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

Wednesday, September 28, 2011
4:30 PM
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER

GOVERNING BODY
BOARD OF DIRECTORS

WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
SEPTEMBER 28, 2011, 4:30 P.M.
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA 94806

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

AGENDA

1. CALL TO ORDER — J. Gioia
2. ROLL CALL
3. APPROVAL OF AUGUST 24, 2011 MINUTES — J. Gioia
4. PUBLIC COMMENTS — J. Gioia
   [At this time persons in the audience may speak on any items not on the agenda and any other matter within the jurisdiction of the of the Governing Body]
5. FIRE ALARM SYSTEM UPGRADE — K. White / W. Appling
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Approval of expenditure for Fire Alarm System upgrade, mandated by Contras Costa Fire District*

6. FINANCIALS – AUGUST 2011 — J. Boatman
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Acceptance of the August 2011 Financials.*

7. QUALITY REPORT — J. Maxworthy
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: For information only.*

8. MEDICAL EXECUTIVE REPORT — S. Drager, M.D.
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION:*
      - *Acceptance of Medical Staff Report*
      - *Approval of Appointments, Reappointments and Changes of Staff Status, and Policies and Procedures*

ADJOURN TO CLOSED SESSION

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

B. Conference with Labor Negotiators (pursuant to Government Code Section 554957.6) Agency negotiators: John Hardy, Vice President of Human Resources: California Nurse Association, National Union Healthcare Workers.

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

August 24, 2011

TAB 3

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER GOVERNING BODY

Doctors Medical Center
Governing Body Meeting
August 24, 2011 – 4:30 pm
Doctors Medical Center - Auditorium
2000 Vale Road, San Pablo, CA 94806

Governing Body
Supervisor John Gioia, Chair
Eric Zell, Vice Chair
Irma Anderson
Wendel Brunner, M.D.
Deborah Campbell
Nancy Casazza
Sharon Drager, M.D.
Pat Godley
Richard Sankary, M.D.
Bill Walker, M.D.
Beverly Wallace

Minutes

1. **Call to Order**

   The meeting was called to order at 4:30 p.m.

2. **Roll Call**

   Quorum was established; roll was called.

Voting Members:	*Supervisor John Gioia*
	Eric Zell
	Wendel Brunner, M.D.
	Nancy Casazza
	Sharon Drager, M.D.
	Richard Stern, M.D.
	William Walker, M.D.
	Beverly Wallace
Teleconference:	*Irma Anderson*
	Deborah Campbell
Excused Absence:	*Pat Godley*

3. **Approval of Minutes of July 25, 2011**

   The motion made by Director Casazza and seconded by Director Zell to approve the minutes of July 25, 2011 passed unanimously.

4. **Public Comments**

   Miriam Sutherland, Doctors Medical Center (DMC) ultrasound tech enquired about the Richmond Health Center's x-ray, mammogram and ultrasound services and how it would impact the services at DMC. Doctor Walker stated that the county is looking at ways and taking advantage of partnering with DMC, which includes x-ray and lab services.

5. **Stroke Program**

Dawn Gideon, Interim President and CEO introduced Tiffany Lightfoot, DMC's Stroke Coordinator to present the Stroke Program. The presentation provided statistical information, warning signs, and risk factors on strokes.

Tiffany and Dr. Carson are working closely with the medical staff to prepare for the Joint Commission accreditation to occur on September 29, 2011.

6. **Conflict of Interest Policy**

Colin Coffey, District Counsel sought approval and adoption of the updated Governing Body Conflict of Interest Code. The Fair Practice Political Commission (FPPC) published Code is standard practice among smaller public agencies in the State. The chief area of customization is that each public agency is required to "designate" management positions to be covered by the Conflicts rules because of the managers' position and ability to spend public dollars. Those with discretionary purchasing ability should have to file Form 700 and disclose potential conflicts in advance.

The motion made by Dr. Walker and seconded by Director Anderson to approve the updated Conflict of Interest Code passed unanimously.

7. **July Financial Report**

Jim Boatman, CFO reported July 2011 was a net loss of $1,29,000. As a result, net income was under budget by 1,211,000; length of stay is at 4.55 days and the average daily census was 64.6; operating loss increased $3M in July to bring a year to date operating loss of $16M or $11M higher than anticipated. Operating cash in July was $4.2M or 10 days.

The motion made by Director Casazza and seconded by Director Wallace to accept and approve the financial statements for July 2011 passed unanimously.

8. **QUALITY REPORT**

Juli Maxworthy, VP quality, presented the following informational items:

- Patient First Forum meets every month to allow the community to come in and talk with us and share their experience
- Partnership for Patients: Better Care, Lower Cost
    - Public-Private Partnership that will help improve the quality, safety and affordability of health care
    - Two care goals: One, keeping patient from getting injured or sicker in the health systems, two, helping patients heal without complications
    - DMC has signed up to receive information about the program and will keep the board updated
- Hospital Acquired Pressure Ulcer Prevalence

    - Hospital Acquired Pressure Ulcers (HAPU)
- Infection Control Update
- Quality Highlights:
    - Medication Error Reduction Plan (MERP)
        - Triennial Survey 8/17-19
        - Results Pending (as of 8/18/11)
    - Clinical Lab Survey (Joint Commission)
        - Expect visit between 8/15/11 – 10/1/1
    - Emergency Department
        - Launch of patient satisfaction surveys
    - Safety Culture Survey

9. CEO Report

Dawn Gideon, Interim CEO provided the following information and updates:

- Announced and welcomed Kathy White as Interim COO
- Commended Therese Helser, all the pharmacist group and nursing for successfully passing the joint commission survey on Medication Safety
- Arthritis Exercise Program: DMC has been awarded the 2011 Andrew and Gloria Guasch Memorial Community Care/Patient Education grant from the Arthritis Foundation to offer a free exercise program to West Contra Costa Residents
- Continue to keep staff abreast of what management is doing and also talk about specific issues in the different departments by rounding in the different hospital units
- Dr. Drager called a special medical staff meeting on 8/23 to communicate and update the physicians regarding the state of the hospital
- On 8/15 DMC's Relay for Life team represented the hospital at Pinole's annual Relay for Life event for the American Cancer Society. DMC was a significant financial contributor in the participation.
- Recap on 4 major activities that we are pursuing to address the $18M gap:
    1. Performance improvement of $5M in operating deficiencies; working on a number of initiatives required to get us there; will be identifying and implemented within the next several months
    2. Savings through the refinancing debt structure; we have selected and appointed the advisors as necessary to take the organization through that process
    3. Board approved parcel tax
    4. Strategic affiliation efficiency opportunities of $6M savings; continue to participate in a regional planning effort with the County, Kaiser, John Muir, County emergency medical services, Medical Association and others to look for opportunities

10. Closed Session and Adjournment

The meeting went into closed session at 5:30 p.m. Supervisor John Gioia announced that there would be no reportable actions taken in closed session.

DOCTORS
MEDICAL CENTER

FIRE ALARM SYSTEM UPGRADE

TAB 5

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

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

FROM: **WILLIAM APPLING, DIRECTOR OF PLANT OPERATIONS**

DATE: **SEPTEMER 28, 2011**

SUBJECT: **FIRE ALARM SYSTEM UPGRADE**

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

REQUEST / RECOMMENDATION(S): Recommend to the District Board to approve and authorize the Director of Plant Operations to execute on behalf of DMC, approval of the Fire Alarm System upgrades, as mandated by Contra Costa Fire District.

FISCAL IMPACT: The Fire Alarm System Upgrades: $1,550,000
Fire Watch Personnel: $161,314 (Annualized)
Total **$1,711,314**

STRATEGIC IMPACT:
The upgrade of the fire alarm system will allow DMC to meet the California Fire Code (4603.6.3,4603.6.3.1)CFC for existing Group 1-2 occupancies, as mandated by the Contra Costa Fire District.

REQUEST / RECOMMENDATION REASON, BACKGROUND AND JUSTIFICATION:
During the annual Fire Safety inspection conducted by the Contra Costa Fire District it was noted that the 7th floor of the facility was being used to house inmates as patients in the hospital during their medical care. It was documented by the Fire District that these patients were restrained to their beds by at least one ankle chain/cuff and one hand-cuff. This arrangement, per the Fire District and OSHPD presents a change of use from a Group 1-2 (hospital) to a Group 1-3 (place of detention) occupancy on the 7th floor based on the fact that restraint is used on the patients located on that floor.

The California Fire Code requirements for Group 1-3 occupancy stipulate that the following conditions be met:

A. Every building, or portion thereof, where inmates are restrained shall be protected by an automatic sprinkler system conforming to NFPA 13. (903.2.6.3) CFC
B. Group 1-3 occupancies shall be equipped with a manual *and* automatic fire alarm system installed for alerting staff (907.2.6.3) CFC

Additionally, the California Fire Code stipulates that all existing Group 1-2 occupancies meet the following condition:

C. An automatic fire alarm system that activates the occupant notification system shall be installed in existing Group 1-2 occupancies. Existing Group 1-2 occupancies located in buildings defined as hospitals which are not equipped with an automatic sprinkler system throughout shall be equipped with an automatic fire alarm system which responds to the products of combustion other than heat.

Based on the code interpretation by both the Contra Costa Fire District and OSHPD that DMC has changed the use of the 7th floor from a Group 1-2 (hospital) to a Group 1-3(place of detention), the fire alarm system must be upgraded by September 9th, 2012.

During the duration of this project, and effective September 23rd, 2011, dedicated personnel will be assigned to conduct a hospital-wide fire watch. It is noted that the licensed can only perform the duties related to the fire watch, as specified in the Contra Costa Fire District final report, received on September 12th, 2011.

Presentation Attachments: Yes____No____

Requesting Signature: ________________________________ Date: ___ / ___ / ___

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: ____________________________
John Gioia, Chair, Governing Body
Board of Directors

Cc:
Accounts Payable
Contractor
CFO/Controller
Requestor

Contra Costa County **Fire Protection District**

September 9, 2011

RECEIVED
SEP 12 2011
ADMINISTRATION

Dawn Gideon, Chief Executive Officer
Doctors San Pablo Medical Center
2500 Vale Road
San Pablo, CA 94806

Dear Ms. Gideon:

We met last month to discuss the use of the 7th floor of your facility to house inmates as patients in your hospital during their medical care. It is documented that these patients are restrained to their beds by at least one ankle chain/cuff and one hand-cuff. This arrangement presents a change of use from a Group I-2 (hospital) to a Group I-3 (place of detention) occupancy on the 7th floor based on the fact that restraint is used on the patients located on that floor.

The California Fire Code requirements for a Group I-3 occupancy stipulate that the following conditions be met:

A. Every building, or portion thereof, where inmates are restrained shall be protected by an automatic sprinkler system conforming to NFPA 13. (903.2.6.3) CFC
B. Group I-3 occupancies shall be equipped with a manual *and* automatic fire alarm system installed for alerting staff. (907.2.6.3) CFC

Additionally, the California Fire Code stipulates that all existing Group I-2 occupancies meet the following condition:

C. An automatic fire alarm system that activates the occupant notification system shall be installed in existing Group I-2 occupancies. Existing Group I-2 occupancies located in buildings defined as hospitals which are not equipped with an automatic sprinkler system throughout shall be equipped with an automatic fire alarm system which responds to the products of combustion other than heat. (4603.6.3, 4603.6.3.1) CFC

Based on the requirements listed above for both the Group I-2 and Group I-3 occupancies the following corrections are necessary to bring the building into compliance based on its current use:

1. Provide an automatic sprinkler system conforming to NFPA 13 throughout the entire 7th floor to protect that portion of the building containing the Group I-3 occupancy.
    a. Alternative: move the Group I-3 occupancy into the former burn unit (current ICU) wing of the 7th floor. This area is already protected by an automatic sprinkler system and would meet the intent of the code if this was the only portion of the building where the restraint of patients was practiced.
2. Provide an upgrade to the current building fire alarm system to be consistent with the requirements as outlined in items B and C above. An automatic fire alarm system is required

2010 Geary Road • Pleasant Hill, California 94523-4619 • Telephone (925) 941-3300 • Fax (925) 941-3309
East County • Telephone (925) 757-1303 • Fax (925) 941-3329 West County • Telephone (510) 374-7070
www.cccfpd.org

based on the existing Group I-2 (hospital) occupancy regardless of the existence of the Group I-3 occupancy on the 7th floor. Upgrading the current building fire alarm system will bring the building into compliance with current code requirements, as well as allow the continued operation of the Group I-3 occupancy on the 7th floor.

Based on the fact the 7th floor ICU is not currently being used we feel the alternative resolution to item 1 is relatively simple and shall be completed within 14 days from the date of this letter. If the facility pla is to expand the automatic sprinkler system throughout the 7th floor, the restrained patients may be moved out of the existing ICU area once the upgrade is complete and sprinkler coverage is provided to the portion of the building used for the Group I-3 occupancy.

Recognizing the budgeting and logistical constraints involved with a significant fire alarm upgrade, the facility shall have a signed contract with a licensed fire alarm contractor within 90 days of the date of this letter with all work to be completed no later than 1 year from the date of this letter. In order to maintain a high degree of safety to the occupants, staff, and general public, a dedicated fire watch program shall be submitted for review and approval and be operational within 14 days from the date of this letter (see attachment for a list of minimum requirements for a fire watch program in a hospital). The fire watch program shall be maintained until the upgraded fire alarm system is installed and successfully accepted.

Please contact me at your earliest convenience if you have any questions or need clarification.

Sincerely,

Lewis T. Broschard III
Fire Marshal
(925) 941-3520

Attachment: Fire Watch Program – Minimum Requirements

CC: Daryl Louder, Fire Chief
Richard Grace, Assistant Fire Chief Support Services
George Laing, Fire Inspector
Kent Kirby, Fire Prevention Captain
John K. Guhl, Supervising Deputy State Fire Marshal
Loren Neyer, Office of Statewide Health Planning and Development
John Gioia, County Supervisor
File

Doctor's San Pablo Hospital
Fire Watch Program
List of Minimum Requirements

Pursuant to section 901, California Fire Code, a fire watch is required in your facility. The following elements of a fire watch program are required of your facility until such time an automatic fire alarm system is installed and successfully tested and accepted:

1. A licensed and bonded security company shall be used.
2. The facility shall provide at least one (1) fire watch personnel at all times, 24 hours per day.
3. The only duty that the fire watch personnel shall perform are those duties associated with fire watch. **No other assignments, including security work, shall be performed.**
4. Fire watch personnel shall be equipped with a cell/mobile phone capable of calling the Fire District Communication Center at 925-941-3330.
    a. Phone number shall be saved as a pre-programmed number in the cell phone directory.
5. The licensed security company contracted to perform fire watch duties is required to notify the Fire District Fire Prevention Bureau in writing that the security company has been hired to perform those duties.
6. Fire watch personnel shall conduct constant patrols of the building. Fire watch personnel are required to keep a journal and log all activities every 30 minutes. The journal shall be presented to the Fire District upon request.
7. Fire watch personnel shall be instructed to perform the following in case of smoke or fire conditions:
    a. Activate the building's manual fire alarm system
    b. Initiate the 911 system by calling the FD Communication's Center directly on the cell phone or by calling 911 from a landline phone in the building.

September 20, 2011

Ms. Dawn Gideon, Interim CEO
Doctors Medical Center
2000 Vale Road
San Pablo, CA 94806

Dear Dawn,

Sodexo Facility Solutions is pleased to submit the following preliminary pricing estimate to upgrade the fire alarm system at Doctors Medical Center.

Due to the limited time available to prepare a preliminary cost, we were limited to one contractor quote based only upon a rough order of magnitude scope. We feel very confident that following a well-executed design and bid process, the final cost will be significantly lower that this preliminary estimate.

The existing Sodexo Operations and Maintenance agreement includes a provision whereby Sodexo can provide project and construction management services. To proceed, we would only need to execute a simple work order which identifies the scope and project cost.

Sodexo has significant experience with hospital fire alarm systems and is currently managing a similar project at USC hospital in Los Angeles. As project manager our scope of work would include the following:

- Project Design
  - Review existing conditions
  - Review codes mandated by the Fire Marshall
  - Establish construction standards
  - Prepare design documents
  - Submit documents to OSHPD for approval
- Consultation
  - Sodexo shall schedule and attend regular progress meetings with the owner
- Preliminary Schedule
  - Sodexo shall prepare a preliminary cost estimates and project schedule
- Bid solicitations or RFP
  - Sodexo shall prepare and review with owner proposals for the work.
- Construction Phase
  - Schedule owner meetings
  - Maintain a construction schedule for the project
  - Sodexo shall be responsible for all construction means, methods, techniques, sequences and procedures and for coordinating all portions of the work
  - Sodexo shall be responsible for interim life safety and all infection control standards
  - Maintain a construction budget for the project
- Startup and system commissioning
- Staff Training

The preliminary project cost is estimated to be no higher than $1,550,000. This cost is intended to be a worst case number for budgeting purposes. This is also intended to be a turnkey price which includes the following:

- 885 addressable smoke detectors
- 250 Horn strobes
- 50 strobes
- Installation
- Design documents and OSHPD approvals
- Project Management
- Contingency
- Insurance
- All testing and inspections
- Minor construction such as painting and patching where necessary
- Commissioning and Training

As we manage the design and bid process, we will work with the hospital to ensure that an open bid process results in the lowest acceptable cost. Any cost reductions from the preliminary budget list above will accrue to the hospital.

As the facility maintenance operator, Sodexo is in the best position to both design and manage the installation of the system upgrades. We can ensure that the system is designed properly and that installation is scheduled properly and does not interfere with existing operations including interim life safety and infection control.

We look forward to discussing with you the overall scope of the project as well as next steps in the design process.

Sincerely,

Scott Yarian
Regional Director
Sodexo Facility Solutions

Doctor's Medical Center Fire Watch Coverage

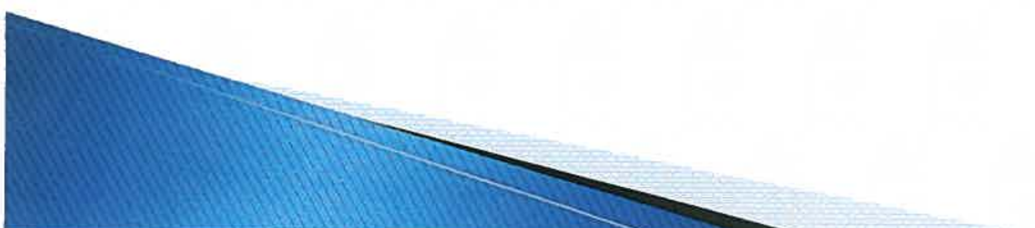
SERVICE	FTE	14-DAY BILLING PERIOD HOURS/UNITS	14-DAY BILLING PERIOD UNIT RATE	14-DAY BILLING PERIOD UNIT AMOUNT	ANNUAL COSTS
Security Officer	4.2	336.0	$ 18.29	$ 6,145	$ 159,781
Holiday Surcharge					$ 1,532.15
TOTAL	**4.2**			**$ 6,145**	**$ 161,314**

AUGUST 2011 FINANCIAL REPORT

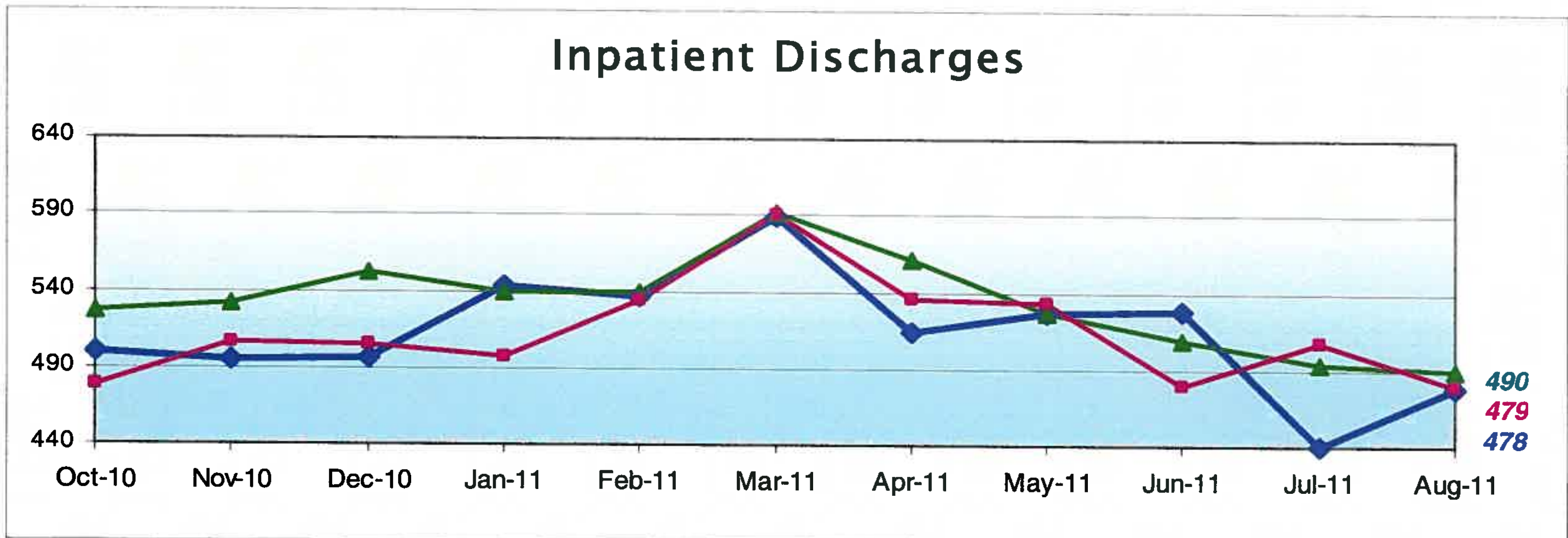
TAB 6

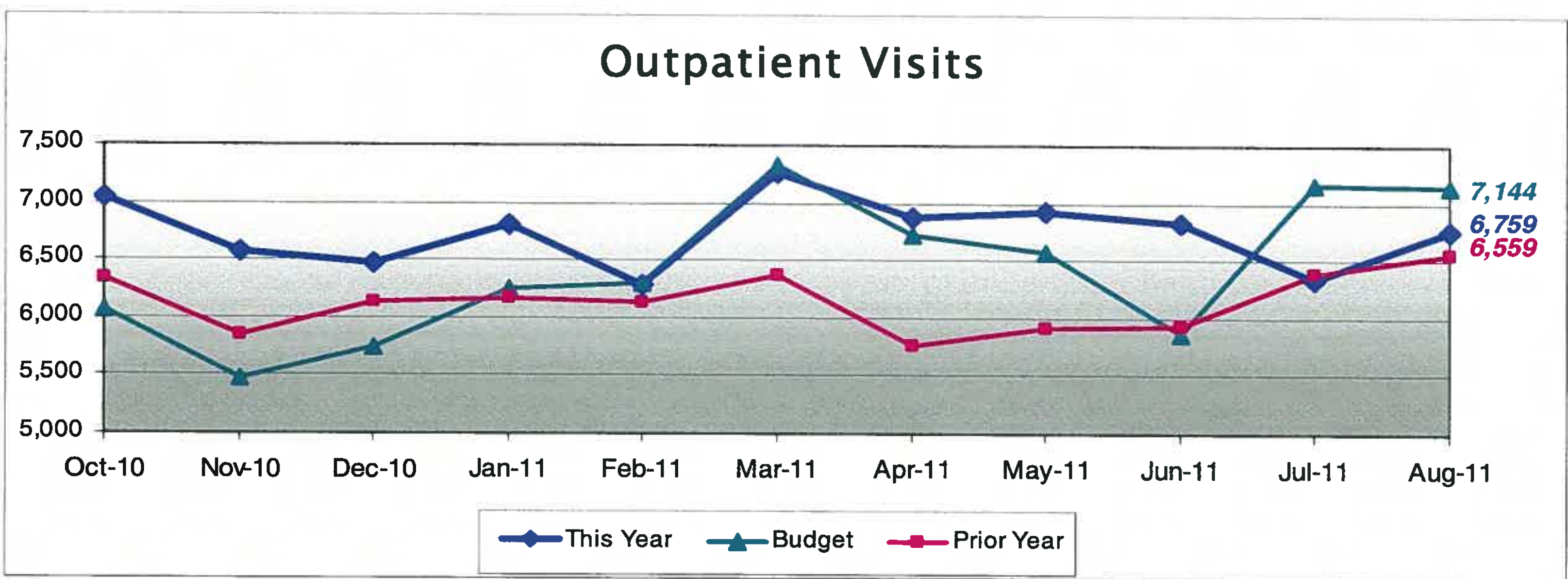
Board Presentation

August 2011 Financial Report

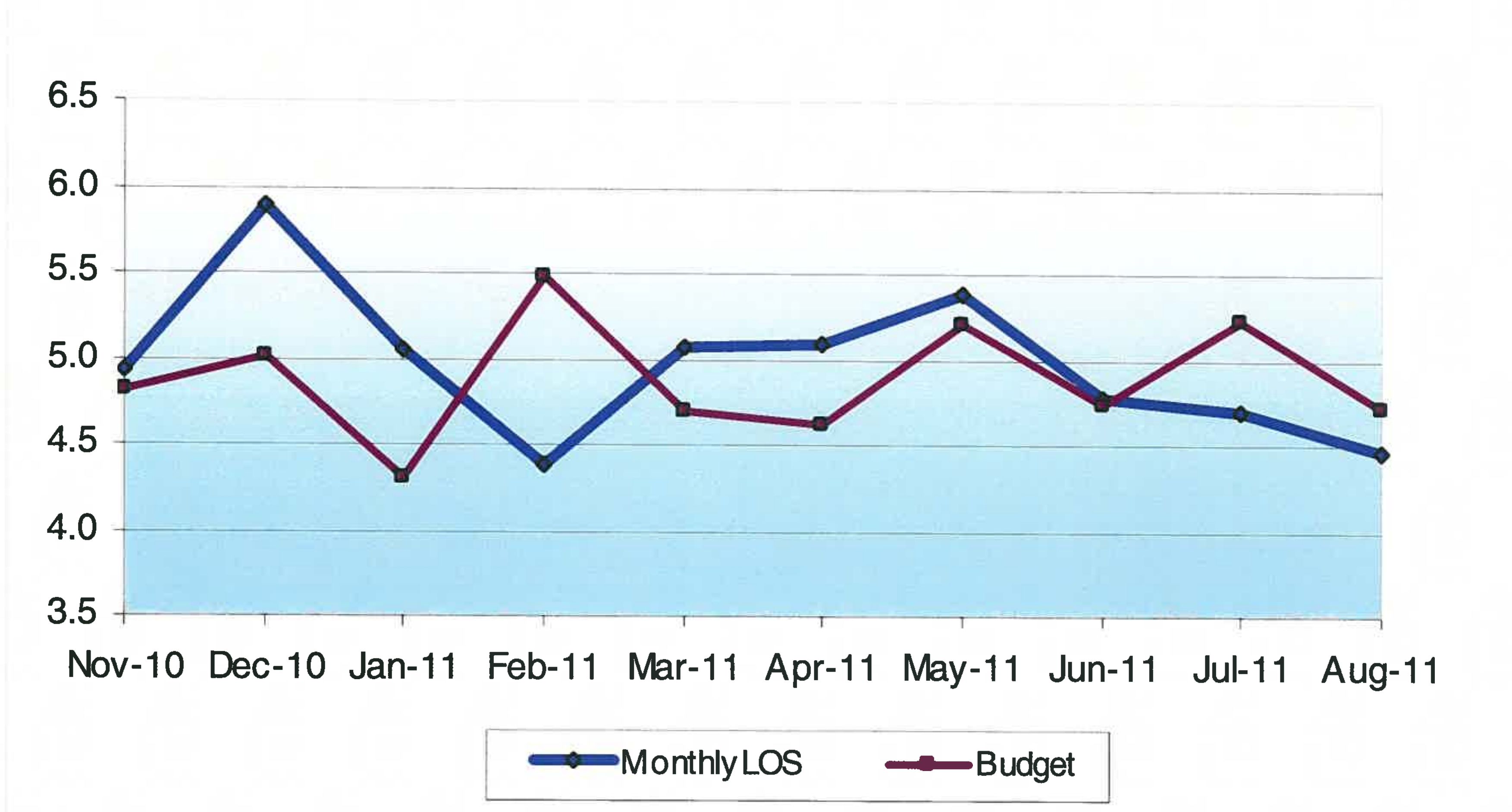


Patient Volumes





Monthly Length of Stay
Discharged Patients



Statement of Activity – Summary

For the Period Ending

August 31, 2011

(Thousands)

Month to Date				Year to Date		
Actual	Budget	Var		Actual	Budget	Var
9,047	10,687	(1,640)	**Net Operating Revenues $**	82,534	90,492	(7,958)
11,490	12,212	722	**Total Operating Expenses $**	101,413	97,715	(3,698)
(2,443)	(1,525)	(918)	**Income/(Loss) from Operations $**	(18,879)	(7,223)	(11,656)
1,904	666	1,238	**Income from Other Sources $**	8,603	5,283	3,320
(539)	(859)	320	**Net Income / (Loss) $**	(10,276)	(1,940)	(8,336)
(6.0%)	(8.0%)	2.1%	**Net Income Percentage**	(12.5%)	(2.1%)	(10.3%)

California Benchmark Avg	2.1%
Top 25%	7.1%
Top 10%	11.5%

Budget Variances – Net Revenue

- Medi-Cal/Medi-Cal HMO - ($244K).
- HMO/PPO/Commercial - ($1.6M).

Budget Variances – Expenses

- Salaries & Benefits $574K – Salaries under budget by $583K due to low contract labor, flexing and hospital reorganization.
- Professional Fees ($48K) –Higher legal costs related to labor negotiations.
- Supplies $551K – Flexed supply cost was $367K with the balance of the reduction in implants and pacemakers.
- Purchased Services ($51K) – Security, lab test referrals and renal dialysis were over budget.
- Rentals & Leases ($53K) – New unbudgeted equipment leases.

Cash Position

August 31, 2011

(Thousands)

	August 31, 2011	December 31, 2010
Unrestricted Cash	$6,746	$5,229
Restricted Cash	$2,246	$4,006
Total Cash	$8,992	$9,235
Days Unrestricted Cash	18	12
Days Restricted	8	11
Total Days of Cash	26	23

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

Accounts Receivable

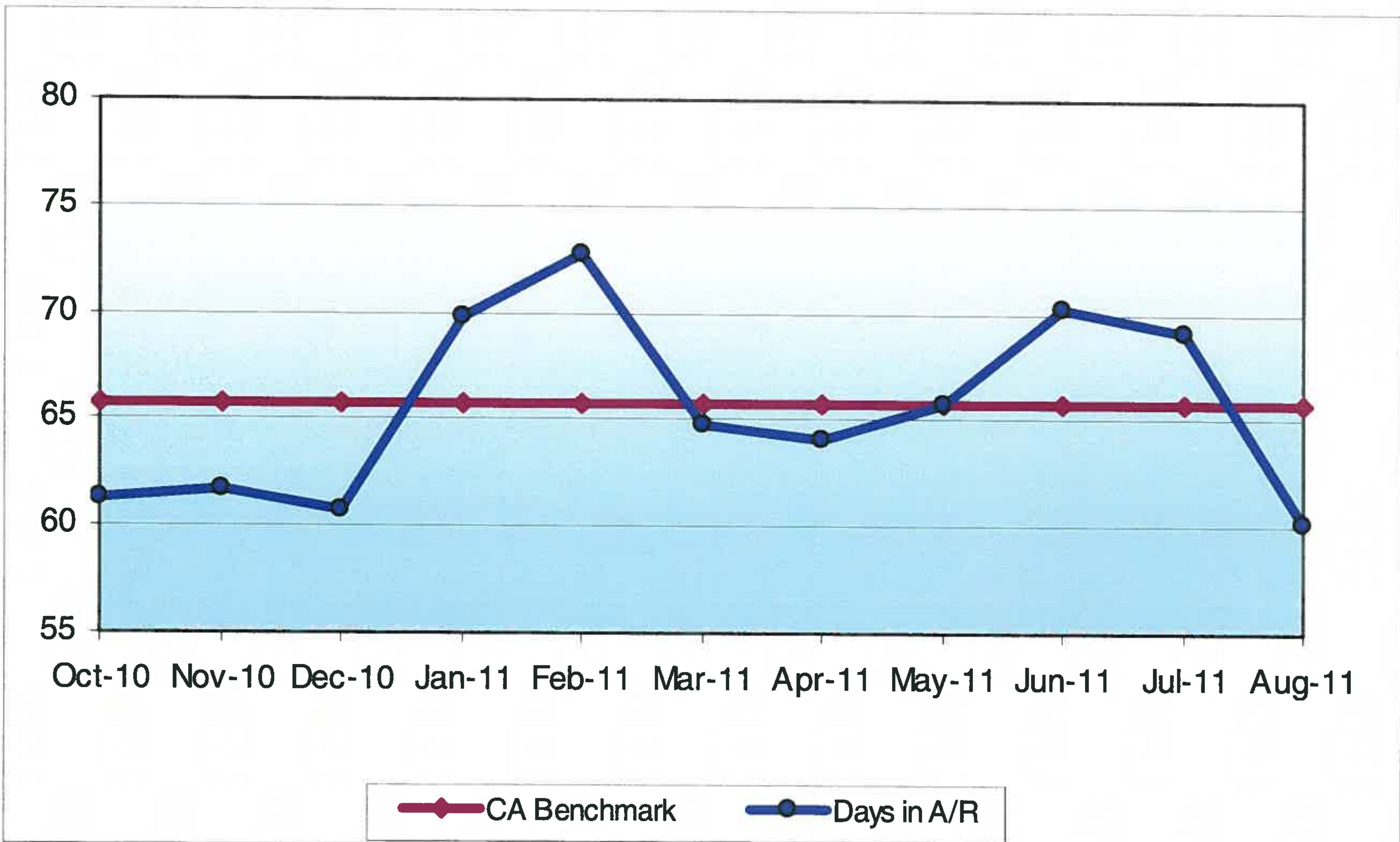
August 31, 2011

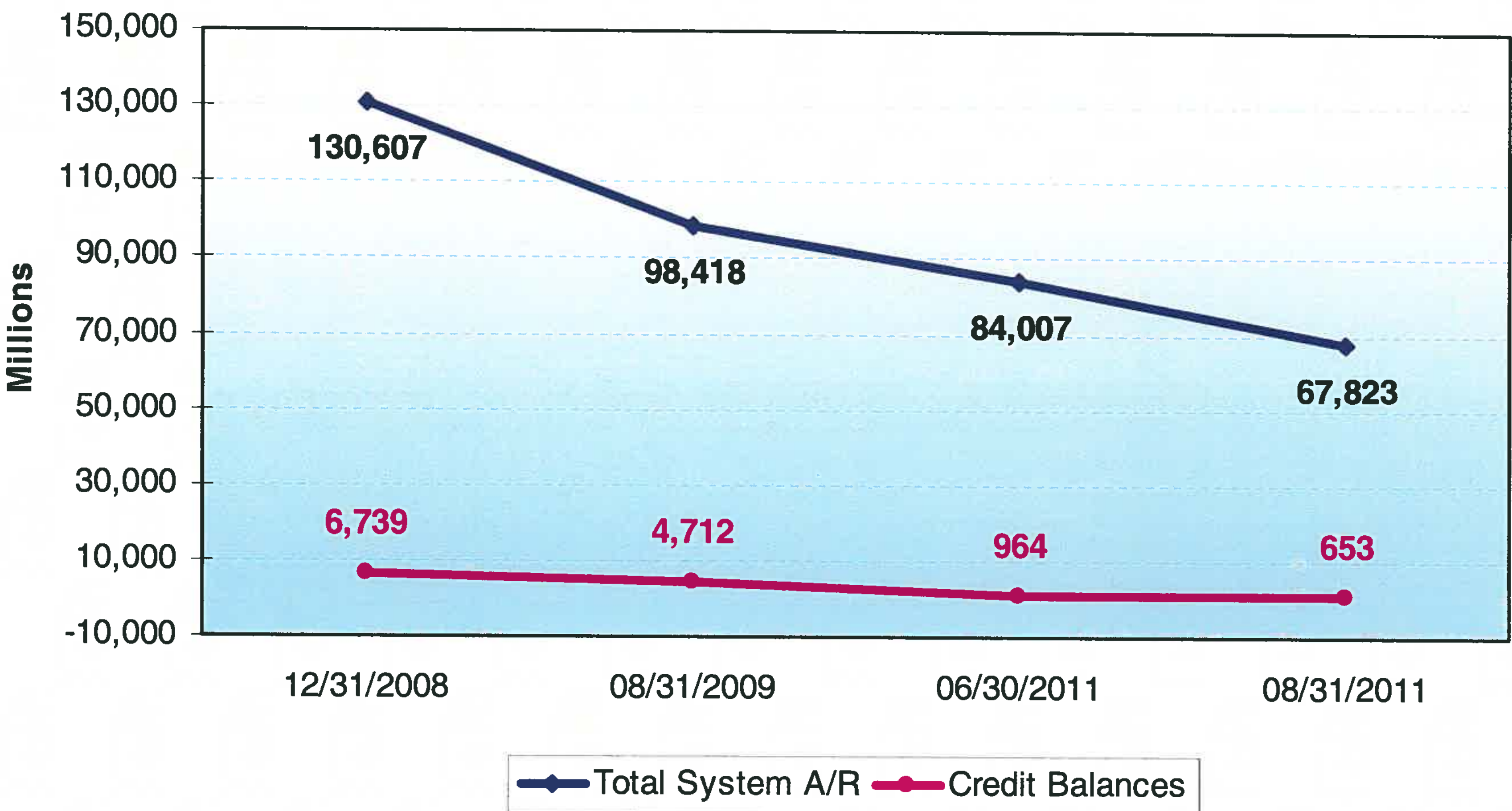
(Thousands)

	August 31, 2011	December 31, 2010
Net Patient Accounts Receivable	$18,991	$20,433
Net Days in Accounts Receivable	60.2	60.7

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

Accounts Receivable
Net Days in A/R

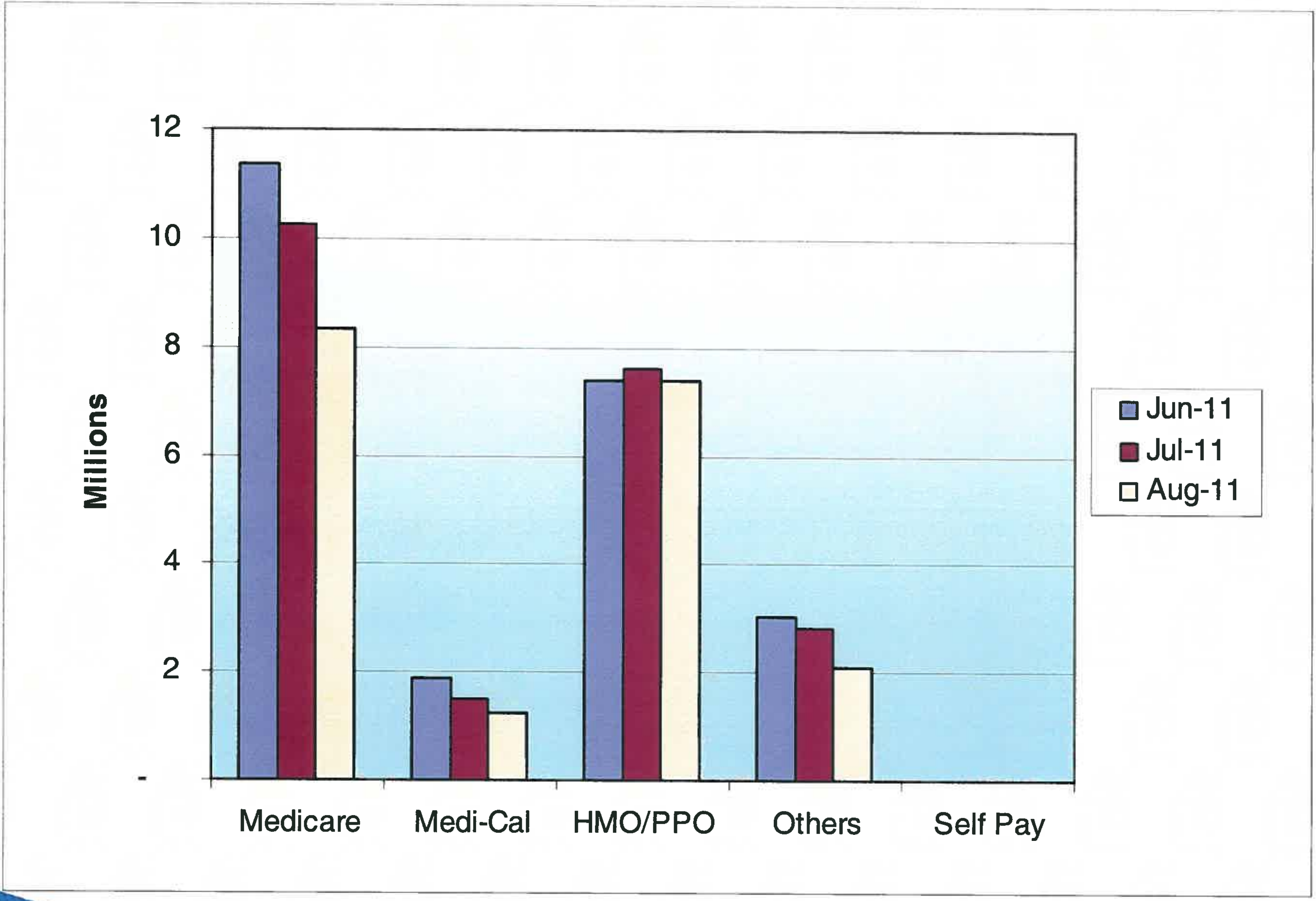



A/R Balances Progression
Millions
150,000
130,000
110,000
90,000
70,000
50,000
30,000
10,000
-10,000
130,607
98,418
84,007
67,823
6,739
4,712
964
653
12/31/2008
08/31/2009
06/30/2011
08/31/2011
Total System A/R
Credit Balances

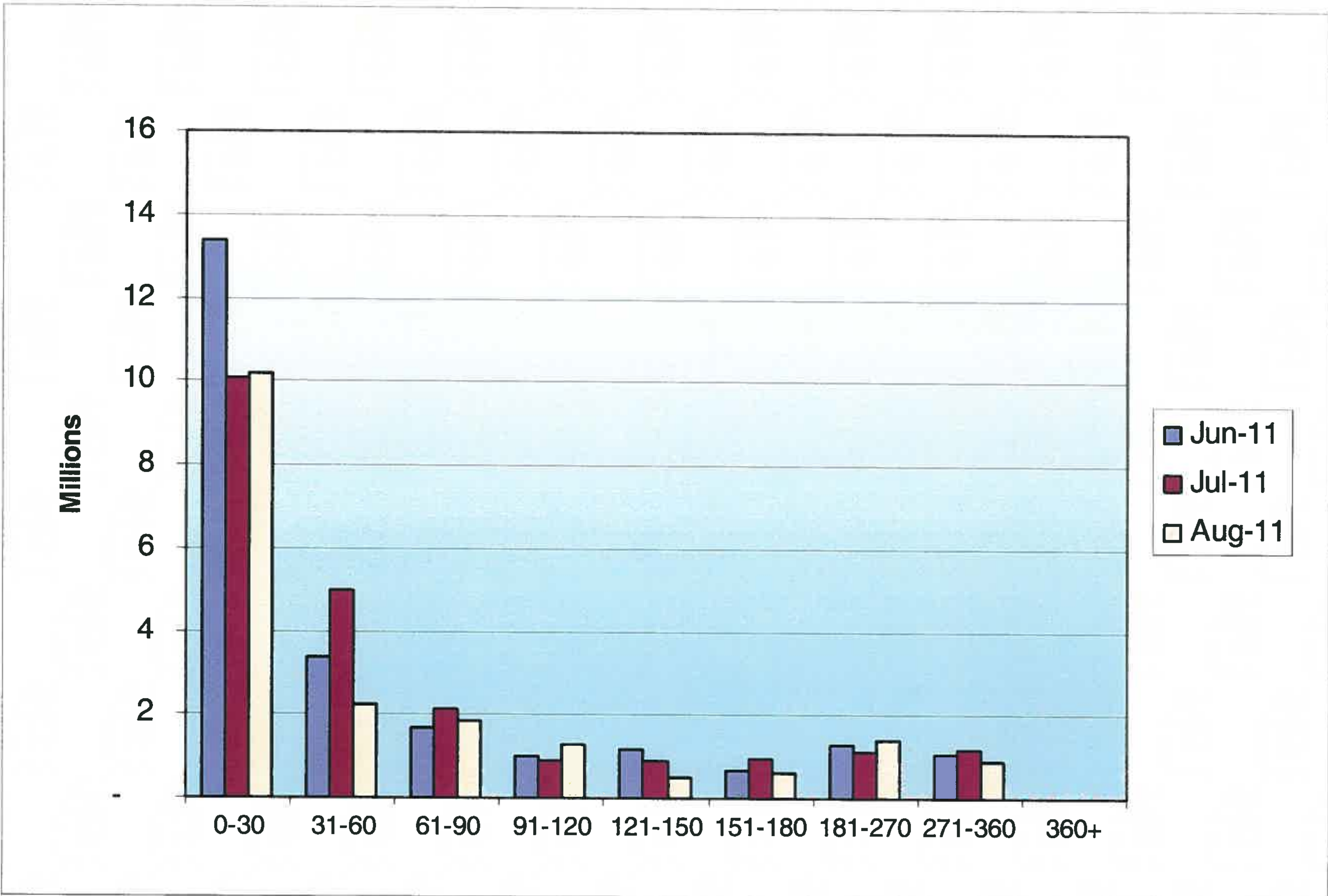
Financial Report Key Points

- Net Loss was $539K in August less than budgeted. Net Loss to date is $10M or $8M higher than anticipated.
- Accounts Receivable Days dropped to 60.2 days and below the California Benchmark.
- Operating Cash in August was $6.7M or 18 Days.

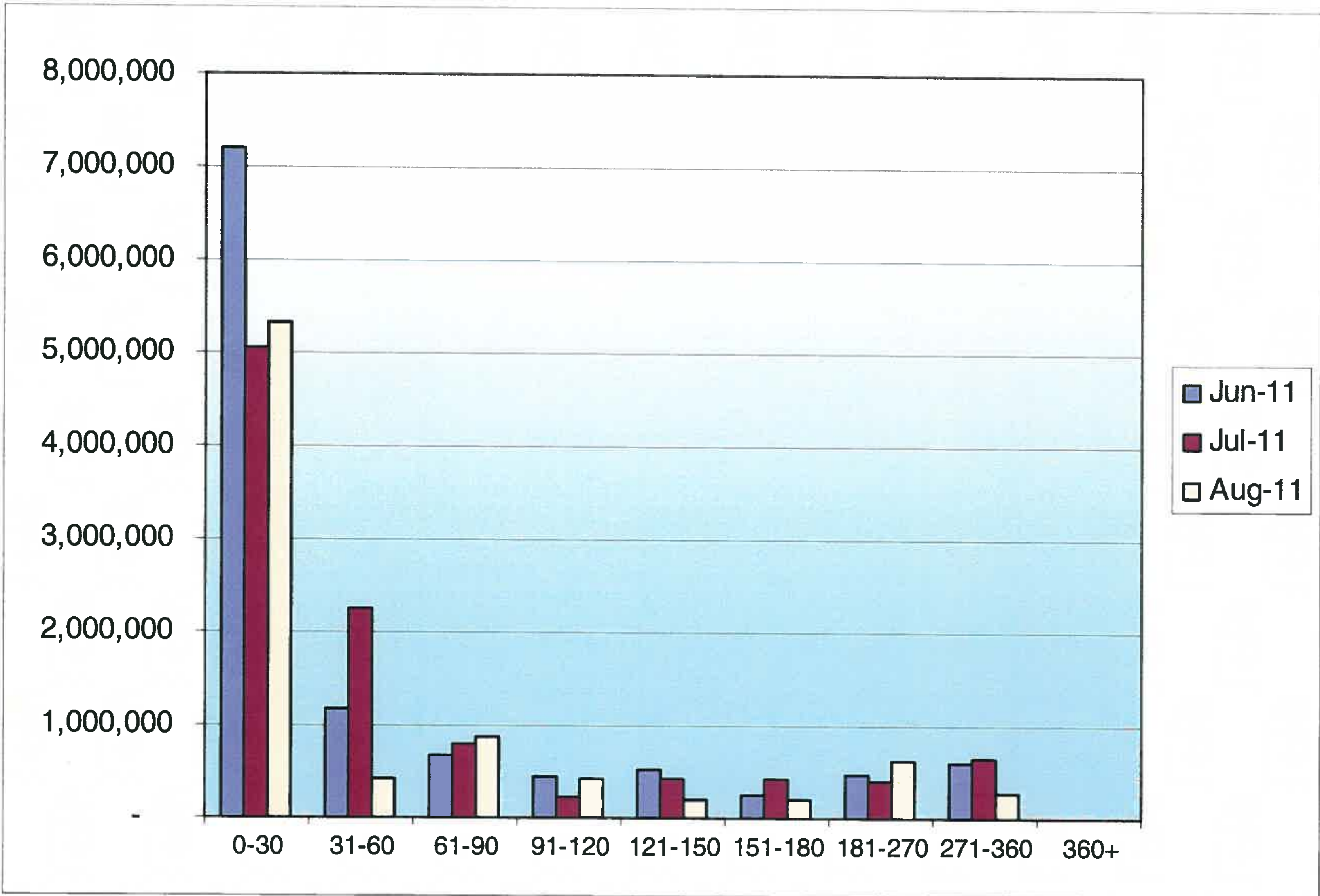
Net A/R by Payor



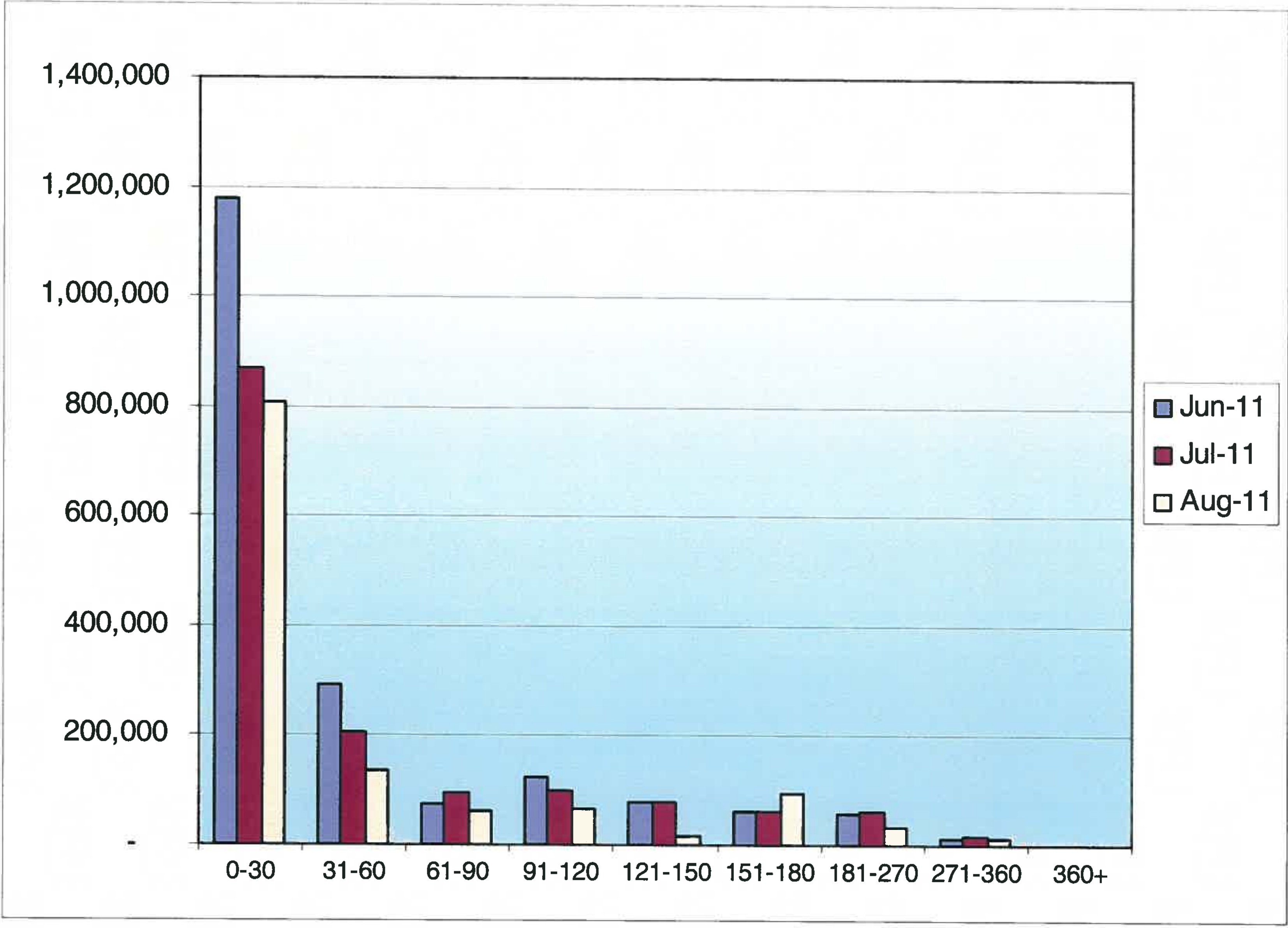
Aged Total Net Accounts Receivable



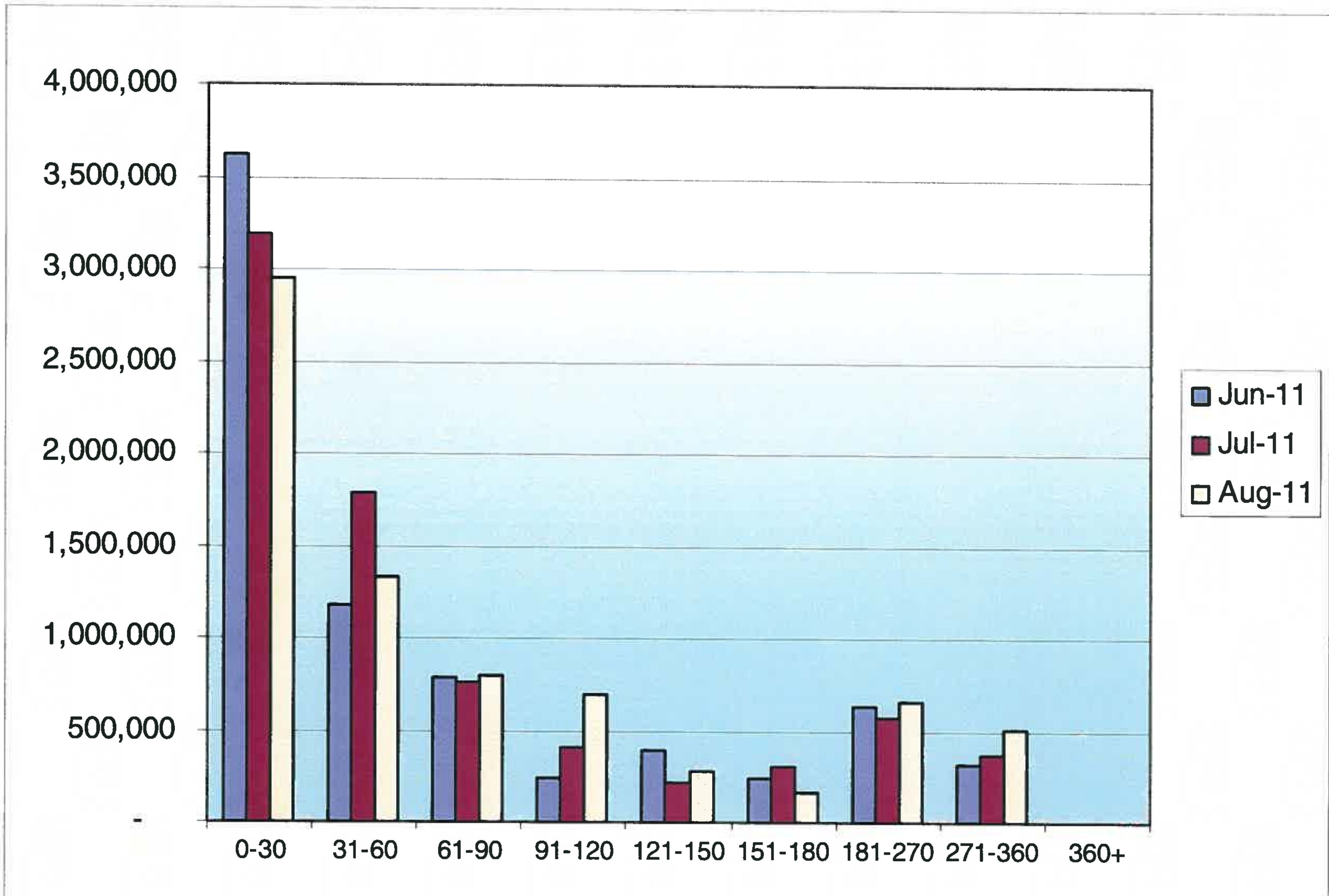
Net Medicare Receivables



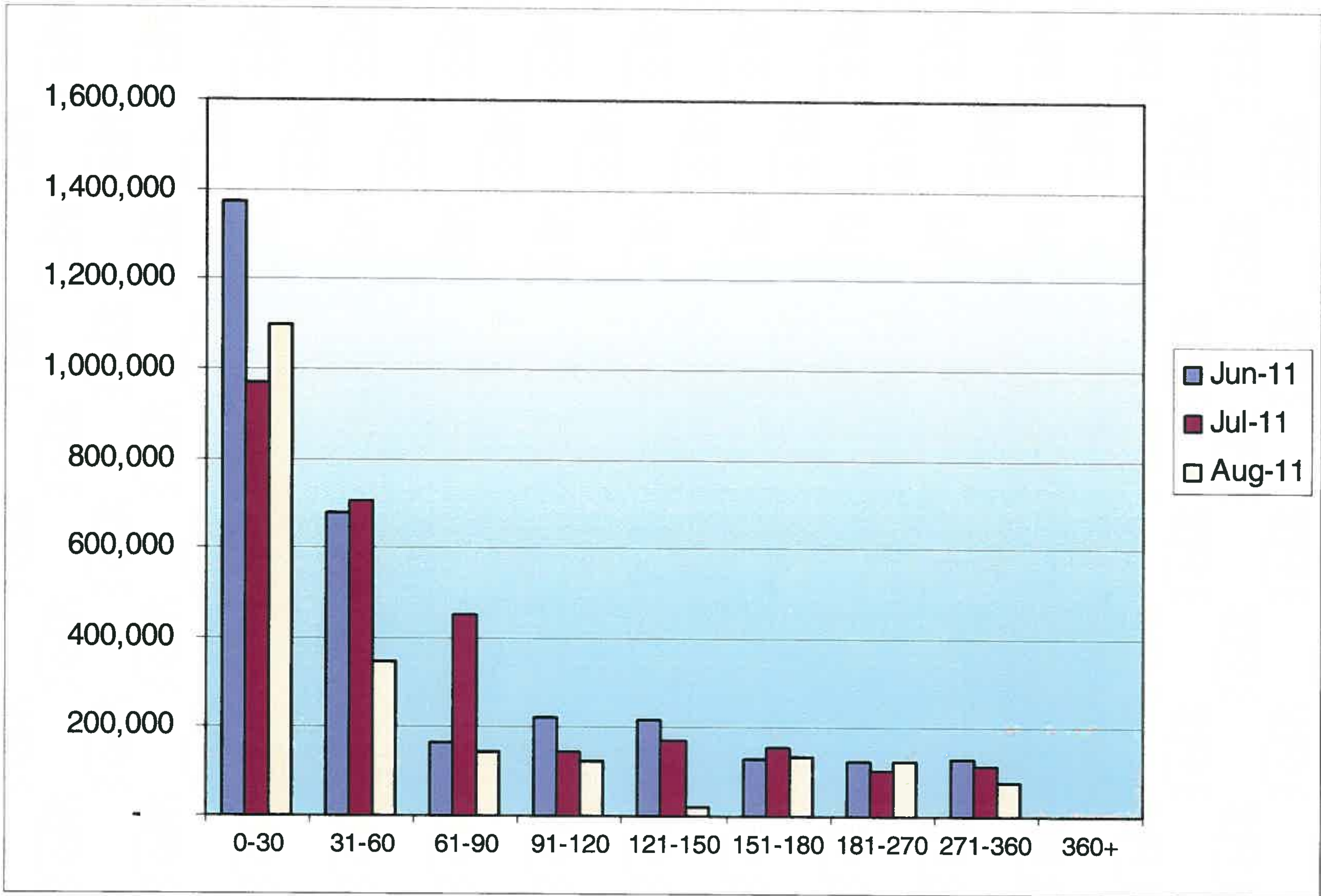
Net Medi-Cal Receivables



Net HMO / PPO Receivables



Net Other Payors Receivables



August 2011 Executive Report

Doctors Medical Center had a Net Loss of $539,000 in the month of August. As a result, net income was better than budget by $320,000. The following are the other factors leading to the Net Income variance:

Net Patient Revenue Factors	**Over / (Under)**
HMO/PPO/ Commercial Volume	($1,556,000)
Medi-Cal/ Medi-Cal HMO	($244,000)
Expenses	
Salaries & Benefits	$574,000
Professional Fees	($48,000)
Supplies	$551,000
Purchased Services	($51,000)
Rentals & Leases	($53,000)

Net patient revenue was under budget by $1,740,000. Gross charges were under budget in August 11.8%. Patient days were 13.0% under budget and admissions were 5.5% under budget. The large revenue variance is created by the decrease in HMO/PPO business including rate increases put into the budget that have not occurred. That business group by itself accounted for a $1,556,000 variance from budget. Our volumes in Medi-Cal were also under budget.

Other Revenue was over budget by $100,000. We received a large dividend check from Beta Healthcare Group for $132,450 for prior years risk management from our insurance risk pool..

Salaries and Benefits combined were under budget $574,000 while patient days were 13.0% under budget. Worked FTE's were under budget 10.6% and came very close to the reduction in volume. The worked FTE per AADC was a under budget indicating the flexing of staff mirrored the volume decrease.

Professional Fees were over budget in July $48,000. Legal costs were over budget $59,000 due to the cost of labor negotiations.

Supplies were under budget $551,000. Our supplies should have been reduced by $367,000 based on our volume. We were able to flex supplies another $184,000 with most of this reduction in implant and pacemaker costs.

Purchased Services were over budget $51,000. We continue to be over budget in Security $21,000. Purchased services for lab test referrals and renal dialysis were over by $14,000 and $12,000 respectively.

Rentals and Leases were over budget $53,000. We financed the capital improvements for the Toshiba CT machine and the IT costs for paragon which together totals $53,000. These were budgeted as capital in the budget not as an operating lease. This variance will continue for the rest of the year.

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
August 31, 2011
(Amounts in Thousands)

	CURRENT PERIOD				PRIOR YEAR		CURRENT YTD				PRIOR YEAR
	ACTUAL	BUDGET	VAR	VAR %	ACTUAL		ACTUAL	BUDGET	VAR	VAR %	ACTUAL
						OPERATING REVENUE					
1	8,838	10,578	(1,740)	-16.4%	10,211	Net Patient Service Revenue	81,682	89,729	(8,047)	-9.0%	84,806
2	209	109	100	92.3%	110	Other Revenue	852	763	89	11.7%	778
3	9,047	10,687	(1,640)	-15.3%	10,321	**Total Operating Revenue**	82,534	90,492	(7,958)	-8.8%	85,584
						OPERATING EXPENSES					
4	4,683	5,266	583	11.1%	4,960	Salaries & Wages	42,685	43,010	325	0.8%	42,345
5	2,588	2,579	(9)	-0.3%	2,338	Employee Benefits	23,266	20,893	(2,373)	-11.4%	20,533
6	869	821	(48)	-5.8%	825	Professional Fees	6,790	6,570	(220)	-3.3%	6,650
7	1,431	1,982	551	27.8%	1,744	Supplies	13,596	14,154	558	3.9%	13,981
8	723	672	(51)	-7.6%	778	Purchased Services	6,726	6,015	(711)	-11.8%	5,999
9	272	219	(53)	-24.3%	208	Rentals & Leases	2,019	1,700	(319)	-18.7%	1,212
10	349	350	1	0.2%	297	Depreciation & Amortization	2,768	2,787	19	0.7%	2,357
11	257	-	(257)		352	Restructuring Costs	876	-	(876)		-
11	318	323	5	1.6%	352	Other Operating Expenses	2,687	2,586	(101)	-3.9%	2,714
12	11,490	12,212	722	5.9%	11,854	**Total Operating Expenses**	101,413	97,715	(3,698)	-3.8%	95,791
13	(2,443)	(1,525)	(918)	60.2%	(1,533)	**Operating Profit / Loss**	(18,879)	(7,223)	(11,656)	161.4%	(10,207)
						NON-OPERATING REVENUES (EXPENSES)					
14	1,400	-	1,400	0.0%	1,417	Other Non-Operating Revenue	3,885	-	3,885	0.0%	12,642
15	708	754	(46)	6.1%	755	District Tax Revenue	5,707	6,033	(326)	5.4%	6,203
16	5	9	(4)	-41.3%	8	Investment Income	34	70	(36)	-51.6%	71
17	(209)	(97)	(112)	0.0%	(118)	Less: Interest Expense	(1,023)	(820)	(203)	24.8%	(935)
18	1,904	666	1,238	186.1%	2,062	**Total Net Non-Operating**	8,603	5,283	3,320	62.8%	17,981
19	(539)	(859)	320	-37.3%	529	**Income Profit (Loss)**	(10,276)	(1,940)	(8,338)	429.8%	7,774
						Profitability Ratios:					
20	-27.0%	-14.3%	56.0%		-14.9%	Operating Margin %	-22.9%	-8.0%	146.5%		-11.9%
21	-6.0%	-8.0%	2.1%		5.1%	Profit Margin %	-12.5%	-2.1%	-10.3%		9.1%

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
August 31, 2011
(Amounts in Thousands)

22	2,213	2,166	(48)	-2.2%	2,011	SWB / APD	2,240	2,056	(184)	-8.9%	1,947
23	63.3%	64.2%			61.6%	SWB / Total Operating Expenses	65.0%	65.4%			65.6%
24	3,498	3,371	(127)	-3.8%	3,266	Total Operating Expenses / APD	3,444	3,144	(300)	-9.5%	2,966
25	32,860	38,837	(5,977)	-15.4%	37,741	I/P Gross Charges	323,958	340,701	(16,743)	-4.9%	311,762
26	20,951	22,174	(1,223)	-5.5%	20,049	O/P Gross Charges	158,540	171,199	(12,659)	-7.4%	149,931
27	**53,811**	**61,012**	**(7,201)**	**-11.8%**	**57,790**	**Total Gross Charges**	**482,498**	**511,899**	**(29,401)**	**-5.7%**	**461,693**
						Payor Mix (IP and OP)					
28	41%	37%	4%		41%	Medicare %	40%	37%	3%		38%
29	10%	17%	-7%		18%	Medi-Cal %	14%	17%	-3%		17%
30	15%	14%	1%		13%	Managed Care HMO / PPO %	11%	14%	-4%		14%
31	8%	10%	-2%		8%	Medicare HMO %	9%	10%	-1%		9%
32	11%	7%	4%		6%	Medi-Cal HMO %	11%	7%	4%		7%
33	0%	0%	0%		0%	Commercial %	0%	0%	0%		0%
34	1%	1%	0%		2%	Worker's Comp %	1%	1%	0%		2%
35	4%	3%	1%		2%	Other Government %	3%	3%	0%		3%
36	10%	10%	0%		8%	Self Pay /Charity %	10%	10%	0%		10%
						STATISTICS					
37	463	490	(27)	-5.5%	487	Admissions	4,134	4,250	(116)	-2.7%	4,156
38	478	490	(12)	-2.4%	479	Discharges	4,155	4,250	(95)	-2.2%	4,154
39	2,006	2,306	(300)	-13.0%	2,370	Patient Days	19,770	20,685	(915)	-4.4%	21,806
40	64.7	74.4	(9.7)	-13.0%	76.5	Average Daily Census (ADC)	81.4	85.1	(3.8)	-4.4%	89.7
41	4.20	4.71	0.51	10.8%	4.95	Average Length of Stay (LOS)	4.76	4.87	0.11	2.2%	5.25
42	31	31			31	Days in Month	243	243			243
43	783	770	13	1.7%	733	Adjusted Discharges (AD)	6,188	6,386	(197)	-3.1%	6,152
44	3,285	3,623	(338)	-9.3%	3,629	Adjusted Patient Days (APD)	29,445	31,079	(1,634)	-5.3%	32,293
45	106	117	(11)	-9.3%	117	Adjusted ADC (AADC)	121	128	(7)	-5.3%	133
46	87	81	6	7.4%	84	Inpatient Surgeries	750	694	56	8.1%	706
47	125	92	33	35.9%	105	Outpatient Surgeries	789	754	35	4.6%	742
48	**212**	**173**	**39**	22.5%	**189**	**Total Surgeries**	**1,539**	**1,448**	**91**	6.3%	**1,448**

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
August 31, 2011
(Amounts in Thousands)

49	2,780	3,327	(547)	-16.4%	2,729	ED Outpatient Visits	23,676	26,295	(2,619)	-10.0%	23,045
50	3,854	3,725	129	3.5%	3,725	Ancillary Outpatient Visits	29,627	26,287	3,340	12.7%	25,425
51	125	92	33	35.9%	105	Outpatient Surgeries	789	754	35	4.6%	742
52	**6,759**	**7,144**	(385)	-5.4%	**6,559**	**Total Outpatient Visits**	**54,092**	**53,336**	756	1.4%	**49,212**
53	400	369	31	8.4%	421	Emergency Room Admits	3,606	3,379	227	6.7%	3,568
54	14.4%	11.1%			15.4%	% of Total E/R Visits	15.2%	12.9%			15.5%
55	86.4%	75.3%			86.4%	% of Acute Admissions	87.2%	79.5%			85.9%
56	611	684	73	10.6%	652	Worked FTE	673	661	(12)	-1.8%	619
57	735	774	39	5.1%	761	Paid FTE	784	768	(16)	-2.1%	717
58	5.77	5.85	0.09	1.5%	5.57	Worked FTE / AADC	5.56	4.83	(0.73)	-15.0%	4.66
59	6.94	6.63	(0.31)	-4.7%	6.50	Paid FTE / AADC	6.47	5.62	(0.85)	-15.1%	5.39
60	2,690	2,920	(230)	-7.9%	2,814	Net Patient Revenue / APD	2,774	2,887	(113)	-3.9%	2,626
61	16,381	16,842	(461)	-2.7%	15,924	I/P Charges / Patient Days	16,386	16,471	(85)	-0.5%	14,297
62	3,100	3,104	(4)	-0.1%	3,057	O/P Charges / Visit	2,931	3,210	(279)	-8.7%	3,047
63	1,426	1,454	28	1.9%	1,367	Salary Expense / APD	1,450	1,384	(66)	-4.8%	1,311
64	5.4	4.5	(0.91)	-20.5%	5.3	Medicare LOS	5.3	5.0	(0.31)	-6.2%	5.4
65	1.63	1.38	(0.25)	-18.2%	1.36	Medicare CMI	1.59	1.57	(0.03)	-1.6%	1.55
66	3.30	3.24	(0.06)	-1.9%	3.93	Medicare CMI Adjusted LOS	3.33	3.19	(0.14)	-4.5%	3.48
67	4.5	4.7	0.24	5.0%	5.8	Total LOS	4.9	4.9	0.01	0.2%	5.25
68	1.549	1.625	0.08	4.6%	1.393	Total CMI	1.503	1.516	0.01	0.9%	1.470
69	2.88	2.90	0.01	0.4%	4.13	Total CMI Adjusted LOS	3.24	3.21	(0.02)	-0.7%	3.57

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
BALANCE SHEET
August 31, 2011
(Amounts in Thousands)

		Current Month	Dec. 31, 2010
	ASSETS		
87	Cash	6,746	5,229
88	Net Patient Accounts Receivable	18,991	20,433
89	Other Receivables	2,779	4,055
90	Inventory	2,294	2,252
90	Current Assets With Limited Use	2,246	4,006
91	Prepaid Expenses and Deposits	1,187	1,575
92	**TOTAL CURRENT ASSETS**	**34,243**	**37,550**
93	**Assets With Limited Use**	**642**	**642**
	Property Plant & Equipment		
94	Land	12,120	12,120
95	Bldg/Leasehold Improvements	33,733	33,563
96	Capital Leases	10,926	10,926
97	Equipment	33,810	33,874
98	CIP	2,398	960
99	Total Property, Plant & Equipment	92,987	91,443
100	Accumulated Depreciation	-47,864	-46,036
101	**Net Property, Plant & Equipment**	**45,123**	**45,407**
102	**Intangible Assets**	**520**	**544**
103	**Total Assets**	**80,528**	**84,143**
104	Current Ratio (CA/CL)	***1.05***	***1.15***
105	Net Working Capital (CA-CL)	***1,626***	***4,789***
106	Long Term Debt Ratio (LTD/TA)	***0.29***	***0.27***
107	Long Term Debt to Capital (LTD/(LTD+TE)	***0.56***	***0.45***
108	Financial Leverage (TA/TE)	***4.4***	***3.0***
109	Quick Ratio	**0.79**	**0.78**
110	Unrestricted Cash Days	**18**	**12**
111	Restricted Cash Days	**8**	**11**
112	Net A/R Days	**60.2**	**60.7**

		Current Month	Dec. 31, 2010
	LIABILITIES		
113	Current Maturities of Debt Borrowings	1,614	3,646
114	Accounts Payable and Accrued Expenses	14,323	13,965
115	Accrued Payroll and Related Liabilities	13,287	11,356
116	Deferred District Tax Revenue	2,849	801
117	Estimated Third Party Payor Settlements	544	2,993
118	**Total Current Liabilities**	**32,617**	**32,761**
	Other Liabilities		
119	Other Deferred Liabilities	6,582	0
120	Chapter 9 Bankruptcy	0	0
	Long Term Debt		
121	Notes Payable - Secured	22,074	24,047
122	Capital Leases	2,746	2,581
123	Less Current Portion LTD	-1,614	-3,646
124	**Total Long Term Debt**	**23,206**	**22,982**
125	**Total Liabilities**	**62,405**	**55,743**
	EQUITY		
126	Retained Earnings	28,400	25,855
127	Year to Date Profit / (Loss)	-10,277	2,545
128	**Total Equity**	**18,123**	**28,400**
129	**Total Liabilities & Equity**	**80,528**	**84,143**

DOCTORS
MEDICAL CENTER

QUALITY REPORT

TAB 7

West Contra Costa County Healthcare District Board Meeting

September 28, 2011

JULI MAXWORTHY, VP, QUALITY/RISK MANAGEMENT

QUALITY HIGHLIGHTS

- Clinical Lab Survey (Joint Commission)
  - September 14-16
    - 3 day survey
- Stroke Accreditation Survey
  - September 29th
    - 1 day survey

- Patient First Forum
  - Speaker on September 22nd an employee and patient

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE REPORT

TAB 8

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE COMMITTEE
REPORT TO THE BOARD OF DIRECTORS
SEPTEMBER 2011

ITEM	ACTION
A. CHIEF OF STAFF REPORT	Informational
B. POLICIES, PROCEDURES & FORMS REPORT September 2011	Approval
C. CREDENTIALS REPORT – August 2011	Approval

DOCTORS
MEDICAL CENTER

MEC APPROVAL DATE: 09/12/11

BOARD OF DIRECTORS APPROVAL DATE: 09/28/11

POLICY, PROCEDURE AND FORMS REPORT

September 2011

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. New		
1. Stroke Program Plan	Emergency Medicine	Establishes stroke program to deliver evidence-based care to patients with acute stroke and ensure compliance with The Joint Commission standards for a certified primary stroke center.

PURPOSE:

The Stroke Program at Doctors Medical Center (DMC) aims to deliver evidence-based care to adult patients with an acute stroke.

BACKGROUND:

Stroke is the number one cause of adult disability and the third leading cause of death in America. In 2005-2007, the age-adjusted death rate per 100,000 residents for stroke deaths is Richmond (61.5) and San Pablo (99.9) compared to Contra Costa County (46.7). To respond to this need, *California's Master Plan for Heart Disease and Stroke Prevention and Treatment* and the *Recommendations for the Establishment of an Optimal System of Acute Stroke Care for Adults* advise regional hospital systems provide optimum stoke treatment for every patient with a stroke. This would include the establishment of DMC as a certified Primary Stroke Center.

GOALS:

The Stroke Program at DMC aims to

- Deliver evidence-based care to patients with an acute stroke
- Provide staff with the tools and knowledge to effectively manage this patient population
- Educate patients and their support systems about stroke treatment and prevention
- Educate the community about stroke prevention, symptoms and what to do if a stroke is suspected
- Continuously improve performance by increasing stroke survival in the community and improving patient outcomes of those affected by stroke
- Maintain certification by The Joint Commission as a Primary Stroke Center or the equivalent

PLAN:

LEADERSHIP

- Appointed Stroke Program Medical Director
- Appointed Stroke Program Coordinator

Leadership provides executive participation and financial support to facilitate the achievement of stroke plan goals and objectives. Program performance is continuously monitored for identification of opportunities for improvement through patient feedback, physician suggestions, staff response, community partners (e.g. EMS, telemedicine neurologists, facilities receiving patient transfers), chart review, data trending and the medical staff peer review/performance improvement process. Consistent, evidence-based care is supported through pre-printed physician orders and interdisciplinary rounding.

Program activities involving Hospital processes and non-medical staff personnel are monitored by the Organizational Performance Improvement Committee (PICO). Reports are submitted, quarterly, to the Medical Staff Performance Improvement/Patient Safety Committee, which maintains oversight of all performance improvement activities, including physician performance. Quarterly reports are submitted to the Medical Executive Committee and Governing Body. Annually, program leaders will conduct an assessment of performance and develop objectives for the program including community outreach event planning, and staff educational campaign.

STROKE COMMITTEE

The Stroke Program is supported by this interdisciplinary committee with membership including but not limited to:

- Stroke Program Medical Director
- Stroke Program Coordinator
- Neurologist
- Chief Nursing Officer
- Vice President of Quality and Risk
- Medical Director of Emergency Medicine
- Medical Director for Inpatient Physician Services
- Director of Emergency Services
- Director of Critical Care Services
- Director of Pharmacy
- Director of Laboratory Services
- Director of Radiology Services
- Director of Rehabilitation Services
- Director of Inpatient Nursing
- Director of Community Outreach
- Representative of front line staff
- Other members as determined by the Stroke Program Medical Director

The Stroke Program leaders are responsible for fostering an effective relationship with Contra Costa County Emergency Medical Services, the appointed ambulance provider and closest appropriate receiving facilities to ensure resource availability for the community and the effectiveness of the current stroke plan. The transfer agreement and memorandum of understanding (MOU) for neurosurgery services will be reviewed and maintained as needed.

TARGET POPULATION

DMC is equipped and capable of treating adults with a suspected acute stroke. Adults are defined as ages 18 years and older. For pediatric patients with an acute neurological condition, Emergency Medicine Services is responsible for identification and stabilization of the emergent conditions and transferring the patient to the closest appropriate receiving facility.

Services to this population include 24-hour/7-day on-duty board certified emergency physician, 24-hour/7-day neurology services (on-site or telemedicine), 24-hour/7-day pharmacy services (on-site or on-call), 24-hour/7-day laboratory and radiology services.

There is 7-day per week rehabilitation services (physical therapy, occupational therapy and speech therapy). In the event of non-availability of services, there are contracts and MOUs to support these services.

All patients seeking emergency services will be treated in accordance with the Emergency Medical Treatment and Active Labor Act.

CLINCIAL DECSION MAKING

Treatment for adults with a suspected acute stroke is based on clinical practice guidelines: *Guidelines for the early management of adults with ischemic stroke. A guideline from the American Heart Association/American Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Group* (NGC-5693) and *Guidelines for the management of spontaneous intracerebral hemorrhage in adults. 2007 update: a guideline from the American Heart Association/American Stroke Association Stroke Council, High Blood Pressure Research Council, and the Quality of Care and Outcomes in Research Interdisciplinary Working Group* (NGC-5680). Pre-printed physician orders reflect recommendations made by these guidelines.

Patient consent to treatment is in accordance with legal, regulatory, and accreditation requirements as well as ethical guidelines and policies of Doctors Medical Center.

RESOURCES

Protocols, care pathways, policies, program plan and other reference tools for caring for and educating this population will be available through the DMC intranet.

Review of material and updates will occur annually by the Stroke Committee, Stroke Program Medical Director and Stroke Program Coordinator.

SCOPE OF CARE

Services provided will be in compliance with The Joint Commission's standards (current edition) for Primary Stroke Center Certification.

STROKE TEAM

The Stroke Team is defined as the Stroke Program Medical Director and the Stroke Program Coordinator.

Stroke Team duties include but are not limited to:

- Steer stroke program success through data-driven performance improvement in core measures
- Assess stroke-related and cardiovascular-related community education needs and performing appropriate outreach
- Inform the organization, providers and staff of stroke program activities and performance

- Respond to organizational, provider and staff needs to enable the optimum treatment of patient with an acute stroke by making recommendations to the Stroke Committee and leaders
- Annual review of stroke program plan, policies, stroke-related documents and clinical practice guidelines
- Review literature to maintain current knowledge and awareness related to stroke for improving outcomes
- Provide or coordinate ongoing stroke education for staff and physicians

STAFF EDUCATION

The Stroke Team is encouraged to attend yearly conferences related to stroke, schedule and finance permitting. The stroke coordinator will participate in the Annual California Stroke Registry Collaborative.

To support the Stroke Program, physicians board certified in emergency medicine and emergency-trained registered nurses will engage in annual stroke continuing education which will include a review of DMC Stroke Program related policies. Registered nurses will have one hour of stroke-related continuing education annually and maintain certifications related to stroke as deemed necessary. Organization-wide education for stroke signs/symptoms, risk factors and what to do if a stroke is suspected will occur annually.

All newly hired employees will have stroke education during orientation. Emergency Medicine registered nurses will have one hour stroke-related education and obtain certifications related to stroke as deemed necessary.

PATIENT ASSESSMENT AND NEEDS

Patients requiring routine neurological assessments as ordered by a physician or deemed appropriate by a nurse will be assessed using DMC standardized neurological assessment form (BR-7230-56 (12/09)).

Patients will be assessed for neurological deficits using the National Institute of Health Stroke Scale, modified National Institute of Health Stroke Scale or other equivalent measurement tools provided the toll is clearly indicated when documenting findings.

Patients will have nothing by mouth (NPO) until assessed by speech therapy.

Patient and family/support system education will be provided to all patients in this population. Education will be cultural competent. At a minimum, education will include signs and symptoms of stroke, risk factors for stroke and the activation of response systems.

COMMUNITY OUTREACH

The stroke coordinator will schedule a minimum of two community outreach events per year.

PERFORMANCE IMPROVEMENT

Data-driven performance improvement will be based on the California Stroke Registry data matrix and the Joint Commission data matrix for certified Primary Stroke Centers.

REFERENCES:

Contra Costa County. (2010). Community Health Indicator for Contra Costa County. Retrieved August 25, 2011 from http://cchealth.org/health_data/hospital_council/

National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention. (2010). Stroke Facts. Retrieved April 15, 2010 from the CDC website at: http://www.cdc.gov/stroke/facts.htm

Responsible for review/updating (Title/Dept)	Stroke Coordinator Title	Emergency Medicine Dept

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE COMMITTEE
CREDENTIALS REPORT TO THE BOARD

AUGUST 2011

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 (07/28/11) and the Medical Executive Committee (08/08/11).

CREDENTIALS REPORT TO THE BOARD JULY 2011	
INITIAL APPOINTMENTS	
NAME	***DEPARTMENT/SPECIALTY***
Chorba, John, MD	Medicine & Family Practice/Cardiology
Rausa, Katherine, MD	Medicine & Family Practice/Nephrology
Shah, Nishant, MD	Medicine & Family Practice/Family Medicine
REAPPOINTMENTS	
Anton, Steven, MD	Medicine & Family Practice /Cardiology
Berman, Ronald, MD	Medicine & Family Practice /Internal Medicine
Cady, Stephen, MD	Medicine & Family Practice /Emergency Medicine
Chen, Henry, MD	Medicine & Family Practice /Cardiology
Matecki, Amy, MD	Medicine & Family Practice /Internal Med.
Siegel, Alan, MD	Medicine & Family Practice /Internal Medicine
Oldham, Laurie, PA-C	Surgery/Physician Assistant
RESIGNATIONS	
Leighton, Doreen, MD	Medicine & Family Practice/Internal Medicine
Ruben, Mark, A., MD	Medicine & Family Practice/Dermatology