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

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**Tuesday, September 24, 2013**

**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  
September 24<sup>th</sup>, 2013 – 4:30 P.M.  
Doctors Medical Center - Auditorium  
2000 Vale Road  
San Pablo, CA 94806**

**101 Hollingsworth Road  
Milton, MA 02186  
800-511-1465**

**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 AUGUST 28, 2013** E. Zell
4. **PUBLIC COMMENTS** E. Zell  
*[At this time persons in the audience may speak on any items not on the agenda and any other matter within the jurisdiction of the of the Governing Body]*
5. **QUALITY MANAGEMENT REPORT** B. Ellerston
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Acceptance of the September 2013 Quality Management Report*
6. **FINANCIALS – AUGUST 2013** J. Boatman
  - a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Acceptance of the August 2013 Financials*

7. **CAPITAL APPROVAL REQUEST: RADIMETRICS EXPOSURE** J. Boatman
- a. Presentation
  - b. Discussion
  - c. Public Comment
  - d. *ACTION: Approval of Capital Request Radimetrics eXposure*
8. **CEO REPORT** D. Gideon
- a. Discussion
  - b. Presentation
  - c. Public Comment
  - d. *ACTION: For Information Only*
9. **MEDICAL EXECUTIVE REPORT** L. Hodgson, 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*
10. **LEGISLATION UPDATE** D. Campbell
- a. Discussion
  - b. Presentation
  - c. Public Comment
  - d. *ACTION: For Information Only*

**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.



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**MINUTES**  
**August 28, 2013**

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**TAB 3**



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

**August 28, 2013, 4:30 P.M.  
Doctors Medical Center - Auditorium  
2000 Vale Road  
San Pablo, CA 94806**

**MINUTES**

**1. CALL TO ORDER**

The meeting was called to order at 4:40 P.M.

**2. ROLL CALL**

Quorum was established and roll was called: 4:45 PM

Present:        *Eric Zell, Chair*  
                    *Pat Godley*  
                    *Richard Stern, M.D.*  
                    *Sharon Drager, M.D.*  
                    *Beverly Wallace*  
                    *Nancy Casazza*  
                    *Irma Anderson (via call in)*  
                    *Wendel Brunner, M.D.*

Excused:        *William Walker, M.D.*  
                    *Supervisor John Gioia, Vice Chair*  
                    *Deborah Campbell*

### **3. APPROVAL OF JULY 24, 2013 MINUTES**

*The motion made by Doctor Sharon Drager and seconded by Director Nancy Casazza to approve the July 24, 2013 minutes passed unanimously.*

### **4. PUBLIC COMMENTS**

Paulette Jackson, a registered nurse working at the hospital spoke regarding her concern about her inability to work in the telemetry unit, despite her telemetry experience.

### **5. STROKE PROGRAM PRESENTATION**

Dr Desmond Carson, Stroke Program Director, presented an update on the DMC Stroke Program, starting with demographic information on the stroke patients treated in 2012. The majority of our patients came from the cities of San Pablo, Richmond and El Sobrante. More than half (52%) were women and 48 % percent of patients are men. Patients aged 66-85 years of age represented the largest portion of patients. Thirty-nine percent (39%) of patients were Caucasian, 24% African American.

In highlighting key program milestones, he reminded the Governing Body that initial work began in 2009 with the recognition of the need for a program. In 2011 we contracted with California Pacific Medical Center to be the telemedicine provider, and later that year The Joint Commission awarded us initial certification as a Primary Stroke Center. In 2012 DMC was recognized and given the Bronze Achievement Award Hospital by the AHA/ASA association. In May of this year, The Joint Commission re-certified the program. The teams that made this happen included the Senior Leadership Team ( Dawn Gideon, Kathy White, Jim Boatman, Bobbie Ellerston and John Hardy), the Stroke Program Team (Robert Fox MD, Desmond Carson MD, and Susila Patel, RN) and the Stroke Committee members.

Dr Carson pointed out that the Stroke Alert team has made major developments by having patient pathways for the Emergency Department and inpatient stroke alerts and creating maps for team coordination for timely care. The inpatient physician partners are working together with the inpatient units. We also work hard to educate the community and hospital staff, on the signs and symptoms of stroke, leading to quicker interventions and better outcomes.

*Information Only No Action Required*

### **6. QUALITY MANAGEMENT REPORT AUGUST 2013**

Ms. Bobbie Ellerston, Chief Nursing Officer, presented and sought acceptance of the August 2013 Quality Management Report, including the Patient Safety metrics for falls, hospital-acquired pressure ulcers. She also provided an update on the

Hospital's ongoing efforts to maintain HIPAA compliance when confidential Protected Health Information (PHI) is communicated via email. Increasingly mobile devices (smart phones, iPads, etc.) are being used to access email and confidential information. This information must be encrypted, and we need to ensure security if the device is lost or stolen. DMC has purchased a mobile device encryption solution to ensure compliance that data at rest on the device is encrypted and also allows the end user to wipe PHI from the device if lost. HIPPA also requires that we take reasonable action to secure patient data on portable computers. DMC has 49 laptop computers that could contain PHI or confidential information and are at risk of theft either inside or outside of the facility. DMC is currently testing and evaluating possible solutions to ensure compliance and any solution chosen will ensure data is encrypted if the laptop should become compromised or lost. The last improvement is the "secure email". HIPPA requires electronic communication that has a destination outside the hospital network be encrypted while in motion. In order to correct this DMC has purchased an email encryption solution to ensure compliance.

*A motion made by Director Nancy Casazza. and seconded by Director Beverly Wallace to approve the August 2013 Quality Management Report passed unanimously.*

## **7. FINANCIALS- JULY 2013**

Mr. James Boatman, CFO, presented and sought acceptance of the July 2013 Financials. Doctors Medical Center had a Net Loss of \$1.9 million for the month of July, \$235,000 worse than budget. Net patient revenue was under budget by \$792,000 for July. Inpatient gross charges were under budget by 3.4% with patient days under budget by 2.0% and discharges over budget 2.7%. Total outpatient volume was 4.6% under budget for the month with total surgeries 1.3% under budget.

Managed Care inpatient volume for the month was 22.5% under budget and outpatient managed care net revenue was 27% lower than budget for a combined negative variance of \$902,000 in patient revenue. Approximately 39% of this negative variance was due to lower volume and 61% was due to a lower rate of reimbursement per patient.

Salaries and Benefits combined were under budget by \$464,000 in July. Salaries were favorable by \$631,000 as a result of the continued flexing in all departments. Benefits were \$167,000 over budget primarily due to employee healthcare costs which were \$184,000 over budget for the month. Supplies expense was favorable to budget by \$123,000 for the month. Supplies have been under budget in all categories except implants which have increased in cost per patient by 37% in 2013 compared to 2012.

Year- to-date net patient revenue is under budget by \$5.55 million, or 7.7%. Patient days are under budget by 9.2% for the seven months. Ancillary outpatient visits were 9% under budget which is partially offset by ED visits at 5.9% higher than budget. Year to date operating expenses—mostly

salaries and wage expenses—were under budget by \$2.4 for the seven months. The net loss for the first seven months of 2013 is \$10,297,000 which is \$3,415,000 worse than budget for the period.

*A motion made by Director Irma Anderson and seconded by Director Nancy Casazza to accept the July 2013 Financial report passed unanimously.*

**8. BANKING RESOLUTION AND SIGNATURE AUTHORIZATION UPDATE FOR: BANK OF AMERICA/ MERRILL LYNCH & MECHANIC BANK**

Mr. James Boatman, CFO, presented and sought acceptance for the Banking Resolution and signature authorization update. This is the Bank of America/Merrill Lynch and Mechanics Bank signature authorization update, to allow Jim Boatman, CFO and Vickie Scharr, Financial Controller the authority to sign for cash transfers for BofA and Mechanics Bank.

*A motion made by Director Irma Anderson and seconded by Director Nancy Casazza Wallace to approve request for signature authorization update passed unanimously.*

**9. CAPITAL APPROVAL REQUEST: PARAGON VERSION 12.0**

Mr. James Boatman, CFO sought approval of a capital request for Paragon Version 12.0. This Paragon version will greatly improve the functionality of the System, addressing many areas of weakness related duplication of work. Medication reconciliation and WebStation for physicians have changes that will improve productivity in the daily care of our patients. The enhancements also improve the physician documentation process which will complete the electronic medical record. Mr. Boatman highlighted other additional functionality as outlined in the presented materials. He sought approval of the resolution authorizing the CFO to execute on behalf of DMC, the purchase of Paragon Version 12.0 at a cost of \$79,760. Annual software support will be budgeted at \$62,330.

Dr. Richard Stern expressed his concerns about the general lack of responsiveness on the part of Paragon in addressing our many problems over the past year, and their failed promised to work with our medical staff in developing appropriate solutions.

*A motion made by Director Beverly Wallace and seconded by Director Nancy Casazza to approve the capital purchase request for Paragon Version 12.0 passed. Dr Richard Stern abstained.*

**10. CEO REPORT**

Ms. Dawn Gideon, Interim President and Chief Executive Officer presented an update. She referenced the recent event that occurred within the District is which a

man was transported to John Muir Health following a violence related trauma. There have been multiple inquiries by the media and the community regarding the patient's transport to John Muir rather than DMC. She reminded the Governing Body members that DMC is not a trauma center, and is not equipped to care for patients who have experienced significant trauma. She asked that any inquires that the Governing Body members receive should be referred to her or Remy Goldsmith.

Ms. Gideon provided an update on the Town Hall meetings that took place in August, at which time she presented updates on: our discussion with potential strategic partners, patient satisfaction, clinical quality, maintaining a healthy workforce, fiscal responsibility, and image management.

***Information Only No Action Required***

## **11. MEDICAL EXECUTIVE REPORT**

Dr. Laurel Hodgson presented and sought approval of the Medical Executive Committee and Credentials Committee report. The MEC approved the following policies and is seeking Governing Body approval at this time:

- Performance Improvement Plan 2013- is to guide the systematic improvement and maintenance of the hospital key functions and processes to ensure safe patient care is delivered in a cost effect manner.
- Plan for the Provision of Care- Year change from 2012 to 2013
- Rapid Response Team Policy – to provide guidelines for staff that provide for the emergency medical needs of patients, staff and visitors.

Dr. Laurel Hodgson pointed out that the Bylaws revisions will be sent out to medical staff by the end of the month and the Quicken program was installed in two computers in the Medical Staff Office. Dr Mark Kogan gave a presentation on Medical Injury Compensation and Reform Act.

***A motion made by Sharon Drager M.D. and seconded by Richard Stern M.D. to approve the MEC report and Credentials Report passed unanimously.***

**THE MEETING ADJOURNED TO CLOSED SESSION AT 6:05 PM**



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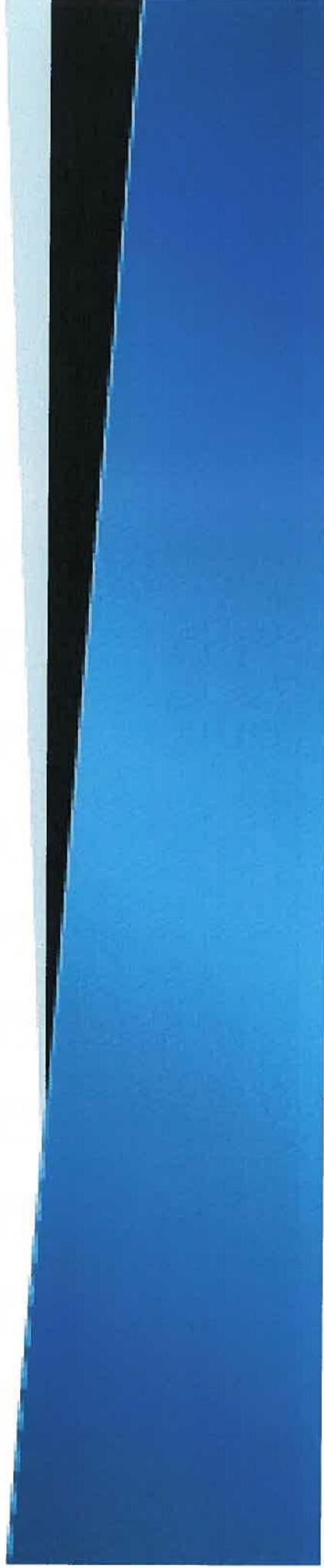
## QUALITY REPORT

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**TAB 5**

# Quality Management Report

September 2013



## Quality/Patient Safety Metrics

### Acute Myocardial Infarction (AMI)

	3Q 2012	4Q 2012	1Q 2013	2Q 2013	Goal
<b>Medication:</b>					
Aspirin at arrival (AMI1)	100.0%	100.0%	100.0%	100.0%	90-100%
Aspirin at discharge (AMI2)	100.0%	100.0%	100.0%	100.0%	90-100%
ACEI/ARB for LVSD <sup>1</sup> (AMI3)	100.0%	100.0%	100.0%	100.0%	90-100%
Beta blocker at discharge (AMI5)	96.8%	100.0%	100.0%	100.0%	90-100%
Fibrinolysis Tx within 30 min of arrival (AMI7a)	100.0%	n/a	n/a	n/a	90-100%
Percutaneous Cardiac Intervention (PCI) w/in 90 min of arrival (AMI8a)	(6/7) 85.7%	100.0%	(4/5) 80%	100.0%	90-100%
Statin Prescribed at Discharge (AMI10)	97.0%	100.0%	100.0%	100.0%	90-100%

**COMMENTS:**

- Currently, all elements are 100% for 2nd Quarter (2Q13) '13
- Results are reviewed at STEMI Committee meeting
- Ongoing daily report sent to Nursing leadership. Meets twice a month for Core Measure Quality Improvement.

**ACTION PLAN:**

NONE required

## Quality/Patient Safety Metrics

Congestive Heart Failure (CHF)

	3Q 2012	4Q 2012	1Q 2013	2Q 2013	Goal	COMMENTS:
All Discharge Instructions (HF1)	(34/62) 54.8%	(49/76) 64.5%	(62/69) 89.9%	98.4%	90%- 100%	<ul style="list-style-type: none"> <li>Ongoing monthly meeting with physician leadership to discuss identified issues for CHF</li> <li>Quality meets with Hospitalist group &amp; Physician Leadership to review Core Measure fallouts and identify actions to be taken to improve numbers.</li> <li>Core Measure Review Nurse met with individuals involved (RNs, MDs) during rounds and discussed core measure topics where DMC could improve on, such as discharge instructions.</li> <li>eQRR entered for Discharge instructions and medications</li> </ul>
Activity instructions at discharge (HF1a)	96.8%	97.4%	100.0%	100.0%	90%- 100%	
Diet instructions at discharge (HF1b)	96.8%	97.4%	98.6%	100.0%	90%- 100%	
Follow-up instructions at discharge (HF1c)	96.8%	97.4%	98.6%	100.0%	90%- 100%	
Medications at discharge (HF1d)	93.5%	97.4%	100.0%	100.0%	90%- 100%	
Symptoms worsening at discharge (HF1e)	98.4%	(68/76) 89.5%	100.0%	100.0%	90%- 100%	
Weight monitoring instructions at discharge (HF1f)	(37/62) 59.7%	(50/76) 65.8%	(62/69) 89.9%	98.4%	90%- 100%	
Evaluation of Left Ventricular Systolic (LVS) Function	98.6%	97.8%	100.0%	97.3%	90%- 100%	
ACEI or ARB for LVSD <sup>1</sup>	(19/25) 76%			100.0%	90%- 100%	

**ACTION PLAN:**  
>NONE required

## Quality/Patient Safety Metrics

Pneumonia (PN)					
	3Q 2012	4Q 2012	Jan-13	Apr-May 2Q 2013	Goal
Blood Culture within 24 hrs of arrival ICU (PN3a)	(8/9) 88.9%	93.3%	100.0%	100.0%	90%- 100%
Blood Culture in ED prior to initial Antibiotic (PN3b)	100.0%	97.8%	95.2%	100.0%	90%- 100%
Antibiotic selection for ICU/non-ICU patients (PN6)	100.0%	96.4%	100.0%	100.0%	90%- 100%
Antibiotic selection for ICU patients (PN6a)	100.0%	100.0%	100.0%	100.0%	90%- 100%
Antibiotic selection for Non-ICU patients (PN6b)	100.0%	95.2%	100.0%	100.0%	90%- 100%

**COMMENTS:**

- Data reviewed with Nursing Leadership with an action plan identified.
- Managers/Directors followed up with individual staff to set up expectations.
- Currently, ALL PNA elements are in the green (100%).

**ACTION PLAN:**

>Daily report sent to Nursing leadership. Meets twice a month for Core Measure Quality Improvement.

# Quality/Patient Safety Metrics

## Surgical Care Improvement Project (SCIP)

	3Q 2012	4Q 2012	1Q 2013	2Q 2013	Goal	COMMENTS:
Antibiotics within 1 hour (SCIP INF 1a)	92.9%	95.5%	96.8%	100.0%	90%-100%	'Met benchmarks set for the hospital <b>ACTION PLAN:</b> '5 fallouts re: Pharmacological VTE Prophylaxis Timeliness • April & May cases for abstraction were not current • June cases for abstraction were current. Follow-up done via telephone call, email and eQRR to physician. • Urinary Catheter Removal measure has shown great improvement from the previous quarters. • Moving forward, QA department will work with OR director to alert/notify surgeon of potential fallouts if there is no response from the physician.
Antibiotics Selection (SCIP INF 2a)	96.4%	90.9%	100.0%	100.0%	90%-100%	
Antibiotics discontinued within 24 hours (SCIP INF 3a)	92.9%	90.9%	96.8%	92.0%	90%-100%	
Cardiac patients 6am postop serum glucose (SCIP-Inf-4)	n/a	n/a	n/a	n/a	90%-100%	
Hair Removal (SCIP INF 6)	100.0%	100.0%	100.0%	96.2%	90%-100%	
Urinary Catheter Removed Post-Op Day 1 & Day 2 (SCIP INF 9)	(31/43) 72.1%	(34/38) 89.5%	95.0%	97.1%	90%-100%	
Periop Temp Mgt (SCIP INF 10)	100.0%	100.0%	100.0%	100.0%	90%-100%	
Beta Blocker perioperative (SCIP CARD 2)	100.0%	100.0%	100.0%	100.0%	90%-100%	
VTE Prophylaxis Ordered (SCIP VTE 1)	98.0%	91.1%	No longer collecting	No longer collecting	90%-100%	
VTE Prophylaxis Timely (SCIP VTE 2)	(44/49) 89.8%	(39/45) 86.6%	95.7%	(42/47) 89.4%	90%-100%	

# Quality/Patient Safety Metrics

## Congestive Heart Failure (CHF)

	3Q 2012	4Q 2012	1Q 2013	2Q 2013	Goal	COMMENTS:
All Discharge Instructions (HF1)	(34/62) 54.8%	(49/76) 64.5%	(62/69) 89.9%	98.4%	90%- 100%	<ul style="list-style-type: none"> <li>Ongoing monthly meeting with physician leadership to discuss identified issues for CHF</li> <li>Quality meets with Hospitalist group &amp; Physician Leadership to review Core Measure fallout and identify actions to be taken to improve numbers.</li> </ul>
Activity instructions at discharge (HF1a)	96.8%	97.4%	100.0%	100.0%	90%- 100%	<ul style="list-style-type: none"> <li>Core Measure Review Nurse met with individuals involved (RNs, MDs) during rounds and discussed core measure topics where DMC could improve on, such as discharge instructions.</li> <li>eQRR entered for Discharge instructions and medications</li> </ul>
Diet instructions at discharge (HF1b)	96.8%	97.4%	98.6%	100.0%	90%- 100%	
Follow-up instructions at discharge (HF1c)	96.8%	97.4%	98.6%	100.0%	90%- 100%	
Medications instructions at discharge (HF1d)	93.5%	97.4%	100.0%	100.0%	90%- 100%	
Symptom worsening instructions at discharge (HF1e)	98.4%	(68/76) 89.5%	100.0%	100.0%	90%- 100%	
Weight monitoring instructions at discharge (HF1f)	(37/62) 59.7%	(50/76) 65.8%	(62/69) 89.9%	98.4%	90%- 100%	
Evaluation of Left Ventricular Systolic (LVS) Function (HF2)	98.6%	97.8%	100.0%	97.3%	90%- 100%	
ACEI or ARB for LVSD <sup>1</sup> (HF3)	(19/25) 76%	97.6%	96.0%	100.0%	90%- 100%	
Adult smoking advice/counseling (HF4)	no longer collecting	no longer collecting	no longer collecting	no longer collecting	90%- 100%	

**ACTION PLAN:**

>NONE required

## Quality/Patient Safety Metrics

### IMMUNIZATION (IMM)

	3Q 2012	4Q 2012	1Q 2013	2Q 2013	Goal	COMMENTS:
Pneumococcal Immunization (PPV23) - Overall Rate (Core IMM-1a)	(200/237) 84.4%	(219/247) 88.6%	(210/236) 89%	(178/208) 85.6%	90%-100%	<b>ACTION PLAN:</b> <ul style="list-style-type: none"> <li>Concurrent RN review follow-up with Charge Nurses and assigned nurses to ensure vaccines are given or reason not given is documented.</li> <li>Pharmacy now submits to Quality on a weekly basis those Immunization forms which are incomplete and Quality follows-up with Nursing Leadership.</li> <li>Charge Nurse uses new checklist q shift to audit deficiencies. Dir and Supervisor audit form so responsible individuals can be held accountable.</li> </ul>
Pneumococcal Immunization (PPV23) Age 65 and Older (Core IMM-1b)	(135/157) 86.0%	(131/146) 89.7%	(129/146) 88.4%	(117/135) 86.6%	90%-100%	
Pneumo Immunization (PPV23) - High Risk Pop (6 - 64 yrs) (Core IMM-1c)	(65/80) 81.3%	(88/101) 87.1%	90.0%	(61/73) 83.6%	90%-100%	
Influenza Immunization (Core IMM-2)	N/A	(266/305) 87.2%	(244/284) 85.9%	N/A	90%-100%	

## Quality/Patient Safety Metrics

### VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

	1Q 2013	2Q 2013	Goal	COMMENTS:
VTE Prophylaxis (VTE-1)	(83/122) 68.0%	(98/112) 87.5%	90%- 100%	<ul style="list-style-type: none"> <li>VTE Prophylaxis should be documented as being administered for either Mechanical or Pharmacologic.</li> <li>If no VTE Prophylaxis, there should be documentation of a reason for not receiving VTE Px.</li> <li>14 Cases were found with No VTE Prophylaxis documented nor a reason for not receiving it.</li> </ul>
ICU VTE Prophylaxis (VTE-2)	92.5%	96.6%	90%- 100%	<b>ACTION ITEMS:</b> <ul style="list-style-type: none"> <li>New Core Measure Tab is being created in Paragon for VTE which will include Mechanical and/or Pharmacological VTE Px PLUS DC Instructions. RNs will not be able to close out the daily assessment without addressing these instructions.</li> </ul>
VTE pts w/ Anticoag Overlap Tx (VTE-3)	100.0%	100.0%	90%- 100%	
Prin Dx VTE w/ Anticoag Overlap Tx (VTE-3a)	100.0%	100.0%	90%- 100%	
Sec Dx VTE w/ Anticoag Overlap Tx (VTE-3b)			90%- 100%	
VTE pts receiving UFH w/ dosage/platelet Monitoring (VTE-4)	100.0%	100.0%	90%- 100%	
Prin Dx VTE Rec UFH w/ dosage/platelet monitoring (VTE-4a)	100.0%	100.0%	90%- 100%	
Sec Dx VTE Rec UFH w/ dosage/platelet monitoring (VTE-4b)			90%- 100%	
VTE Warfarin Tx DC Instructions (VTE-5)	(2/5) 40%	(7/8) 87.5%	90%- 100%	
Prin Dx VTE Warfarin Tx DC Instructions (VTE-5a)	(2/5) 40%		90%- 100%	
Sec Dx VTE Warfarin Tx DC Instructions (VTE-5b)		(1/2) 50%	90%- 100%	
Hospital Acquired Potentially-Preventable VTE (VTE-6)			90%- 100%	

## Quality/Patient Safety Metrics

### STROKE (STK)

	3Q 2012	4Q 2012	1Q 2013	2Q 2013	Goal	COMMENTS:
VTE Prophylaxis (STK-1)	91.2%	(22/25) 88%	96.0%	90.3%	90%- 100%	Currently, all elements are 90-100% for 2nd Quarter 2013. <b>ACTION PLAN:</b>
VTE Prophylaxis - ISCHEMIC (STK-1a)	90.9%	(21/24) 87.5%	96.0%	90.3%	90%- 100%	1. Lack of accessibility to SCDs on the units was found to be a problem. SCDs are now stocked on 3rd/4th/5th floors as well as MICU.
VTE Prophylaxis - HEMORRHAGIC (STK-1b)	100.0%	100.0%	n/a	n/a	90%- 100%	2. Stroke core measure report being sent to all the units during the week as a reminder to nursing to apply or document SCDs if ordered.
DC on Antithrombotic Tx (STK-2)	100.0%	100.0%	100.0%	100.0%	90%- 100%	3. On-going education at unit staff meetings regarding importance of VTE prophylaxis in stroke patients.
Anticoag Tx for AF/Flutter (STK-3)	100.0%	100.0%	100.0%	100.0%	90%- 100%	1. Live time rounding by stroke coordinator.
Thrombolytic Tx (STK-4)	100.0%	100.0%	100.0%	100.0%	90%- 100%	
Antithrombotic Tx HD2 (STK-5)	96.7%	95.0%	100.0%	100.0%	90%- 100%	
DC on STATINS (STK-6)	95.5%	94.1%	100.0%	95.8%	90%- 100%	
Stroke Education (STK-8)	(12/15) 80%	92.9%	(17/19) 89.5%	100.0%	90%- 100%	
Stroke Education ISCHEMIC (STK-8a)	(11/14) 78.6%	92.9%	(17/19) 89.5%	100.0%	90%- 100%	
Stroke Education HEMORRHAGIC (STK-8b)	100.0%	n/a	n/a	n/a	90%- 100%	
Assessed for Rehab (STK-10)	93.5%	100.0%	100.0%	100.0%	90%- 100%	
Assessed for Rehab ISCHEMIC (STK-10a)	93.3%	100.0%	100.0%	100.0%	90%- 100%	
Assessed for Rehab HEMORRHAGIC (STK-10b)	100.0%	100.0%	100.0%	n/a	90%- 100%	



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# **FINANCIALS**

## **August 2013**

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**TAB 6**



# Board Presentation

August 2013

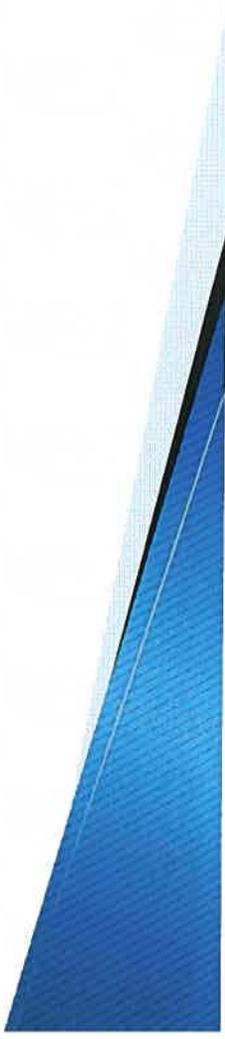
Financial Report



# Financial Report Key Points

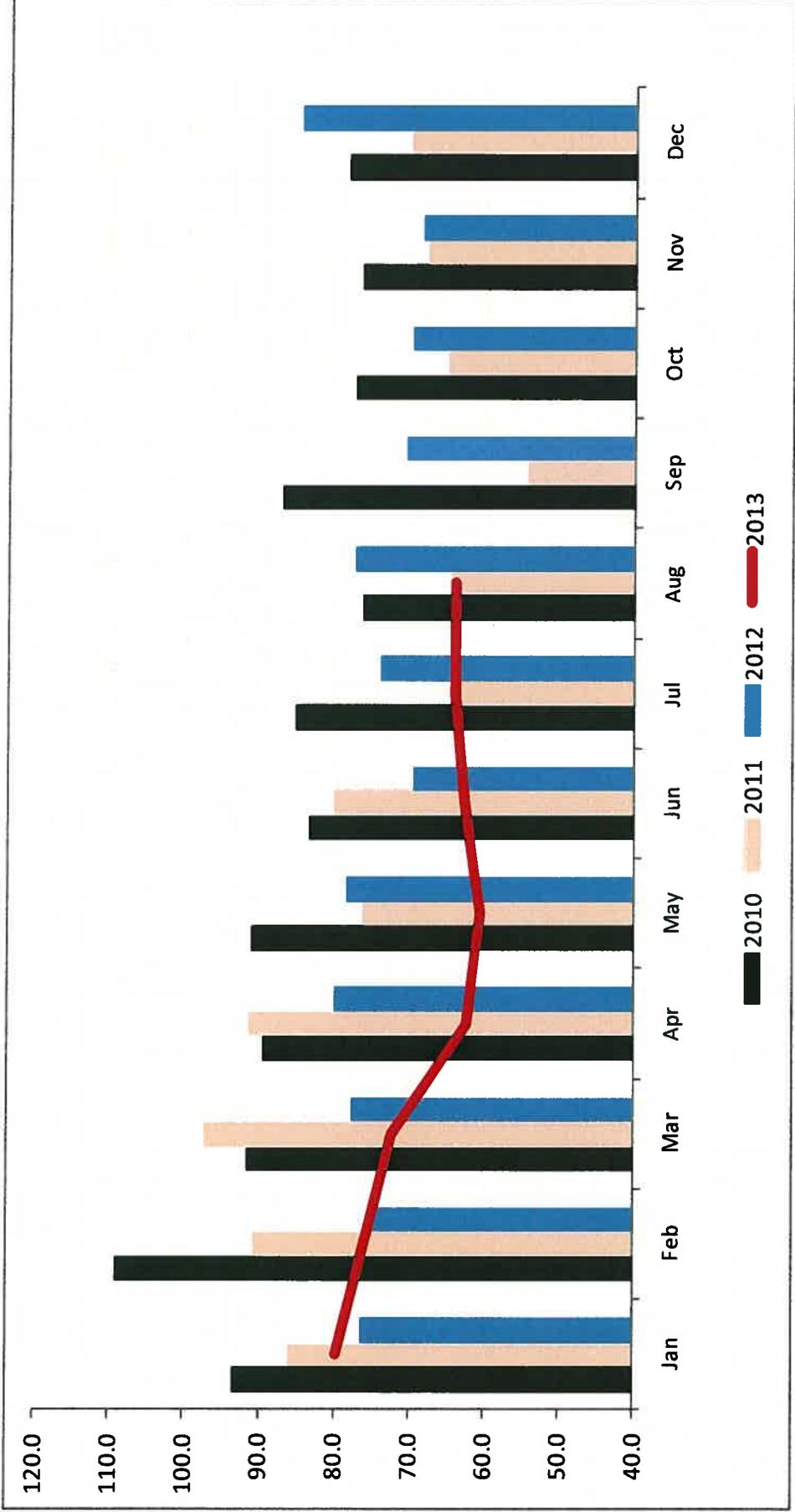
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- ▶ Net loss was \$2.3M in August, under budget by \$2M.
- ▶ Net patient revenue was \$1.3M under budget.
- ▶ Operating expenses were \$64K over budget.



# Average Daily Census

## Jan-10 thru Aug-13



**Statement of Activity – Summary**  
For the Period Ending  
August 31, 2013  
*(Thousands)*

		Month to Date		Year to Date	
Actual	Budget	Var	Actual	Budget	Var
8,844	10,106	(1,262)	75,999	83,059	(7,060)
11,829	11,765	(64)	94,386	96,969	2,583
(2,985)	(1,659)	(1,326)	(18,387)	(13,911)	(4,476)
725	756	(31)	5,930	5,976	(46)
(2,260)	(903)	(1,357)	(12,457)	(7,935)	(4,522)
1,977	2,009	(32)	16,418	17,910	(1,492)
440	476	(36)	3,728	3,947	(219)
6,103	6,690	(587)	48,767	50,200	(1,433)
552	583	31	571	613	42
1.59	1.55	0.03	1.56	1.55	0.01

# Budget Variances – Net Revenue

---

**Managed Care**      \$ (988) K

**Medicare**      \$ (388) K

2% Sequestration \$(83K)



# Budget Variances – Expenses

---

- **Salaries & Benefits (\$173K)** – Effective flexing primarily in clerical staff offset by higher health insurance costs.
- **Supplies \$126K** – Hospital wide cost savings are offset by increased pharmaceutical costs.
- **Professional Fees (\$72K)** – Incorrectly budgeted physician contract.

# Cash Position

## August 31, 2013

*(Thousands)*

	August 31, 2013	December 31, 2012
Unrestricted Cash	\$3,207	\$5,059
Restricted Cash	\$9,931	\$11,612
Total Cash	\$13,138	\$16,671
Days Unrestricted Cash	8	11
Days Restricted	28	27
Total Days of Cash	36	39

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

# Accounts Receivable

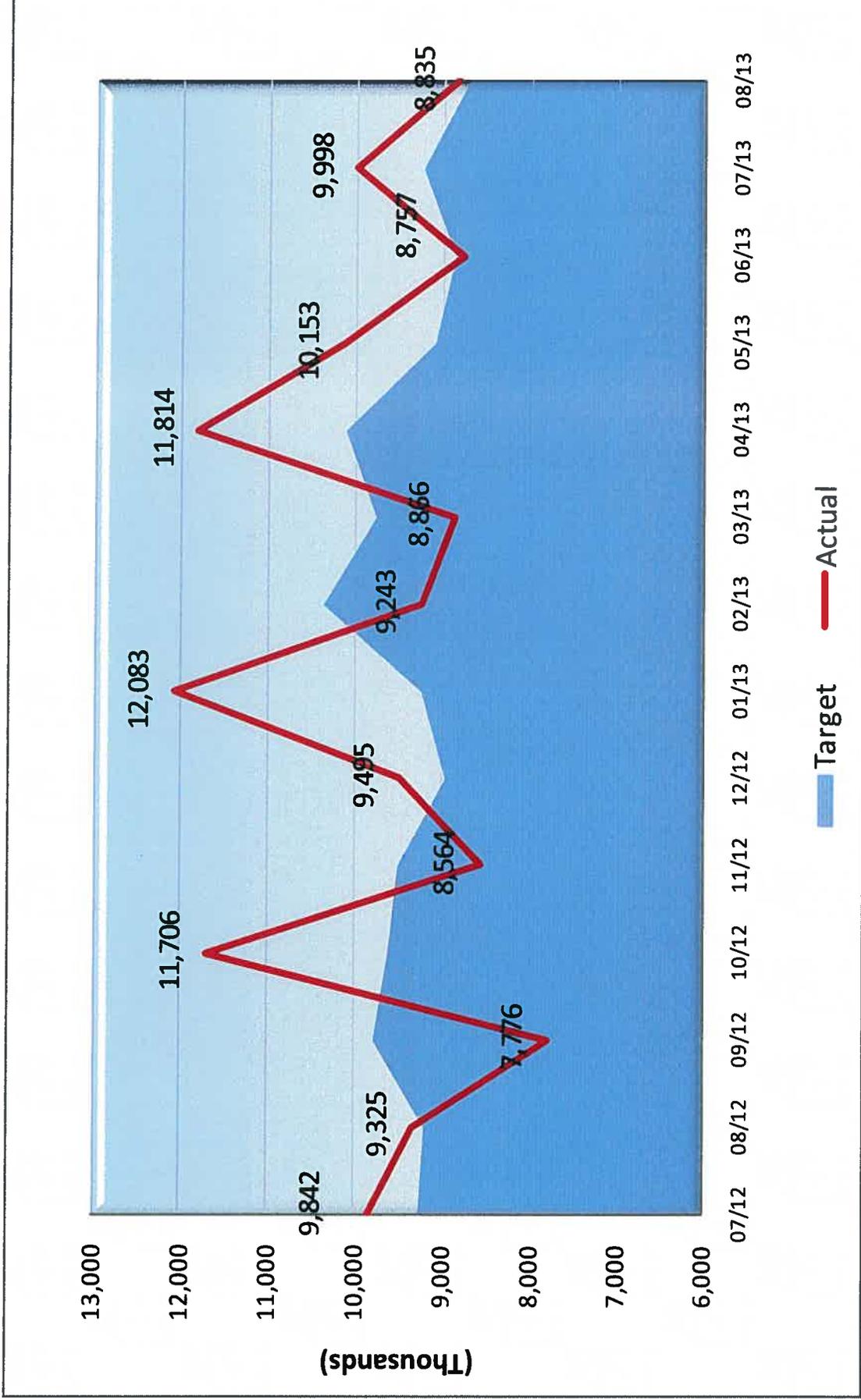
August 31, 2013

*(Thousands)*

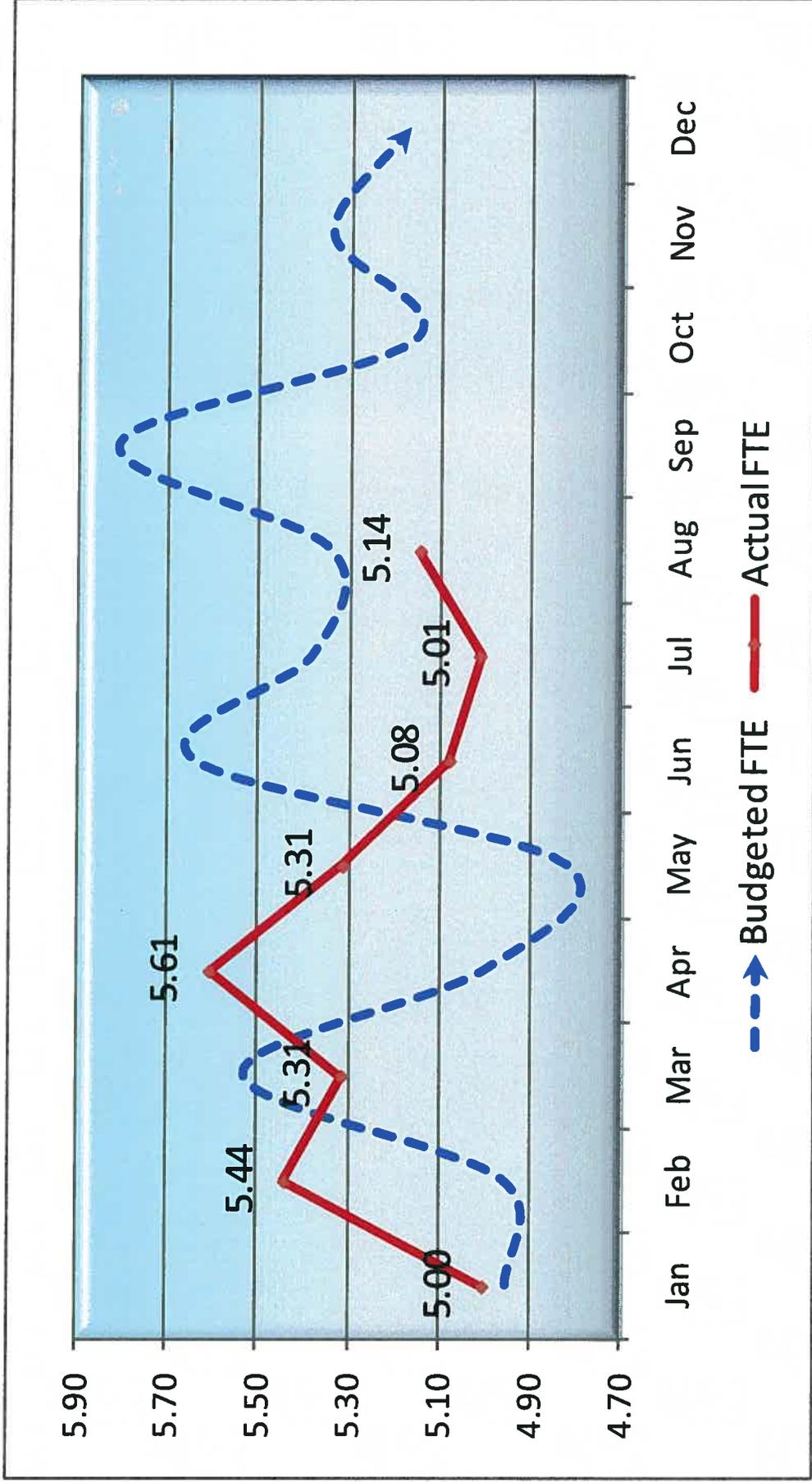
	August 31, 2013	December 31, 2012
Net Patient Accounts Receivable	\$22,049	\$31,007
Net Days in Accounts Receivable	77.8	92.6

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

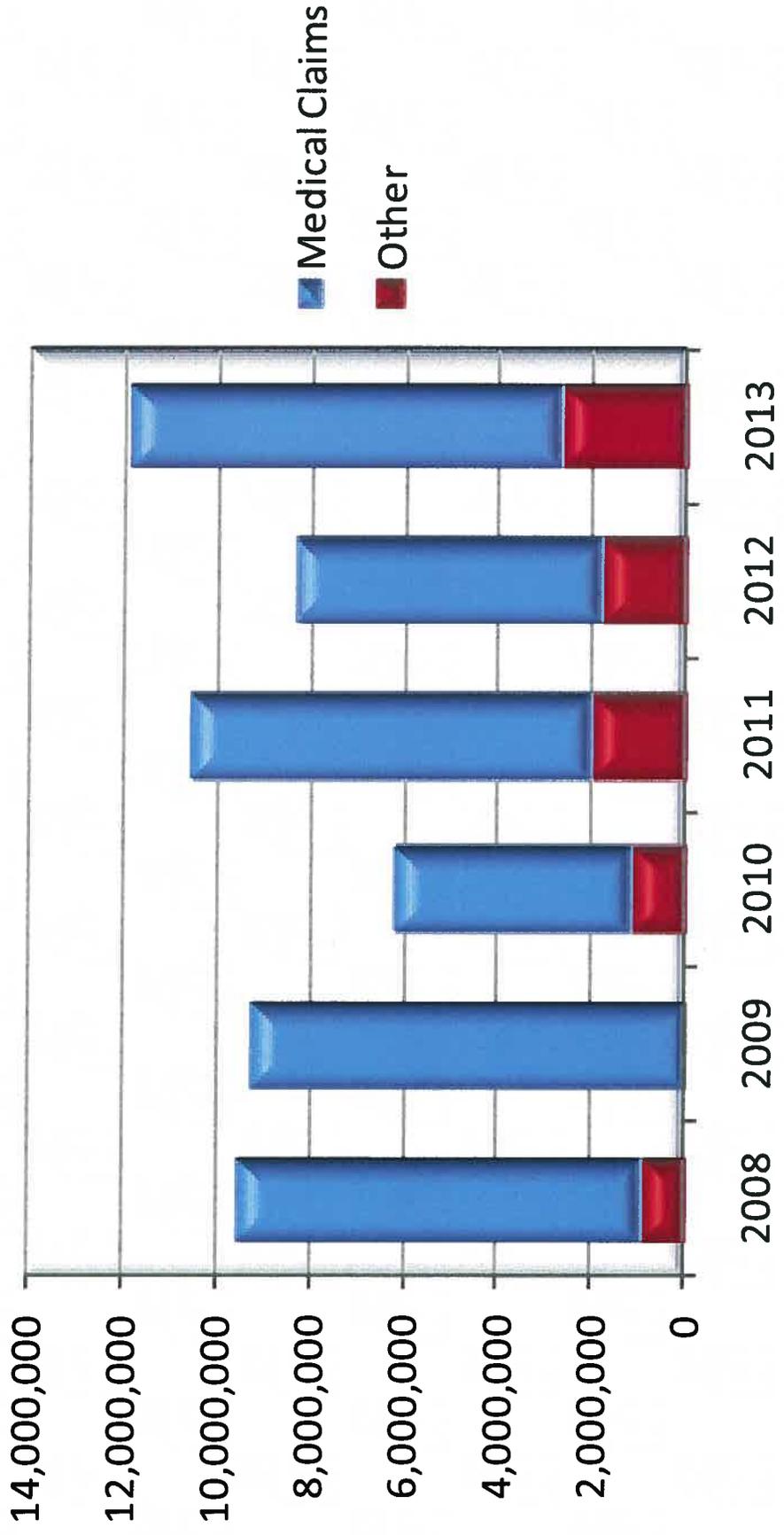
# Cash Collections



# Worked FTE / AADC



# MEDICAL BENEFITS



---

## Capital Budget 2013

Listed Equipment

\$1,493,000

Emergency Funds

507,000

Total Capital Budget:

\$2,000,000

Committed To Date:

\$1,399,000

Remaining Capital

---

\$601,000



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

August 31, 2013

(Amounts in Thousands)

	CURRENT PERIOD		PRIOR YEAR	
	ACTUAL	BUDGET	VAR	VAR %
8,722	9,968	(1,246)	-12.5%	11,509
122	138	(16)	-11.5%	68
<u>8,844</u>	<u>10,106</u>	<u>(1,262)</u>	<u>-12.5%</u>	<u>11,577</u>
4,720	4,885	165	3.4%	5,855
2,941	2,603	(338)	-13.0%	2,640
918	846	(72)	-8.6%	1,000
1,382	1,508	126	8.3%	1,731
780	799	19	2.3%	1,187
237	281	44	15.8%	231
412	476	64	13.4%	425
439	368	(71)	-19.2%	454
<u>11,829</u>	<u>11,765</u>	<u>(64)</u>	<u>-0.5%</u>	<u>13,523</u>
<u>(2,985)</u>	<u>(1,659)</u>	<u>(1,326)</u>	<u>79.9%</u>	<u>(1,946)</u>
1,123	1,133	(10)	0.0%	1,123
6	5	1	21.1%	20
<u>(404)</u>	<u>(382)</u>	<u>(22)</u>	<u>0.0%</u>	<u>(428)</u>
725	756	(31)	-4.1%	715
<u>(2,260)</u>	<u>(903)</u>	<u>(1,357)</u>	<u>150.3%</u>	<u>(1,231)</u>
33.8%	-16.4%	105.1%	-16.8%	-16.8%
-25.6%	-8.9%	-16.6%	-10.6%	-10.6%
75,216	82,012	(6,796)	-8.3%	80,465
783	1,047	(264)	-25.2%	1,806
<u>75,999</u>	<u>83,059</u>	<u>(7,060)</u>	<u>-8.5%</u>	<u>82,271</u>
37,848	40,980	3,132	7.6%	43,120
23,039	21,910	(1,129)	-5.2%	21,320
7,805	7,407	(398)	-5.4%	7,744
10,550	10,931	381	3.5%	11,862
6,805	6,795	(10)	-0.1%	7,199
146	2,299	146	6.3%	2,038
3,292	3,617	325	9.0%	3,203
2,894	3,030	136	4.5%	2,765
<u>94,386</u>	<u>96,969</u>	<u>2,583</u>	<u>2.7%</u>	<u>99,251</u>
<u>(18,387)</u>	<u>(13,911)</u>	<u>(4,476)</u>	<u>32.2%</u>	<u>(16,980)</u>
8,984	9,083	(99)	0.0%	1,200
131	40	91	1.1%	6,957
<u>(3,185)</u>	<u>(3,147)</u>	<u>(38)</u>	<u>225.6%</u>	<u>205</u>
5,930	5,976	(46)	-0.8%	(2,801)
<u>(12,457)</u>	<u>(7,935)</u>	<u>(4,522)</u>	<u>57%</u>	<u>(11,419)</u>
-24.2%	-16.7%	63.4%	-20.6%	-20.6%
-16.4%	-9.6%	-6.8%	-13.9%	-13.9%

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

**August 31, 2013**

(Amounts in Thousands)

	CURRENT PERIOD		PRIOR YEAR	
	ACTUAL	BUDGET	VAR %	ACTUAL
	2,303	2,216	(88)	2,069
	64.8%	63.6%	270.7%	62.8%
	3,557	3,481	(75)	3,294
	28,739	33,290	(4,551)	35,215
	19,609	22,713	(3,104)	25,105
	<b>48,348</b>	<b>56,003</b>	<b>(7,655)</b>	<b>60,320</b>
	54%	50%	4%	51%
	20%	21%	-1%	21%
	12%	14%	-2%	12%
	4%	4%	0%	4%
	10%	10%	0%	12%
	429	468	(39)	518
	440	476	(38)	515
	1,977	2,009	(32)	2,397
	63.8	64.8	(1.0)	77.3
	4.49	4.22	(0.27)	4.65
	31	31		31
	740	801	(61)	882
	3,326	3,380	(54)	4,106
	107	109	(2)	132
	51	69	(18)	76
	99	104	(5)	113
	<b>150</b>	<b>173</b>	<b>(23)</b>	<b>189</b>
	2,299	2,194	(105)	2,194
	64.5%	64.9%		64.9%
	3,564	3,363	(181)	3,410
	284,144	284,241	(20,097)	280,949
	161,922	170,658	(8,736)	159,401
	<b>426,066</b>	<b>454,899</b>	<b>(28,833)</b>	<b>440,350</b>
	55%	50%	4%	51%
	20%	21%	-1%	21%
	12%	14%	-2%	12%
	3%	4%	-1%	4%
	10%	10%	0%	12%
	3,759	3,963	(204)	4,079
	3,728	3,947	(219)	4,051
	16,418	17,910	(1,492)	18,571
	67.6	73.7	(6.1)	76.1
	4.40	4.54	0.13	4.58
	243	243		244
	6,013	6,317	(303)	6,349
	26,482	28,663	(2,181)	29,108
	109	118	(9)	119
	563	611	(48)	592
	666	746	(80)	766
	<b>1,229</b>	<b>1,357</b>	<b>(128)</b>	<b>1,358</b>

**STATISTICS**

Admissions	518	-8.3%
Discharges	515	-7.6%
Patient Days	2397	-1.6%
Average Daily Census (ADC)	77.3	-1.6%
Average Length of Stay (LOS)- Accrual Based	4.65	-6.5%
Days in Month	31	
Adjusted Discharges (AD)	882	-7.6%
Adjusted Patient Days (APD)	4,106	-1.6%
Adjusted ADC (AADC)	132	-1.6%
Inpatient Surgeries	76	-26.1%
Outpatient Surgeries	113	-4.8%
<b>Total Surgeries</b>	<b>189</b>	<b>-13.3%</b>

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

**August 31, 2013**  
(Amounts in Thousands)

	CURRENT PERIOD		PRIOR YEAR			
	ACTUAL	BUDGET	VAR	VAR %	ACTUAL	ACTUAL
	2,928	2,784	144	5.2%	7427	ED Outpatient Visits
	3,076	3,802	(726)	-19.1%	3480	Ancillary Outpatient Visits
	99	104	(5)	-4.8%	113	Outpatient Surgeries
	<b>6,103</b>	<b>6,690</b>	<b>(587)</b>	<b>-8.8%</b>	<b>11,020</b>	<b>Total Outpatient Visits</b>
	395	419	(24)	-5.7%	495	Emergency Room Admits
	13.5%	15.0%			6.7%	% of Total E/R Visits
	92.1%	89.5%			95.6%	% of Acute Admissions
	552	583	31	5.3%	655	Worked FTE
	638	661	23	3.5%	747	Paid FTE
	5.14	5.35	0.20	3.8%	4.94	Worked FTE / AADC
	5.94	6.06	0.12	1.9%	5.64	Paid FTE / AADC
	2,622	2,950	(327)	-11.1%	2,803	Net Patient Revenue / APD
	14,537	16,571	(2,034)	-12.3%	14,691	I/P Charges / Patient Days
	3,213	3,395	(182)	-5.4%	2,278	O/P Charges / Visit
	1,419	1,445	26	1.8%	1,426	Salary Expense / APD
	4.77	4.95	0.17	3.5%	5.34	Medicare LOS - Discharged Based
	1.59	1.55	0.03	2.2%	1.54	Medicare CMI
	3.01	3.19	(0.18)	-5.6%	3.47	Medicare CMI Adjusted LOS
	4.49	4.22	(0.27)	-6.5%	4.65	Total LOS - Discharged Based
	1.60	1.55	0.05	3.3%	1.49	Total CMI
	2.81	2.72	0.08	3.1%	3.12	Total CMI Adjusted LOS

**Footnote:**

- a) Reclassified budget of \$56K in July from Admin Salaries to Admin Consulting for the CEO,CNO and COO.
- b) Reclassified budget of \$9K in July from Admin Employee Benefits to Admin Consulting for the CEO,CNO and COO.
- c) Moved budget of \$79K in July Admin Salaries, Benefits and Recruitment to Admin Consulting for the CEO,CNO and COO.
- d) Reclassified budget of \$14K in July from Admin Recruitment to Admin Consulting for the CEO,CNO and COO.

**WEST CONTRA COSTA HEALTHCARE DISTRICT  
DOCTORS MEDICAL CENTER  
BALANCE SHEET  
August 31, 2013  
(Amounts in Thousands)**

	<u>Current Month</u>	<u>Dec. 31, 2012</u>		<u>Current Month</u>	<u>Dec. 31, 2012</u>
<b>ASSETS</b>			<b>LIABILITIES</b>		
Cash	3,207	5,059	96 Current Maturities of Debt Borrowings	1,314	1,613
Net Patient Accounts Receivable	22,049	31,007	97 Accounts Payable and Accrued Expenses	10,735	16,509
Other Receivables	2,550	464	98 Accrued Payroll and Related Liabilities	16,728	17,512
Inventory	1,701	1,731	99 Deferred District Tax Revenue	3,091	3,091
Current Assets With Limited Use	9,931	11,612	100 Estimated Third Party Payor Settlements	2,594	1,868
Prepaid Expenses and Deposits	1,363	1,621			
<b>TOTAL CURRENT ASSETS</b>	<b>40,801</b>	<b>51,494</b>	101 <b>Total Current Liabilities</b>	<b>34,462</b>	<b>40,593</b>
<b>Assets With Limited Use</b>	<b>642</b>	<b>642</b>	<b>Other Liabilities</b>		
<b>Property Plant &amp; Equipment</b>			102 Other Deferred Liabilities	9,884	2,804
Land	12,120	12,120			
Bldg/Leasehold Improvements	29,433	29,432	<b>Long Term Debt</b>		
Capital Leases	10,926	10,926	103 Notes Payable - Secured	60,326	61,242
Equipment	45,133	43,579	104 Capital Leases	1,057	1,647
CIP	574	860	105 Less Current Portion LTD	-1,315	-1,613
Total Property, Plant & Equipment	98,186	96,917	106 <b>Total Long Term Debt</b>	<b>60,068</b>	<b>61,276</b>
Accumulated Depreciation	-57,138	-53,887			
<b>Net Property, Plant &amp; Equipment</b>	<b>41,048</b>	<b>43,030</b>	107 <b>Total Liabilities</b>	<b>104,414</b>	<b>104,673</b>
<b>Intangible Assets</b>			<b>EQUITY</b>		
	1,413	1,454	108 Retained Earnings	-8,053	9,667
			109 Year to Date Profit / (Loss)	-12,457	-17,720
			110 <b>Total Equity</b>	<b>-20,510</b>	<b>-8,053</b>
<b>Total Assets</b>	<b>83,904</b>	<b>96,620</b>	111 <b>Total Liabilities &amp; Equity</b>	<b>83,904</b>	<b>96,620</b>
Current Ratio (CA/CL)	1.18	1.27			
Net Working Capital (CA-CL)	6,339	10,901			
Long Term Debt Ratio (LTD/TA)	0.72	0.63			
Long Term Debt to Capital (LTD/(LTD+TE))	1.52	1.15			
Financial Leverage (TA/TE)	-4.1	-12.0			
Quick Ratio	0.73	0.89			
Unrestricted Cash Days	8	11			
Restricted Cash Days	28	27			
Net A/R Days	77.8	92.6			



## August 2013 Executive Report

Doctors Medical Center had a Net Loss of \$ 2,260,000 for the month of August. As a result, net income was worse than budget by \$1,357,000. The following are the factors leading to the Net Income variance for the month:

<u>Net Patient Revenue Factors</u>	<u>Positive / (Negative)</u>
Managed Care	(\$988,000)
Medicare	(\$388,000)
 <u>Expenses</u>	
Salaries & Benefits	(\$173,000)
Supplies	\$126,000
Professional Fees	(\$72,000)

Net patient revenue was under budget by \$1,246,000 for August. Inpatient and outpatient gross charges were under budget by 13.7% with patient days and discharges under budget by 1.6% and 7.6% respectively. Outpatient visits were 8.8% under budget for August and total surgeries was 13.3% under budget.

In August, regular Managed Care days were 36.5% under budget resulting in a shortfall of \$2,307,000 in gross patient revenue and a \$988,000 net revenue variance. Total Medicare volume was under budget resulting in a \$305,000 net revenue variance with the balance of the Medicare variance related to the 2% sequestration cuts.

Salaries and Benefits were \$173,000 under budget. Salaries were under budget by \$165,000 mostly due to continued flexing in all departments. Benefits were over budget as the cost of the employee health plan continues to exceed our expectations.

Professional Fees were over budget in August mostly due to a physician contract being budgeted incorrectly.

Supplies expense was favorable to budget by \$126,000 for the month of August. Implants and pacemakers were under budget, offset by an increase in pharmaceuticals.



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**CAPITAL APPROVAL  
FOR:REQUEST RADIMETRICS  
eXposure**

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**TAB 7**

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

**TO:** GOVERNING BODY  
BOARD OF DIRECTORS

**FROM:** James Boatman, CFO

**DATE:** September 24, 2013

**SUBJECT:** Radimetrics eXposure™

**REQUEST / RECOMMENDATION(S):**

Recommend to the District Board to approve and authorize the Chief Financial Officer to execute on behalf of DMC, approval of the purchase of Radimetrics.eXposure™ software.

**FISCAL IMPACT:**

The cost for the software, hardware and implementation is \$27,368.

**STRATEGIC IMPACT:**

Radimetrics eXposure™ integrates with our existing PACS system (Horizon Medical imaging – HMI) to provide a single system for tracking patient radiation exposure across imaging modalities. This is a regulatory requirement.

**REQUEST / RECOMMENDATION REASON, BACKGROUND AND JUSTIFICATION:**

New Californian regulations governing radiation dose tracking and reporting (SB 1237, AB 510), and our ACR CT accreditation (a Medicare pre-requisite) require a new level of dose monitoring. Radimetrics provides cumulative dose tracking, incorporates protocol management, and generates alerts. It will keep us in compliance with the above regulations and ensure improved levels of radiation safety within the Imaging department.

Presentation Attachments: Yes  No

Requesting Signature: \_\_\_\_\_

*James Boatman*

Date: 9/24/13

SIGNATURE(S):

Action of Board on \_\_\_ / \_\_\_ / \_\_\_ Approved as Recommended \_\_\_\_\_ Other \_\_\_\_\_

Vote of Board Members:

\_\_\_ Unanimous (Absent \_\_\_)

Ayes: \_\_\_ Noes: \_\_\_

Absent: \_\_\_ Abstain: \_\_\_

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

Contact Person:

Attested by: \_\_\_\_\_

Eric Zell, Chair, Governing Body  
Board of Directors

Cc: Accounts Payable, Contractor, CFO/Controller, Requestor



Quotation: **X14WCC002**  
Quotation Date: June 20, 2013  
Quote Description: Radimetrics  
West Contra Costa  
Facility Description Healthcare District

---

**Quotation Summary**

Primary Quotation #X14WCC002

Third Party Software	16,679
Equipment	5,279
<u>Implementation Services</u>	<u>5,410</u>
<u>Net Services</u>	<u>5,410</u>
<b><u>Subtotal Primary Quotation</u></b>	<b><u>\$ 27,368</u></b>

---

**Net Total** **\$ 27,368**

The pricing set forth in this proposal represents McKesson's complete proposal for the Products and or Customer's Facilities set forth herein (the "Pricing Proposal"), regardless of other proposals made by McKesson either simultaneously with this Pricing Proposal or otherwise regarding additional Products or Facilities that are not set forth herein.

**MCKESSON**

Quotation: X14WCC002  
 Quote Description: Radimetrics  
 West Contra Costa  
 Healthcare District  
 Facility Description: Healthcare District

Quotation Date: June 20, 2013

ITEM NO.	QTY	PART NO.	DESCRIPTION	UNIT PRICE Includes Applicable Discounts	TOTAL PRICE Qty x Unit Price
<b>Third Party Software</b>					
1	1	RAD0025 72024333	RADIMETRICS EXPOSURE SOFTWARE LICENSE (<25K ANNUAL EXAMS)  Radiation dose tracking for under 25,000 Exams per year, scoped for CT, RF, XA modalities.  Radimetrics eXposure software is licensed for the specified annual volume of exams tracked at the named facilities. Additional license fees are required to process higher exam volumes.  Please note that the integration with McKesson Radiology is a simple in-context launch passing patient/study information to Radimetrics eXposure. This interface provides only a one-way communication from McKesson Radiology to Radimetrics eXposure. Additional HL-7 (including ADT) interfaces to Radimetrics eXposure are not currently supported by the McKesson Radiology integration.	16,679	16,679
<b>Subtotal Third Party Software</b>					<b>16,679</b>
<b>Equipment</b>					
2	1	RMX100H 80006136	RADIMETRICS SERVER - UP TO 600K ANNUAL EXAMS - HP  Equipment: Rack mountable server, Gigabit ethernet adaptor, requires a copper Gigabit ethernet connection. UPS and Racks to be supplied by customer unless otherwise specified in this quotation.	5,279	5,279
<b>Subtotal Equipment</b>					<b>5,279</b>
<b>Implementation Services</b>					
3	1	RAD999C 74039735	RADIMETRICS CONFIGURATION SERVICES - BAYER	1,200	1,200
4	1	RADIT0025 74037498	INSTALLATION AND TRAINING SERVICES FOR RADIMETRICS  Installation and training services for Radimetrics eXposure use up to 25K annual studies. Travel expenses are not included.	1,560	1,560
5	1	TRV001 74037846	TRAVEL EXPENSES - 1 DAY ONSITE	2,650	2,650
<b>Subtotal Implementation Services</b>					<b>5,410</b>
<b>Grand Total</b>					<b>27,368</b>

The pricing set forth in this proposal represents McKesson's complete proposal for the Products and or Customer's Facilities set forth herein (the "Pricing Proposal"), regardless of other proposals made by McKesson either simultaneously with this Pricing Proposal or otherwise regarding additional Products or Facilities that are not set forth herein.



Quotation: **X14WCC002**  
Quotation Date: June 20, 2013  
Quote Description: Radimetrics  
West Contra Costa  
Facility Description: Healthcare District

## Maintenance Quotation Summary

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**Equipment Maintenance Not Provided**

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**Radimetrics Maintenance**

**\$ 3,002**



RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
**California Department of Public Health**



EDMUND G. BROWN JR.  
Governor

**Information Notice Regarding California Health and Safety Code, Section 115111, 115112, and 1151163**

Date: July 17, 2012

To: Facilities Using X-Ray Computed Tomography (CT) Equipment

Subject: Assembly Bill 510, Senate Bill 1237, and Senate Bill 38 (California Health and Safety Code Sections 115111, 115112, & 115113) Questions and Answers (Q&A)

This Q&A only applies to Health and Safety Code sections 115111 and 115113 which became effective July 1, 2012, and section 115112 which becomes effective July 1, 2013.

**Text of Health and Safety Code Sections 115111, 115112, and 115113**

**115111.** (a) Commencing July 1, 2012, subject to subdivision (e), a person that uses a computed tomography (CT) X-ray system for human use shall record the dose of radiation on every diagnostic CT study produced during a CT examination in the patient's record, as defined in Section 123105. CT studies used for therapeutic radiation treatment planning or delivery or for calculating attenuation coefficients for nuclear medication studies shall not be required to record the dose.

(b) The facility conducting the study may send electronically each CT study and protocol page that lists the technical factors and dose of radiation to the electronic picture archiving and communications system.

(c) (1) Until July 1, 2013, the displayed dose shall be verified annually by a medical physicist for the facility's standard adult brain, adult abdomen, and pediatric brain protocols, to ensure the displayed doses are within 20 percent of the true measured dose measured in accordance with subdivision (f).

(2) A facility that has a CT X-ray system that is accredited by an organization that is approved by the federal Centers for Medicare and Medicaid Services, an accrediting agency approved by the Medical Board of California, or the State Department of Public Health may elect not to perform the verification described in paragraph (1).

(d) Subject to subdivision (e), the interpretive report of a diagnostic CT study shall include the dose of radiation by either recording the dose within the patient's report or attaching the protocol page that includes the dose of radiation to the report.

(e) The requirements of this section shall be limited to CT systems capable of calculating and displaying the dose.

(f) For the purposes of this section, dose of radiation shall be defined as one of the following:

(1) The computed tomography index volume (CTDI vol) and dose length product (DLP), as defined by the International Electrotechnical Commission (IEC) and recognized by the federal Food and Drug Administration (FDA).

(2) The dose unit as recommended by the American Association of Physicists in Medicine.

(g) For purposes of this section, "CT X-ray system" means the same as provided in Section 892.1750 of Title 21 of the Code of Federal Regulations.

**115112.** (a) Except as provided in subdivision (b), commencing July 1, 2013, CT X-ray systems shall be accredited by an accrediting organization that is approved by the federal Centers for Medicare and Medicaid Services, an accrediting organization approved by the Medical Board of California, or the State Department of Public Health. A facility that is subject to accreditation may elect to have the CT X-ray system accredited pursuant to a single accreditation survey that includes the CT service by the accrediting organization.

(b) A CT X-ray system shall not be subject to accreditation if any of the following apply:

(1) The system is used for therapeutic radiation treatment planning or delivery.

(2) The system is used for calculating attenuation coefficients for nuclear medicine studies.

(3) The system is dedicated for image guidance for interventional radiologic procedures.

**115113.** (a) Except for an event that results from patient movement or interference, a facility shall report to the department an event in which the administration of radiation results in any of the following:

(1) Repeating of a CT examination, unless otherwise ordered by a physician or a radiologist, if one of the following dose values is exceeded:

(A) 0.05 Sv (5 rem) effective dose.

(B) 0.5 Sv (50 rem) to an organ or tissue.

(C) 0.5 Sv (50 rem) shallow dose to the skin.

(2) A CT X-ray examination for any individual for whom a physician did not provide approval for the examination if one of the following dose values is exceeded:

(A) 0.05 Sv (5 rem) effective dose.

(B) 0.5 Sv (50 rem) to an organ or tissue.

(C) 0.5 Sv (50 rem) shallow dose to the skin.

(3) A CT X-ray for an examination that does not include the area of the body that was intended to be imaged by the ordering physician or radiologist if one of the following dose values is exceeded:

(A) 0.05 Sv (5 rem) effective dose.

(B) 0.5 Sv (50 rem) to an organ or tissue.

(C) 0.5 Sv (50 rem) shallow dose to the skin.

(4) CT or therapeutic exposure that results in unanticipated permanent functional damage to an organ or a physiological system, hair loss, or erythema, as determined by a qualified physician.

(5) A CT or therapeutic dose to an embryo or fetus that is greater than 50 mSv (5 rem) dose, that is a result of radiation to a known pregnant individual unless the dose to the embryo or fetus was specifically approved, in advance, by a qualified physician.

(6) Therapeutic ionizing irradiation of the wrong individual or the wrong treatment site, excluding the area of the body that was intended to be irradiated.

(7) The total dose from therapeutic ionizing radiation delivered differs from the prescribed dose by 20 percent or more. A report shall not be required pursuant to this paragraph in any instance if the dose administered exceeds 20 percent of the amount prescribed in a situation if the radiation was utilized for palliative care for the specific patient. The radiation oncologist shall notify the referring physician that the dose was exceeded.

(b) The facility shall, no later than five business days after the discovery of a therapeutic event described in paragraphs (3) to (7), inclusive, of subdivision (a) and no later than 10 business days after discovery of an event described in paragraphs (1) to (4), inclusive, of subdivision (a), provide notification of the event to the department and the referring physician of the person subject to the event and shall, no later than 15 business days after discovery of an event described in subdivision (a), provide written notification to the person who is subject to the event.

(c) This section shall become inoperative on the effective date of the act that added this subdivision, and shall remain inoperative until July 1, 2012.

## **Questions and Answers**

### **Dose Display and Dose Recording**

- 1. If our CT is used for radiation therapy planning, radiation therapy image guidance, image guidance for radiological interventional procedures, or to create CT/Positron Emission Tomography (PET) or Single-Photon Emission Computer Tomography (SPECT) attenuation coefficients, are we required to comply with this law?**

Section 115111 states that CT studies used for therapeutic radiation treatment planning or delivery or for calculating attenuation coefficients for nuclear medicine studies shall not be required to record the dose. There is no exception from the dose recording requirements for CT systems dedicated to image guidance for intervention radiological procedures.

If a hybrid (PET/CT or SPECT/CT) scanner is used with the intention to produce diagnostic CT images independent of attenuation coefficients, then the diagnostic usage must comply with this law.

- 2. Our CT calculates and displays the dose index values CTDI<sub>vol</sub> and DLP; however we cannot electronically send the dose index values to the PACS. How do we comply with the law's requirement to record the dose index values?**

Contact your CT manufacturer or PACS vendor to determine a functional method for transferring the data. You may record this information manually or via any other data storage mechanism; the electronic transfer of data to a PACS is optional.

- 3. Some protocols require patients to have multiple CT scans. Are we required to record the dose index values in the PACS or radiology report for each scan, or can we record the highest values, average the values, or sum the values?**

The dose index values reported by the CT may be used to calculate a patient's approximate radiation exposure. The facility has multiple options to record the dose index values for CT scans of the same body area.

If there are multiple sequences of the same body part, for example a three phase abdomen, you may report the values in a few different ways to meet the requirements:

- each CTDI<sub>vol</sub> and DLP value displayed may be reported;
- the CTDI<sub>vol</sub> and the DLP may be summed and only the results reported; or
- the highest CTDI<sub>vol</sub> and the DLP may be reported as well as the number of sequences performed to which the maximum values apply.

You may use one of these methods for CTDI<sub>vol</sub> and another for DLP.

If you perform scans for different areas of the body during a single examination, each area of the body needs the dose index values recorded separately if the CT system is capable of displaying the values separately.

- 4. How do we verify that the displayed dose values are accurate?**

There are industry standards on how to verify that the displayed dose index values are accurate. CDPH will accept American Association of Physicists in Medicine (AAPM) guidance, and will review other methods during the inspection process. Appropriate phantoms must be used to verify displayed dose index values for the facility's standard adult brain, adult abdomen, and pediatric brain protocols.

- 5. Displayed dose value accuracy must be verified annually until July 1, 2013, or until the CT system has been accredited. How will the Department determine compliance?**

The accuracy should be verified at 12 month intervals that allows the facility to have the verification measurements performed at any time between July 1, 2012,

and June 30, 2013. Facilities may choose to have the verification performed at shorter intervals and/or to continue to perform this verification for a CT system that has been accredited.

- 6. The law states that the dose of radiation must be included in the interpretive report. What does “interpretive report” mean and who must generate the report?**

The interpretive report is the documented interpretation of the diagnostic CT examination. This interpretation may be performed by any licensed physician; this requirement is not limited to reports created by a radiologist.

- 7. We send our dose index values to the PACS, and the physician interpreting the image reviews the dose index values. Do we still need to dictate or attach the dose report to the interpretive report?**

Yes. Attaching the dose report to the interpretive report may be construed as either a hard copy of the data or a computer link to the website with the dose report provided the dose index values are retrievable by the referring physician. The dose values must be available to the patient as part of the medical record consistent with HIPPA requirements and applicable State law.

- 8. Our CT calculates but does not display CTDI<sub>vol</sub> or DLP dose index values on the console. Do we need to comply with the requirements of the dose recording law?**

That depends on the machine’s capability.

Contact your CT manufacturer or service engineer to see if the equipment software can be upgraded to add this feature.

Certain older CT X-ray systems may be incapable of calculating and displaying these values. Requirements in Section 115111 are limited to systems that are capable.

### **Accreditation**

- 9. Our facility is accredited by an organization that is approved by the Centers for Medicare and Medicaid Services (CMS) that does not provide specific accreditation for CT services. Must I obtain this additional accreditation?**

Yes. However, a facility that is subject to accreditation may elect to have the CT X-ray system accredited pursuant to a single accreditation survey that includes the CT service by the accrediting organization.

**10. If our CT is used for radiation therapy planning, radiation therapy image guidance, image guidance for radiological interventional procedures, or to create CT/Positron Emission Tomography (PET) or Single-Photon Emission Computer Tomography (SPECT) attenuation coefficients, are we required to comply with this law?**

Section 115112 states that A CT X-ray system shall not be subject to accreditation if any of the following apply:

- (1) The system is used for therapeutic radiation treatment planning or delivery.
- (2) The system is used for calculating attenuation coefficients for nuclear medicine studies.
- (3) The system is dedicated for image guidance for interventional radiologic procedures.

### **Event Reporting**

**11. If our CT is used for radiation therapy planning, radiation therapy image guidance, image guidance for radiological interventional procedures, or to create CT/Positron Emission Tomography (PET) or Single-Photon Emission Computer Tomography (SPECT) attenuation coefficients, are we required to comply with this law?**

All uses are subject to the reporting requirements stated in Section 115113.

**12. What does “patient movement or interference” mean?**

This means the patient moves, voluntarily or involuntarily, or the patient’s family or caregiver causes interference, during a CT which would otherwise result in a reportable event.

If normal procedures are followed and a CT is repeated due to abnormal patient anatomy or tissue damage, then this should be considered patient interference.

**13. What does “repeating a CT examination unless otherwise ordered by a physician or radiologist” mean?**

This means that a technologist must repeat an examination due to instrument malfunction, wrong technical factors, incorrect positioning, or miscommunication, which render the images non-diagnostic without having sought physician or radiologist approval prior to performing the repeated scan.

If a physician or radiologist has been consulted and the repeat was authorized, the event is not reportable; however, all dose values must be recorded.

**14. Assume that a CT scanner breaks during a procedure or a power outage occurs and the scan was not completed or was lost, and the technical factors are high enough to potentially exceed the dose values referenced in**

**this subsection. The actual patient exposure time is unknown. How do we calculate radiation doses?**

If the image was being saved during the exposure, the technical factors may have been stored that capture the actual scan time.

If no data is available, the radiation dose may be calculated using the technical factors set into the CT prior to the failure or retrieved from the CT protocol selected, and with the assumption that the exposure occurred as planned.

**15. Would an event described above be reportable?**

You would be required to report if the dose values for the incomplete or lost scans exceeded the threshold values because the event was not the result of patient movement or interference (on behalf of the patient). Only the incomplete or lost portion of the study would be used to calculate the effective dose and compare to the threshold values as the second (complete) study was the appropriately accomplished diagnostic test ordered.

**16. After reviewing (a)(1), (a)(2), and (a)(3) of Section 115113, it appears that the event must be reported if any of the dose criteria is exceeded under any of the following conditions: (1) the CT is repeated without a physician order, (2) an individual received a CT for which there was no physician approval, or (3) an area of the body that was not intended to be imaged received a CT. Is this correct?**

Yes. If a CT is repeated, is performed on an individual for which there was no physician approval, or irradiates the wrong body part AND ANY of the dose criteria is exceeded, then the facility must report the event.

**17. Is the dose additive over CT scans performed on consecutive days or weeks to determine whether a reportable event has occurred?**

No. The law does not address CT scans performed over time, but applies to those scans performed during a single examination.

**18. Am I required to adjust CT radiation exposures for patient age, weight, and size when I calculate radiation exposures?**

The law does not require that the radiation exposures be calculated for the age, weight, and size of each patient. The use of generic patient information is allowed for dose calculations. However, CDPH recommends that at a minimum, dose calculations be specific to infant, child, or adult.

**19. Our CT does not report effective dose, organ dose, or skin dose. Can we calculate a CTDI<sub>vol</sub> or DLP dose index value that is comparable and use this**

**as an indicator, to know the dose values referenced in this Section have been exceeded?**

Yes. The California Clinical and Academic Medical Physicists (C-CAMP) drafted generic DLP and  $CTDI_{vol}$  criteria that will indicate when the dose values referenced in this law have been met. This will be available on the AAPM website:  
[www.aapm.org](http://www.aapm.org)

**20. How do I calculate effective dose equivalent, organ dose, or skin dose?**

Acceptable patient dose estimates can be achieved through several methods. If a dose reporting threshold has been exceeded and requires reporting, CDPH recommends that you contact a medical physicist to assist in performing these calculations. CDPH recommends that you contact a local chapter of the AAPM for a list of references. Below is a list of industry accepted methodologies. If the method you wish to use is not referenced below, contact CDPH for assistance.

AAPM Report No. 96, "The Measurement, Reporting, and Management of Radiation Dose in CT" 2008 [http://www.aapm.org/pubs/reports/RPT\\_96.pdf](http://www.aapm.org/pubs/reports/RPT_96.pdf)

AAPM Report No. 111, "Comprehensive Methodology for the Evaluation of Radiation Dose in X-Ray Computed Tomography" 2010

ImPACT Computer Code <http://www.impactscan.org/ctdosimetry.htm>

CT-Expo

Dr. Georg Stamm

E-mail: [stamm.georg@mh-hannover.de](mailto:stamm.georg@mh-hannover.de)

<http://www.mh->

[hannover.de/fileadmin/kliniken/diagnostische\\_radiologie/download/ct-expo-e.zip](http://www.mh-hannover.de/fileadmin/kliniken/diagnostische_radiologie/download/ct-expo-e.zip)

International Commission on Radiological Protection (ICRP) Publication 103 (2007) <http://www.icrp.org/>

Note: ICRP 103 is recommended but CDPH will accept ICRP 60 for a limited time.

**21. Does CDPH need to approve dose calculation methodology or settings?**

CDPH will not approve a facility's dose calculations or methodologies. However, CDPH will review methodologies during inspections or investigations, to ensure they reflect a reasonable approach for estimating dose values.

**22. How can we demonstrate that hair loss, erythema, or permanent functional damage was not "unanticipated"?**

If the patient received instructions concerning the risks and potential consequences of a procedure, and has given consent prior to the procedure being performed, then the facility has met the definition of an anticipated event.

Due to age, health status, or confounding medical conditions the radiation exposure(s) can cause organs or physiological systems to fail. If this unanticipated event occurs, then it must be reported.

**23. Hair loss or erythema is usually a transient event. Do we report all unanticipated events or just permanent events?**

Report all unanticipated hair loss or erythema episodes.

**24. Section 115113(a)(4) references unanticipated permanent functional damage. Is a facility required to report radiation-induced cataracts, if they are repaired?**

Yes, if the cataracts are found by a qualified physician to have been an unanticipated consequence of the procedure.

**25. A patient with a known pregnancy received in excess of 50 mSv (5 rem) from a CT or radiation therapy AND the procedure was not approved in advance by a physician. The embryo or fetus did not receive 50 mSv (5 rem). Does this exposure require reporting?**

No. Reporting is only required if the dose to the embryo or fetus exceeds the threshold.

**26. A female receives a CT examination or radiation therapy. Later she discovers that she was pregnant at the time of the CT examination. The calculated radiation exposure to the embryo or fetus radiation exceeded 50 mSv (5 rem). Must the facility report the event?**

No. However, although not required by this law, if an embryo or fetus exceeds this dose and the individual later discovers that she is pregnant, the patient and patient's physician should be notified. The U.S. Centers for Disease Control and Prevention indicates additional risk to an embryo or fetus if the exposure exceeds 50 mSv (5 rem). <http://www.bt.cdc.gov/radiation/prenatalphysician.asp>

**27. What defines "a wrong treatment site" in Section 115113(a)(6)?**

If a "geometric miss" occurs (prescribed tumor volume is not irradiated), it must be reported. It is recognized that body parts that are adjacent to the treatment volume will be exposed to radiation, but this is not a reportable event.

**28. Does Section 115113(a)(6) apply to each therapy fraction, or the entire treatment?**

This applies to each treatment fraction.

**29. Section 115113(a)(7) requires reporting if the therapy radiation dose administered differs from the prescribed dose by 20 percent or more. Does this apply to each fraction, or the entire treatment?**

This applies to the entire treatment. The California Department of Public Health (CDPH) recognizes that the treating physician routinely modifies treatment plans based on progress, and this should not be construed as a reportable event.

Do not report an event if radiation therapy is terminated by the patient.

**30. Who determines whether a treatment is rendered for palliative care?**

Palliative care is determined by the patient's physician.

**31. If an event is reported to CDPH Radiologic Health Branch (RHB), are we required to notify any other agencies?**

Although not specifically required by this section of the law, you may also be required to report certain events to other agencies due to your regulatory obligations to those agencies.

**32. We reported an event, but follow-up information revealed that we were not required to report the event. Can we retract the reporting of the event?**

CDPH will evaluate the supplemental information, and if the change is supported, then no additional action will be taken.

**33. We did not identify a reportable event in a timely manner. Are we in violation of the new reporting requirements?**

Yes. You are obligated to report in a timely fashion. If reporting is delayed, then CDPH will evaluate the circumstances and determine a fair course of action, the goal being public health protection.

**34. How soon after an event that does not involve palliative care must the facility notify CDPH RHB?**

The facility must report events related to radiation therapy no later than five business days after the discovery of a therapeutic event. The facility must report events related to CT no later than 10 business days after discovery of the event.

**35. How soon after an event must the facility notify the referring physician of the person (patient) subject to any event?**

The facility must report events related to radiation therapy no later than five business days after the discovery of a therapeutic event. The facility must report events related to CT no later than 10 business days after discovery of the event.

**36. How soon after an event that does not involve palliative care must the facility notify the person (patient) subject to an event?**

The person/patient must be notified in writing no later than 15 business days after discovery of an event.

**37. What does “discovery of an event” mean?**

An event is considered to have been discovered when the registrant becomes aware of a potentially reportable situation and initiates investigation and assessment to confirm the status of the event as either reportable or not reportable.

**38. What reporting is required for events that involve palliative care?**

Only the report to the referring physician is required.

A report to CDPH RHB or to the patient shall not be required in any instance if the dose administered exceeds 20 percent of the amount prescribed in a situation if the radiation was utilized for palliative care for the specific patient. The radiation oncologist shall notify the referring physician that the dose was exceeded.

**39. How should the facility notify CDPH RHB of an event?**

The information provided to CDPH should include the following:

1. Person making report, job title, contact information
2. Date(s) of event
3. Facility information
4. Radiation generating equipment specifics (i.e. manufacturer, model number, and software version)
5. Radiation generating equipment settings
6. Operator's name
7. Patient's physician name and contact information
8. Copy of physician's order for CT or radiation therapy treatment
9. Explanation as to reason for reporting event
10. Copies of internal investigation reports (include cause and corrective action to prevent reoccurrence)

11. Patient dose calculations (include methodology)
12. Copies of letters sent to the patient and physician.

If you feel that you will be unable to comply with the required reporting timeframes specified in Section 115113(b) because you do not have complete information regarding items 10, 11, or 12, you may submit preliminary findings and provide additional documentation at a later date.

Notify CDPH RHB via letter to the following address:

Chief, X-Ray ICE  
Event Notification  
Radiologic Health Branch  
California Department of Public Health  
P.O. Box 997414, MS 7610  
Sacramento, CA 95899-7414

Overnight  
Chief, X-Ray ICE  
Event Notification  
Radiologic Health Branch  
California Department of Public Health  
1500 Capitol Avenue, MS 7610  
Sacramento, CA 95814

### **General Questions**

**40. The law references both studies and examinations. What is the difference between the terms?**

An examination may consist of one or more studies, or scans, during a single appointment.

**41. We do not have time to implement this law. Are we required to meet its mandates? Can compliance be waived?**

Yes, you are required to meet the mandates on the dates specified in the law. CDPH does not have the authority to waive or delay implementation of any of the requirements specified in this law.

**42. We have a conebeam CT machine. Must we comply with these new sections of the law?**

That depends on the use of the system. The law applies to medical diagnostic use of CT. It does not apply to those devices approved for and used as dental extra-oral x-ray devices which are defined in 21 CFR Section 872.1800. Therefore, users

of extra-oral x-ray devices used exclusively in dentistry are not subject to these sections of the law.

**43. Accepted industry practice is to report skin or organ dose in rads or Grays. Can we assume that 1 rad = 1 rem and 1 Gy = 1 Sv?**

Yes.

**44. Do I need to calculate effective dose equivalent, organ dose, or skin dose for every patient to comply?**

This law does not require that radiation exposures be calculated for every patient. Patient radiation index values must be reported in accordance with Section 115111.

**45. Section 115113 references “effective dose equivalent”. However, literature for medical radiation exposure references “effective dose”. What is the difference?**

“Effective dose equivalent” can be used interchangeably with “effective dose”, as defined by the American Association of Physicists in Medicine (AAPM) or the International Electrotechnical Commission (IEC).

**46. If an event is reported to CDPH RHB, what information will be released to the public?**

In accordance with state and federal patient information disclosure laws, CDPH will not disclose patient identifying information.

CDPH is a public agency and is committed to openness and transparency. Disclosure is governed by the Public Records Act, and under the provisions of this law, CDPH must disclose non-confidential information.

CDPH may contact equipment manufacturers, the U.S. Food and Drug Administration (FDA), the Conference of Radiation Control Program Directors, equipment registrants, and professional organizations, if issues are identified that could result in adverse impacts from radiation exposure. However, CDPH strictly complies with laws and regulations that protect patient confidentiality.

Additional questions regarding implementation may be directed to CDPH by email to [RHB\\_SB1237@cdph.ca.gov](mailto:RHB_SB1237@cdph.ca.gov)



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**MEDICAL EXECUTIVE REPORT**

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**TAB 9**

**MEDICAL EXECUTIVE COMMITTEE  
REPORT TO THE BOARD**

**MEC DATE:** September 9, 2013

**BOARD DATE:** September 24, 2013

**Non-Action Items:**

<b>TOPIC</b>	<b>Comment (S)</b>
<p>Dawn Gideon, Interim CEO provided the following report:</p> <ul style="list-style-type: none"> <li>• On-going conversation with County. Will provide more update as soon as they became available.</li> </ul>	<p>No action required by the Board</p>
<p>Laurel Hodgson, Chief of Staff:</p> <ul style="list-style-type: none"> <li>• Update on progress of Bylaws, vote 25 yes of 123 and 0 no (September 22 is the deadline)</li> <li>• \$2500 Check written to Political Education Funds /CMA (MICRA)</li> <li>• Poster and E-mails from MSO to contact ACCMA for information on MICRA and our funds will be matched.</li> </ul>	<p>No action required by the Board</p>
<p>Pharmacy and Therapeutics Committee</p> <ul style="list-style-type: none"> <li>• Q2 2013 Adverse Drug Reaction Summary Report</li> <li>• Q2 2013 Medical Error Events 2013</li> </ul>	<p>No action required by the Board</p>

**2nd Quarter 2013 Adverse drug reaction summary report (n=25)**

**2013 Highlights/Analysis -**

- A total of 25 Adverse Drug Reactions were reported for 2nd Quarter or 1.9% (based on inpatient admissions). This rate was an increase from 1<sup>st</sup> quarter 2013 (1.2%). The DMC ADR rate continues to be at 1-2% of admissions (inpatient). This is below the national benchmark of 6.5% for hospitalized patients. This is due to patient safety practices in place at DMC such as interdisciplinary critical care rounds including Pharmacy.
- 7/25 ADR's categorized as E or above. (Severity table listed below) These events are reviewed by Pharmacy, Quality and the Medication Error committee. Any events requiring further review are sent to peer review.
- Physicians with more than one ADR are tracked for OPPE data collection. Most ADR's are not attributable to the physician practice, but occur during the physician's care. Any ADR that is attributable to physician practice is sent to peer review for further action.
- No further action required for this quarter. Continue to monitor.

**Definition of an adverse drug reaction used at DMC:**

Any adverse effect (even an exaggerated effect of medication, hypoglycemia with insulin) experienced that requires a change in therapy or results in a change of patient's condition. Medication errors that results in an adverse effect are excluded.

**Patient inclusion:**

All inpatients and any patient that present to ED with a suspected adverse drug reaction (elevated INR and Vitamin K or FFP administered) or experience an adverse drug reaction in Outpatient infusion center are also included in quarterly reports.

**ADVERSE DRUG REACTION (ADR) significance scale (adapted from MIDAS)-**

- C- ADR, no harm
- D- ADR, required monitoring and intervention to eliminate possible harm
- E- ADR, caused temporary harm
- F- ADR, caused temporary harm and prolonged hospitalization
- G- ADR, caused/contributed permanent harm
- H- ADR, required intervention to sustain life
- I- ADR, caused/contributed to death

**Breakdown of adverse drug reactions by severity level-**

C	D	E	F	G	H	I
4	14	6	1	0	0	0

Any ADR with a significance level of F- G will be peer reviewed.

**Breakdown of adverse drug reactions by cost center-**

Outpatient	Cancer center	Inpatient
9	3	13

**Breakdown of adverse drug reactions by drug class** (TOTAL MAY EXCEED THE NUMBER OF REPORTED ADR'S-SOME ADR'S HAVE MORE THAN 1 SUSPECTED MEDICATION)

Hypoglycemic agents	Opiates	Benzodiazepines	Chemotherapeutic agents	Anticoagulants	Anti-infective	antihypertensive agents	Potassium	Other
1	3	2	3	5	2	4	5	2

**Breakdown of adverse drug reaction by prescribing MD with more than 1 occurrence-**

MD#	#ADR's	MEDICATION INVOLVED
4349	3	Rituxan, Paclitaxel, Cisplatin
2080	2	Warfarin, Potassium
1595	2	Lorazepam, Potassium
4363	2	Morphine, Zosyn

**Action plan-**

- Pharmacy to continue to monitor trigger drugs (i.e. phytonadione, sodium polystyrene suspension)
- Pharmacy to monitor simultaneous discontinuation of potassium if diuretics are discontinued.

## 2nd Quarter Medication Error Events 2013 – Analysis

The number of med errors reported for the 2<sup>nd</sup> quarter of 2013 decreased by 21%. This is consistent with the 22% decrease in census from 1<sup>st</sup> quarter to 2<sup>nd</sup> quarter.

Nursing documentation, Adverse Drug Reactions and Controlled Substance Overrides continue to be the top reported medication error events of significance.

Nursing documentation continues to be the top reported medication error event. This is mostly due to lack of documentation of the medication on the eMAR. Continued education, reminders at annual Nursing competency, and discussion at staff meetings have brought about improvement in these areas. Continue to focus on improving in this area.

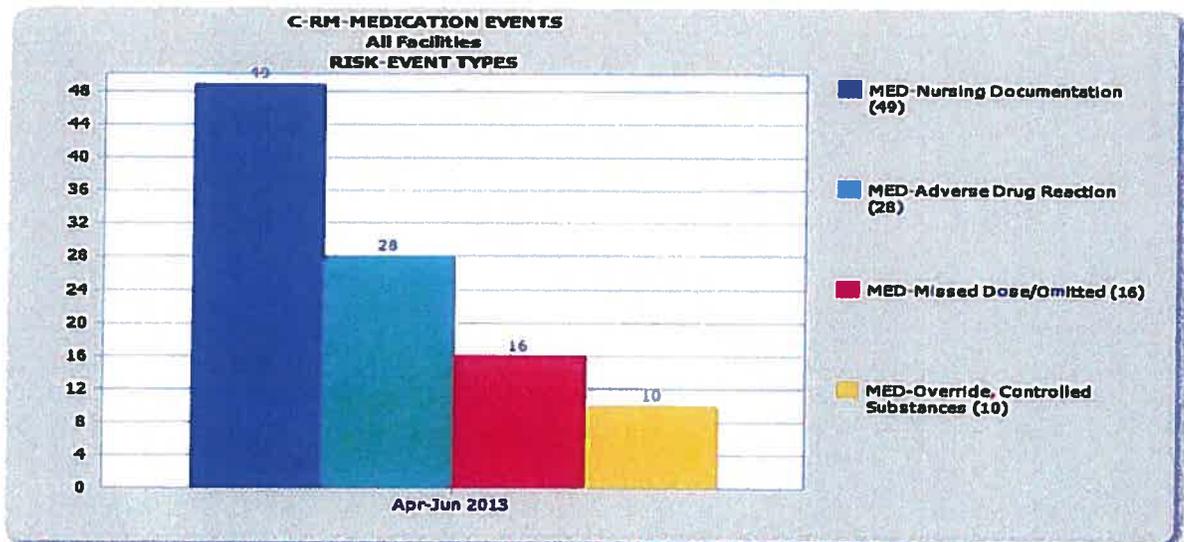
Adverse Drug Reactions are reviewed through the Medication Error committee and P&T committee. DMC continues to report 1-2% of admissions as an ADR. This is below the national average of 6.5%. This is attributed to the continued monitoring and patient safety practices in place at DMC (i.e. interdisciplinary critical care rounds in MICU including Pharmacy). Any significant events, Category E or greater are reviewed with Quality and Peer Review if further review is needed.

Controlled Substance Overrides (INPATIENT) continue to be one of the top reported medication errors. Overrides occur when nursing pulls a medication from the Omnicell without the prior review of the pharmacist for inpatients. This category is for controlled substances only. 2<sup>nd</sup> Quarter reports (#10) decreased by 74% vs. 1<sup>st</sup> Quarter (#38). This is significant improvement due to continued education of staff and one on one communication with staff.

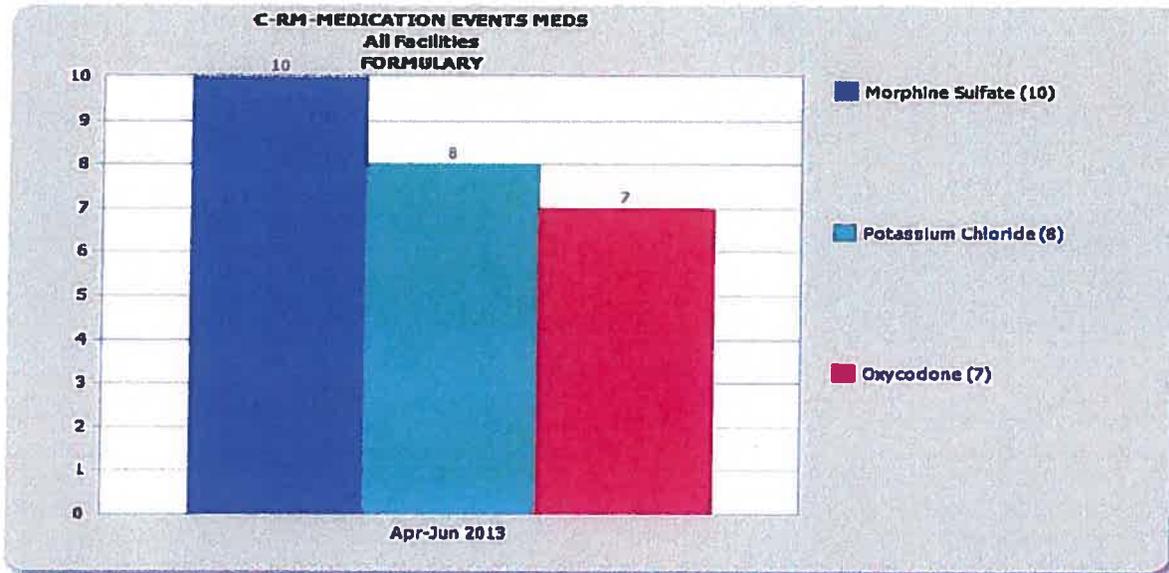
### QUANTITY:

1st Quarter average = 69/month ADC = 75.9/day      2nd Quarter average = 57/month ADC = 61.8/day

### Top events include:



### TOP MEDS reported as med errors =



**Morphine:** 4/10 (40%) due to missing documentation that the dose was administered. 2/10 (20%) due to altered level of consciousness on admission and decreased RR reported. (ADR'S)

**Potassium:** 2/8 (25% due to overrides (pulled wrong form or pulled without an existing order)  
4/8 (50%) due to high potassium levels reported and treated (due to drug interaction with lisinopril, decreased renal function, diuretics discontinued but potassium therapy continued).

**Oxycodone:** 3/8 (38%) due to overrides for the wrong form of oxycodone (oxycotin vs. oxycodone ordered) these were all one time orders while pharmacy is closed.

#### 2nd Quarter Action Plan:

- Focus on increased nursing documentation compliance with one on one counseling of staff, defining expectations and late entry documentation if appropriate.
- Pharmacy staff to intervene when patients are currently on potassium, but the diuretic has been discontinued. This has attributed to high potassium levels.
- 24 hour Pharmacy to start September 2013. This will decrease # of overrides overall at night.
- Discuss immediate release vs. Sustained release products at Annual Nursing competency.
- Work with Surgical Nurse manager and Surgeon to develop prn pain regimen vs. one time orders for pain.
- Continue to monitor high risk medications for potential ADR's. (i.e. warfarin, oxycodone)

II. MEDICAL STAFF COMMITTEE	
	DATE
CREDENTIALS COMMITTEE	August 22, 2013
MEDICAL EXECUTIVE COMMITTEE	September 9, 2013
BOARD OF DIRECTORS APPROVAL	September 24, 2013

**DOCTORS MEDICAL CENTER  
CREDENTIALS REPORT  
AUGUST 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
Larsen, Gregory S MD	Med./Family Practice/Emergency Medicine	Provisional	09/24/2013 – 09/30/15	Approval
Foglar, Christian MD	Surgery/Orthopedic Surgery	Provisional	09/24/2013 – 09/30/15	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
Oldham Laurie, PA-C	Surgery/Physician Assistant	AHP	10/28/2013 – 10/27/2015	Approval