(5,844)	-13.6%	43,914	I/P Gross Charges	37,096	42,940	(5,844)	-13.6%	453,774
26	20,172	20,974	(802)	-3.8%	20,606	O/P Gross Charges	20,172	20,974	(802)	-3.8%	237,690
27	<u>57,268</u>	<u>63,914</u>	<u>(6,646)</u>	<u>-10.4%</u>	<u>64,520</u>	<u>Total Gross Charges</u>	<u>57,268</u>	<u>63,914</u>	<u>(6,646)</u>	<u>-10.4%</u>	<u>691,464</u>
<b>Payor Mix (IP and OP)</b>											
28	37%	40%	-3%		44%	Medicare %	37%	40%	-3%		0%
29	10%	15%	-5%		14%	Medi-Cal %	10%	15%	-5%		0%
30	12%	12%	0%		11%	Managed Care HMO / PPO %	12%	12%	0%		0%
31	11%	10%	1%		10%	Medicare HMO %	11%	10%	1%		0%
32	16%	9%	7%		7%	Medi-Cal HMO %	16%	9%	7%		0%
33	0%	0%	0%		0%	Commercial %	0%	0%	0%		0%
34	1%	1%	0%		1%	Worker's Comp %	1%	1%	0%		0%
35	2%	3%	-1%		4%	Other Government %	2%	3%	-1%		0%
36	11%	9%	2%		9%	Self Pay/Charity %	11%	9%	2%		0%
<b>STATISTICS</b>											
37	489	510	(21)	-4.1%	560	Admissions	489	510	(21)	-4.1%	6,081
38	493	497	(4)	-0.8%	543	Discharges	493	497	(4)	-0.8%	6,075
39	2,369	2,568	(199)	-7.7%	2,668	Patient Days	2,369	2,568	(199)	-7.7%	27,650
40	76.4	82.8	(6.4)	-7.7%	86.1	Average Daily Census (ADC)	76.4	82.8	(6.4)	-7.7%	75.8
41	4.81	5.17	0.36	7.0%	4.91	Average Length of Stay (LOS)	4.81	5.17	0.36	7.0%	4.55
42	31	31			31	Days in Month	31	31			365
43	761	740	21	2.9%	798	Adjusted Discharges (AD)	761	740	21	2.9%	9,257
44	3,657	3,822	(165)	-4.3%	3,920	Adjusted Patient Days (APD)	3,657	3,822	(165)	-4.3%	42,133
45	118	123	(5)	-4.3%	126	Adjusted ADC (AADC)	118	123	(5)	-4.3%	115
46	72	94	(22)	-23.4%	94	Inpatient Surgeries	72	94	(22)	-23.4%	1,059
47	105	85	20	23.5%	85	Outpatient Surgeries	105	85	20	23.5%	1,224
48	<u>177</u>	<u>179</u>	<u>(2)</u>	<u>-1.1%</u>	<u>179</u>	<u>Total Surgeries</u>	<u>177</u>	<u>179</u>	<u>(2)</u>	<u>-1.1%</u>	<u>2,283</u>

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

**January 31, 2012**

(Amounts in Thousands)

49	3,067	2,834	233	8.2%	3,001	ED Outpatient Visits	3,067	2,834	233	8.2%	35,381
50	3,590	3,728	(138)	-3.7%	3,728	Ancillary Outpatient Visits	3,590	3,728	(138)	-3.7%	43,769
51	105	85	20	23.5%	85	Outpatient Surgeries	105	85	20	23.5%	1,224
52	<u>6,762</u>	<u>6,647</u>	<u>115</u>	<u>1.7%</u>	<u>6,814</u>	<b>Total Outpatient Visits</b>	<u>6,762</u>	<u>6,647</u>	<u>115</u>	<u>1.7%</u>	<u>80,374</u>
53	447	491	(44)	-9.0%	488	Emergency Room Admits	447	491	(44)	-9.0%	5,444
54	14.6%	17.3%			16.3%	% of Total E/R Visits	14.6%	17.3%			15.4%
55	91.4%	96.3%			87.1%	% of Acute Admissions	91.4%	96.3%			89.5%
56	612	650	37	5.8%	665	Worked FTE	612	650	37	5.8%	643
57	758	753	(5)	-0.6%	815	Paid FTE	758	753	(5)	-0.6%	750
58	5.19	5.27	0.08	1.5%	5.26	Worked FTE / AADC	5.19	5.24	0.05	1.0%	5.57
59	6.42	6.11	(0.32)	-5.2%	6.45	Paid FTE / AADC	6.42	5.99	(0.43)	-7.2%	6.50
60	2,664	2,841	(177)	-6.2%	2,934	Net Patient Revenue / APD	2,664	2,841	(177)	-6.2%	2,749
61	15,659	16,721	(1,062)	-6.4%	16,460	I/P Charges / Patient Days	15,659	16,721	(1,062)	-6.4%	16,411
62	2,983	3,155	(172)	-5.5%	3,024	O/P Charges / Visit	2,983	3,155	(172)	-5.5%	2,957
63	1,415	1,385	(30)	-2.2%	1,397	Salary Expense / APD	1,415	1,385	(30)	-2.2%	1,461
64	4.7	6.1	1.38	22.6%	5.1	Medicare LOS	4.7	6.1	1.38	22.6%	5.0
65	1.69	1.55	(0.14)	-9.0%	1.55	Medicare CMI	1.69	1.55	(0.14)	-9.1%	1.53
66	2.80	3.94	1.14	29.0%	3.27	Medicare CMI Adjusted LOS	2.80	3.94	1.15	29.0%	3.27
67	4.8	4.9	0.12	2.5%	5.0	Total LOS	4.8	4.9	0.12	2.5%	4.51
68	1,520	1,477	(0.04)	-2.9%	1,477	Total CMI	1,520	1,477	(0.04)	-2.9%	1,462
69	3.15	3.33	0.18	5.5%	3.41	Total CMI Adjusted LOS	3.15	3.33	0.18	5.5%	3.09

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CAPITAL  
EXPENDITURE  
REVIEW PROCESS  
POLICY

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TAB 7

## DOCTORS MEDICAL CENTER

<b>Manual:</b> ADMINISTRATIVE POLICIES AND PROCEDURES	<b>Policy #:</b> 10.9
<b>Personnel Covered:</b> ALL	<b>Reviewed:</b> February 9, 2012 <b>Revised:</b> February 23, 2012
<b>Subject:</b> Capital Expenditure Review Process	<b>Authorization/Approval:</b>  Chief Financial Officer / President and Chief Executive Officer
<b>Effective Date:</b> 05/01/2008	<b>Page 1 of 6</b>

**PURPOSE:** To ensure fiscal responsibility for capital expenditures.

**POLICY:**

The Capital Expenditure review process is utilized to request approval for commitments of capital expenditures in such areas as equipment purchases, construction, architectural studies, energy conservation, real estate acquisitions, purchases of information systems and telecommunications equipment. This process is designed to ensure that requested items are approved, without undue delay, while maintaining strong control over the use of Hospital funds.

**PROCEDURE:**

**Capital Expenditure Request Requirements:**

A Capital Equipment Request Form must be completed for capital purchases with a cost threshold of \$5,000 or greater and with a useful life greater than 1 year. All Capital Equipment Request Forms must be approved by the Department Head, Administration (the Department Head's Chief Administrator) and the Chief Financial Officer. All Capital Requests in excess of \$100,000 must also be approved by the Governing Board.

**Capital Budget**

The Capital Budget consists of all capital expenditures that are expected for the upcoming budget year. Each year the Capital Budget must be approved by the Governing Board.

**Substitution of Budgeted Funds:**

All Capital Expenditures must be included in the approved capital budgeted. If a Capital Expenditure is required and is not in the current years capital budget an item that is included in the current years approved capital budget may be substituted for the non-budgeted item, provided that the amount of the budgeted item equals or exceeds the cost of the non-budgeted item. More than one budgeted item may be used to substitute the purchase of a non-budgeted item.

**Project Cost Overruns:**

If the actual expenditure exceeds the approved Capital Equipment Request amount by the greater of \$1,000 or 10%, a supplemental Capital Equipment Request should be prepared and submitted for approval at the time the estimated variance is identified. In most instances this will be prior to the actual overrun. If the overrun causes the capital expenditure to exceed the amount in the budget for that item, a substitution shall be made for the amount that the item exceeds the budget.

**Doctors Medical Center Management Authority, JPA Approval:**

Capital Expenditures exceeding \$100,000 must be approved by the Governing Body. DMC Management will provide the Board with a summary of the Capital Expenditure requested, the expected cost of the expenditure, financing for the expenditure (if applicable), and the amount included in the capital budget. DMC Management will provide the Governing Body with a monthly summary of capital expenditure activity and comparison to budget.

**Emergency Purchases:**

Capital Expenditures in excess of \$100,000 which are considered Emergency Purchases will be reviewed and approved by the Chief Financial Officer and Chief Executive Officer. These Emergency Purchase items will be brought to the Governing Body for approval at the next scheduled Governing Body meeting.

**REFERENCES:     Signature Authorization Matrix**

<b>ORIGINATOR (Name/Title/Dept)</b>	Name: _____ Title: _____ Dept: _____		
<b>APPROVAL DATES / OTHER AFFECTED DEPARTMENTS</b>	Dept: _____ Date: _____		
<b>APPROVAL DATE(S) / MEDICAL STAFF COMMITTEE(S)<sup>1</sup></b>	Committee: _____ Date: _____		
<b>APPROVAL DATE: GOVERNING BODY</b>	Date: 05/01/2008	<b>APPROVAL DATE: BOARD of Directors</b>	Date: _____

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<sup>1</sup> Expand if more than one.

**Doctors Medical Center - San Pablo  
Signature Authorization Matrix**

Type of Request	Form(s) to be Used	Comments	Dollar Threshold	Person(s) Initiating Request	Required Approval
<b>Purchase Order Items</b>					
<p>Capital Expenditures</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Furnishings, workstations, window treatments, curtains and beds</li> <li>• All construction and renovation requests</li> <li>• Clinical equipment</li> <li>• Computers and related items</li> <li>• Copy machines</li> </ul>	<p>“Capital Equipment Request Form must be submitted with each request to Finance. Request must include:</p> <ul style="list-style-type: none"> <li>• Item Description</li> <li>• Classification</li> <li>• Justification</li> <li>• Acquisition Cost</li> <li>• Impact</li> <li>• Revenue Generating</li> <li>• All Appropriate Authorizations</li> <li>• Plant Operations Considerations</li> <li>• Engineering Recommendation</li> <li>• Bio-med Considerations</li> <li>• IS Review</li> </ul>	<p>Items with a value of at least \$5,000 and a useful life of at least three (3) years. Group purchases of items with a value of less than \$5,000 would apply if they are a part of an upgrade to facilities or equipment.</p> <p>When a Capital Expenditure is requested, if it was budgeted for, the request should simply state so and the budget amount. If it was not budgeted for, the request should indicate what item(s) in the budget will be substituted.</p>	<p>&gt;\$5,000</p>	<p>The respective Dept. Director of the requesting Department must sign each requisition.</p>	<p>Responsible Executive: Executive team member over the department/function (CFO, COO, CNO)</p> <p>Chief Operating Officer or Chief Financial Officer and Chief Executive Officer</p> <p>Governing Body approval necessary for all items in excess of \$100,000.</p>

**Doctors Medical Center - San Pablo  
Signature Authorization Matrix**

Type of Request	Form(s) to be Used	Comments	Dollar Threshold	Person(s) Initiating Request	Required Approval
Stock and Non-stock Items	Purchase Requisition	Includes Medical and Non-medical Supplies and blanket PO Items	<\$10,000 >\$10,000	All Dept. Managers or Designees	Must be signed by Dept. Manager, then submitted to Purchasing Dept. Manager . CFO if over \$10k.
<b>Non-Purchase Order Items</b>					
Major Management Contracts (these contracts are generally on-going items)	A/P must receive a copy of the executed contract. Invoices or payment schedule must be approved and submitted to A/P.		<\$100,00/yr >\$100,00/yr	Department Manager/Direct	Responsible Executive, CFO, Legal (if applicable) Above. plus CEO & The Governing Body
Professional Service Agreement					
Insurance	Policy must be approved Subsequent invoices approved & submitted to A/P.	Policy Check Requests	All All	CFO	CEO CFO
Physician Contracts	Authorization for Physician Payment Form and copy of executed agreement must be submitted to A/P.	All renewals with less than 10% increase New Contracts	All >\$50,000		Legal and CFO or COO and CEO Above plus Governing Body
Routine Vendor Payments (Cash Disbursement Expenses) Personal / Travel Expense	Check Request Form	This form is used for all payment requests in a check form to be made to vendors.	<\$5,000 >\$5,000	Dept. Managers or Designees	Dept. Director Dept. Director & Responsible Executive

**Doctors Medical Center - San Pablo  
Signature Authorization Matrix**

Type of Request	Form(s) to be Used	Comments	Dollar Threshold	Person(s) Initiating Request	Required Approval
Budgeted Discretionary Items	Check Request Form	<b>Expense Codes:</b> 090940 Temp help 290000 Professional Fees 690000 Purchased Service Print & Publication 696000 Delivery 870000 Continuing Education Travel Marketing/Sales 500500 Recruiting 650500 Collection 691000 Advertising 862000 Dues 860000 Subscriptions	<\$5,000 and in the budget	All DMC Employees	Dept. Manager/Director
Un-Budgeted Discretionary Items	Check Request Form		>\$5,000	Dept. Director, Responsible Officer	Department Director / Responsible Executive
			<\$50,000		
			>\$50,000	Dept. Director, Responsible Officer	CEO
			Not in budget and/or <\$25,000	Department Manager	Responsible Executive
			>\$25,000	Department Manager	Responsible Executive

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# PATIENT CARE SERVICES POLICY

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TAB 8

# APPROVAL ROUTING SHEET FOR POLICIES AND PROCEDURES



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

†TITLE: Nursing Care for Patients with Acute Stroke	†CHECK ONE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Reviewed  <input type="checkbox"/> Revised : <input type="checkbox"/> Major <input type="checkbox"/> Minor	
† <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Department _____		
†SUBMITTED BY: Bobbie Ellerston, VP Patient Care Services		
†NEW POLICY - REASON FOR SUBMISSION: <input type="checkbox"/> Change in Law <input type="checkbox"/> New Regulation: CMS    CDPH    TJC <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Other</span>		
†REVIEWED OR REVISED - SUMMARY OF POLICY / PROCEDURE CHANGES:   		
	<b>MEETING DATE</b>	<b>APPROVAL</b>
<input type="checkbox"/> Manager or Department Director†		
<input type="checkbox"/> Medical Staff Department(s):		
<input type="checkbox"/> Cancer Committee <input type="checkbox"/> CV Surgery Committee		
<input type="checkbox"/> Infection Control Committee <input type="checkbox"/> IDP Committee		
<input type="checkbox"/> Medical Ethics Committee <input type="checkbox"/> Patient Safety Committee		
<input type="checkbox"/> Radiation Safety Committee <input type="checkbox"/> P&T Committee		
<input type="checkbox"/> Respiratory/Critical Care/ED Committee		
<input type="checkbox"/> Quality Improvement Team: <input type="checkbox"/> EM Committee		
<input type="checkbox"/> EOC/Safety Committee <input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> Nursing Department:	2011	2011
<input type="checkbox"/> Nursing Practice:		
<input type="checkbox"/> Forms Committee (as applicable)		
<input checked="" type="checkbox"/> Administrative Policy Review Committee (APRC)†	2/22/2012	2/22/2012
<input type="checkbox"/> Executive Leadership		
<input type="checkbox"/> Medical Executive Committee (MEC) (as applicable)		
<input type="checkbox"/> Board of Trustees (automatic from MEC) (as applicable)		

## DOCTORS MEDICAL CENTER

<b>Manual: PATIENT CARE SERVICES</b>	<b>Sub Folder: STROKE PROGRAM</b>
<b>Title: Nursing Care for Patients with Acute Stroke</b>	<b>Reviewed:</b>
<b>Effective Date:</b>	<b>Revised:</b>
	<b>Page 1 of 2</b>

### PURPOSE:

To set nursing care guidelines for patients with an acute stroke.

### POLICY:

Patients diagnosed with an acute stroke at Doctors Medical Center receive safe, high-quality nursing care. This policy identifies nursing care that is delivered to this patient population.

### DEFINITION/OVERVIEW:

Patient population: Those diagnosed with, but not limited to, cerebrovascular accident (CVA), epidural hematoma, intracranial hemorrhage (ICH), ischemic stroke, subarachnoid bleed, subdural hematoma, or transient ischemic attack (TIA),  
tPA: tissue plasminogen activator, thrombolytics, Alteplase, Activase.

### PROCEDURE:

All patients in this population are to receive stroke education to include, at a minimum: signs and symptoms of stroke, risks factors for stroke and activation of emergency medical system. Patient education is to be documented.

All patients in the population are to have vital signs and neurological assessments according to the following schedule:

<b>t-PA ADMINISTERED</b>	<b>t-PA NOT ADMINISTERED</b>
Beginning at t-PA administration time: Every 15 minutes x 2 hours Every 30 minutes x 6 hours Every 60 minutes x 16 hours Every 4 hours x 24 hours Every shift until discharge	Beginning at initial nursing assessment time: Every 4 hours x 24 hours Every shift until discharge

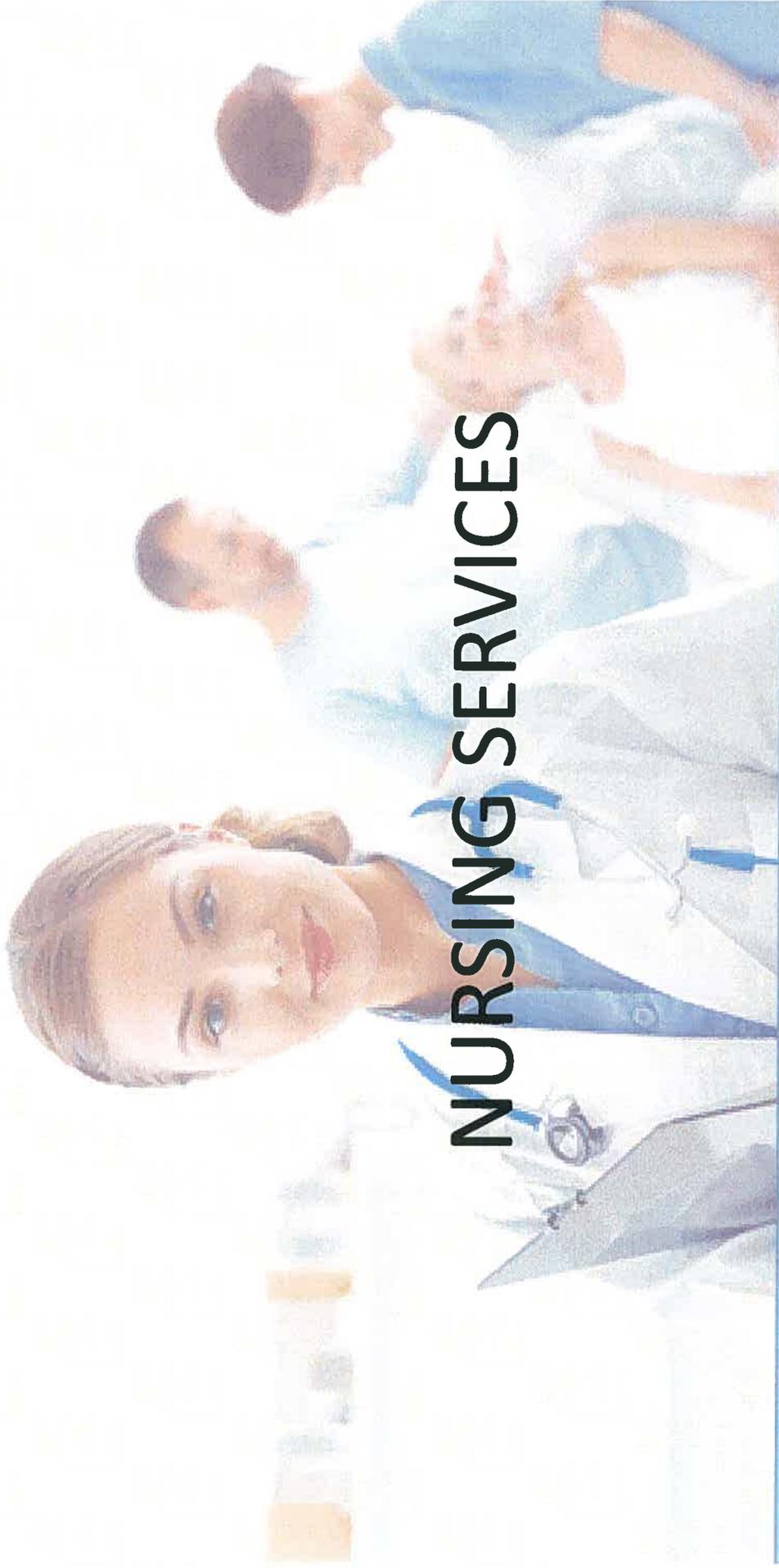
Neurological assessments are to be documented on form GRAPHICS:  
NEUROLOGICAL ASSESSMENT (BR-7230-56).

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# NURSING SERVICES PRESENTATION

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TAB 9



# NURSING SERVICES

DMC WCCCHD Governing Body

February 29, 2012

# LEADERSHIP

1. Assessment and Plan for Nursing Leadership and Organizational Structure
  - a. Assessment completed 12/15/12
  - b. Restructured Nursing Leadership
  - c. Hired two nurse directors internally (ED and Telemetry)
  - d. Posted Critical Care Clinical Nurse Specialist
  - e. March 5, 2012, Director of Procedural Services for 90 days
    - i. Assessment of these areas (Cath Lab, Interventional Radiology, GI, Same Day Surgery, Pre Admission Testing and Non-Invasive Cardiology)
    - ii. Recommendations for improvements
  - f. Goal is to build a committed and dedicated nursing staff

## LEADERSHIP (CONT.)

2. Provide education and mentoring program for new directors and leaders
  - a. Utilizing CEP
  - b. Interim Director ICU/ED
  - c. Interim Med/Surg Manager 90 days to recruit and mentor new Med/Surg Manager
  - d. Promote attendance to required classes

# QUALITY

1. Build on Quality Improvements
2. Strengthen Wound Program
3. Service Recovery Program

# FISCAL RESPONSIBILITY AND ACCOUNTABILITY

1. Productivity reports match to budget
2. Productivity Classes
  - a. Management
  - b. Charge Nurses
  - c. Labor

# IMPROVING RELATIONSHIPS INTERNALLY AND EXTERNALLY

1. Established routine meetings and open door/call policy with CNA labor leaders
2. Interdisciplinary task force with Drs Tufail and Thomas (Pt. Summit Action)
  - a. Back to Basics for Nursing
  - b. Evidence base medicine for physicians
3. CDCR task force

**DOCTORS MEDICAL CENTER**

**PLAN FOR THE PROVISION OF CARE**

**2011-2012**

## **DOCTORS MEDICAL CENTER PLAN FOR THE PROVISION OF CARE**

### **Mission Statement:**

Doctors Medical Center is dedicated to providing high quality healthcare to meet the diverse needs of our community. Through the allocation of appropriate services, we are committed to improve the community's health status by providing a full spectrum of services.

This will be achieved by:

- Providing a care team of professionals committed to a patient/customer satisfaction and continual performance improvement.
- Assuring technologically sophisticated medical care.
- Promoting community health education and disease prevention.
- Working cooperatively with other healthcare providers.
- Operating in an economically prudent manner while assuring full access to all members of our community.

### **Vision and Values Statement:**

Doctors Medical Center will distinguish itself through our:

- **Community Leadership** in delivering amazing care that surpasses the expectations of the diverse population we serve.
- **Passion for Excellence** manifested through our people who are dedicated to providing a supportive, empowering environment which emphasizes innovation and caring.
- **Continual Search for New Opportunities** to improve our care and enhance our partnership with our community and other healthcare providers.
- **Commitment to Promoting a Healthy Community** by assuring access to healthcare resources and promoting patient, family, and community health education.
- **Respect of Individual** by promoting a high standard of professional ethics and conduct while striving to create a caring and compassionate environment for delivering amazing care.

### **Goals:**

- To maintain the role of patient advocate.
- To promote a collaborative relationship with the physicians and all members of the interdisciplinary team.

- To systematically monitor the efficiency and effectiveness of patient care.
- To respect the right of all individuals and recognize the values, opinions, dignity of everyone who works with or utilizes the services of Doctors Medical Center.
- To promote a working environment that is conducive to creativity, satisfaction, and the advancement of Nursing as a profession.
- To provide a comprehensive education and developmental program that maintains and upgrades the quality of care while prompting personal and professional growth and satisfaction.
- To promote the involvement and education of all patients, families, and significant others from the time of admission, through the healing process, and throughout the continuum of care.
- To provide, promote, and maintain the same standard of excellence in care to all patients in all units, areas, and departments throughout the organization.

**Outcomes of Success:**

- Customer Satisfaction (patient, employee, and physician)
- Retention of skilled employees and physicians
- Superior clinical skill of employees
- Superior economic performance
- Meeting and exceeding quality benchmarks in key areas (Core Measures, National Patient Safety Goals)

Doctors Medical Center has established standards of care and practice and supports those established by the Joint Commission. Doctors Medical Center believes each member of the staff has the responsibility to pursue excellence in the delivery of care.

Doctors Medical Center provides an organizational structure that promotes:

- Provision of the highest quality of patient care
- Effective utilization of resources
- Support of education programs
- Teaching to utilize knowledge to improve health care and its delivery
- Patient and family involvement in the continuum of care from admission through discharge.

All clinical personnel are expected to strive for excellence in practice. The health care provider must develop respectful, understanding relationships and utilize systematic problem solving and decision-making processes based on accurate assessments, appropriate knowledge, evidence based practice, and standards of care.

Doctors Medical Center believes in responsible action awareness of the public and self-regulation to strive for quality in performance.

Doctors Medical Center believes that professional growth demonstrates a continued pursuit of excellence and support through promotions, continuing education, and recognition of national certification. Doctors Medical Center also believes excellence is demonstrated through the ongoing evaluation of qualifications and competency of personnel related to the performance of their professional duties. Age-specific criteria based job descriptions specific to positions are used to measure these expectations.

### **Planning Process:**

The organization's plan for the provision of care is designated to support the integration of patient services throughout the organization. The goal of the plan is to integrate each department and/or service into the overall functioning of the organization, improve functional relationships by interdisciplinary collaboration on identified patient care issues, and improve communication. The integration of patient care services is accomplished through distribution and management of information such as:

- Policies and Procedures
- Interdisciplinary patient care plans
- Departmental newsletters
- Interdisciplinary meetings
- Review of trending data
- Evidence based practice

Doctors Medical Center, as an organization, plans for the services provided in response to the need of the community it serves. This planning is consistent with the Mission, Vision, and Values of the medical center. The planning process seeks input from many sources, including but not limited to, the community, our customers, and the internal organization. Examples of obtaining such input include:

- Internal and external satisfaction surveys
- Community assessment process
- Administrative and Medical Staff networking with area health care providers
- Involvement with local businesses, schools, churches, and civic organizations

### **Evaluation Process:**

The evaluation process is largely based on feedback, monitoring and evaluation, education, and communication. Identifiable sources of information include, but are not limited to:

- Patient, employee, and physician satisfaction surveys

- Direct patient and family interviews
- Observations and/or recommendations by medical staff
- Observations and/or recommendations by administrative staff
- Observations and/or recommendations by nursing
- Observations and/or recommendations by hospital clinical departments and support staff
- Observations and/or recommendations by members of the community
- Observations and/or recommendations by accrediting bodies
- Review of occurrences with trending data
- Recommendations from medical staff and hospital committees
- Recommendations from the Governing Board
- Policy and Procedure review
- Continuing education
- Performance Improvement teams and work groups
- Ongoing monitoring and evaluation
- Participation and review in national data banks

**Patient Assessment:**

Patient assessment, both initial and ongoing, involves all disciplines required to meet the needs of the patient. The Interdisciplinary Plan of Care (IPOC), completed by a Registered Nurse on admission, establishes the framework for the assessment process. It provides basic information from which other disciplines develop a more comprehensive assessment in their areas of expertise. The IPOC and other discipline-specific assessment data are found together under the IPOC tab in the medical record as a resource for all members of the health care team.

Each patient is assessed:

- At regular specified times
- To determine response to treatment
- To identify any significant change in condition/diagnosis
- To identify and prioritize need for care and treatment

The plan of care, including identification and prioritization of care needs, is developed from this IPOC data.

**Patient Care Services Staff Assessment:**

The professional practice at Doctors Medical Center is defined in accordance with the following standards:

- California Nurse Practice Act

- American Nurses Association Professional Ethics
- California Code of Regulations (Title XXII)
- The Joint Commission
- California state licensure requirements
- Code of Federal Regulations
- Departmental policies and procedures

Professional staff who provide inpatient care and are not subject to the medical staff privilege delineation process receive a performance review annually. The annual appraisal is based on specific job descriptions and emphasizes specific work requirements, teamwork, guest relations, and overall employee and organizational development.

### **Organization and Functional Relationships:**

Doctors Medical Center is a not-for-profit acute care hospital, owned and operated by the West Contra Costa Health Care District. The Doctors Medical Center Governing Body, comprised of five (5) District representatives, four (4) County representatives, two (2) representatives of the medical staff, representing West Contra Costa County, has final authority in conducting the affairs of the hospital. The Board has empowered the President and Chief Executive Officer (CEO) to take appropriate steps to ensure clinically effective patient care and to enforce the Bylaws, Rules, and Regulations. The CEO delegates immediate authority to the Administrative Team comprised of (COO/CNO, CFO, VP, Patient Care Services, VP, Human Resources and Director, Community Relations) for daily operational and decision making related to the administrative and financial aspects of the hospital operations and clinical patient care.

The Administrative Team, in collaboration with Board Members, Medical Staff, Department Directors, and Medical Staff Performance Improvement Committee, has established the Mission and strategic direction of the organization.

The Administrative Team, Department Directors and Manager, DMC employees, and Medical Staff actively participate in cross functional performance improvement, service development and/or enhancement, problem solving, and other organizational teams. The results of these teams are communicated through medical staff meetings, employee staff meetings, and related newsletters.

### **Medical Center Services:**

Support Services: Provided to all patient care areas on a regular basis. The core areas providing support services include Internal Support Services and Integrating Services

**Internal Support Services – Support the comfort, safety, and efficiency of patient services:**

- Environment Services which includes laundry and linen services and housekeeping
- Plant Operations which includes Engineering, Maintenance, Biomedical, and Utilities Management
- Materials Management which includes Purchasing, Central Distribution, and Mail Room
- Admissions
- PBX; Telephone Communications

**Integrating Services – Ensures that patient care services are maintained in an uninterrupted and continuous manner.**

- Management of Information Systems
- Human Resources
- Organization Education
- Health Information Management
- Infection Control
- Occupational Health
- Business Development
- Financial Services which includes Accounting, Payroll, Patient Business Office and Contracting

**Ancillary Services:**

- Respiratory Therapy
- Cardiology
- Diagnostic Imaging which includes Ultrasound, Nuclear Medicine, Invasive Radiology, and Cardiac Catheterization Lab
- Case Management
- Social Services
- Food & Nutrition
- Rehabilitation Services which include Physical Therapy, Occupational Therapy, and Speech Therapy
- Cardiac Rehabilitation
- Enterostomal Therapy
- Dialysis
- EEG
- Hyperbaric Medicine
- Cancer Center which includes Chemotherapy, Radiation Therapy, Mammography, Brachytherapy, and Lung Clinic
- Wound
- Pharmacy
- Laboratory , Pathology

### **Nursing Services:**

- Emergency Department
  - Critical Care which includes Medical Intensive and Medical/Surgical Intensive Care Overflow Units
  - Surgical Services which include PACU, Same Day Surgery, Central Sterile, and GI/Endoscopy Lab
  - Telemetry (4<sup>th</sup> Floor), Medical Unit (5<sup>th</sup> Floor), Surgical Unit (6<sup>th</sup> Floor), and Forensic Unit (7<sup>th</sup> Floor)

### **Nursing Care:**

Doctors Medical Center views its responsibility to assure that nursing care includes those functions including basic health care which help people cope with difficulties in daily living which are associated with actual or potential health/illness/problems/treatment which require a substantial amount of scientific knowledge and technical skill. The purpose of Nursing is to promote an optimal level of health and to assist patients, families, and significant others to cope with illness outcomes. Guidelines for practice have been developed with reference to nursing trends, literature, evidence-based best practice, and identified patient needs in concert with regulatory guidelines:

### **Monitoring:**

The provision of Nursing Care is monitored and evaluated on a continuous basis to ascertain the effectiveness of action plans, acuity systems, and patient care requirements throughout the hospital.

Assessment and evaluation tools include:

- Performance improvement data
- Staffing guidelines
- Standards of Nursing Practice
- Financial reports
- Outcome statistics
- Customer Satisfaction Surveys

### **Integration of Information:**

It is recognized that a cooperative and collaborative relationship between the Department of Nursing and other services is necessary to ensure that safe and appropriate care is delivered to each patient. It is the responsibility of the Vice President of Patient Care Services to oversee and evaluate the ongoing care of the patient population and interdepartmental systems that affect this care. The primary methods of

communication, problem identification, and resolution include, but are not limited to:

- Performance improvement activities
- Performance improvement Council
- Department head meetings

**Interdisciplinary Teams:**

- Environment of Care Team
- Department of Nursing Meetings
- Unit Staff Meetings
- Medical Staff Meetings

**Staffing Plan:**

Staffing plans for patient care services are developed based on the populations served, level and scope of care that needs to be provided, the frequency of the care provided, and a determination of the skill level of staff that can most appropriately provide the type of care needed.

Each department has a formalized staffing plan which is reviewed annually and based on the following:

- Patient care trends and data
- Performance improvement activities
- Changes in customer needs or expectations
- Operating budget
- Customer satisfaction data

Staffing variances are monitored via monthly financial reports and review of patient classifications.

**Service Availability:**

Medical care is provided to our patients and consultations are provided in accordance with Medical Staff Bylaws, Rules and Regulations, and credentialing requirements.

In circumstances where Doctors Medical Center cannot provide the service necessary to meet a patient's needs, appropriate referrals to outside organizations are made by medical staff members in collaboration with the appropriate hospital staff. The medical staff, in collaboration with hospital staff, the patient, and family, determine the need for referral, transfer, or discharge to another facility or level of care based on the patient's assessed needs and the hospital capacity to provide the necessary care or treatment. Examples of such cases include referral of major trauma, cardiac surgery, obstetrics, complex pediatric patients to tertiary facilities and psychiatric disorders. Referrals for community-based services are handled by appropriate hospital staff in collaboration with physicians and care givers.

**Financial Planning Process:**

Financial planning and budgeting will be done on an annual basis and is an essential component of assuring patient care service delivery, as well as the overall long term viability of the organization.

Department directors and manager are responsible and accountable for providing input, implementing, and monitoring their respective departmental budgets.

Capital equipment budgets are developed annually and reviewed throughout the year to prioritize the needs of the medical center. This is done with input from Finance Department Directors/Managers, as well as the Medical Staff.

The Department Directors/Managers, appropriate Medical Staff members, Finance Department, Human Resources, and Administrative Team members collaborate to develop budgeting goals.