DOCTORS
MEDICAL CENTER

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

Wednesday, October 24, 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
OCTOBER 24, 2012 - 4:30 P.M.
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA 94806

AGENDA

1. **CALL TO ORDER** — E. Zell

2. **ROLL CALL**

3. **APPROVAL OF SEPTEMBER 26, 2012 MINUTES** — 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 AND PATIENT SAFETY REPORT** — K. Taylor
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION:* *1. Acceptance of the Quality and Patient Safety Report*
      2. Approval of Release of Information Policy.

6. **FINANCIALS – SEPTEMBER 2012** J. Boatman
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Approval of the September 2012 Financials*

7. **CAPITAL EXPENSE: PRISMA FLEX** A. Kaminsky/ B. Ellerston
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Approval of the Renal Filtration System Contract*

8. **LOCAL 39 OPERATING CONTRACT** B. Redlo/John Hardy
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Approval of Local 39 Contract*

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

10. **MEDICAL EXECUTIVE REPORT** L. Hodgson, M.D.
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: 1. Approval of the Amended "Do Not Use" Abbreviation and Hospital Approved Abbreviation List Policy.*
      2. Acceptance of the Medical Staff Report and Approval of Appointments, Reappointments.

ADJOURN TO CLOSED SESSION

A. Reports of Medical Staff Audit and Quality Assurance Matters Pursuant to Health and Safety Code Section 32155.

B. Conference with Labor Negotiators (pursuant to Government Code Section 554957.6) Agency negotiators: Bob Redlo, VP of Patient Relations, Labor Relations & Workforce Development, John Hardy, Vice President of Human Resources: California Nurses Association, NUHW, PEU Local One and Local 39.

C. Discussion involving Trade Secrets Pursuant to Health and Safety Code Section 32106. Discussion will concern new programs, services, facilities.

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

DOCTORS
MEDICAL CENTER

MINUTES

TAB 3

DOCTORS
MEDICAL CENTER

WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
SEPTEMBER 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: *Eric Zell, Chair*
Supervisor John Gioia, Vice Chair
Irma Anderson
Wendel Brunner, M.D.
Nancy Casazza
Sharon Drager, M.D.
Pat Godley
Richard Stern, M.D.
Beverly Wallace

Excused: *Deborah Campbell*
William Walker, M.D.

3. **APPROVAL OF AUGUST 22, 2012 MINUTES**

The motion made by Director Anderson and seconded by Supervisor Gioia to approve the August 22, 2012 minutes passed unanimously.

4. **PUBLIC COMMENTS**

Mr. Robert McCauley, NUHW Organizer, provided a petition stating that "NUHW members will do whatever it takes to achieve a fair contract". He expressed his concerns on behalf of the employee members. Proposals have been brought to the table for negotiations, which began the process of catching up to the market. He stated that DMC has not met their demands to improve wage scales and fair annual pay increases.

5. QUALITY REPORT

Ms. Karen Taylor Director of Quality and Risk Management presented and sought acceptance of the Quality Report. Ms. Taylor provided an update on the Q2 2012 Stroke Measures, which has been positive and most items are within the goal range of 90-100% compliance with the exception of thrombolytic utilization, which remains below goal. There were a total of 7 patients who received thrombolytic intervention. Five of those patients received it within 3 hours; the other two received it within 4.5 hours.

Ms. Taylor highlighted the departmental updates on patient satisfaction scores:

- Sleep Center received a 100% return rate.
- Cancer Center-Breast Care received a 98% score on referrals
- Infusion Center received a 94% score on returns for care

Ms. Taylor provided an overview of the Q2 2010- 2012 ORYX Performance Measure report from The Joint Commission (TJC). The report is posted publicly on the Hospital Compare website and TJC website. DMC scored 96.8 % in overall compliance. This represents a great improvement since DMC scored approximately 40% in prior years.

The motion made by Director Casazza and seconded by Director Wallace to accept the Quality report passed unanimously.

Ms. Dawn Gideon, Interim CEO commented that in the past six months we put in place two committees of the Governing Body: a Patient Satisfaction Committee and a Hospital Performance Improvement (Quality) Committee. In these Committee meetings, the participants discuss quality and patient satisfaction in more granular detail than presented to the full Governing Body. At tonight's meeting, we will see the summary of the Board Patient Satisfaction Committee. In the future it is her goal to have a similar report from Hospital Performance Improvement Committee.

6. PATIENT SATISFACTION REPORT AND APPROVAL OF THE PRESS GANEY AMENDED CONTRACT.

Ms. Vanika Moeller, Patients Relations Coordinator provided an update on the most current and validated Patient Satisfaction (HCAHPS) Top Box Scores: Patients who reported that their doctors "Always" communicated well showed an increase of 3%, and other items showed an average 1% increase. Patients who gave DMC a rating of 9 or 10 on a scale from 0 to 10 decreased significantly at 4%. The Mean Score showed a negative -1%. Ms. Moeller stated that we have not had any sustainability, due to culture issues.

Mr. Bob Redlo, VP of Labor Relations, Patient Satisfaction and Workforce Development, provided an overview and summary of the August Patient Satisfaction Committee meeting. He discussed the correlation between employee morale and patient satisfaction. DMC will be expanding its workforce development program, employee rewards, recognition and training programs that involve new approaches to patient satisfaction.

The motion made by Supervisor Gioia and seconded by Dr. Drager to accept the Patient Satisfaction report passed unanimously, with one opposed by Director Wallace.

Mr. Redlo sought approval of the Press Ganey contract. It is his hope to have Press Ganey provide assistance in the development of a more aggressive and sustainable plan for an improved patient experience.

Members of the Board expressed their concerns regarding time frame and what our expectations are with hiring Press Ganey to help with the changes. Ms. Gideon emphasized the need to understand the underlying issues that drive poor patient satisfaction, and to develop a plan for sustained improvements. With the support of a group like Press Ganey, she is concerned that the organization does not have the full expertise or band-width to move this forward.

Discussions ensued.

The motion made by Supervisor Gioia and seconded by Director Anderson to approve the Press Ganey contract passed unanimously, with one opposed by Director Wallace and one abstained by director Zell.

7. **PEU LOCAL ONE BARGAINING AGREEMENT**

Mr. Redlo sought approval of the Public Employees Union (PEU) Local One Clinical Laboratory Scientists Wage Increase Agreement, effective the first payroll after the date of implementation, July 1, 2012 through July 1, 2016. The Clerical Unit is effective January 1, 2013 through July 1, 2016.

The motion made by Supervisor Gioia and Director Anderson to approve the PEU Local One Bargaining Agreement passed unanimously.

8. **UTILIZATION MANAGEMENT (UM) PLAN**

Marianne Gerardi, Director of Case Management sought approval of the revised Utilization Management Plan and updated work plan for 2012 to reflect current Governing Board and Medical Staff bylaws.

The motion made by Director Anderson and Director Godley to approve the Utilization Plan passed unanimously.

9. **FINANCIALS – AUGUST 2012**

Mr. James Boatman, Chief Financial Officer presented and sought approval of the August 2012 Financials. As a point of reference, the financials have been impacted by the Chevron fire. The financial key points were a net loss of $1.2M in August. The operating revenue

was over budget by $1.9M and expenses $1.5M over budget, despite the increased expenses related to the Chevron incident. The summary sheet of the financial statements net income was $309 thousand better than budget.

Budget variances in net revenue include:

- Medi-Cal / Med-Cal HMO $66k
- Medicare / Medicare HMO $768k
- Government / Workers Comp ($141k)
- Commercial / PPO / HMO $100k

Salaries and Benefits combined were over budget $785,000 in August. Worked FTE's per adjusted average daily census was favorable to budget by 10.6% with salaries and wages at 16.7% over budget. Patient days were 2.1% over budget and outpatient visits were 68.7% over budget. Salaries for August were over budget by $840,000 including additional salary costs of $230,000 related to the Chevron fire. Professional fees are $137,000 over budget to four unbudgeted consultants.

The motion made by Supervisor Gioia and seconded by Dr. Drager to approve the August Financials passed unanimously.

10. INFORMATION SYSTEMS DISASTER RECOVERY PLAN (DRP)

Ms. Philip Moore, Director of Information Systems presented the risk assessment key points to meet our state-wide meaningful use requirements and sought approval of the revised I.S. Disaster Recovery Plan/Policy. Paragon HIS has resulted a change in procedure. Information systems are vital to DMC mission/business processes; therefore, it is critical that services provided by DMC are able to operate effectively without excessive interruption. This DRP established comprehensive procedures to recover DMC quickly and effectively following a service disruption.

The motion made by Dr. Brunner and seconded by Director Anderson to approve the revised I.T. Disaster Recovery Plan passed unanimously.

11. PHYSICIAN TRANSACTIONS AND ARRANGEMENTS

Ms. Gideon sought approval of the Intensivist Service Agreement. The arrangement provides critical care trained physicians to cover the patients in the I.C.U. Onsite coverage for this high acuity population is the community standard and necessary to support patient care.

Ms. Gideon also sought approval of the Medical Director Agreement for Serramonte Pulmonary Asthma Sleep Clinic, Inc.. This agreement provides for clinical leadership for the improvement of patient care outcomes.

The motion made by Supervisor Gioia and seconded Director Anderson to approve the Intensivist Service Agreement and the Medical Director Agreement passed unanimously.

12. CEO REPORT

Due to time constraints, the CEO report was deferred.

13. MEDICAL EXECUTIVE REPORT L. Hodgson, M.D.

Dr. Laurel Hodgson, Chief of Staff thanked Director Wallace for arranging Dr. Carson and herself to participate in the Richmond Commission on Ageing, which was very well attended.

Dr. Hodgson began her report on non-action items:

1) Joint Commission Survey Preparation: The Medical Staff is in the process of working on several areas of focus relevant to Joint Commission standards which have either recently been implemented, or deficiencies that have been identified and require resolution prior to survey
2) Medical Staff Departmental Reports: The Departments of Medicine and Surgery have reviewed and approved their annual list of clinical indicators which are utilized for peer review and performance improvement projects.
3) Committee Reports: The Medical Executive Committee reviewed information provided by Hospital Administration for the patient care contracts listed below:
    * Robert Panush, Speech Therapy
    * John Wacker, EEG Technician Services
    * Alliance Healthcare, dba Alliance Imaging
    * Baromedical Associates, Inc., Hyperbaric Medicine
    * John Muir Medical Center, Patient Transfer
    * LabCorp, Specimen Collection/Lab Services

Dr. Hodgson sought approval of the new Infection Control Plan Policy. The infection control program is to identify risks of infections and opportunities for infection control measures to prevent and reduce the risk of disease transmission for patients, visitors, and staff. Surveillance is focused, prioritized, and based on a risk assessment.

Dr. Hodgson sought acceptance of the physicians' appointments and reappointments.

The motion made by Supervisor Gioia and seconded by Directors Anderson to approve the Medical Staff report, Infection Control Policy and acceptance of the physicians' appointments and reappointments passed unanimously.

The meeting adjourned to closed session and there were no reportable actions to report.

DOCTORS
MEDICAL CENTER

QUALITY REPORT

TAB 5

Quality Management Report

Karen Taylor, Director Quality& Risk & Compliance

TJC Survey Results

- DMC was reaccredited as a result of the TJC survey conducted Oct 2-5
- "Direct Impact Standards" – a plan of correction is due in 45 days: There were 5 findings
- "Indirect Impact Standards" – a plan of correction is due in 60 days: There were 8 findings

Compliance Update

- EthicsPoint selected for Hotline management
- Implementation Phase will be completed by 11/6/12
- Internal DMC website
- External Public Website
- Hotline available for phone calls
- Education Posters for Staff and Public
- Compliance Team
- Annual Report to the Governing Board

Highlights of Attached Hospital Compare Report

- Hospital Compare is a publically available web site for patients and others to access information regarding performance in clinical quality measures
- Core Measures, Patient Satisfaction (HCAHPS), Mortality and Readmission Data , and Patient Safety Indicators are compared to state and national experience
- For the reporting period currently available (through 1st Quarter 2012) on 18 Core Measure indicators:
  - DMC is at or better than national and state performance in 8 indicators, and below in 10 indicators.
  - For those below, we are above 90% (our threshold) and within 1-2% of state and national performance.
  - Only significant outliers include "Discharge Instructions for Heart Failure Patients", and "Administration of Pneumococcal Immunization".

Highlights of Attached Hospital Compare Report (continued)

- As reported in the past, on the HCAHPS scores DMC is below state and national performance on all indicators
- For mortality measures , DMC is at or better than the national scores on all measures
- For readmissions and patient safety indicators, DMC performance is consistent with national performance on all indicators

Highlights of Core Measures report for

- Diagnosis with greatest improvement opportunity continues to be care for patients with congestive heart failure
- Lack of documented discharge instructions remains an ongoing problem – the complexity of navigation of the EMR is a driving issue and a problem identified in TJC survey as well

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for Clinical Process Measures: Second Quarter 2011 through First Quarter 2012 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

Address: 2000 VALE RD
City, State, ZIP: SAN PABLO, CA 94806
Phone Number: (510) 970-5000
County Name: CONTRA COSTA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

Participation in a Systematic Database for:
Cardiac Surgery: Does Not Have a Program
Stroke Care: Yes
Nursing Sensitive Care: No

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance	National Performance
	Acute Myocardial Infarction (AMI)				
AMI-2	Aspirin Prescribed at Discharge	99% of 153 patients(2)	100%	99%	99%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	N/A(1)	100%	74%	60%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	93% of 28 patients(2)	100%	95%	94%
AMI-10	Statin Prescribed at Discharge	96% of 139 patients(2)	100%	98%	98%
	Heart Failure (HF)				
HF-1	Discharge Instructions	85% of 252 patients(2)	100%	94%	93%
HF-2	Evaluation of LVS Function	100% of 304 patients(2)	100%	99%	99%
HF-3	ACEI or ARB for LVSD	91% of 99 patients(2)	100%	96%	96%
	Pneumonia (PN)				
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	98% of 153 patients(2)	100%	97%	97%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	97% of 78 patients(2)	100%	96%	95%
	Surgical Care Improvement Project (SCIP)				
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	97% of 124 patients(2)	100%	98%	98%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	98% of 124 patients(2)	100%	98%	98%
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	99% of 120 patients(2)	100%	97%	97%

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for Clinical Process Measures: Second Quarter 2011 through First Quarter 2012 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance	National Performance
Surgical Care Improvement Project (SCIP)					
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose	0 patients(2)	99%	95%	96%
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero	91% of 147 patients(2)	100%	95%	95%
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management	100% of 185 patients(2)	100%	100%	100%
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	98% of 64 patients(2)	100%	96%	96%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	94% of 172 patients(2)	100%	97%	98%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	91% of 171 patients(2)	100%	97%	97%
Emergency Department (ED)					
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	0 patients	175 Minutes	334 Minutes	277 Minutes
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	0 patients	43 Minutes	124 Minutes	98 Minutes
Immunization (IMM)					
IMM-1a	Pneumococcal Immunization	81% of 243 patients	98%	87%	88%
IMM-2	Influenza Immunization	80% of 291 patients	98%	82%	86%

Footnote Legend

0 patients: No patients met the criteria for inclusion in the measure calculation.

1. The number of cases is too small to reliably tell how well a hospital is performing.
2. Measure reflects the hospital's indication that its submission was based upon a sample of its relevant discharges.
3. Rate reflects fewer than maximum possible quarters of data.
4. Suppressed for one or more quarters by CMS.
5. No data are available for publication from the hospital for this measure.

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: Second Quarter 2011 through First Quarter 2012 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

Address: 2000 VALE RD
City, State, ZIP: SAN PABLO, CA 94806
Phone Number: (510) 970-5000
County Name: CONTRA COSTA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

Participation in a Systematic Database for:
Cardiac Surgery: Does Not Have a Program
Stroke Care: Yes
Nursing Sensitive Care: No

HCAHPS Survey Completion and Response Rate

Number of Completed Surveys	945
Survey Response Rate	24

HCAHPS Composites and Individual Items

		Your Hospital's Adjusted Score			State Average			U.S. Average		
HCAHPS Composites		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 1 (Q1 to Q3)	Communication with Nurses	13	26	61	7	20	73	5	17	78
Composite 2 (Q5 to Q7)	Communication with Doctors	9	18	73	6	17	77	4	15	81
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	27	25	48	13	27	60	10	24	66
Composite 4 (Q13 & Q14)	Pain Management	16	26	58	8	24	68	7	23	70
Composite 5 (Q16 & Q17)	Communication about Medicines	32	19	49	23	18	59	19	18	63
Hospital Environment Items		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Q8	Cleanliness of Hospital Environment	16	25	59	10	20	70	9	18	73
Q9	Quietness of Hospital Environment	27	32	41	17	33	50	11	29	60

Discharge Information Composite		% Yes	% No	% Yes	% No	% Yes	% No
Composite 6 (Q19 & Q20)	Discharge Information	73	27	82	18	84	16

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: Second Quarter 2011 through First Quarter 2012 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

HCAHPS Global Items

		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q21	**Overall Rating of Hospital**	**% 0 to 6 rating**	**% 7 and 8 rating**	**% 9 and 10 rating**	**% 0 to 6 rating**	**% 7 and 8 rating**	**% 9 and 10 rating**	**% 0 to 6 rating**	**% 7 and 8 rating**	**% 9 and 10 rating**
Overall Rating of Hospital *(0 = Worst Hospital 10 = Best Hospital)*		25	28	47	10	23	67	8	23	69

		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q22	**Willingness to Recommend this Hospital**	**% No: Definitely or Probably Not Recommend**	**% Yes: Probably Recommend**	**% Yes: Definitely Recommend**	**% No: Definitely or Probably Not Recommend**	**% Yes: Probably Recommend**	**% Yes: Definitely Recommend**	**% No: Definitely or Probably Not Recommend**	**% Yes: Probably Recommend**	**% Yes: Definitely Recommend**
Willingness to Recommend this Hospital		16	35	49	7	24	69	5	25	70

Footnote Legend

6. *Fewer than 100 Patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.*
7. *Survey results are based on less than 12 months of data.*
8. *Survey results are not available for this reporting period.*
9. *No or very few patients were eligible for the HCAHPS survey.*
11. *There were discrepancies in the data collection process.*
12. *Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for 30-Day Mortality and Readmission Outcome Measures: Third Quarter 2008 through Second Quarter 2011 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

Address: 2000 VALE RD
City, State, ZIP: SAN PABLO, CA 94806
Phone Number: (510) 970-5000
County Name: CONTRA COSTA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

Participation in a Systematic Database for:
Cardiac Surgery: Does Not Have a Program
Stroke Care: Yes
Nursing Sensitive Care: No

30-Day Risk-Standardized Mortality Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk-Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*
Acute Myocardial Infarction (AMI)										
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	No Different than U.S. National Rate	139	14.2% (11.3%, 17.7%)	15.5%	in the **Nation** that Performed ...	72	2668	23	1842
						in the **State** that Performed ...	6	224	0	107
Heart Failure (HF)										
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	Better than U.S. National Rate	288	8.2% (6.2%, 10.6%)	11.6%	in the **Nation** that Performed ...	196	3801	119	705
						in the **State** that Performed ...	26	259	9	52
Pneumonia (PN)										
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	No Different than U.S. National Rate	206	12.9% (10.1%, 16.2%)	12%	in the **Nation** that Performed ...	189	4056	219	380
						in the **State** that Performed ...	27	258	17	49

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for 30-Day Mortality and Readmission Outcome Measures: Third Quarter 2008 through Second Quarter 2011 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

30-Day Risk-Standardized Readmission Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*
Acute Myocardial Infarction (AMI)										
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	No Different than U.S. National Rate	143	18.1% (14.7%, 22.1%)	19.7%	in the **Nation** that Performed ...	30	2338	41	2110
						in the **State** that Performed ...	2	201	2	126
Heart Failure (HF)										
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	No Different than U.S. National Rate	349	24.1% (21.0%, 27.7%)	24.7%	in the **Nation** that Performed ...	95	3959	162	613
						in the **State** that Performed ...	7	291	4	46
Pneumonia (PN)										
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	No Different than U.S. National Rate	201	19.3% (15.9%, 23.1%)	18.5%	in the **Nation** that Performed ...	33	4325	125	376
						in the **State** that Performed ...	0	297	3	52

Footnote Legend

****The Number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.***

5. No data are available for publication from the hospital for this measure.

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for AHRQ Patient Safety and Inpatient Quality Indicators: Third Quarter 2009 through Second Quarter 2011 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

Address: 2000 VALE RD
City, State, ZIP: SAN PABLO, CA 94806
Phone Number: (510) 970-5000
County Name: CONTRA COSTA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

Participation in a Systematic Database for:
Cardiac Surgery: Does Not Have a Program
Stroke Care: Yes
Nursing Sensitive Care: No

AHRQ Measures - Patient Safety Indicators

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's PSI Rate (Lower Limit, Upper Limit of 95% Confidence Interval)	U.S. National Rate per 1,000	Number of Hospitals...	Better than U.S. National Rate / Value	No Different than U.S. National Rate / Value	Worse than U.S. National Rate / Value	Number of Cases Too Small*
Individual Patient Safety Indicators (PSIs)										
PSI-4	Death among surgical inpatients with serious treatable complications	Number of Cases Too Small*	19	Will Not be Reported	113.43	in the **Nation** that Performed ...	63	1888	84	961
						in the **State** that Performed ...	4	192	1	85
PSI-6	Iatrogenic pneumothorax, adult	No Different than U.S. National Rate	4540	0.38 (0.05, 0.71)	0.35	in the **Nation** that Performed ...	10	3358	77	41
						in the **State** that Performed ...	1	306	2	2
PSI-11	Post-Operative Respiratory Failure	No Different than U.S. National Rate	N/A	N/A	N/A	in the **Nation** that Performed ...	201	2458	251	231
						in the **State** that Performed ...	29	238	10	18

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for AHRQ Patient Safety and Inpatient Quality Indicators: Third Quarter 2009 through Second Quarter 2011 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

AHRQ Measures - Patient Safety Indicators

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's PSI Rate (Lower Limit, Upper Limit of 95% Confidence Interval)	U.S. National Rate per 1,000	Number of Hospitals...	Better than U.S. National Rate / Value	No Different than U.S. National Rate / Value	Worse than U.S. National Rate / Value	Number of Cases Too Small*
Individual Patient Safety Indicators (PSIs)										
PSI-12	Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)	No Different than U.S. National Rate	844	3.87 (0.50, 7.24)	4.71	in the **Nation** that Performed ...	220	2768	229	110
						in the **State** that Performed ...	33	251	12	6
PSI-14	Postoperative wound dehiscence	No Different than U.S. National Rate	91	0.69 (0.00, 2.67)	0.95	in the **Nation** that Performed ...	0	2753	40	370
						in the **State** that Performed ...	0	259	3	34
PSI-15	Accidental puncture or laceration	No Different than U.S. National Rate	4852	3.42 (1.91, 4.93)	2.05	in the **Nation** that Performed ...	156	3050	238	42
						in the **State** that Performed ...	6	279	24	2
Composite Patient Safety Indicator (PSI)										
PSI-90	Complication / patient safety for selected indicators (composite)	No Different than U.S. National Rate	N/A	N/A	N/A	in the **Nation** that Performed ...	156	3115	215	N/A
						in the **State** that Performed ...	15	273	23	N/A

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for AHRQ Patient Safety and Inpatient Quality Indicators: Third Quarter 2009 through Second Quarter 2011 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

AHRQ Measures - Inpatient Quality Indicators

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's IQI Rate (Lower Limit, Upper Limit of 95% Confidence Interval)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate / Value	No Different than U.S. National Rate / Value	Worse than U.S. National Rate / Value	Number of Cases Too Small*
Individual Inpatient Quality Indicators (IQIs)										
IQI-11	Abdominal aortic aneurysm (AAA) repair mortality	N/A	N/A	N/A	N/A	in the **Nation** that Performed ...	N/A	N/A	N/A	N/A
						in the **State** that Performed ...	N/A	N/A	N/A	N/A
IQI-19	Hip fracture mortality rate	N/A	N/A	N/A	N/A	in the **Nation** that Performed ...	N/A	N/A	N/A	N/A
						in the **State** that Performed ...	N/A	N/A	N/A	N/A
Composite Inpatient Quality Indicator (IQI)										
IQI-91	Mortality for selected medical conditions (composite)	N/A	N/A	N/A	N/A	in the **Nation** that Performed ...	N/A	N/A	N/A	N/A
						in the **State** that Performed ...	N/A	N/A	N/A	N/A

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for Hospital Acquired Conditions Measures: Third Quarter 2009 through Second Quarter 2011 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

Hospital Acquired Condition

Hospital Quality Measures	Your Hospital's Performance Rate (per 1,000 discharges)	Your Hospital's Number of Eligible Discharges (Denominator)	U.S. National Rate (per 1,000 discharges)
Hospital Acquired Condition (HAC)			
Foreign object retained after surgery	0.000	4921	0.028
Air embolism	0.000	4921	0.003
Blood incompatibility	0.000	4921	0.001
Pressure ulcer stages III and IV	0.406	4921	0.136
Falls and trauma	0.203	4921	0.527
Vascular catheter-associated infection	0.000	4921	0.372
Catheter-associated UTI	1.829	4921	0.358
Manifestations of poor glycemic control	0.203	4921	0.058

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for Healthcare Associated Infection Measures: Second Quarter 2011 through First Quarter 2012 Discharges

050079-DOCTORS MEDICAL CENTER-SAN PABLO

Healthcare Associated Infection Measures

Hospital Quality Measures	Your Hospital's Reported Number of Infections	Device Days / Procedures	Your Hospital's Predicted Number of Infections	Ratio of Reported to Predicted Infections (SIR)	Your Hospital's Performance	State Standardized Infection Ratio	U.S. National Standardized Infection Ratio	Confidence Interval
Central Line Associated Bloodstream Infection (CLABSI)								
Central Line Associated Bloodstream Infection	1	1890	3.629	0.276	Better than the U.S. National Average	0.503	0.556	0.007 – 1.535
Catheter Associated Urinary Tract Infection (CAUTI)								
Catheter Associated Urinary Tract Infections	0	817	1.667	0.000	Better than the U.S. National Average	1.012	1.037	N/A
Surgical Site Infection (SSI)								
SSI-Colon Surgery	0	7	0.216	N/A(5)	N/A	0.804	0.838	N/A
SSI-Abdominal Hysterectomy	N/A	0	N/A	N/A(5)	N/A	0.862	0.977	N/A

Footnote Legend

3. *Rate reflects fewer than maximum possible quarters of data.*
5. *No data are available for publication from the hospital for this measure.*
14. *No data are available for publication from the hospital for this measure because there were zero central line days.*
15. *No data are available for publication from the hospital for this measure because this hospital does not have ICU locations for one or more quarters.*

DOCTORS MEDICAL CENTER

Quality/Patient Safety Matrix

Congestive Heart Failure (CHF)

•Ongoing monthly meeting with physician leadership to discuss identified issues for CHF.
•Quality meets with Hospitalist group & Physician Leadership to review Core Measure fallouts and identify actions to be taken to improve numbers.
•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.
•Transition to electronic documentation (Paragon) has caused an increase in fallouts, specifically on DC instructions: a signed copy is not in the final medical chart, wt monitoring not included, ff-up instructions not specific (AS FOLLOWS) and Med Instructions are not accurate due to inconsistencies in addressing these DC meds.

ACTION PLAN:
>Ongoing daily report sent to Nursing leadership. Meets twice a month for Core Measure Quality Improvement.
>Meaningful Use Specialist RN has ongoing review of Medication Reconciliation and Core Measures
>eQRR entered for Discharge instructions and medications

Congestive Heart Failure (CHF)

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal		3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
All Discharge Instructions	93.8%	90.6%	(42/60) 70%	(42/76) 55.3%	90%-100%	Symptons worsening instructions at discharge	100.0%	98.4%	98.3%	90.8%	90%-100%
Activity instructions at discharge	96.9%	93.7%	93.3%	90.8%	90%-100%	Weight monitoring instructions at discharge	100.0%	95.3%	95.0%	(53/76) 69.7%	90%-100%
Diet instructions at discharge	98.4%	98.4%	91.7%	92.1%	90%-100%	Evaluation of Left Ventricular Systolic (LVS) Function	100.0%	100.0%	98.6%	98.9%	90%-100%
Follow-up instructions at discharge	98.4%	98.4%	95.0%	(63.76) 82.9%	90%-100%	Medications: ACEI or ARB for LVSD[1]	96.6%	23/26 88.4%	(15/18) 83.3%	(31/37) 83.8%	90%-100%
Medications instructions at discharge	96.9%	95.3%	(50/60) 83.3%	(65/76) 85.5%	90%-100%	Adult smoking advice/counseling	100.0%	100.0%	no longer collectin g	no longer collecting	90%-100%

DOCTORS MEDICAL CENTER

Quality/Patient Safety Matrix

Acute Myocardial Infarction (AMI)

•Composite Score or Appropriate Care Measure (ACM) for Q12011 is 85.9% (202/235), Q22011 is 87.9% (204/232), Q32001 is 92% (203/221), Q42011 is 87% (198/227). ACM score for 1st quarter is 83% (157/190). Expectations from the Joint Commission starting in Q12012 is that a facility will maintain an ACM of at least 85%.

•PCI w/i 90 min fallout discussed in STEMI committee meeting. Due to low n/d ratio, DMC score is below 90%

•Results are reviewed at STEMI Committee meeting

ACTION PLAN:

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

>Meaningful Use Specialist RN has ongoing review of Medication Reconciliation and Core Measures

>eQRR entered for Discharge instructions and medications

Acute Myocardial Infarction (AMI)

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
Medication: Aspirin at arrival	100.0%	97.9%	93.0%	100.0%	90-100%
Medication: Aspirin at discharge	100.0%	100.0%	97.4%	100.0%	90-100%
Medications: ACEI/ARB for LVSD[1]	100.0%	100.0%	(7/8) 87.5%	100.0%	90-100%
Smoking advice/ counseling	100.0%	100.0%	no longer collecting	no longer collecting	90-100%
Medication: Beta blocker at discharge	96.0%	100.0%	100.0%	93.5%	90-100%

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
Fibrinolysis Tx within 30 min of arrival	1/2 50%	n/a	n/a	n/a	90-100%
Percutaneous Cardiac Intervention (PCI) w/in 90 min of arrival	(8/9) 88.9%	(6/7) 85.7%	100.0%	(6/7) 85.7%	90-100%
Statin Prescribed at Discharge	96.3%	94.1%	94.6%	97.5%	90-100%

DOCTORS MEDICAL CENTER

Quality/Patient Safety Matrix

Pneumonia (PN)

•Data reviewed with Nursing Leadership with an action plan identified.
•Managers/Directors followed up with individual staff to set up expectations.
•Antibiotic MONOtherapy for patients admitted to the ICU is a fallout. The recommended PNA antibiotic selection is listed on the back of the core measure alert form.
•Currently, ALL PNA elements are in the green (above 90%).
ACTION PLAN:
>Daily report sent to Nursing leadership. Meets twice a month for Core Measure Quality Improvement.
>Meaningful Use Specialist RN has ongoing review of Medication Reconciliation and Core Measures

Pneumonia (PN)

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
Pneumococcal vaccination	96.7%	93.3%	no longer collecting	no longer collecting	90%-100%
Blood Culture within 24 hrs of arrival-ICU	92.3%	100.0%	100.0%	100.0%	90%-100%
Blood Culture in ED prior to initial Antibiotic	100.0%	97.2%	100.0%	100.0%	90%-100%
Adult smoking advice/ counseling	100.0%	100.0%	100.0%	100%	90%-100%
Antibiotics within 6 hours of arrival	100.0%	100.0%	100.0%	100.0%	90%-100%

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
Antibiotic selection for ICU/non-ICU patients	100.0%	100.0%	100.0%	100.0%	90%-100%
Antiobiotic selection for ICU patients	100.0%	100.0%	100.0%	100.0%	90%-100%
Antibiotic selection for Non-ICU patients	100.0%	100.0%	100.0%	94.4%	90%-100%
Influenza vaccination	N/A	37/42 88.1%	no longer collecting	no longer collecting	90%-100%

DOCTORS MEDICAL CENTER

Quality/Patient Safety Matrix

Surgical Care Improvement Project (SCIP)

ACTION PLAN:

•All surgical patients orders now have an automatic stop order for antibiotics unless orders are not on CPOE. Working with OR and Pharmacy.

•Urinary Catheter Removal: challenges related to documentation. Units are using the Infection Control Sticker.

•Concurrent Review Nurse is reviewing for these and reminding staff to remove foley on Day 1 if possible. Appropriate VTE prophylaxis should be received within 24 hours prior to surgery to 24 hours after surgery. Receiving the prophylaxis outside this window without any documented reason will be an OFI. This remains a challenge even though met goal.

• PACU post Op Order Set is being reviewed and waiting for approval. No pts will be allowed to leave PACU without completion/addressing the order set.

•Continuing RN and MD education regarding appropriate BB administration is ongoing. Low number of cases has caused values to drop to 85%.

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

Surgical Care Improvement Project (SCIP)

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
Antibiotics within 1 hour	100.0%	96.9%	92.0%	93.5%	90%-100%
Antibiotics Selection	97.1%	96.9%	100.0%	100.0%	90%-100%
Antibiotics discontinued within 24 hours	100.0%	100.0%	100.0%	(26/30) 86.7%	90%-100%
Hair Removal	100.0%	100.0%	100.0%	100.0%	90%-100%
Urinary Catheter Removed Post-Op Day 1 & Day 2	92.3%	10/13 87.5%	92.9%	94.3%	90%-100%

	3Q 2011	4Q 2011	1Q 2012	2Q 2012	Goal
Periop Temp Mgt	100.0%	100.0%	100.0%	100.0%	90%-100%
Beta Blocker perioperative	100.0%	94.7%	100.0%	(11/13) 84.6%	90%-100%
VTE Prophylaxis Ordered	91.5%	97.6%	100.0%	94.7%	90%-100%
VTE Prophylaxis Timely	91.5%	90.6%	96.9%	92.1%	90%-100%

DOCTORS
MEDICAL CENTER

FINANCIALS
SEPTEMBER 2012

TAB 6

Board Presentation

September 2012

Financial Report

Financial Report Key Points

- Net Loss was $2.9M in September.
- Operating revenue was under budget by $1.7M.
- Expenses $502K over budget.

Statement of Activity – Summary

For the Period Ending

September 30, 2012

(Thousands)

Month to Date				Year to Date		
Actual	Budget	Var		Actual	Budget	Var
8,973	10,728	(1,755)	**Net Operating Revenues $**	91,244	98,514	(7,270)
12,598	12,096	(502)	**Total Operating Expenses $**	111,849	111,798	(51)
(3,625)	(1,368)	(2,257)	**Income/(Loss) from Operations $**	(20,605)	(13,284)	(7,321)
722	875	(153)	**Income from Other Sources $**	6,283	5,453	830
(2,903)	(493)	(2,410)	**Net Income / (Loss) $**	(14,322)	(7,831)	(6,491)

2,120	2,575	(455)	**Patient Days**	20,691	22,784	(2,093)
492	513	(21)	**Discharges**	4,543	4,667	(124)
6,235	6,418	(183)	**Outpatient Visits**	61,115	59,312	1,803
644	627	(18)	**Worked FTE's**	627	638	10
1.63	1.59	(0.03)	**Medicare CMI**	1.55	1.59	0.05

Budget Variances – **Net Revenue**

- Medi-Cal / Medi-Cal HMO - ($325K).
- Medicare / Medicare HMO - ($108K).
- Government / Workers Comp - ($379K).
- Commercial / PPO /HMO - ($720K).

Budget Variances – Expenses

- Salaries & Benefits ($610K) – Salaries are over primarily in nursing areas. Benefits are over in FICA, sick and holiday pay.
- Purchased Services ($72K) – Strategic planning costs.
- Supplies $400K – Underutilization of implants and pharmaceuticals cost reductions.

Cash Position

September 30, 2012

(Thousands)

	September 30, 2012	December 31, 2011
Unrestricted Cash	$2,411	$13,972
Restricted Cash	$14,272	$29,847
Total Cash	$16,683	$43,819
Days Unrestricted Cash	6	33
Days Restricted	36	72
Total Days of Cash	41	106

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

Accounts Receivable

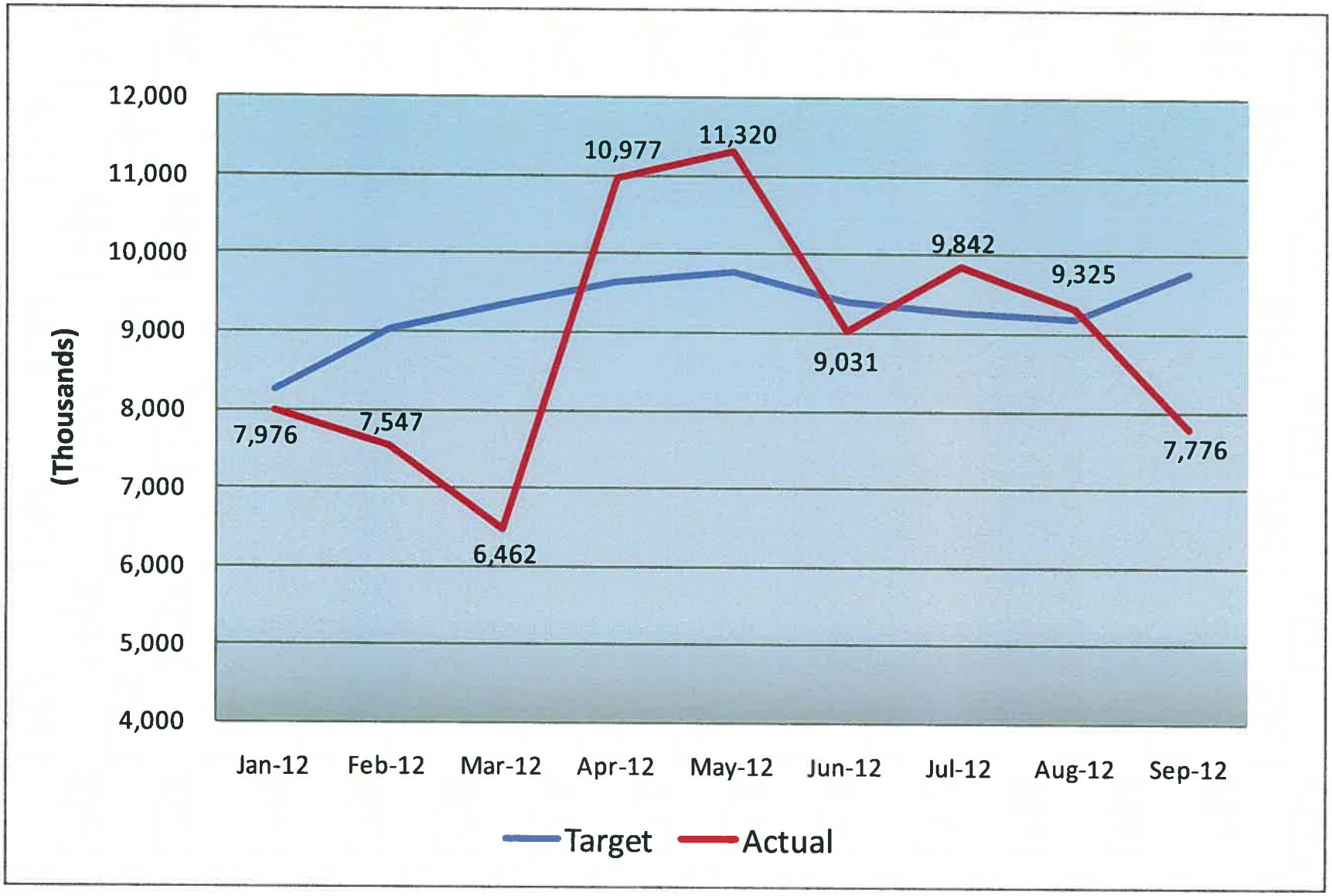
September 30, 2012

(Thousands)

	September 30, 2012	December 31, 2011
Net Patient Accounts Receivable	$29,361	$19,177
Net Days in Accounts Receivable	91.2	60.7

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

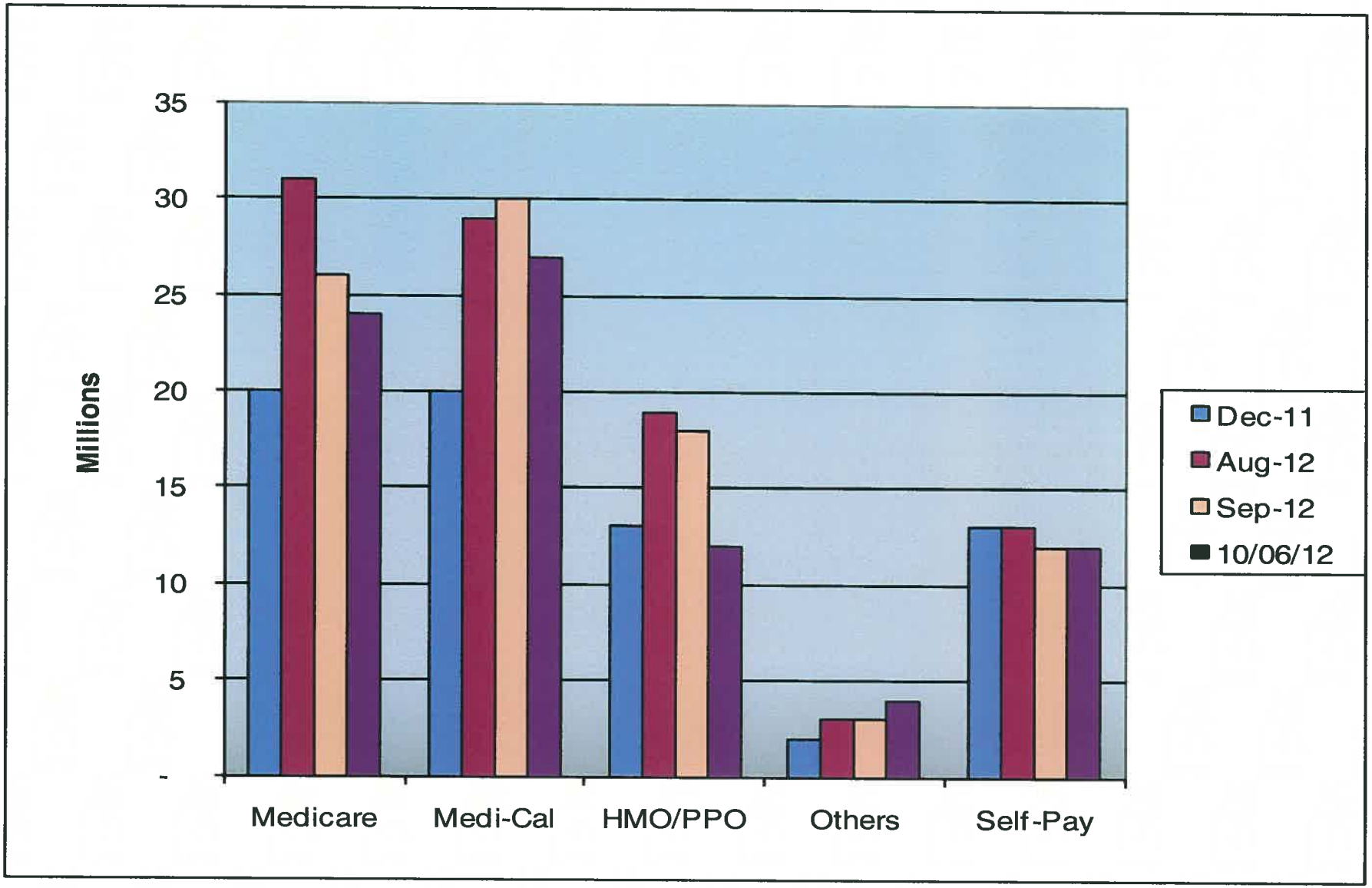
Cash Collections YTD



Capital Budget 2012

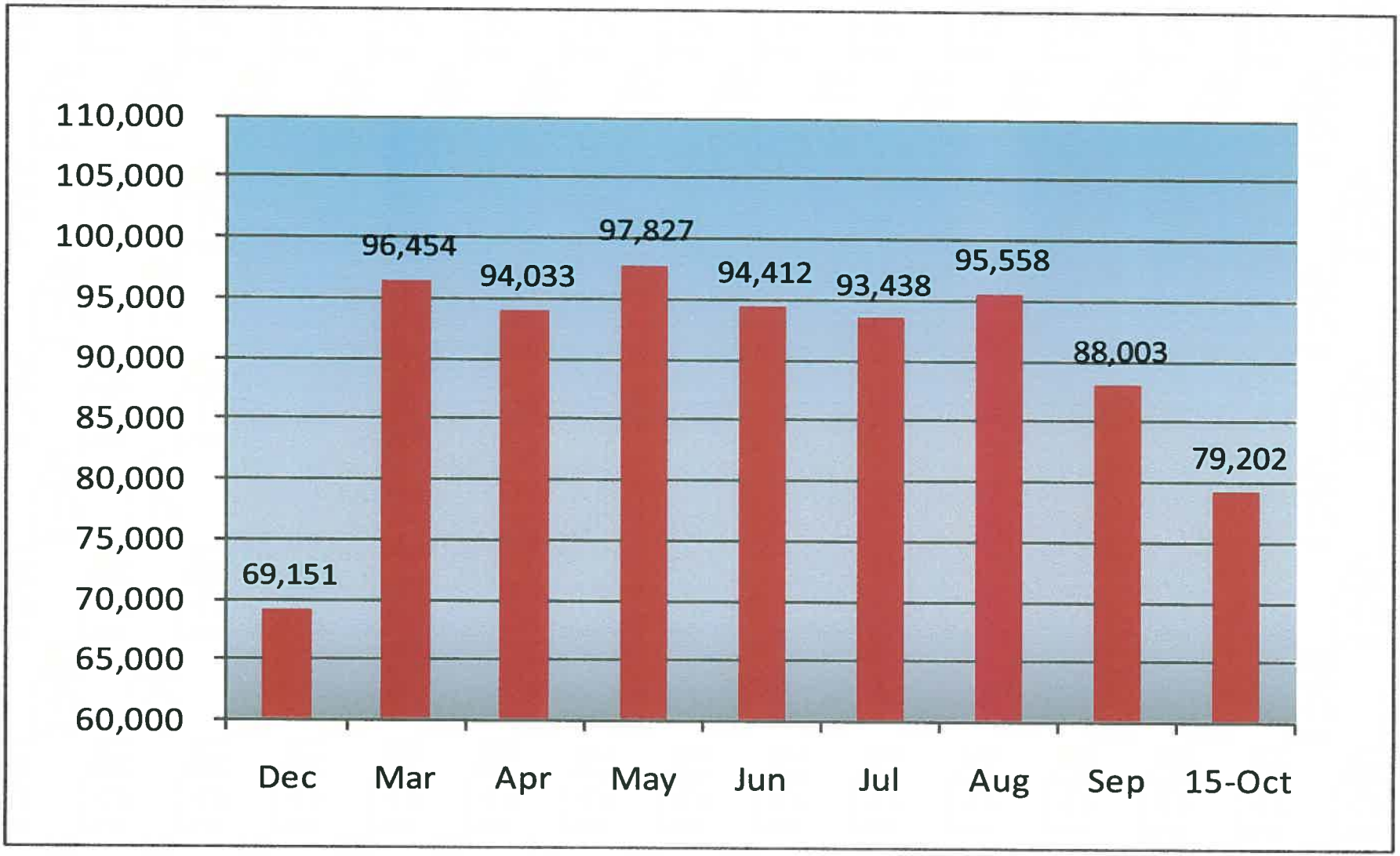
Paragon	$1,757,000
Other	1,000,000
Total Capital Budget:	2,757,000
Committed To Date:	2,684,527
Subtotal Remaining	72,473
Foundation Support	175,000
Remaining Capital	$247,473

AR By Payor


Millions
35
30
25
20
15
10
5
-
Medicare
Medi-Cal
HMO/PPO
Others
Self-Pay
Dec-11
Aug-12
Sep-12
10/06/12

Accounts Receivable

(Thousands)



DOCTORS
MEDICAL CENTER

September 2012 Executive Report

Doctors Medical Center had a Net Loss of $2,903,000 in the month of September. As a result, net income was under budget by $2,410,000. The following are the factors leading to the Net Income variance:

Net Patient Revenue Factors	**Positive / (Negative)**
Government/ Workers Compensation	($379,000)
Medi-Cal / Medi-Cal HMO	($325,000)
Medicare / Medicare HMO	($108,000)
Managed Care, Commercial, PPO	($720,000)
Expenses	
Salaries & Benefits	($610,000)
Supplies	$404,000
Purchased Services	($72,000)

Net patient revenue was under budget by $1,489,000. Inpatient gross charges were under budget by 20%. Patient days were 17.7% under budget with discharges at 4.1% under budget. Outpatient gross charges were under budget in September by 2.2%. Ancillary outpatient visits were 17.6% under budget and outpatient surgeries were 34.6% under budget, while emergency department visits were 18.2% over budget. Total Medi-Cal days were under budget by 15.8% with 72% of Medi-Cal days coming to us as managed Medi-Cal days. Days from both the Government programs and Workers Compensation also remain under budget as total budgeted days were 240 compared to the actual in September of 56. Managed Care, Commercial and PPO combined days were also 34.9% under budget as total budgeted days were 215 compared to 140 actual days in September. The Medicare case mix index for September was 1.63 versus a budget of 1.59.

Salaries and Benefits combined were over budget $640,000 in September. Worked FTE's per adjusted average daily census was unfavorable to budget by 16.6% with salaries and wages at 6.7% over budget while patient days were 17.7% under budget and outpatient visits were 2.9% under budget. Salaries for September were over budget by $341,000 primarily in the nursing areas. Benefit costs were over budget in September by $269,000 due to an overage in FICA taxes, sick pay, and holiday pay. Year to date salaries and benefits combined are $746,000 over budget.

Supplies were under budget in September by $404,000 under budget as a result of the continued underutilization of implants of and pharmaceutical cost reductions.

Purchased Services were $72,000 over budget in September as a result of strategic planning costs..

Budgeted collaboration revenue and expense reductions have not been achieved resulting in a $444,000 negative effect on September and a year to date negative effect of $2,664,000

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
September 30, 2012
(Amounts in Thousands)

	CURRENT PERIOD				PRIOR YEAR		CURRENT YTD				PRIOR YEAR
	ACTUAL	BUDGET	VAR	VAR %	ACTUAL		ACTUAL	BUDGET	VAR	VAR %	ACTUAL
						OPERATING REVENUE					
1	8,898	10,387	(1,489)	-14.3%	8,293	Net Patient Service Revenue	89,363	96,093	(6,730)	-7.0%	89,975
2		222	(222)	-100.0%	-	Collaboration Savings		1,332	(1,332)	-100.0%	
3	75	118	(43)	-36.5%	90	Other Revenue	1,881	1,089	792	72.7%	942
4	8,973	10,728	(1,755)	-16.4%	8,383	**Total Operating Revenue**	91,244	98,514	(7,270)	-7.4%	90,917
						OPERATING EXPENSES					
5	5,393	5,052	(341)	-6.7%	4,419	Salaries & Wages	48,513	47,081	(1,432)	-3.0%	47,104
6	3,018	2,749	(269)	-9.8%	2,630	Employee Benefits	24,338	25,024	686	2.7%	26,100
7	866	868	2	0.2%	954	Professional Fees	8,610	7,874	(738)	-9.4%	8,149
8	1,247	1,651	404	24.5%	1,393	Supplies	13,109	15,401	2,292	14.9%	14,999
9	1,037	965	(72)	-7.4%	899	Purchased Services	8,236	8,700	464	5.3%	7,882
10	237	267	30	11.3%	218	Rentals & Leases	2,275	2,408	133	5.5%	2,238
11	422	370	(52)	-14.1%	350	Depreciation & Amortization	3,625	3,322	(303)	-9.1%	3,118
12		(222)	(222)			Collaboration Savings	-	(1,332)	(1,332)		
12	378	396	18	4.5%	342	Other Operating Expenses	3,143	3,321	178	5.4%	3,029
13	12,598	12,096	(502)	-4.2%	11,205	**Total Operating Expenses**	111,849	111,798	(51)	0.0%	112,619
14	(3,625)	(1,368)	(2,257)	164.9%	(2,822)	**Operating Profit / Loss**	(20,605)	(13,284)	(7,321)	55.1%	(21,702)
						NON-OPERATING REVENUES (EXPENSES)					
15	-	-	-	0.0%	-	Other Non-Operating Revenue	1,200	-	1,200	0.0%	5,185
16	1,123	1,131	(8)	0.7%	1,300	District Tax Revenue	8,080	7,630	450	-5.9%	6,415
17	6	4	2	41.5%	708	Investment Income	211	38	173	452.9%	37
18	(407)	(260)	(147)	0.0%	3	Less: Interest Expense	(3,208)	(2,215)	(993)	44.8%	(1,172)
19	722	875	(153)	-17.5%	2,011	**Total Net Non-Operating**	6,283	5,453	830	15.2%	10,465
20	(2,903)	(493)	(2,410)	488.5%	(811)	**Income Profit (Loss)**	(14,322)	(7,831)	(6,491)	83%	(11,237)
						Profitability Ratios:					
21	-40.4%	-12.8%	128.6%		-33.7%	Operating Margin %	-22.6%	-13.5%	100.7%		-23.9%
22	-32.4%	-4.6%	-27.8%		-9.7%	Profit Margin %	-15.7%	-7.9%	-7.7%		-12.4%

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
September 30, 2012
(Amounts in Thousands)

23	2,514	2,057	(457)	-22.2%	2,511	SWB / APD	2,245	2,140	(105)	-4.9%	2,268
24	66.8%	64.5%			62.9%	SWB / Total Operating Expenses	65.1%	64.5%			65.0%
25	3,766	3,189	(577)	-18.1%	3,992	Total Operating Expenses / APD	3,446	3,318	(128)	-3.9%	3,490
26	32,576	40,695	(8,119)	-20.0%	28,290	I/P Gross Charges	313,525	375,752	(62,227)	-16.6%	352,248
27	18,830	19,249	(419)	-2.2%	20,188	O/P Gross Charges	178,231	179,883	(1,652)	-0.9%	178,728
28	**51,406**	**59,943**	**(8,537)**	**-14.2%**	**48,478**	**Total Gross Charges**	**491,756**	**555,636**	**(63,880)**	**-11.5%**	**530,976**
						Payor Mix (IP and OP)					
29	43%	41%	2%		38%	Medicare %	43%	40%	3%		40%
30	5%	14%	-9%		10%	Medi-Cal %	5%	15%	-10%		14%
31	12%	12%	0%		15%	Managed Care HMO / PPO %	13%	12%	1%		11%
32	10%	10%	0%		11%	Medicare HMO %	10%	9%	1%		9%
33	16%	8%	8%		11%	Medi-Cal HMO %	15%	9%	6%		11%
34	0%	0%	0%		0%	Commercial %	0%	0%	0%		0%
35	1%	1%	0%		2%	Worker's Comp %	1%	1%	0%		1%
36	3%	3%	0%		4%	Other Government %	3%	3%	-1%		3%
37	10%	9%	1%		9%	Self Pay /Charity %	11%	10%	1%		10%
						STATISTICS					
38	502	518	(16)	-3.1%	479	Admissions	4,581	4,674	(93)	-2.0%	4,613
39	492	513	(21)	-4.1%	473	Discharges	4,543	4,667	(124)	-2.7%	4,628
40	2,120	2,575	(455)	-17.7%	1,638	Patient Days	20,691	22,784	(2,093)	-9.2%	21,408
41	70.7	85.8	(15.2)	-17.7%	54.6	Average Daily Census (ADC)	75.5	83.2	(7.6)	-9.2%	78.4
42	4.31	5.02	0.71	14.2%	3.46	Average Length of Stay (LOS)- Accrual Based	4.55	4.88	0.33	6.7%	4.63
43	30	30			30	Days in Month	274	274			273
44	776	756	21	2.7%	811	Adjusted Discharges (AD)	7,126	6,901	224	3.3%	6,976
45	3,345	3,793	(448)	-11.8%	2,807	Adjusted Patient Days (APD)	32,453	33,691	(1,238)	-3.7%	32,270
46	112	126	(15)	-11.8%	94	Adjusted ADC (AADC)	118	123	(5)	-3.7%	118
47	92	78	14	17.9%	67	Inpatient Surgeries	684	824	(140)	-17.0%	817
48	70	107	(37)	-34.6%	113	Outpatient Surgeries	836	859	(23)	-2.7%	902
49	**162**	**185**	(23)	-12.4%	**180**	**Total Surgeries**	**1,520**	**1,683**	(163)	-9.7%	**1,719**

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
September 30, 2012
(Amounts in Thousands)

50	3,184	2,693	491	18.2%	2,933	ED Outpatient Visits	31,803	25,246	6,557	26.0%	26,609
51	2,981	3,618	(637)	-17.6%	3,698	Ancillary Outpatient Visits	28,476	33,207	(4,731)	-14.2%	33,325
52	70	107	(37)	-34.6%	113	Outpatient Surgeries	838	859	(23)	-2.7%	902
53	**6,235**	**6,418**	(183)	-2.9%	**6,744**	**Total Outpatient Visits**	**61,115**	**59,312**	1,803	3.0%	**60,836**
54	460	441	19	4.3%	453	Emergency Room Admits	4,200	4,073	127	3.1%	4,059
55	14.4%	16.4%			15.4%	% of Total E/R Visits	13.2%	16.1%			15.3%
56	91.6%	85.1%			94.6%	% of Acute Admissions	91.7%	87.1%			88.0%
57	644	627	(18)	-2.8%	546	Worked FTE	627	638	10	1.6%	659
58	754	718	(36)	-5.0%	678	Paid FTE	730	728	(2)	-0.3%	772
59	5.78	4.96	(0.82)	-16.6%	5.84	Worked FTE / AADC	5.30	5.24	(0.05)	-1.0%	5.58
60	6.76	5.68	(1.08)	-19.0%	7.25	Paid FTE / AADC	6.16	5.99	(0.17)	-2.8%	6.53
61	2,660	2,739	(79)	-2.9%	2,955	Net Patient Revenue / APD	2,754	2,852	(99)	-3.5%	2,788
62	15,366	15,804	(438)	-2.8%	17,271	I/P Charges / Patient Days	15,153	16,492	(1,339)	-8.1%	16,454
63	3,020	2,999	21	0.7%	2,993	O/P Charges / Visit	2,916	3,033	(117)	-3.8%	2,938
64	1,612	1,332	(280)	-21.0%	1,574	Salary Expense / APD	1,495	1,397	(97)	-7.0%	1,460
64	5.0	6.0	0.96	16.1%	3.8	Medicare LOS - Discharged Based	4.9	5.8	0.90	15.6%	5.1
65	1.63	1.59	(0.03)	-2.2%	1.43	Medicare CMI	1.55	1.59	0.05	2.9%	1.6
66	3.07	3.74	0.67	17.9%	2.67	Medicare CMI Adjusted LOS	3.17	3.64	0.48	13.0%	3.28
67	4.3	5.5	1.14	21.0%	3.47	Total LOS - Discharged Based	4.6	4.8	0.26	5.3%	4.58
68	1.552	1.555	0.00	0.2%	1.44	Total CMI	1.488	1.478	(0.01)	-0.6%	1.50
69	2.78	3.51	0.73	20.8%	2.41	Total CMI Adjusted LOS	3.07	3.26	0.19	5.9%	3.06

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
BALANCE SHEET
September 30, 2012
(Amounts in Thousands)

		Current Month	Dec. 31, 2011
	ASSETS		
70	Cash	2,411	13,972
71	Net Patient Accounts Receivable	29,361	19,177
72	Other Receivables	1,962	1,160
73	Inventory	2,073	2,109
73	Current Assets With Limited Use	14,272	29,847
74	Prepaid Expenses and Deposits	1,271	999
75	**TOTAL CURRENT ASSETS**	**51,350**	**67,264**
76	**Assets With Limited Use**	**642**	**642**
	Property Plant & Equipment		
77	Land	12,120	12,120
78	Bldg/Leasehold Improvements	29,432	33,733
79	Capital Leases	10,926	10,926
80	Equipment	43,104	34,074
81	CIP	1,224	3,129
82	Total Property, Plant & Equipment	96,806	93,982
83	Accumulated Depreciation	-52,647	-49,200
84	**Net Property, Plant & Equipment**	**44,159**	**44,782**
85	**Intangible Assets**	**1,470**	**1,517**
86	**Total Assets**	**97,621**	**114,205**

87	Current Ratio (CA/CL)	***1.38***	***1.89***
88	Net Working Capital (CA-CL)	***14,006***	***31,750***
89	Long Term Debt Ratio (LTD/TA)	***0.63***	***0.55***
90	Long Term Debt to Capital (LTD/(LTD+TE)	***1.08***	***0.87***
91	Financial Leverage (TA/TE)	***-21.0***	***11.8***
92	Quick Ratio	**0.85**	**0.93**
93	Unrestricted Cash Days	**6**	**33**
94	Restricted Cash Days	**36**	**72**
95	Net A/R Days	**91.2**	**60.7**

		Current Month	Dec. 31, 2011
	LIABILITIES		
96	Current Maturities of Debt Borrowings	1,665	1,634
97	Accounts Payable and Accrued Expenses	15,388	16,021
98	Accrued Payroll and Related Liabilities	16,140	13,639
99	Deferred District Tax Revenue	2,880	2,880
100	Estimated Third Party Payor Settlements	1,271	1,340
101	**Total Current Liabilities**	**37,344**	**35,514**
	Other Liabilities		
102	Other Deferred Liabilities	3,482	6,105
103	Chapter 9 Bankruptcy	0	0
	Long Term Debt		
104	Notes Payable - Secured	61,249	62,067
105	Capital Leases	1,861	2,481
106	Less Current Portion LTD	-1,665	-1,634
107	**Total Long Term Debt**	**61,445**	**62,914**
108	**Total Liabilities**	**102,271**	**104,533**
	EQUITY		
109	Retained Earnings	9,672	28,400
110	Year to Date Profit / (Loss)	-14,322	-18,728
111	**Total Equity**	**-4,650**	**9,672**
112	**Total Liabilities & Equity**	**97,621**	**114,205**

DOCTORS
MEDICAL CENTER

CAPITAL EXPENSE: PRISMA FLEX

TAB 7

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

TO: **GOVERNING BODY**
BOARD OF F DIRECTORS

FROM: **Andra' Kaminsky**

DATE: **October 24, 2012**

SUBJECT: **Prismflex for Continuous Renal Replacement Therapy (CRRT)**

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

REQUEST / RECOMMENDATION(S): Recommend to the District Board to approve and authorize the Chief Operations Officer to execute on behalf of DMC, approval of the two Prismaflex units for Continuous Renal Replacement Therapy. The cost is $47,950.00 for two units.

FISCAL IMPACT: $47,950.00

STRATEGIC IMPACT: The two existing units will no longer be supported by 3/31/2013. Purchasing by 12/21/2012 will afford a discount of $13,000.00.

REQUEST / RECOMMENDATION REASON, BACKGROUND AND JUSTIFICATION:

Presentation Attachments: Yes____No____

Requesting Signature: AKaminsky Date: 10 / 18 / 2012

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

GAMBRO.

14143 Denver West Parkway
Lakewood, CO 80401 USA

Customer Number: 100302
Contract Number: PQIC06072012

Original Quote

PRICING QUOTATION

Doctors Medical Center San Pablo
2000 Vale Road
San Pablo, CA 94806

Attn: Jennifer Viramontes
Director of Materials Management

Requested by: Bob Beall, IC Territory Manager Date: June 7, 2012

The following Pricing Quotation is for the supply of Gambro Renal Products, Inc. ("Gambro") Products, Equipment and/or Services for your consideration.

Product No.	Description	Minimum Quantity per Order	Each Price
113081	PRISMAFLEX SYSTEM	2	$26,500.00
113280	PRISMAFLO II Warmer LG Sleeve	2	$3,675.00
G5002301	PRISMAFLEX Warmer Holder	2	$300.00

All products are subject to availability based upon Gambro's current product portfolio.

This Pricing Quotation is subject to the "Terms and Conditions" as stated in Schedule A, attached to and incorporated herein. Installation is provided. Lead time for the delivery of PRISMAFLEX equipment is approximately 4+ weeks after receipt of order.

Purchase Order Requirements: See Terms and Conditions for complete details.

Warranty: Gambro's standard manufacturer's Warranty for Equipment is attached to and incorporated herein ("Warranty"), Schedule B and Schedule C.

These prices are effective June 7, 2012 through December 31, 2012. This Pricing Quotation supersedes all previous Pricing Quotations/proposals for same products. Pricing is not retroactive. Gambro reserves the right to increase pricing for Products on this Pricing Quotation with a thirty (30) day written notification to Customer.

This Pricing Quotation involves a discount, made in accordance with Section 1128B(b)(3) of the Social Security Act and its implementing regulations (42 C.F.R. §1001.952(h)), which must be fully and accurately disclosed and reported in applicable cost reports(s) and upon request by the Secretary of HHS or a State agency.

Additional Gambro product offerings are available at www.usa-gambro.com.

Available Gambro services:

- IC Clinical Assistance Services: – 24/7/365 clinical assistance available by phone on acute products.
- Technical Assistance Services – technical troubleshooting available by phone plus technical bulletin updates at http://tech.usa-gambro.com.

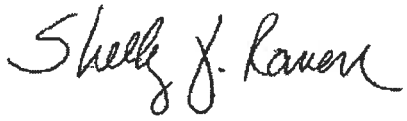
Gambro Education Service offerings: Contact your Sales Representative for additional information.

- Comprehensive CRRT Course
- CRRT Super User Training
- CRRT Alarm Management and Troubleshooting Course
- Therapeutic Plasma Exchange

Thank you for the opportunity to quote on your requirements. If you have any questions or need further assistance, please contact Bob Beall at 925-997-6471 or me at (800) 525-2623 extension 101-6681.

Contracts Department Fax Number: 303-222-6812

Regards,
Gambro Renal Products, Inc.



Shelly J. Raven
Contract Administrator

cc: Bob Beall, Territory Manager

SCHEDULE A
TERMS AND CONDITIONS

(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center San Pablo and Gambro dated June 7, 2012.)

1. Freight and Delivery

All Disposable Products are shipped freight prepaid via surface common carrier at Gambro's expense, except for applicable minimum order charges. Equipment, accessories, software, spare parts and manuals are shipped freight prepaid and added to the invoice. Any extra charges for minimum orders, expediting, tailgate service, inside delivery, fuel surcharges, redelivery, etc., are prepaid and added to the invoice.

Customer will be charged freight for the shipment of Solutions, including but not limited to, PrismaSate and PrismaSol in the event the following order quantities are not met:

Standard Delivery:	10+ Cases (any combination)
Expedited Delivery:	6+ Cases (any combination)

Customer must inspect the shipment and notify Gambro in writing of any irregularity within thirty (30) days of receipt of the shipment. In the absence of timely written notice, acceptance will be conclusively presumed.

2. Shipping

Gambro's shipping terms are FOB Shipping Point (Gambro warehouse). However, in the event that product is damaged or lost in transit from Gambro, Customer may choose to:

1. Request that Gambro refund or replace product based upon Customer's option. In that instance, Customer would assign to Gambro Customer's rights to file a claim with the carrier or
2. File a damage or loss claim with the carrier

FOB Shipping Point is only to convey title transfer to Customer as soon as the product leaves the Gambro dock.

3. Payment

Payment Terms are 100%, Net 30 calendar days. In the event that any amounts are not paid when due, or on undisputed invoices, past due accounts will be subject to a service charge of 1 ½ % per month or the highest rate permitted by applicable law (whichever is lower). The non-prevailing party agrees to pay all reasonable attorney's fees and expenses that the prevailing party may incur in successfully enforcing or defending its rights hereunder. All payments by Customer shall be made to the "remit to" address set forth on the Gambro invoice.

4. Taxes

Quoted prices do not include sales, use, excise or similar taxes. Customer agrees to pay promptly any and all taxes, assessments or other charges applicable to Customer which are levied or assessed on or with respect to acquisition, possession, or use of the Equipment or Products, or shall reimburse Gambro if Gambro has paid such taxes.

5. Limitations on Sales and Use

Sale of the Products described in this Pricing Quotation is subject to (a) Gambro's standard terms and conditions of sale, as stated herein, (b) Gambro's acceptance of an order conforming to such terms and conditions, and (c) Gambro verification of Customer's credit. Customer agrees that all Products purchased from Gambro are for use in United States and/or authorized United States territories only. All Products are to be used by Customer's facility and are not to be resold. Gambro reserves the right to discontinue the sale of any Product after providing Customer thirty (30) days prior written notice.

SCHEDULE A
TERMS AND CONDITIONS

(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center San Pablo and Gambro dated June 7, 2012.)

6. Returns

Gambro Equipment is non-returnable, except in the event Equipment is shipped due to a Gambro error (arrangements for which should be discussed and agreed with Gambro's logistics department).

Returned goods will be accepted only with prior written authorization from Gambro and in accordance with such authorization. Items must be returned freight prepaid and accompanied by Gambro's Returned Goods Authorization (RGA) form. Except in the case of Product shipped in error (arrangements for which should be discussed and agreed with Gambro's logistics department), items to be returned must be in ORIGINAL UNOPENED cartons, have original labels, and be in salable condition and are subject to a twenty-five percent (25%) re-stocking charge. Goods held over six (6) months from the date of invoicing, abused or custom items, chemical concentrates, CRRT Solutions and items identified as non-returnable or that have deteriorated due to cause beyond Gambro's control, may not be returned.

7. Warranty

Gambro expressly warrants equipment, supplies and services pursuant to printed Limited Warranty terms that are attached hereto as Schedule B and Schedule C ("Equipment Warranty") or can be obtained from Gambro. These express Warranties contain Gambro's sole responsibility and Customer's sole remedies and are expressly in lieu of all other warranties, including without limitation, the implied warranties of merchantability or fitness for a particular purpose. No person has the authority to make any representation or warranty other than those set forth in the attached Schedule B and Schedule C ("Equipment Warranty").

8. Purchase Order Requirements

A valid written purchase order from the Customer is required prior to shipment of all Equipment, and must include, and not be limited to, the following information.

- Complete Bill to and Ship to address
- Catalog number, description and quantity of items being purchased
- Price per item
- Payment Terms as stated herein
- Freight Terms as stated herein
- Shipping term (FOB Shipping Point) as stated herein
- Lift Gate and/or Inside Delivery requirements, if needed

If terms and conditions or additional verbiage on the purchase order or any supporting documents from Customer differ from those terms and conditions set forth herein, then the terms and conditions of this Quotation shall take precedence. Customer will be required to revise such purchase order and/or supporting documents accordingly.

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center San Pablo and Gambro dated June 7, 2012.)

9. Force Majeure

Neither Gambro nor Customer (each, a "Party") shall be held liable or responsible to the other Party, nor be deemed to have defaulted under or breached this Agreement, for failure or delay in fulfilling or performing any provision of, or obligation under this Agreement when such failure or delay is caused by or results from strikes, lockouts, concerted acts of workers or other industrial disturbances, fires, explosions, floods, or other natural catastrophes, civil disturbances, riots, or armed conflict, whether declared or undeclared, curtailment, shortage, rationing, or allocation, of normal sources of supply, labor, materials, transportation, energy, or utilities, accidents, acts of God, sufferance of or voluntary compliance with acts of government or governmental regulation, (whether or nor valid) embargoes, or any other cause which is beyond the reasonable control of the non-performing Party (an "Event of Force Majeure"). Gambro will immediately notify Customer upon the occurrence of any such Event of Force Majeure that would affect the ability of Gambro to fulfill an outstanding order from Customer and shall include in such notice Gambro's good faith estimate of the expected duration thereof.

10. Confidentiality

The contents of this Agreement, including the pricing information and the other terms and conditions of sale, are considered to be Gambro's "Confidential Information" and is provided for the exclusive use of Customer and may not be disclosed to a third party, other than those officials (including independent auditors) and employees whose duties require knowledge thereof, without the prior written consent of Gambro. Customer shall take such precautions with Gambro's Confidential Information as it normally takes with its own highly confidential and proprietary information to prevent unauthorized disclosure. In the event Customer is requested or required by law to disclose Confidential Information of Gambro, Customer shall provide Gambro with prompt notice of such request or requirement. Any breach or threatened breach of this Section 10 shall entitle Gambro to injunctive relief in addition to any other remedies it may have at law or in equity.

SCHEDULE B
(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center San Pablo and Gambro dated June 7, 2012.)

PRISMAFLEX™ DIALYSIS DELIVERY SYSTEM
Gambro Warranty - United States of America

Gambro will, at its option, replace or repair, at no charge to the owner, any part of the Gambro PRISMAFLEX Dialysis Control Unit which is found to be defective in factory material or workmanship during the first year from date of installation or 6,000 hours of operation, whichever comes first.

Optional feature components that are installed after a machine has been placed in service are subject to a separate warranty applicable to such components.

Certain components, such as fuses, bulbs, and filters, which are subject to normal wear, are not covered by this Limited Warranty. In addition, this Warranty does not include replacement or repair of any part that fails because of misuse, accident, neglect, or failure to use and maintain the unit in accordance with instructions provided in the PRISMAFLEX Operator's Manual, or because of alterations made by other than Gambro authorized service personnel. Repairs required as a result of abuse or misuse of the equipment, as determined by Gambro in good faith, will be charged to the owner.

Performance of scheduled preventive maintenance procedures as described in the Operator's Manual is the responsibility of the owner and is not covered by this Warranty. Failure to perform preventative maintenance procedures will invalidate this Warranty.

THIS WARRANTY IS EXPRESSLY IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL Gambro BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM THE USE OF THE UNIT. Some states may not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights and you may also have other rights, which vary from state to state.

To request service under this Warranty; please call the Technical Service Response Center at the telephone number below. The caller should be ready to provide the name, model number and serial number of the unit.

Gambro Renal Products, Inc.
14143 Denver West Parkway
Lakewood, CO 80401 USA
1-800-525-2623

SCHEDULE C

(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center San Pablo and Gambro dated June 7, 2012.)

PRISMAFLEX™ BLOOD/FLUID WARMER WARRANTY

The warranty for the PRISMAFLEX Flo Blood/Fluid Warmer is provided by the manufacturer, STIHLER Electronic GmbH, Stuttgart, Germany.

STIHLER, will at its option, replace or repair, at no charge to the owner, any part of the PRISMAFlo which is found to have been defective in factory material or workmanship during the first twelve (12) months from date of purchase.

Please contact STIHLER's authorized U.S. service representative, FUTUREMED America, Inc. for warranty service at 818/830-2500.

CREEKRIDGE CAPITAL

Executing Financial Solutions

Scott Polman
Creekridge Capital LLC
7808 Creekridge Circle, Suite 250
Edina, MN 55439

June 13, 2012

Jennifer Viramontes
Doctors Medical Center San Pablo
2000 Vale Road
San Pablo, CA 94806

Dear Ms. Viramontes:

Pursuant to your request for a proposal to facilitate the acquisition of your equipment, software and/or related services (collectively, the "Equipment"), we are pleased to offer a structure under the following terms and conditions:

USER:	**Doctors Medical Center San Pablo**
EQUIPMENT:	**Please refer to Gambro Pricing Quotation for details.**
COST OF EQUIPMENT:	$60,950.00
INITIAL TERM:	36 Months
MONTHLY RENT PAYMENT:	User shall have 6 payments equal to $0. At the end of month 6 of the Initial Term and upon written notice to Provider, User shall be entitled, at its option, to purchase all but not less than all of the Equipment, on an AS-IS WHERE-IS basis with no further obligation for an amount equal to $60,950.00 (plus applicable sales tax and freight), OR this Agreement will automatically continue for a period of 30 months at a payment of $2,422.04 (plus applicable sales tax and freight).
PURCHASE OPTION:	One dollar ($1.00)
SECURITY DEPOSIT:	A security deposit in an amount equal to one Rent Payment will be required.
EXPIRATION:	This proposal will automatically expire ten (10) business days from the date of issue.

This transaction is subject to Provider's Credit Committee's approval and documentation must be satisfactory to Provider.
Thank you for this opportunity. Should you have any questions, please contact me at 952-516-7184.

Sincerely,

Scott Polman

Creekridge Capital LLC

AGREED TO AND ACCEPTED BY DOCTORS MEDICAL CENTER SAN PABLO:

By: _____

Its: _____

Date: _____

GAMBRO®

14143 Denver West Parkway
Suite 400
Lakewood, CO 80401
USA
www.gambro.com
Tel: 800-525-2623
Fax: 303-222-6812

October 9, 2012

Doctors Medical Center
2000 Vale Road
San Pablo, CA 94806-3808

Dear Valued Customer,

This letter is to inform you that effective March 31, 2013, Gambro has made the decision to discontinue its support of the Prisma® System and all associated Prisma disposable products. (This does not include PrismaSate or Prismasol solutions) The decision has been made due to an increase in manufacturing, distribution, and handling costs. There will be a 15% Price increase effective January 1, 2013 covering the Prisma Hemofilter Sets and Prisma TPE 2000 sets. In addition, spare parts will no longer be available as of March 31, 2013.

We know that this is a challenging time for healthcare spending. Gambro wants to help ease the cost of capital acquisition by offering you discounted pricing when you trade in your Prisma for Gambro's next generation CRRT platform – the Prismaflex® System.

Based on our records, you have 2 Prisma machines. The pricing we would like to offer you is $20,000.00 for a Prismaflex system when you trade-in your Prisma on a one-for-one basis. This pricing will remain in effect until December 21, 2012, and is contingent on no requirement for equipment evaluations. In addition, Gambro Capital offers standard and customized financial solutions that may assist you with your capital purchasing needs.

The Prismaflex® System offers you all the features you currently use to deliver CRRT and TPE and more. Specifically, the Prismaflex System offers clinicians a number of advantages, including:

- Flexibility to perform multiple therapeutic combinations, including CVVHDF, CVVH, CVVHD, SCUF and TPE
- A high-flow blood pump and four high-flow fluid pumps to optimize the flexibility of CVVHDF dose delivery
- A new 4th Pre-Blood Pump that can deliver pre-dilution through the entire access line or can be used to integrate delivery of anticoagulation
- Two integrated pinch valves to manage replacement fluid insertion points (pre, post or pre and post) based on the clinician's selection
- Fluid accuracy that meets ADQI standards for accurate and safe patient fluid removal
- A real-time dose indicator to assess prescription delivery
- Touch screen controls with bright colors, text and graphics
- Enhanced alarm management to decrease nursing time demands
- New ergonomic weight scales with improved stability to eliminate nuisance alarms

GAMBRO

14143 Denver West Parkway
Lakewood, CO 80401 USA

Customer Number: 100183
Contract Number: PQIC10092012

PRICING QUOTATION

Doctors Medical Center
2000 Vale Road
San Pablo

Requested by: Bob Beall, IC Territory Manager

Date: October 9, 2012

The following Pricing Quotation is for the supply of Gambro Renal Products, Inc. ("Gambro") Products, Equipment and/or Services for your consideration.

Based upon the PRISMA End of Life Letter dated October 9, 2012, attached to this Pricing Quotation, Gambro is pleased to offer Customer the following one time only PRISMAFLEX pricing effective through December 21, 2012.

Product No.	Description	Minimum Quantity per Order	Each Price	Extended Price
113081	PRISMAFLEX SYSTEM	2	$20,000.00	$40,000.00

All products are subject to availability based upon Gambro's current product portfolio.

This Pricing Quotation is subject to the "Terms and Conditions" as stated in Schedule A, attached to and incorporated herein.

Installation is provided.

Lead time for the delivery of PRISMAFLEX equipment is approximately 4+ weeks after receipt of order.

Purchase Order Requirements: See Terms and Conditions for complete details.

Warranty: Gambro's standard manufacturer's Warranty for Equipment is attached to and incorporated herein ("Warranty"), Schedule B.

PRISMA END OF LIFE CONVERSION: For the purchase of two (2) PRISMAFLEX System(s), Gambro will offer a one time only End of Life Conversion option for your existing PRISMA machines, Serial Numbers to be determined. Gambro will accept these two (2) used PRISMA's as conversion machines under the following conditions. Your Purchase Order must be for the full Sale Price quoted above. Upon installation of the two (2) PRISMAFLEX Systems, Gambro will make arrangements to have the PRISMA equipment picked up from your facility at Gambro's expense. Customer is required to clean the external surfaces of the PRISMA equipment and to run a clean procedure after the last patient run and before the equipment is taken off line in the clinic. The equipment is to be labeled "Cleaned".

These prices are effective October 9, 2012 through **December 21, 2012 only**. This Pricing Quotation supersedes all previous Pricing Quotations/proposals for same products. Pricing is not retroactive. Gambro reserves the right to increase pricing for Products on this Pricing Quotation with a thirty (30) day written notification to Customer.

This Pricing Quotation involves a discount, made in accordance with Section 1128B(b)(3) of the Social Security Act and its implementing regulations (42 C.F.R. §1001.952(h)), which must be fully and accurately disclosed and reported in applicable cost reports(s) and upon request by the Secretary of HHS or a State agency.

Additional Gambro product offerings are available at www.usa-gambro.com.

Available Gambro services:

- Technical Assistance Services – technical troubleshooting available by phone plus technical bulletin updates at http://tech.usa-gambro.com.

Gambro Education Service offerings: Contact your Sales Representative for additional information.

- Comprehensive CRRT Course
- CRRT Super User Training
- CRRT Alarm Management and Troubleshooting Course
- Therapeutic Plasma Exchange

Thank you for the opportunity to quote on your requirements. If you have any questions or need further assistance, please contact Bob Beall at 925-997-6471 or me at (800) 525-2623 extension 101-6677.

Contracts Department Fax Number: 303-222-6812

Regards,
Gambro Renal Products, Inc.

Linda C. Kyer
Lead Contract Administrator

cc: Bob Beall, Territory Manager
Steven Roth, Regional Manager

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center and Gambro dated October 9, 2012.)

1. Freight and Delivery

Equipment, accessories, software, spare parts and manuals are shipped freight prepaid and added to the invoice. Any extra charges for minimum orders, expediting, tailgate service, inside delivery, fuel surcharges, redelivery, etc., are prepaid and added to the invoice.

Customer must inspect the shipment and notify Gambro in writing of any irregularity within thirty (30) days of receipt of the shipment. In the absence of timely written notice, acceptance will be conclusively presumed.

2. Shipping

Gambro's shipping terms are FOB Shipping Point (Gambro warehouse). However, in the event that product is damaged or lost in transit from Gambro, Customer may choose to:

1. Request that Gambro refund or replace product based upon Customer's option. In that instance, Customer would assign to Gambro Customer's rights to file a claim with the carrier or
2. File a damage or loss claim with the carrier

FOB Shipping Point is only to convey title transfer to Customer as soon as the product leaves the Gambro dock.

3. Payment

Payment Terms are 100%, Net 30 calendar days. In the event that any amounts are not paid when due, or on undisputed invoices, past due accounts will be subject to a service charge of 1 ½ % per month or the highest rate permitted by applicable law (whichever is lower). The non-prevailing party agrees to pay all reasonable attorney's fees and expenses that the prevailing party may incur in successfully enforcing or defending its rights hereunder. All payments by Customer shall be made to the "remit to" address set forth on the Gambro invoice.

4. Taxes

Quoted prices do not include sales, use, excise or similar taxes. Customer agrees to pay promptly any and all taxes, assessments or other charges applicable to Customer which are levied or assessed on or with respect to acquisition, possession, or use of the Equipment or Products, or shall reimburse Gambro if Gambro has paid such taxes.

5. Limitations on Sales and Use

Sale of the Products described in this Pricing Quotation is subject to (a) Gambro's standard terms and conditions of sale, as stated herein, (b) Gambro's acceptance of an order conforming to such terms and conditions, and (c) Gambro verification of Customer's credit. Customer agrees that all Products purchased from Gambro are for use in United States and/or authorized United States territories only. All Products are to be used by Customer's facility and are not to be resold. Gambro reserves the right to discontinue the sale of any Product after providing Customer thirty (30) days prior written notice.

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center and Gambro dated October 9, 2012.)

6. Returns

Gambro Equipment is non-returnable, except in the event Equipment is shipped due to a Gambro error (arrangements for which should be discussed and agreed with Gambro's logistics department).

Returned goods will be accepted only with prior written authorization from Gambro and in accordance with such authorization. Items must be returned freight prepaid and accompanied by Gambro's Returned Goods Authorization (RGA) form. Except in the case of Product shipped in error (arrangements for which should be discussed and agreed with Gambro's logistics department), items to be returned must be in ORIGINAL UNOPENED cartons, have original labels, and be in salable condition and are subject to a twenty-five percent (25%) re-stocking charge. Goods held over six (6) months from the date of invoicing, abused or custom items, chemical concentrates, CRRT Solutions and items identified as non-returnable or that have deteriorated due to cause beyond Gambro's control, may not be returned.

7. Warranty

Gambro expressly warrants equipment, supplies and services pursuant to printed Limited Warranty terms that are attached hereto as Schedule B ("Equipment Warranty") or can be obtained from Gambro. These express Warranties contain Gambro's sole responsibility and Customer's sole remedies and are expressly in lieu of all other warranties, including without limitation, the implied warranties of merchantability or fitness for a particular purpose. No person has the authority to make any representation or warranty other than those set forth in the attached Schedule B ("Equipment Warranty").

8. Purchase Order Requirements

A valid written purchase order from the Customer is required prior to shipment of all Equipment, and must include, and not be limited to, the following information.

- Complete Bill to and Ship to address
- Catalog number, description and quantity of items being purchased
- Price per item
- Payment Terms as stated herein
- Freight Terms as stated herein
- Shipping term (FOB Shipping Point) as stated herein
- Lift Gate and/or Inside Delivery requirements, if needed

If terms and conditions or additional verbiage on the purchase order or any supporting documents from Customer differ from those terms and conditions set forth herein, then the terms and conditions of this Quotation shall take precedence. Customer will be required to revise such purchase order and/or supporting documents accordingly.

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center and Gambro dated October 9, 2012.)

9. Force Majeure

Neither Gambro nor Customer (each, a "Party") shall be held liable or responsible to the other Party, nor be deemed to have defaulted under or breached this Agreement, for failure or delay in fulfilling or performing any provision of, or obligation under this Agreement when such failure or delay is caused by or results from strikes, lockouts, concerted acts of workers or other industrial disturbances, fires, explosions, floods, or other natural catastrophes, civil disturbances, riots, or armed conflict, whether declared or undeclared, curtailment, shortage, rationing, or allocation, of normal sources of supply, labor, materials, transportation, energy, or utilities, accidents, acts of God, sufferance of or voluntary compliance with acts of government or governmental regulation, (whether or nor valid) embargoes, or any other cause which is beyond the reasonable control of the non-performing Party (an "Event of Force Majeure"). Gambro will immediately notify Customer upon the occurrence of any such Event of Force Majeure that would affect the ability of Gambro to fulfill an outstanding order from Customer and shall include in such notice Gambro's good faith estimate of the expected duration thereof.

10. Confidentiality

The contents of this Agreement, including the pricing information and the other terms and conditions of sale, are considered to be Gambro's "Confidential Information" and is provided for the exclusive use of Customer and may not be disclosed to a third party, other than those officials (including independent auditors) and employees whose duties require knowledge thereof, without the prior written consent of Gambro. Customer shall take such precautions with Gambro's Confidential Information as it normally takes with its own highly confidential and proprietary information to prevent unauthorized disclosure. In the event Customer is requested or required by law to disclose Confidential Information of Gambro, Customer shall provide Gambro with prompt notice of such request or requirement. Any breach or threatened breach of this Section 10 shall entitle Gambro to injunctive relief in addition to any other remedies it may have at law or in equity.

SCHEDULE B
(Attached to and incorporated in the Pricing Quotation by and between Doctors Medical Center and Gambro dated October 9, 2012.)

PRISMAFLEX™ DIALYSIS DELIVERY SYSTEM
Gambro Warranty - United States of America

Gambro will, at its option, replace or repair, at no charge to the owner, any part of the Gambro PRISMAFLEX Dialysis Control Unit which is found to be defective in factory material or workmanship during the first year from date of installation or 6,000 hours of operation, whichever comes first.

Optional feature components that are installed after a machine has been placed in service are subject to a separate warranty applicable to such components.

Certain components, such as fuses, bulbs, and filters, which are subject to normal wear, are not covered by this Limited Warranty. In addition, this Warranty does not include replacement or repair of any part that fails because of misuse, accident, neglect, or failure to use and maintain the unit in accordance with instructions provided in the PRISMAFLEX Operator's Manual, or because of alterations made by other than Gambro authorized service personnel. Repairs required as a result of abuse or misuse of the equipment, as determined by Gambro in good faith, will be charged to the owner.

Performance of scheduled preventive maintenance procedures as described in the Operator's Manual is the responsibility of the owner and is not covered by this Warranty. Failure to perform preventative maintenance procedures will invalidate this Warranty.

THIS WARRANTY IS EXPRESSLY IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL Gambro BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM THE USE OF THE UNIT. Some states may not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights and you may also have other rights, which vary from state to state.

To request service under this Warranty; please call the Technical Service Response Center at the telephone number below. The caller should be ready to provide the name, model number and serial number of the unit.

Gambro Renal Products, Inc.
14143 Denver West Parkway
Lakewood, CO 80401 USA
1-800-525-2623

GAMBRO

14143 Denver West Parkway
Lakewood, CO 80401 USA

Customer Number: 100180 & 100183
Contract Number: PQIC10152012

PRICING QUOTATION

Doctors Hospital San Pablo
2000 Vale Road
San Pablo, CA 94806

Requested by: Bob Beall, IC Territory Manager

Date: October 15, 2012

The following Pricing Quotation is for the supply of Gambro Renal Products, Inc. ("Gambro") Products, Equipment and/or Services for your consideration.

Product No.	Description	Minimum Quantity per Order	Each Price	Extended Price
113280	PRISMAFLO II Warmer LG Sleeve	2	$3,675.00	$7,350.00
G5002301	PRISMAFLEX Warmer Holder	2	$300.00	$600.00

All products are subject to availability based upon Gambro's current product portfolio.

This Pricing Quotation is subject to the "Terms and Conditions" as stated in Schedule A, attached to and incorporated herein. Installation is provided. Lead time for the delivery of PRISMAFLEX equipment is approximately 4+ weeks after receipt of order.

Purchase Order Requirements: See Terms and Conditions for complete details.

Warranty: Gambro's standard manufacturer's Warranty for Equipment is attached to and incorporated herein ("Warranty"), Schedule B.

These prices are effective October 15, 2012 through March 31, 2013. This Pricing Quotation supersedes all previous Pricing Quotations/proposals for same products. Pricing is not retroactive. Gambro reserves the right to increase pricing for Products on this Pricing Quotation with a thirty (30) day written notification to Customer.

This Pricing Quotation involves a discount, made in accordance with Section 1128B(b)(3) of the Social Security Act and its implementing regulations (42 C.F.R. §1001.952(h)), which must be fully and accurately disclosed and reported in applicable cost reports(s) and upon request by the Secretary of HHS or a State agency.

Additional Gambro product offerings are available at www.usa-gambro.com.

Available Gambro services:

- Technical Assistance Services – technical troubleshooting available by phone plus technical bulletin updates at http://tech.usa-gambro.com.

Gambro Education Service offerings: Contact your Sales Representative for additional information.

- Comprehensive CRRT Course
- CRRT Super User Training
- CRRT Alarm Management and Troubleshooting Course
- Therapeutic Plasma Exchange

Thank you for the opportunity to quote on your requirements. If you have any questions or need further assistance, please contact Bob Beall at 925-997-6471 or me at (800) 525-2623 extension 101-6689.

Contracts Department Fax Number: 303-222-6812

Regards,
Gambro Renal Products, Inc.

Andy Serrano
Contract Administrator

cc: Bob Beall, Territory Manager
Steven Roth, Regional Manager

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Hospital San Pablo and Gambro dated October 15, 2012.)

1. Freight and Delivery

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1. Request that Gambro refund or replace product based upon Customer's option. In that instance, Customer would assign to Gambro Customer's rights to file a claim with the carrier or
2. File a damage or loss claim with the carrier

FOB Shipping Point is only to convey title transfer to Customer as soon as the product leaves the Gambro dock.

3. Payment

Payment Terms are 100%, Net 30 calendar days. In the event that any amounts are not paid when due, or on undisputed invoices, past due accounts will be subject to a service charge of 1 ½ % per month or the highest rate permitted by applicable law (whichever is lower). The non-prevailing party agrees to pay all reasonable attorney's fees and expenses that the prevailing party may incur in successfully enforcing or defending its rights hereunder. All payments by Customer shall be made to the "remit to" address set forth on the Gambro invoice.

4. Taxes

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5. Limitations on Sales and Use

Sale of the Products described in this Pricing Quotation is subject to (a) Gambro's standard terms and conditions of sale, as stated herein, (b) Gambro's acceptance of an order conforming to such terms and conditions, and (c) Gambro verification of Customer's credit. Customer agrees that all Products purchased from Gambro are for use in United States and/or authorized United States territories only. All Products are to be used by Customer's facility and are not to be resold. Gambro reserves the right to discontinue the sale of any Product after providing Customer thirty (30) days prior written notice.

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Hospital San Pablo and Gambro dated October 15, 2012.)

6. Returns

Gambro Equipment is non-returnable, except in the event Equipment is shipped due to a Gambro error (arrangements for which should be discussed and agreed with Gambro's logistics department).

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Gambro expressly warrants equipment, supplies and services pursuant to printed Limited Warranty terms that are attached hereto as Schedule B ("Equipment Warranty") or can be obtained from Gambro. These express Warranties contain Gambro's sole responsibility and Customer's sole remedies and are expressly in lieu of all other warranties, including without limitation, the implied warranties of merchantability or fitness for a particular purpose. No person has the authority to make any representation or warranty other than those set forth in the attached Schedule B ("Equipment Warranty").

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- Shipping term (FOB Shipping Point) as stated herein
- Lift Gate and/or Inside Delivery requirements, if needed

If terms and conditions or additional verbiage on the purchase order or any supporting documents from Customer differ from those terms and conditions set forth herein, then the terms and conditions of this Quotation shall take precedence. Customer will be required to revise such purchase order and/or supporting documents accordingly.

SCHEDULE A
TERMS AND CONDITIONS
(Attached to and incorporated in the Pricing Quotation by and between Doctors Hospital San Pablo and Gambro dated October 15, 2012.)

9. Force Majeure

Neither Gambro nor Customer (each, a "Party") shall be held liable or responsible to the other Party, nor be deemed to have defaulted under or breached this Agreement, for failure or delay in fulfilling or performing any provision of, or obligation under this Agreement when such failure or delay is caused by or results from strikes, lockouts, concerted acts of workers or other industrial disturbances, fires, explosions, floods, or other natural catastrophes, civil disturbances, riots, or armed conflict, whether declared or undeclared, curtailment, shortage, rationing, or allocation, of normal sources of supply, labor, materials, transportation, energy, or utilities, accidents, acts of God, sufferance of or voluntary compliance with acts of government or governmental regulation, (whether or nor valid) embargoes, or any other cause which is beyond the reasonable control of the non-performing Party (an "Event of Force Majeure"). Gambro will immediately notify Customer upon the occurrence of any such Event of Force Majeure that would affect the ability of Gambro to fulfill an outstanding order from Customer and shall include in such notice Gambro's good faith estimate of the expected duration thereof.

10. Confidentiality

The contents of this Agreement, including the pricing information and the other terms and conditions of sale, are considered to be Gambro's "Confidential Information" and is provided for the exclusive use of Customer and may not be disclosed to a third party, other than those officials (including independent auditors) and employees whose duties require knowledge thereof, without the prior written consent of Gambro. Customer shall take such precautions with Gambro's Confidential Information as it normally takes with its own highly confidential and proprietary information to prevent unauthorized disclosure. In the event Customer is requested or required by law to disclose Confidential Information of Gambro, Customer shall provide Gambro with prompt notice of such request or requirement. Any breach or threatened breach of this Section 10 shall entitle Gambro to injunctive relief in addition to any other remedies it may have at law or in equity.

SCHEDULE B

(Attached to and incorporated in the Pricing Quotation by and between Doctors Hospital San Pablo and Gambro dated October 15, 2012.)

PRISMAFLEX™ BLOOD/FLUID WARMER WARRANTY

The warranty for the PRISMAFLEX Flo Blood/Fluid Warmer is provided by the manufacturer, STIHLER Electronic GmbH, Stuttgart, Germany.

STIHLER, will at its option, replace or repair, at no charge to the owner, any part of the PRISMAFlo which is found to have been defective in factory material or workmanship during the first twelve (12) months from date of purchase.

Please contact STIHLER's authorized U.S. service representative, FUTUREMED America, Inc. for warranty service at 818/830-2500.

DOCTORS
MEDICAL CENTER

STATIONARY ENGINEERS LOCAL 39 AGREEMENT

TAB 8

DOCTORS MEDICAL CENTER, SAN PABLO
AND
STATIONARY ENGINEERS LOCAL NO. 39

West Contra Costa Healthcare District DBA/Doctors Medical Center, San Pablo ("the Medical Center"), and Stationary Engineers Local No. 39 are parties to a Memorandum of Understanding commencing on January 1, 2006, and continuing until December 31, 2010 (the "MOU").

The Medical Center and Stationary Engineers Local No. 39 have met and resolved to extend the term of the MOU from January 1, 2011, through March 31, 2015. All other terms and conditions of the MOU shall remain in full force and effect except to the extent modified by this agreement.

AGREEMENT

The term of the Agreement will be from January 1, 2011, to March 31, 2015

WAGE INCREASE

(Effective the 1st payroll after the date of implementation)

Dates of Implementation

September 1, 2012 - 1%	March 1, 2013 - 1%
September 1, 2013 - 1%	March 1, 2014 - 1.25%
September 1, 2014 - 1.25%	

Retirement Plan: The Medical Center agrees to contribute into the Stationary Engineers Local 39 Pension Trust Fund, at its respective office in San Francisco, California or such other designated place of payment, the following additional amounts:

January 1, 2011	.25	=	6.71
January 1, 2012	.26	=	6.97
January 1, 2013	.27	=	7.24
January 1, 2014	.28	=	7.52

The parties recognize that the above agreement is subject to ratification by the Stationary Engineers Local No. 39 membership and subject to the approval of the Board of West Contra Costa Health Care District.

Dated: _____ _____

Dan McNulty, District Representative for Stationary Engineers Local No. 39

Dated: _____ _____

Bob Redlo, Vice President of Patient Relations, Labor Relations & Workforce Development for West Contra Costa Healthcare District DBA/Doctors Medical Center, San Pablo

	2012	**2013**	**2014**		
Wage Increase	$4,000	$18,000	$24,000	Total Wage Increase =	$46,000
Retirement Plan	$12,000	$6,250	$6,500	Total Retirement Plan =	$24,750
Sub Total	**$16,000**	**$24,250**	**$30,500**	**Total Increase Cost =**	**$70,750**

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE REPORT

TAB 10

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE COMMITTEE
REPORT TO THE BOARD
EXECUTIVE SUMMARY

OCTOBER 2012

TOPIC
Medical Staff Bylaws- Medical Staff Bylaws Draft currently under legal review; upon completion, Bylaws Committee to convene for final review before submitting to Medical Staff for vote. Privilege Delineations: Internal Medicine Privilege Delineations developed and in final stages of review, with subspecialty privilege forms currently in process and final review. Surgical Privilege Delineations in process. **ITEMS REQUIRING ACTION** Policies, Procedures, Forms: The attached Policy, Procedure and Forms Report for October 2012 includes the following document approved by the Medical Executive Committee and presented for Board approval: "DO NOT USE" Abbreviations and Hospital Approved Abbreviation List Policy & Procedure

DOCTORS
MEDICAL CENTER

MEC APPROVAL DATE: 10/08/12

BOARD OF DIRECTORS APPROVAL DATE: 10/24/12

POLICY, PROCEDURE AND FORMS REPORT

OCTOBER 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
A. Revised with Major Substantive Changes 1. "DO NOT USE" Abbreviations and Hospital Approved Abbreviation List	Housewide Policy	Policy revised to delete "CC" from the Abbreviation or Designation to Avoid list as it is not a JC requirement.

APPROVAL ROUTING SHEET FOR POLICIES AND PROCEDURES

DOCTORS MEDICAL CENTER

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

†TITLE: "Do NOT USE" Abbreviations & Hospital Approved Abbreviations List

†CHECK ONE: ☐ New ☐ Reviewed ☒ Revised : ☒ Major ☐ Minor

† ☐ Administrative ☒ Clinical ☐ Department _____

†SUBMITTED BY: Theresa Helser Pharmacy Director

†NEW POLICY - REASON FOR SUBMISSION: ☐ Change in Law ☐ New Regulation: CMS CDPH TJC Other

†REVIEWED OR REVISED - SUMMARY OF POLICY / PROCEDURE CHANGES:
Delete from Abbreviation or Designation to Avoid List - "cc" as this is not on the Joint Commission list.

	MEETING DATE	APPROVAL
☐ **Manager or Department Director**†		
☐ **Medical Staff Department(s):**		
☐ Cancer Committee ☐ CV Surgery Committee		
☐ Infection Control Committee ☐ IDP Committee		
☐ Medical Ethics Committee ☐ Patient Safety Committee		
☐ Radiation Safety Committee ☒ P&T Committee	9/20/12	9/20/12
☐ Respiratory/Critical Care/ED Committee		
☐ Quality Improvement Team: ☐ EM Committee		
☐ EOC/Safety Committee ☐ Other:		
☐ **Nursing Department:** ☐ Nursing Practice:		
☐ **Forms Committee** (as applicable)		
☐ **Administrative Policy Review Committee (APRC)**†		
☐ **Executive Leadership**		
☒ **Medical Executive Committee (MEC)** (as applicable)	10/8/12	10/8/12
☒ **Board of Trustees** *(automatic from MEC)* *(as applicable)*	10/24/12	

POLICY:

To provide an organization-wide drug safety policy to prevent medication errors caused by the use of dangerous abbreviations and dose designations as recommended by the National Coordinating Counsel for Medication Error Reporting and Prevention (NCCMERP), The Joint Commission (TJC) and the Institute for Safe Medication Practices (ISMP).

PROCEDURE:

A. Increase patient safety by avoiding preventable injuries associated with misinterpretation of abbreviations or dose expressions.

B. Decrease unnecessary costs associated with preventable adverse drug events.

ABBREVIATIONS AND SYMBOLS TO AVOID

The following abbreviations and symbols are to be avoided in any communication including physician orders, computer generated labels, Medication Administration Records, labels for drug storage areas, pre-printed orders and protocols, and computerized pharmacy and prescriber order entry screens.

Abbreviation or Designation to Avoid	Corrective Action
U or u	Spell out "units"
I.U.	Spell out "International units".
Q.D.	Spell out "daily"
Q.O.D.	Spell out "every other day"
MS, MSO4,MgSO4	Spell out "Morphine sulfate or Magnesium sulfate"
µg	Spell out "microgram" or use mcg
Zero after decimal point (e.g. 2.0)	Do not use trailing zero when specifying a whole number (e.g. 2)
No zero before decimal point (e.g. .5)	Use zero before a decimal point when dose is less than one (e.g. 0.5)
TIW or tiw	Spell out days the drug is to be administered
X3d	Spell out intended meaning; "for three days" or "for three doses"
Apothecary symbols	Use metric system

IV. PROCEDURE

A. The hospital shall have a list of acceptable standard abbreviations, acronyms and symbols. If a "DO NOT USE" abbreviation is used, the physician will be notified for clarification. A second order will be rewritten with the clarification spelled out.

B. Medical Staff and hospital staff shall be educated on acceptable abbreviations and abbreviations "to avoid". The list shall be easily retrievable to facilitate compliance. The hospital-wide list of approved abbreviations is available by accessing the hospital intranet.

C. If an abbreviation "to avoid" is used and if the order is unclear or ambiguous, the prescription order is to be verified with the prescriber prior to its being dispensed or administered.

D. Compliance with this policy shall be monitored and reported to the Qualtiy department and the Medication Error Prevention Subcommittee via incident reports. Corrective action shall be taken if necessary to ensure compliance.

REFERENCES

ISMP Medication Safety Alert! May 2, 2001. "Please don't sleep through this wake up call," "Special Table – Do not use these dangerous abbreviations or dose designations."
http://www.ismp.org/msaarticles/wakeupcall.html

Joint Commission on Accreditation of Healthcare Organizations, Sentinel Event Alert Issue 23, "Medication errors related to potentially dangerous abbreviations," September 2001.
http://www.jcaho.org/edu%5Fpub/sealert/sea23.html

National Coordinating Council for Medication Error Reporting and Prevention, Council Recommendation, "Recommendations to Correct Error-Prone Aspects of Prescription Writing." Sept 4, 1996.
http://www.nccmerp.org/rec_960904.htm

www.TJC.org, accessed September 2012.

Responsible for review/updating	Pharmacy Director	Pharmacy

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE COMMITTEE
CREDENTIALS REPORT TO THE BOARD

September 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 (09/27/12) and the Medical Executive Committee (10/08/12).

CREDENTIALS REPORT TO THE BOARD SEPTEMBER 2012	
INITIAL APPOINTMENTS	
NAME	***DEPARTMENT/SPECIALTY***
Boyer, Nathan, MD	Medicine/Family Practice/Cardiology
Nazer, Babak, MD	Medicine/Family Practice/Cardiology
Shah, Saket, DO	Medicine/Family Practice/Family Medicine
Yang, Xiao, MD	Medicine/Family Practice/Internal Medicine
Littman, Erin, PA-C	Medicine/Family Practice/Emergency Medicine
REAPPOINTMENTS	
Leung, Megan, MD	Medicine/Family Practice /Emergency Medicine
Johnson, Malcolm, MD	Medicine/Family Practice /Emergency Medicine
Moyers, Brian S., MD	Medicine/Family Practice /Cardiology
Stephens, Claudell, MD	Medicine/Family Practice /Family Medicine
Tom, Randall, MD	Medicine/Family Practice /Internal Medicine