DOCTORS
MEDICAL CENTER

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

Wednesday, December 19, 2012
4:30 PM
Doctors Medical Center Auditorium
2000 Vale Road
San Pablo, CA

DOCTORS
MEDICAL CENTER

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER

GOVERNING BODY
BOARD OF DIRECTORS

WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
DECEMBER 19, 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 MINUTES: MEETINGS OF NOVEMBER 26, 2012 AND DECEMBER 11, 2012** — 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** — B. Ellerston
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Acceptance of the Quality and Patient Safety Report*

6. **CNA CASE MANAGEMENT CONTRACT** — R. Redlo
   a. Presentation
   b. Discussion
   c. Public Comment

d. *ACTION: Approval of proposed terms for CNA case management agreement*

7. **FINANCIALS – NOVEMBER 2012** J. Boatman
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: Acceptance of the November 2012 Financials*

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

9. **MEDICAL EXECUTIVE REPORT** L. Hodgson, M.D.
   a. Presentation
   b. Discussion
   c. Public Comment
   d. *ACTION: 1. Acceptance of the Medical Staff Report*
      2. Approval of the Procedural Sedation Assessment Form

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
NOVEMBER 26, 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 4:35 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
Sharon Drager, M.D.
Pat Godley
Richard Stern, M.D.
William Walker, M.D.
Beverly Wallace

Excused: *Deborah Campbell*

Absent: *Nancy Casazza.*

3. **APPROVAL OF OCTOBER 24, 2012 MINUTES**

The motion made by Director Anderson and seconded by Director Wallace to approve the October 24, 2012 minutes passed unanimously.

4. **PUBLIC COMMENTS**

No public comments.

5. **QUALITY REPORT**

Ms. Karen Taylor Director of Quality and Risk Management presented and sought acceptance of the Quality Management Report.

Ms. Taylor reported that the incident of patient falls continues to decline, with 24 patient falls in the 2nd quarter of 2012, below the 32 experienced in 2011. None of these 2012 falls resulted in patient injury. The rate per 1000 patient days is 2.24 compared to the CalNoc benchmark of 2.94. Reduction in the incident of falls will continue to be a priority for 2013.

We continue to track organ donation referrals. In the 2nd quarter of 2012 there were three (3) tissue donors and no potential organ donors. One hundred percent (100%) of potential donor opportunities were appropriately referred.

Ms. Taylor also highlighted Hospital Acquired Pressure Ulcers (HAPU) metrics for the 2nd quarter of 2012. There were 16 reported skin breakdown events, three of which were Stage 3 or 4 requiring reporting to the California Department of Public Health (CDPH). In response to questions Ms. Taylor reported that we are only required to report Stage 3 and 4 HAPU to CDPH, and the staging is done by a Wound Care Nurse. The incidence of HAPU in this reporting period was a decline from prior years.

Ms. Taylor reviewed the Vendor Tracking Procedure used by Materials Management. DMC is required by regulation to track visits from vendor representatives to insure compliance on required credentialing and certifications. In March 2010 we initiated a program utilizing Reptrax, whereby 2,227 vendor representatives have registered within the system. Each time they visit the hospital they are required to check in with Materials Management prior to traveling elsewhere in the facility. Most recently we used this program to also ensure that all vendors are compliant with our influenza policy. The cost of this program is born by the vendors.

Lastly, Ms. Taylor presented and sought acceptance of the Release of Information Policy. The prior policy is being expanded to reflect provisions of the CMS electronic medical record meaningful use regulations.

The motion made by Director Anderson and seconded by Director Wallace to accept the Quality Report and approve the Release of Information Policy passed unanimously.

6. PATIENT SATISFACTION RESULTS:

Mr. Bob Redlo, Vice President of Workforce Development and Patient and Labor Relations presented the Patient Satisfaction scores (HCAHPS).

Ms. Vanika Moeller, Director of Patient Relations reviewed the Top Box scores for 3rd Quarter 2012 included in the Governing Body materials. Although there is some improvement, the scores remain far below acceptable. All HCAHPS scores fall within the bottom 1% ranking with the exception of patients who reported their doctors always communicated well, which is rank at 3%. Mr. Redlo pointed out the history of DMCs inability to sustain any positive movement in the scores.

In response to a question from Director Zell regarding the reason for the recent modest improvements, Ms. Moeller replied that there were certain things that nursing had initiated in the 2nd Quarter, which included "back to basics" including an increase in rounding at the bedside; the shift report making sure there was more effective communication in the hand-over and in the nursing supervisors there was a program implemented earlier this year for service recovery. Ms. Dawn Gideon, President and CEO added that the increase in scores was also believed to be directly related to opening up the 3rd floor, which significantly reduced the congestion, confidentiality, noise and cleanliness issues that previously plagued the 3rd Floor.

Mr. Redlo reviewed the action plan and calendar for the roll out of the Patient Satisfaction Plan that will be reviewed with the Patient Satisfaction Committee of the Board at the December meeting, highlighting the management rounding activities.

Chair Eric Zell stated that it sounds like the program is going well and inquired what was Press Ganey's role in this process?

Mr. Redlo responded that they were helpful with a 3rd party assessment and they bring the knowledge of other hospitals where those programs have worked – in particular hospitals like ours. They will continue to be at DMC on a monthly basis, including meeting with physicians to make sure that we have the leadership buy-in. They have designed our training program and will be rolling that out in January. They will also be on-site to attend the manager's meetings and to interface with front-line staff.

Chair Zell thanked Mr. Redlo and Ms. Moeller for the report stating it was very informative, and he commented that he was pleased to see that things were moving forward and that he hoped to see improvements continue.

7. HUMAN RESOURCES REPORT – INFLUENZA VACCINE POLICY

Ms. Lisa Yee, Employee Health Nurse presented and sought acceptance of the Influenza Vaccine Policy. She indicated that, in compliance with Contra Costa County Department of Health order, our employees will receive the Influenza Vaccine during Flu Season, and those who refuse the immunization will be required to wear masks while working in an acute care environment. We have provided education regarding the epidemiology, modes of transmission, diagnosis, treatment and infection control strategies and the benefits of influenza vaccination. We provided this information at department meetings, verbally one-on-one at Employee Health and via E-Mails.

- Out of a total of 972 Employees – 783 had received their shot (here or elsewhere)
- Less 52 Employees were currently on a LOA (and would be required to comply upon their return)
- 61 had signed declination forms. These employees are wearing masks in all acute care areas.
- 76 have taken no action. These employees will be required to either sign a declination or receive the flu vaccination by December 1 or they will be removed from the schedule.

- A total of 1,120 flu vaccinations were provided to staff, volunteers, students, physicians.

Dr. Walker commended Lisa for her performance and efforts and stated that other county boards around the bay area are on-board with having a uniform policy as well. He also stated that by making it a requirement employees tend to step up with the emphasis on protecting the patients.

The motion made by Doctor Walker and seconded by Doctor Brunner to approve the Human Resources Report – Influenza Vaccine Policy passed unanimously.

8. FINANCIALS – OCTOBER 2012

Mr. James Boatman, Chief Financial Officer presented and sought acceptance of the October 2012 Financial Report. The Net Loss for the month was $573K. One million four hundred thousand dollars ($1.4M) was received in the month for Meaningful Use Certification on the Electronic Medical Record. Expenses were over budget, with wage and salary being the largest negative variance. This is primarily in nursing areas (most notably in the emergency department where volume was again over budget), unbudgeted temporary collections staff in the billing department and Paragon training. Mr. Boatman further reported that Accounts Receivable increased slightly to $76M in November. Finally, he presented a report on the status of the capital budget, reporting that we have $199,523 remaining in 2012 budget for capital items.

Director Anderson inquired if there had been any payment received from Chevron. Mr. Boatman replied there had not.

The motion made by Director Godley and seconded by Director Anderson to accept the October 2012 Financial report passed unanimously.

9. 2013 BUDGET PRESENTATION

Mr. Boatman presented and sought acceptance of the 2013 Budget. Goals included: 1) Improve current operational performance; 2) Increase ownership and accountability of DMC's Department of Leadership in the 2013 Budget; 3) Increase commitment to quality and patient safety and 4) Improve operational support for clinical services. Mr. Boatman further described the process in creating the budget by meeting with each department manager/director to review volume and revenue assumptions and expenses; creating detailed work plans for changes needed in each department, and looked at each department director for efficiencies in delivering services.

Mr. Boatman further reviewed the anticipated changes in revenue and expenses, of which the most significant was the Chevron event and decrease in volume on the revenue side, and the flexing of staff for volume decrease, reduction of interim leadership and supply reductions as well as the wage increase.

He briefly reviewed the Inpatient and Outpatient Payer Mix, Net Patient Service Revenue and other operating revenue. He also reviewed the Number of Employees and FTE's

Adjusted FTE per Occupied Bed; Benefits, Professional Fees, Supplies – Major Items, Purchased Services – Major Items, Rents and Leases – Major Items, and Other Major Operating Expenses. He then reviewed the non-operating Revenue and Expenses, as well as the Cash Flow. The 2013 Budgeted loss is nearly $16 million, with a net loss from operations of $24.7M prior to the collection of tax and other non-operating revenue. Net cash flow is projected at ($17.1M).

Lastly Mr. Boatman reviewed the Capital Plan showing $507K in Emergency Funds and Total Budgeted Equipment of $2M. He also reviewed the Budget Risks.

Ms. Dawn Gideon, President and Chief Executive Officer, commented that this is a "work-in-progress" and only a *Draft Budget* (i.e. not final and further efforts for reductions are continuing). Vice Chair Gioia commented that he expects that the public understands, in a clear and honest manner, the goals that are to be achieved if the hospital is to remain open. He further stated that unless certain structural changes are achieved, there is poor likelihood that we will be able to sustain this $17M loss, and the hospital was therefore in jeopardy of closure. Considerable discussion ensured regarding next steps in the budget process. Mr. Patrick Godley stated that he and Ms. Gideon had discussed an approval of the budget in its current form as a temporary measure, with a new budget brought back to the Governing Body in 60-90 days to include an improvement of at least $12M. Mr. Boatman stated that Ms. Gideon has already initiated the process with management to achieve further financial performance improvement.

The motion made by Director Godley and seconded by Vice Chair Gioia to approve the INTERIM 2013 Capital and Operating Budget (with report back and Final action on Budget within 60-90 days) passed unanimously.

10. APPOINTMENT OF AUDIT FIRM

Mr. James Boatman presented and sought approval and authorization for the CFO to execute on behalf of the Governing Body the audit proposal of TCA Partners, LLP (CPAs) Proposal to Serve West Contra Costa Healthcare District in the amount of $56,000. This is a $57,000 savings over the prior year audit costs.

The motion made by Vice Chair Gioia and seconded by Director Anderson to approve the appointment of TCA Partners, LLP as the audit firm passed unanimously.

11. REVENUE CYCLE CONSULTING SUPPORT

Mr. Boatman reminded the Governing Body of the continuing problems in the Patient Financial Services area, and the need to bring in additional support to complete a cash acceleration project and to fix the systems and processes that are causing poor performance in our revenue cycle. He reported that the final term sheet from Huron Consulting Group was not yet complete and therefore not available for review. He discussed the proposed terms and stated that this was still under discussion with Pat Godley. Mr. Boatman requested approval from the Governing Body to continue with negotiations and that he, Mr. Godley and Harold Emahiser would continue to pursue the matter within the next two weeks.

Several concerns were raised in regards to framing a motion to establish a budget cap and have certain key terms incorporated into the contract (e.g. non-contingency vs. performance incentives). Further concerns were raised pertaining to savings, payments, cash flow, parameters, due diligence, modeling, Paragon and process proposal for three years, in an effort to achieve an additional $10.5M in revenue. All agreed to call a meeting of the Governing Body to consider, and it appropriate approve, the contract as soon as available. At this time, no further action was requested or taken.

12. CEO REPORT

Ms. Dawn Gideon, Interim Chief Executive Officer, extended congratulations to Chair Zell and Director Campbell (absent) on their re-appointment to the Board of Directors. She reported that DMC was formally recognized and honored by the Contra Costa College Foundation Hall of Fame – Class of 2012-2013, and thanks those Governing Body members and management and employees that attended the event on behalf of the hospital. Ms. Gideon provided an overview of the hospital wide Town Hall Meetings that occurred in November. Lastly, the details of the community outreach (e.g. imaging, health screening, vaccines, prostate and breast cancer screenings, etc.) were shared, and the appearance of advertisements in Richmond and El Cerrito BART stations (which were donated and space paid for by Chevron), thanks to the efforts of Remy Goldsmith, Director of Community Relations.

13. MEDICAL EXECUTIVE REPORT

Dr. Hodgson reported that the semi-annual meeting of the medical staff will be held at Maple Hall, San Pablo on December 11th, and reported the resignation of LaDonna Creech, Director of Medical Staff office. Regretfully, Dr. Seth Thomas has resigned as Medical Director for the Emergency Department. He was incredibly energetic and organized, developed a number of programs, worked with the other departments very well. He is a young, energetic and ambitious man, and was presented with a tremendous opportunity elsewhere which he debated long and hard. CEP, working with Administration, will identify and appoint a new Director. In the interim Dr. David Birdsall will serve as the interim Medical Director effective December 1. Dr. Hodgson also reported the CMS requires that technicians working in nuclear medicine or radiology are required to have a job description that is approved by the medical staff leadership. Dr. Evans, Chief of Radiology presented those job descriptions to the Medical Executive Committee for approval.

Dr. Hodgson presented and sought approval/acceptance of the following action items:

1) Policy – Lexiscan (replacing Persantine) Administration During Radionuclide Myocardial Perfusion Imaging
2) Policy – Medical Record Suspension for Delinquent Medical Records
3) Policy – Revised Metered Dose Inhaler Therapy

The motion made by Vice Chair Gioia and seconded by Doctor Stern to approve the policies passed unanimously.

At 6:15 p.m. the meeting adjourned to closed session.

At 6:25 p.m. the meeting of the Governing Body was opened. It was reported that the Appointments and Reappointments of the medical staff passed unanimously.

The motion made by Doctor Stern and seconded by Mr. Godley to adjourn the meeting of the Governing Body passed unanimously.

WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
DECEMBER 11, 2012 - 5:00 P.M.
Doctors Medical Center – Administrative Conference Room
2000 Vale Road
San Pablo, CA 94806

MINUTES

1. **CALL TO ORDER**

The meeting was called to order at 5:10 P.M.

2. **ROLL CALL**

Quorum was established and roll was called:

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

Excused: *Irma Anderson*
Deborah Campbell
Supervisor John Gioia, Vice Chair

Absent: *William Walker, M.D.*

3. **PUBLIC COMMENTS**

No public comments.

4. **REVENUE CYCLE CONSULTING SUPPORT**

Mr. James Boatman, Chief Financial Officer and Mr. Pat Godley presented Huron Healthcare Revenue Cycle Solution, Implementation Approach and Proposed Business Terms and sought Governing Body approval to authorize the CFO to execute on behalf of DMC, a contract with Huron for the implementation of management tools for use in the collection of our Accounts Receivable. Both Mr. Boatman and Mr. Godley outlined the

reasons for the need for these services, and the skills and reputation of the Huron revenue cycle team. Mr. Godly reported that a proposal was received from ACS/Xerox, but the Huron proposal was the preferred vendor. The total three year cost of the project is $1,879,000. The impact of this contract will be a net increase in our cash flow (after expense) of $8,621,000. The system and related costs will implement a systematic approach to the collections of the accounts receivable something currently missing in Paragon. This system will give WCCHD a state of the art collections system seen in facilities throughout the US. Our current reporting and collection system did not come with a reporting and billing follow-up system like the one proposed. The current Paragon system does give us the basic reports and billing processes but continues to require additional reports just to monitor the billing process. The Huron system will automate the manual processes and enhance the current billing system. Once installed, the system will increase our collection rate through productivity reporting, denial follow-up and acceleration of cash collections. Most of these processes are now being done with spreadsheets which this system automates.

Considerable discussion ensured regarding the anticipated final terms of the contract not already outlined in the term sheet. Directors Zell and Casazza expressed concern that the Directors did not have all of the final terms before them for review.

The motion made by Director Wallace and seconded by Dr. Drager to approve the terms as presented, and to authorize the CFO to execute on a final contract pending the final review and approval of Director Zell, Director Casazza and Mr. Godley passed unanimously.

The meeting adjourned at 5:30 p.m. No closed session was conducted.

DOCTORS
MEDICAL CENTER

QUALITY REPORT

TAB 5

QUALITY MANAGEMENT REPORT

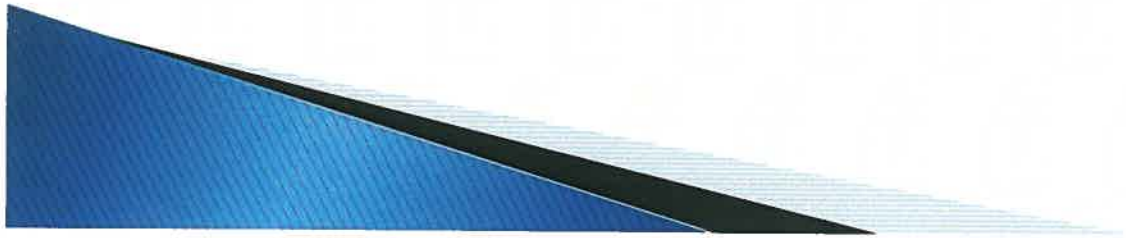
GOVERNING BOARD
DECEMBER 19, 2012

TJC Update

- Action Plans: 45 Day & 60 Day have been submitted
- Acceptance by TJC is pending.
- Preparations for TJC Lab & Primary Stroke Certification Surveys for September 2013 have been initiated.

3rd Q Core Measures & Stroke Measures Review

- Compliance at or above goals in Pneumonia & AMI Measures.
- CHF discharge instructions below goals. Actions taken.
- SCIP Measure: Met goals except Foley Catheter removal by Day 2. Actions taken.



2013 Quality Focus Indicators

- Reduction of Patient Falls
- Documentation and Care of Pressure Wounds
- Documentation of Patient Education
- Patient Safety at Departmental Levels
- Integrate Patient Safety Improvements with Patient Satisfaction Program

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Acute Myocardial Infarction (AMI)

	4Q 2011	1Q 2012	2Q 2012	3Q 2012	Goal
Medication: Aspirin at arrival	97.9%	93.0%	100.0%	100.0%	90-100%
Medication: Aspirin at discharge	100.0%	97.4%	100.0%	100.0%	90-100%
Medications: ACEI/ARB for LVSD[1]	100.0%	(7/8) 87.5%	100.0%	100.0%	90-100%
Smoking advice/ counseling	100.0%	no longer collecting	no longer collecting	no longer collecting	90-100%
Medication: Beta blocker at discharge	100.0%	100.0%	93.5%	96.8%	90-100%
Fibrinolysis Tx within 30 min of arrival	n/a	n/a	n/a	100.0%	90-100%
Percutaneous Cardiac Intervention (PCI)	(6/7) 85.7%	100.0%	(6/7) 85.7%	(6/7) 85.7%	90-100%
Statin Prescribed at Discharge	94.1%	94.6%	97.5%	97.0%	90-100%

COMMENTS:

•Composite Score or Appropriate Care Measure (ACM) for Q32011 is 92% (203/221), Q42011 is 87% (198/227) Q12012 is 83% (157/90). ACM score for 2nd quarter 2012 is 79% (181/230). 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

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Congestive Heart Failure (CHF)

	4Q 2011	1Q 2012	2Q 2012	3Q 2012	Goal
All Discharge Instructions	90.6%	(42/60) 70%	(43/76) 56.6%	(34/62) 54.8%	90%-100%
Activity instructions at discharge	93.7%	93.3%	90.8%	96.8%	90%-100%
Diet instructions at discharge	98.4%	91.7%	92.1%	96.8%	90%-100%
Follow-up instructions at discharge	98.4%	95.0%	**(64/76) 84.2%**	96.8%	90%-100%
Medications instructions at discharge	95.3%	**(50/60) 83.3%**	**(67/76) 88.2%**	93.5%	90%-100%
Symptons worsening instructions at discharge	98.4%	98.3%	90.8%	98.4%	**90%-100%**
Weight monitoring instructions at discharge	95.3%	95.0%	(54/76) 71.1%	(37/62) 59.7%	**90%-100%**
Evaluation of Left Ventricular Systolic (LVS) Function	100.0%	98.6%	98.9%	98.6%	**90%-100%**
Medications: ACEI or ARB for LVSD[1]	**23/26 88.4%**	**(15/18) 83.3%**	**(32/37) 86.5%**	(19/25) 76%	**90%-100%**
Adult smoking advice/counseling	100.0%	no longer collecting	no longer collecting	no longer collecting	**90%-100%**

COMMENTS:

•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:

>Charge Nurses are working with primary nurses to complete Core Measures in Paragon. This is done on a daily basis instead of waiting until the day of discharge to complete the Discharge Insturctions.

>Task Force was created for the front-line nursing staff regarding issues encountered (i.e., how we can improve at the bedside, etc.) Nursing Rounds to improve discharge instructions.

>eQRR entered for Discharge instructions and medications

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Pneumonia (PN)

	4Q 2011	1Q 2012	2Q 2012	3Q 2012	Goal
Pneumococcal vaccination	93.3%	no longer collecting	no longer collecting	no longer collecting	90%-100%
Blood Culture within 24 hrs of arrival-ICU	100.0%	100.0%	100.0%	(8/9) 88.9%	90%-100%
Blood Culture in ED prior to initial Antibiotic	97.2%	100.0%	100.0%	100.0%	90%-100%
Adult smoking advice/ counseling	100.0%	no longer collecting	no longer collecting	no longer collecting	90%-100%
Antibiotics within 6 hours of arrival	100.0%	no longer collecting	no longer collecting	no longer collecting	90%-100%
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%	94.4%	100.0%	90%-100%
Influenza vaccination	37/42 88.1%	no longer collecting	no longer collecting	no longer collecting	90%-100%

COMMENTS:

•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

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

Surgical Care Improvement Project (SCIP)

	4Q 2011	1Q 2012	2Q 2012	3Q 2012	Goal
Antibiotics within 1 hour	96.9%	92.0%	93.5%	92.9%	90%-100%
Antibiotics Selection	96.9%	100.0%	100.0%	96.4%	90%-100%
Antibiotics discontinued within 24 hours	100.0%	100.0%	(26/30) 86.7%	92.9%	90%-100%
Hair Removal	100.0%	100.0%	100.0%	100.0%	90%-100%
Urinary Catheter Removed Post-Op Day 1 & Day 2	10/13 87.5%	92.9%	94.3%	(31/43) 72.1%	90%-100%
Periop Temp Mgt	100.0%	100.0%	100.0%	100.0%	90%-100%
Beta Blocker perioperative	94.7%	100.0%	(11/13) 84.6%	100.0%	90%-100%
VTE Prophylaxis Ordered	97.6%	100.0%	94.7%	98.0%	90%-100%
VTE Prophylaxis Timely	90.6%	96.9%	92.1%	(44/49) 89.8%	90%-100%

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
- 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.

DOCTORS MEDICAL CENTER

Quality/Patient Safety Metrics

STROKE (STK)

	4Q 2011	1Q 2012	2Q 2012	3Q 2012	Goal
VTE Prophylaxis (STK-1)	(34/42) 81%	(37/42) 88.1%	94.3%	91.2%	90%-100%
VTE Prophylaxis - ISCHEMIC (STK-1a)	(34/41) 82.9%	(34/39) 81.2%	93.8%	90.9%	90%-100%
VTE Prophylaxis - HEMORRHAGIC (STK-1b)	(0/1) 0%	100.0%	100.0%	100.0%	90%-100%
DC on Antithrombotic Tx (STK-2)	100.0%	100.0%	100.0%	100.0%	90%-100%
Anticoag Tx for AF/Flutter (STK-3)	(5/6) 83.3%	100.0%	100.0%	100.0%	90%-100%
Thrombolytic Tx (STK-4)	100.0%	100.0%	(5/7) 71.4%	100.0%	90%-100%
Antithrombotic Tx HD2 (STK-5)	97.3%	100.0%	100.0%	96.7%	90%-100%
DC on STATINS (STK-6)	93.9%	(24/27) 88.9%	95.5%	95.5%	90%-100%
Stroke Education (STK-8)	(6/24) 25%	(22/27) 81.5%	100.0%	(12/15) 80%	90%-100%
Stroke Education ISCHEMIC (STK-8a)	(6/23) 26.1%	(20/25) 80%	100.0%	(11/14) 78.6%	90%-100%
Stroke Education HEMORRHAGIC (STK-8b)	(0/1) 0%	100.0%	100.0%	100.0%	90%-100%
Assessed for Rehab (STK-10)	97.5%	95.1%	100.0%	93.5%	90%-100%
Assessed for Rehab ISCHEMIC (STK-10a)	97.4%	94.7%	100.0%	93.3%	90%-100%
Stroke Education HEMORRHAGIC (STK-8b)	100.0%	100.0%	100.0%	100.0%	90%-100%

COMMENTS:

Action Plan:

Stroke education dropped in the 3rd quarter due to documentation changed to the Paragon system. Since volumes are low, the Stroke Coordinator is following up with each nurse and patient to ensure that the patient did receive appropriate education. The Stroke Coordinator is meeting with Nurse Managers when a trend is identified to work with that nurse. The nursing education coordinator has added increased information about documentation of patient education. The Medical Director continues to meet with individual physicians to discuss VTE Prophylaxis fallouts. All Stroke data is reviewed monthly at the Stroke Committee.

CNA CASE MANAGEMENT

TAB 6

DOCTORS MEDICAL CENTER, SAN PABLO

AND

CNA, Case Managers

Memorandum of Understanding

ARTICLE 2 RECOGNITION of the CNA Memorandum of Understanding shall be modified as follows:

The Medical Center recognizes the Association as the exclusive agent representing Registered Nurses covered by this Agreement for the purpose of collective bargaining. **Effective November 28, 2012, Case Managers shall be added to the existing RN bargaining unit and covered under the terms of this agreement, except as modified by the Case Manager Memorandum of Understanding dated 11/28/12.**

ARTICLE 7
COMPENSATION
A. Wages. The base straight time wage rates of employees covered by this agreement shall be determined and paid in accordance with the rates set forth in Appendix A of this agreement for the applicable period:
Step 10 is for Nurses with ten years of continuous service.
Step 15 is for Nurses who have completed fifteen (15) years of service.
Step 20, which takes effect January 1, 2008, is for Nurses who have completed twenty (20) years of service.
Step 25, which takes effect January 1, 2008, is for Nurses who have completed twentyfive (25) years of service.
(NOTE: The equation for calculating a monthly rate from the hourly rates set forth in Appendix A is as follows: (hourly rate) multiplied by 2080 = annual amount; then divide the annual amount by twelve (12). The equation for calculating Staff Nurse III rates is Staff Nurse II X 1.05. The equation for the compensation of a Staff Nurse III assigned to perform Charge Nurse duties or who works as a relief Charge Nurse III is: Charge Nurse rate of pay X 1.05.

Per Diem Rates: See Appendix B of this Memorandum of Understanding

The parties agree that case managers will be covered under all terms of the existing Memorandum of Understanding, including wage increases and benefits, except as expressly modified in the Case Manager Memorandum of Understanding dated 11/28/12.

Upon inclusion into the existing bargaining unit case managers shall be integrated into the bargaining unit at staff nurse II, step five and advance through the steps pursuant to the MOU. Effective November 28, 2012 hourly wage rates for all benefitted Case Managers shall be adjusted to a base rate of $58.24 and "red circled" until such time as negotiated wage increases meet or exceed the level specified for the staff nurse II, step five classification. At such time, such negotiated wage increase would fully integrate the case manager's wages with all others in the staff nurse II classification.

Article 31 A – modify as follows :

A. Definition. Seniority is defined as length of service with the Medical Center as a Registered Nurse, credited from anniversary date of hire as from time to time adjusted and unbroken except for resignation or discharge for Just Cause. For those Nurses employed by Tenet Healthcare on July 31, 2004 and by the Medical Center on August 1, 2004, the parties agree that a Nurse's "length of service" shall include a Nurse's accrued seniority at Tenet Healthcare through July 31, 2004. Such seniority shall include prior service at the Medical Center, if such service has been continuous with service at Tenet. If two or more Nurses have the same seniority date, and there is a need for a tie-breaker, the highest of the last four digits of the Nurses' social security numbers shall be determinative.

"In the case management category, if there is a need for a tie-breaker, the date of hire at the Medical Center shall be the determinate factor".

E. Reductions in Staff
modify 31 E. 4. To include Case Managers

4. If a Nurse is subject to a temporary layoff for a full shift, the Nurse can bump the least senior Nurse within his/her assignment cluster as described below by shift, provided the Nurse meets the actual minimum competency requirements practiced in that unit for the patient care assignment. Clusters are as follows:

(a) Critical Care - (SICU and MICU)
(b) Med/Surg - All Telemetry beds, MS, Wound Unit, Outpatient Wound Unit
(c) OR
(d) ER
(e) Vascular procedures (Cath Lab, IR, EKG)
(f) Same Day Surgery, G.I.
(g) PACU
(h) Cancer Center (includes Infusion & Radiation Therapy)
(i) Case Managers

The parties recognize that the above agreement is subject to ratification by the CNA, Case Managers membership and subject to the approval of the Board of West Contra Costa Health Care District.

_____	_____
West Contra Costa Healthcare District DBA/Doctors Medical Center, San Pablo	**California Nurses Association**

Date: _____

Total Approximate Increase Cost for Case Managers:

- **$2,000 each month starting after 11/28/2012 to equalize classifications.**
- **Additional increase in CNA contract of 1.5% on Jan 31, 2013. Cost would be approximately $1,200.00 per month.**

DOCTORS MEDICAL CENTER, SAN PABLO

AND

CNA, Case Managers

Memorandum of Understanding

ARTICLE 2 RECOGNITION of the CNA Memorandum of Understanding shall be modified as follows:

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COMPENSATION
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Step 15 is for Nurses who have completed fifteen (15) years of service.
Step 20, which takes effect January 1, 2008, is for Nurses who have completed twenty (20) years of service.
Step 25, which takes effect January 1, 2008, is for Nurses who have completed twentyfive (25) years of service.
(NOTE: The equation for calculating a monthly rate from the hourly rates set forth in Appendix A is as follows: (hourly rate) multiplied by 2080 = annual amount; then divide the annual amount by twelve (12). The equation for calculating Staff Nurse III rates is Staff Nurse II X 1.05. The equation for the compensation of a Staff Nurse III assigned to perform Charge Nurse duties or who works as a relief Charge Nurse III is: Charge Nurse rate of pay X 1.05.

Per Diem Rates: See Appendix B of this Memorandum of Understanding

The parties agree that case managers will be covered under all terms of the existing Memorandum of Understanding, including wage increases and benefits, except as expressly modified in the Case Manager Memorandum of Understanding dated 11/28/12.

Upon inclusion into the existing bargaining unit case managers shall be integrated into the bargaining unit at staff nurse II, step five and advance through the steps pursuant to the MOU. Effective November 28, 2012 hourly wage rates for all benefitted Case Managers shall be adjusted to a base rate of $58.24 and "red circled" until such time as negotiated wage increases meet or exceed the level specified for the staff nurse II, step five classification. At such time, such negotiated wage increase would fully integrate the case manager's wages with all others in the staff nurse II classification.

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"In the case management category, if there is a need for a tie-breaker, the date of hire at the Medical Center shall be the determinate factor".

E. Reductions in Staff
modify 31 E. 4. To include Case Managers

4. If a Nurse is subject to a temporary layoff for a full shift, the Nurse can bump the least senior Nurse within his/her assignment cluster as described below by shift, provided the Nurse meets the actual minimum competency requirements practiced in that unit for the patient care assignment. Clusters are as follows:

(a) Critical Care - (SICU and MICU)
(b) Med/Surg - All Telemetry beds, MS, Wound Unit, Outpatient Wound Unit
(c) OR
(d) ER
(e) Vascular procedures (Cath Lab, IR, EKG)
(f) Same Day Surgery, G.I.
(g) PACU
(h) Cancer Center (includes Infusion & Radiation Therapy)
(i) Case Managers

The parties recognize that the above agreement is subject to ratification by the CNA, Case Managers membership and subject to the approval of the Board of West Contra Costa Health Care District.

West Contra Costa Healthcare District **DBA/Doctors Medical Center, San Pablo**	**California Nurses Association**

Date: _____

Total Approximate Increase Cost for Case Managers:

- **2000.00 each month starting after 11/28 to equalize classifications.**
- **Additional increase in CNA contract of 1.5% on Jan 31, 2013. Cost would be approximately 1200.00 per month.**

DOCTORS
MEDICAL CENTER

FINANCIALS

TAB 7

DOCTORS
MEDICAL CENTER

November 2012 Executive Report

Doctors Medical Center had a Net Loss of $2,767,000 in the month of November. As a result, net income was under budget by $2,032,000. The following are the factors leading to the Net Income variance:

Net Patient Revenue Factors	**Positive / (Negative)**
Government/ Workers Compensation	($425,000)
Medi-Cal / Medi-Cal HMO	($513,000)
Medicare / Medicare HMO	$323,000
Managed Care, Commercial, PPO	($684,000)
Expenses	
Salaries & Benefits	$324,000
Professional Fees	($322,000)
Supplies	$238,000
Purchased Services	($ 78,000)

Net patient revenue was under budget by $1,595,000. Inpatient gross charges were under budget by 8.6%. Patient days were 10.5% under budget with discharges at 8.9% under budget. Outpatient gross charges were under budget in November by 6.3%. Ancillary outpatient visits were 24.6% under budget and outpatient surgeries were 39.4% under budget, while emergency department visits were 12.9% over budget. Total Medi-Cal days were under budget by 31.2% with 86% 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 214 compared to the actual in November of 54. Managed Care, Commercial and PPO combined days were 40.8% under budget as total budgeted days were 191 compared to 113 actual days in November. The Medicare case mix index for November was 1.38 versus a budget of 1.59 and Medicare discharges were .4% under budget.

Salaries and Benefits combined were under budget $324,000 in November. Worked FTE's per adjusted average daily census was unfavorable to budget by 2.7% with salaries and wages at 9.5% under budget. Patient days were 10.5% under budget and outpatient visits were 9.0% under budget. Salaries for November were under budget due to flexing of staff as a result of reduced volume and reduction in premium pay. Benefit costs were over budget in November by $172,000 due to an overage in health insurance, worker's compensation and sick pay. Year to date salaries and benefits combined are $891,000 over budget.

Professional Fees were over budget in November by $322,000 due to a new contract with Serramonte Pulmonary and unbudgeted consultants. The costs for four of these consultants (approximately $40,000) are budgeted in salaries and wages.

Supplies were under budget in November by $238,000 under budget as a result of the continued underutilization of implants of and pharmaceutical cost reductions.

Purchased services were $78,000 over budget primarily due to additional security costs.

Budgeted collaboration revenue and expense reductions have not been achieved resulting in a $446,000 negative effect on November and a year to date negative effect of $3,554,000

Board Presentation

November 2012

Financial Report

Financial Report Key Points

- Net Loss was $2.8M in November.
- Operating revenue was under budget by $1.8K.
- Operating expenses were in line with the budget.

Statement of Activity - Summary

For the Period Ending

November 30, 2012

(Thousands)

Month to Date				Year to Date		
Actual	Budget	Var		Actual	Budget	Var
8,747	10,586	(1,839)	**Net Operating Revenues $**	111,267	119,629	(8,362)
12,170	12,198	28	**Total Operating Expenses $**	136,536	136,031	(505)
(3,423)	(1,612)	(1,811)	**Income/(Loss) from Operations $**	(25,269)	(16,402)	(8,867)
656	877	(221)	**Income from Other Sources $**	7,607	7,205	402
(2,767)	(735)	(2,032)	**Net Income / (Loss) $**	(17,662)	(9,197)	(8,465)

2,050	2,290	(240)	**Patient Days**	24,908	27,484	(2,576)
451	495	(44)	**Discharges**	5,498	5,662	(164)
5,962	6,549	(587)	**Outpatient Visits**	73,834	72,443	1,391
594	641	47	**Worked FTE's**	626	636	10
1.38	1.59	(0.21)	**Medicare CMI**	1.53	1.59	(0.06)

Budget Variances – Net Revenue

- Medi-Cal / Medi-Cal HMO – ($513K).
- Medicare / Medicare HMO – ($323K).
- Government / Workers Comp – ($425K).
- Commercial / PPO /HMO – ($684K).

Budget Variances – Expenses

- **Salaries & Benefits** $324K – Reduction in staff due to reduced volume and favorable premium pay.
- **Professional Fees** ($322K) – Unbudgeted consultants and intensivists services.
- **Supplies** $238K – Underutilization of implants and pacemakers and pharmaceuticals cost reductions.
- **Purchased Services** ($78K) – Additional security costs.

Cash Position

November 30, 2012

(Thousands)

	November 30, 2012	December 31, 2011
Unrestricted Cash	$2,605	$13,972
Restricted Cash	$9,222	$29,847
Total Cash	$11,827	$43,819
Days Unrestricted Cash	6	33
Days Restricted	24	72
Total Days of Cash	31	106

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

Accounts Receivable

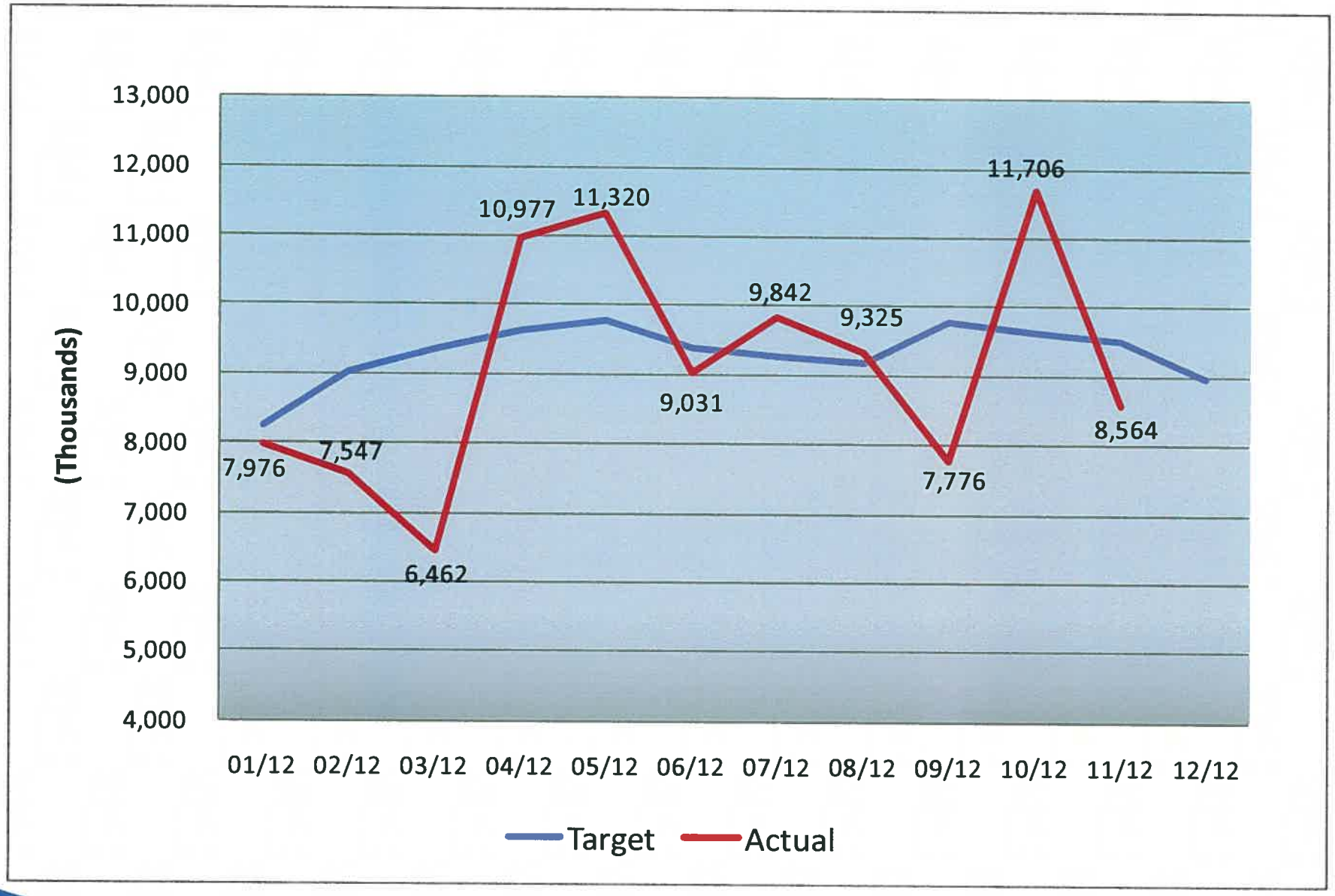
November 30, 2012

(Thousands)

	November 30, 2012	December 31, 2011
Net Patient Accounts Receivable	$27,507	$19,177
Net Days in Accounts Receivable	91.7	60.7

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

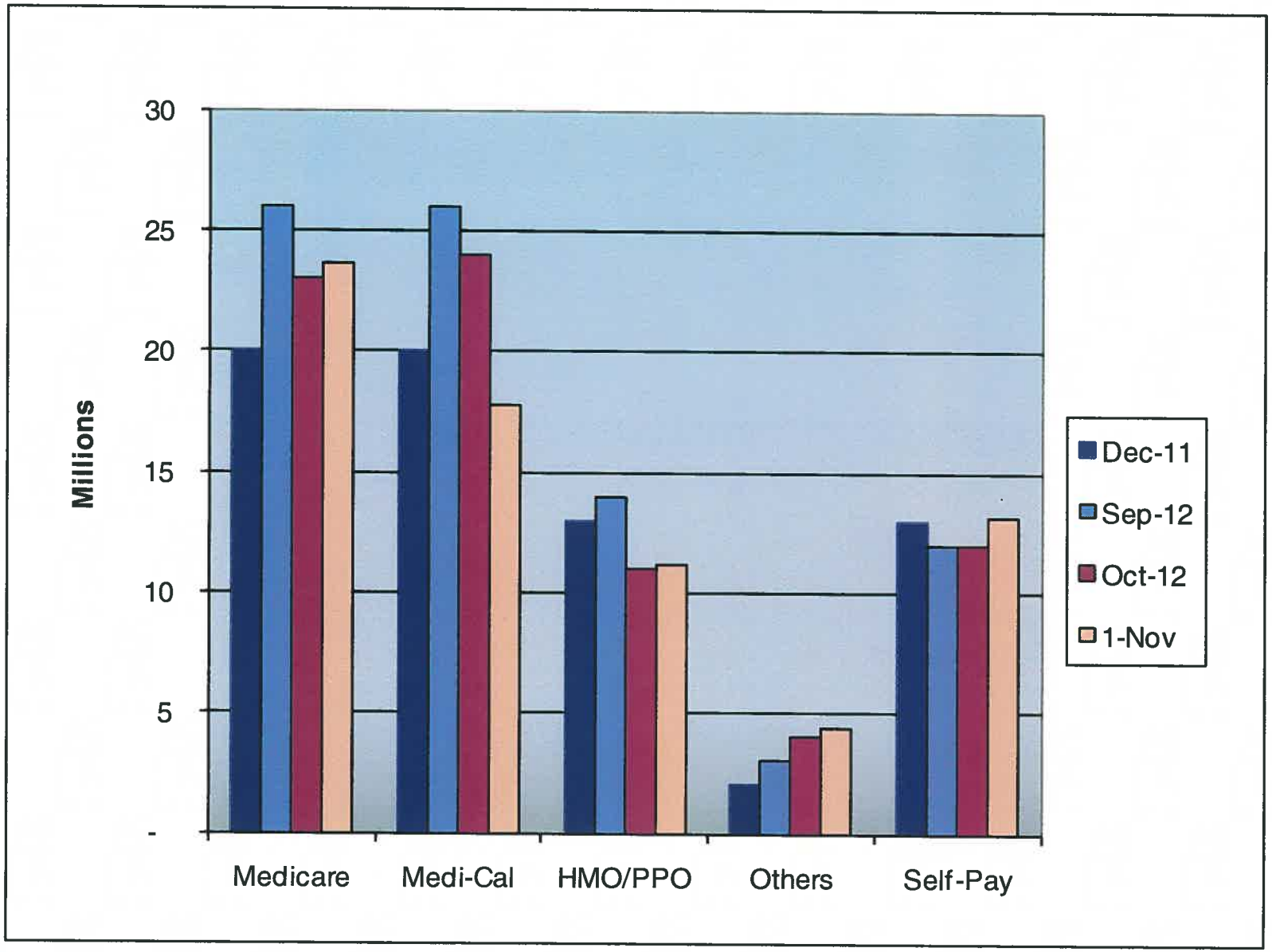
Cash Collections YTD



Capital Budget 2012

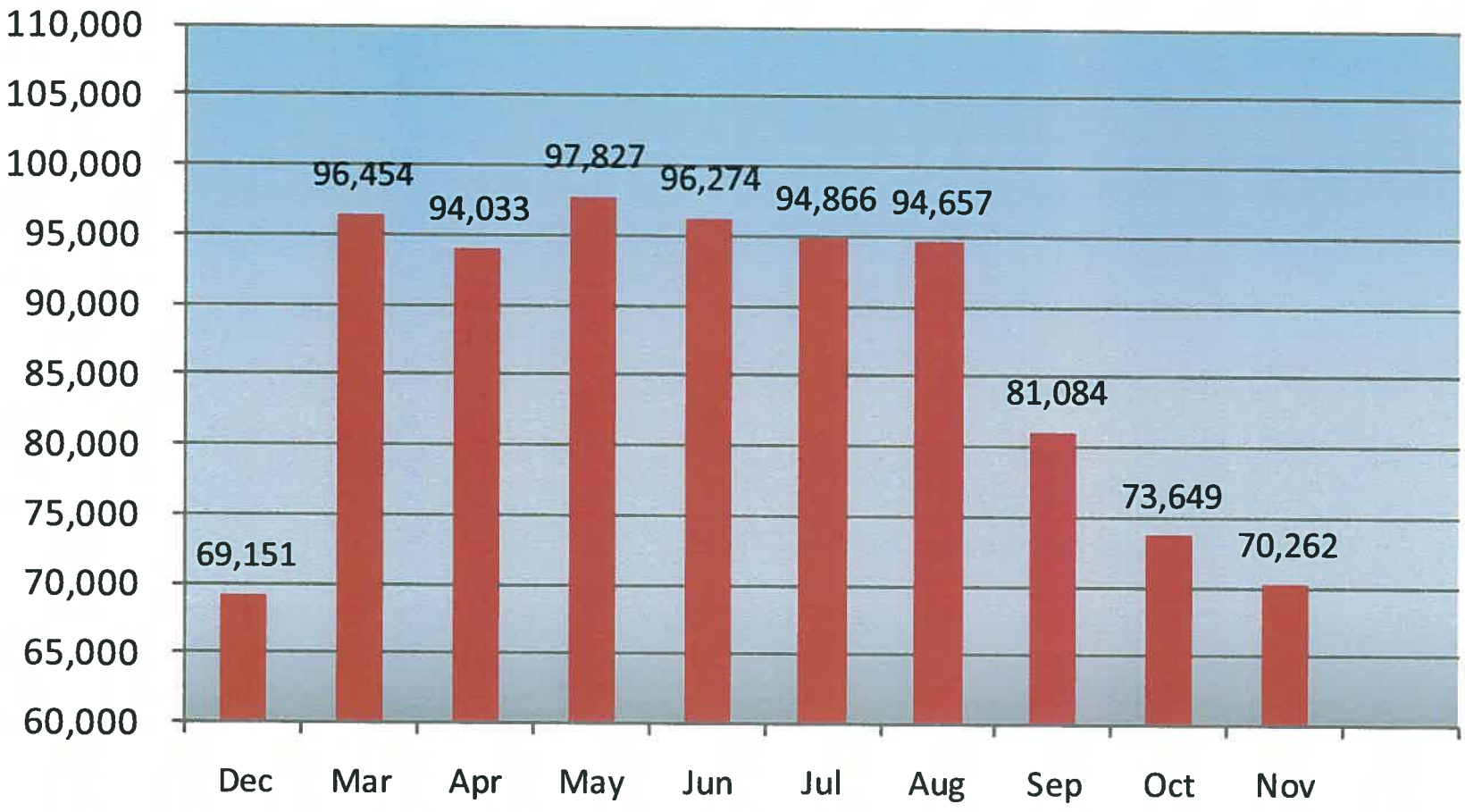
Paragon	$1,757,000
Other	1,000,000
Total Capital Budget:	$2,757,000
Commited To Date:	$2,732,477
Subtotal Remaining	$24,523
Foundation Support	175,000
Remaining Capital	$199,523

AR By Payor


30
25
20
15
10
5
-
Millions
Medicare
Medi-Cal
HMO/PPO
Others
Self-Pay
Dec-11
Sep-12
Oct-12
1-Nov

Accounts Receivable

(Thousands)



WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
November 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	8,662	10,257	(1,595)	-15.5%	7,796	Net Patient Service Revenue	107,752	116,521	(8,769)	-7.5%	106,092
2		223	(223)	-100.0%	-	Collaboration Savings		1,777	(1,777)	-100.0%	
3	85	106	(21)	-20.0%	77	Other Revenue	3,515	1,331	2,184	164.0%	1,099
4	8,747	10,586	(1,839)	-17.4%	7,873	**Total Operating Revenue**	111,267	119,629	(8,362)	-7.0%	107,191
						OPERATING EXPENSES					
5	4,730	5,226	496	9.5%	4,776	Salaries & Wages	58,582	57,461	(1,121)	-2.0%	56,525
6	2,957	2,785	(172)	-6.2%	2,503	Employee Benefits	30,146	30,376	230	0.8%	31,307
7	1,141	819	(322)	-39.3%	972	Professional Fees	10,683	9,535	(1,148)	-12.0%	10,030
8	1,413	1,651	238	14.4%	1,269	Supplies	15,997	18,756	2,759	14.7%	17,525
9	1,043	965	(78)	-8.1%	934	Purchased Services	10,269	10,630	361	3.4%	9,641
10	297	268	(29)	-11.0%	230	Rentals & Leases	2,770	2,943	173	5.9%	2,739
11	422	370	(52)	-14.0%	346	Depreciation & Amortization	4,466	4,062	(404)	-9.9%	3,813
12		(223)	(223)			Collaboration Savings	-	(1,777)	(1,777)		
12	167	336	169	50.4%	197	Other Operating Expenses	3,623	4,046	423	10.5%	3,605
13	12,170	12,198	28	0.2%	11,227	**Total Operating Expenses**	136,536	136,031	(505)	-0.4%	135,185
14	(3,423)	(1,612)	(1,811)	112.4%	(3,354)	**Operating Profit / Loss**	(25,269)	(16,402)	(8,867)	54.1%	(27,994)
						NON-OPERATING REVENUES (EXPENSES)					
15	-	-	-	0.0%	-	Other Non-Operating Revenue	1,200	-	1,200	0.0%	5,443
16	1,123	1,131	(8)	0.7%	-	District Tax Revenue	10,327	9,893	434	-4.4%	7,827
17	3	4	(1)	-29.2%	704	Investment Income	229	47	182	391.0%	42
18	(470)	(259)	(211)	0.0%	3	Less: Interest Expense	(4,149)	(2,734)	(1,415)	51.8%	(1,405)
19	656	877	(221)	-25.2%	707	**Total Net Non-Operating**	7,607	7,205	402	5.6%	11,907
20	(2,767)	(735)	(2,032)	276.4%	(2,647)	**Income Profit (Loss)**	(17,662)	(9,197)	(8,465)	92%	(16,087)
						Profitability Ratios:					
21	-39.1%	-15.2%	98.5%		-42.6%	Operating Margin %	-22.7%	-13.7%	106.0%		-26.1%
22	-31.6%	-6.9%	-24.7%		-33.6%	Profit Margin %	-15.9%	-7.7%	-8.2%		-15.0%

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

23	2,445	2,301	(144)	-6.3%	2,243	SWB / APD	2,274	2,153	(121)	-5.6%	2,267
24	63.2%	65.7%			64.8%	SWB / Total Operating Expenses	65.0%	64.6%			65.0%
25	3,870	3,503	(367)	-10.5%	3,460	Total Operating Expenses / APD	3,499	3,334	(164)	-4.9%	3,489
26	34,992	38,290	(3,298)	-8.6%	32,708	I/P Gross Charges	384,037	452,890	(68,853)	-15.2%	418,817
27	18,681	19,934	(1,253)	-6.3%	19,421	O/P Gross Charges	217,617	219,360	(1,743)	-0.8%	218,173
28	**53,673**	**58,224**	**(4,551)**	**-7.8%**	**52,129**	**Total Gross Charges**	**601,654**	**672,250**	**(70,596)**	**-10.5%**	**636,990**
						Payor Mix (IP and OP)					
29	43%	40%	3%		38%	Medicare %	43%	40%	3%		40%
30	3%	15%	-12%		11%	Medi-Cal %	5%	15%	-10%		13%
31	11%	12%	-1%		15%	Managed Care HMO / PPO %	13%	12%	0%		12%
32	10%	9%	1%		10%	Medicare HMO %	10%	9%	1%		9%
33	16%	9%	7%		11%	Medi-Cal HMO %	15%	9%	6%		11%
34	0%	0%	0%		0%	Commercial %	0%	0%	0%		0%
35	2%	1%	1%		1%	Worker's Comp %	1%	1%	0%		1%
36	2%	3%	-1%		2%	Other Government %	3%	3%	-1%		3%
37	13%	10%	3%		12%	Self Pay /Charity %	11%	10%	1%		10%
						STATISTICS					
38	464	508	(44)	-8.7%	464	Admissions	5,556	5,670	(114)	-2.0%	5,580
39	451	495	(44)	-8.9%	448	Discharges	5,498	5,662	(164)	-2.9%	5,568
40	2,050	2,290	(240)	-10.5%	2,038	Patient Days	24,908	27,484	(2,576)	-9.4%	25,472
41	68.3	76.3	(8.0)	-10.5%	67.9	Average Daily Census (ADC)	74.4	82.0	(7.7)	-9.4%	76.3
42	4.55	4.63	0.08	1.7%	4.54	Average Length of Stay (LOS)- Accrual Based	4.53	4.85	0.32	6.7%	4.57
43	30	30			30	Days in Month	335	335			334
44	692	753	(61)	-8.1%	714	Adjusted Discharges (AD)	8,613	8,404	209	2.5%	8,469
45	3,144	3,482	(338)	-9.7%	3,245	Adjusted Patient Days (APD)	39,022	40,796	(1,774)	-4.3%	38,741
46	105	116	(11)	-9.7%	108	Adjusted ADC (AADC)	116	122	(5)	-4.3%	116
47	79	98	(19)	-19.4%	75	Inpatient Surgeries	848	1,011	(163)	-16.1%	977
48	63	104	(41)	-39.4%	114	Outpatient Surgeries	996	1,078	(82)	-7.6%	1,110
49	**142**	**202**	(60)	-29.7%	**189**	**Total Surgeries**	**1,844**	**2,089**	(245)	-11.7%	**2,087**

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

50	3,124	2,767	357	12.9%	2,789	ED Outpatient Visits	38,156	30,807	7,349	23.9%	32,466
51	2,775	3,678	(903)	-24.6%	3,453	Ancillary Outpatient Visits	34,682	40,558	(5,876)	-14.5%	40,325
52	63	104	(41)	-39.4%	114	Outpatient Surgeries	996	1,078	(82)	-7.6%	1,110
53	**5,962**	**6,549**	(587)	-9.0%	**6,356**	**Total Outpatient Visits**	**73,834**	**72,443**	1,391	1.9%	**73,901**
54	412	437	(25)	-5.7%	456	Emergency Room Admits	5,037	4,919	118	2.4%	4,995
55	13.2%	15.8%			16.3%	% of Total E/R Visits	13.2%	16.0%			15.4%
56	88.8%	86.0%			98.3%	% of Acute Admissions	90.7%	86.8%			89.5%
57	594	641	47	7.3%	589	Worked FTE	626	636	10	1.6%	646
58	724	749	25	3.4%	676	Paid FTE	729	726	(4)	-0.5%	755
59	5.67	5.52	(0.15)	-2.7%	5.44	Worked FTE / AADC	5.38	5.24	(0.13)	-2.5%	5.57
60	6.90	6.45	(0.45)	-7.0%	6.25	Paid FTE / AADC	6.26	5.99	(0.27)	-4.6%	6.51
61	2,755	2,945	(191)	-6.5%	2,403	Net Patient Revenue / APD	2,761	2,856	(95)	-3.3%	2,738
62	17,069	16,720	349	2.1%	16,065	I/P Charges / Patient Days	15,418	16,478	(1,060)	-6.4%	16,442
63	3,133	3,044	89	2.9%	3,056	O/P Charges / Visit	2,947	3,028	(81)	-2.7%	2,952
64	1,504	1,501	(4)	-0.2%	1,472	Salary Expense / APD	1,501	1,408	(93)	-6.6%	1,459
64	4.9	5.5	0.61	11.1%	4.8	Medicare LOS - Discharged Based	4.9	5.8	0.88	15.3%	5.0
65	1.38	1.59	(0.21)	-13.3%	1.32	Medicare CMI	1.53	1.59	(0.06)	-4.1%	1.5
66	3.53	3.44	0.09	2.6%	3.62	Medicare CMI Adjusted LOS	3.20	3.62	(0.42)	-11.7%	3.29
67	4.5	4.9	0.39	8.0%	4.52	Total LOS - Discharged Based	4.6	4.8	0.28	5.8%	4.53
68	1.409	1.585	(0.18)	-11.1%	1.31	Total CMI	1.485	1.491	(0.01)	-0.4%	1.47
69	3.23	3.12	0.11	3.5%	3.45	Total CMI Adjusted LOS	3.07	3.24	(0.18)	-5.4%	3.09

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

		Current Month	Dec. 31, 2011
	ASSETS		
70	Cash	2,605	13,959
71	Net Patient Accounts Receivable	27,507	19,177
72	Other Receivables	3,490	1,160
73	Inventory	2,056	2,109
73	Current Assets With Limited Use	9,222	29,859
74	Prepaid Expenses and Deposits	1,355	999
75	**TOTAL CURRENT ASSETS**	**46,235**	**67,263**
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	43,599	34,074
81	CIP	746	3,130
82	Total Property, Plant & Equipment	96,823	93,983
83	Accumulated Depreciation	-53,477	-49,200
84	**Net Property, Plant & Equipment**	**43,346**	**44,783**
85	**Intangible Assets**	**1,460**	**1,517**
86	**Total Assets**	**91,683**	**114,205**
87	Current Ratio (CA/CL)	***1.31***	***1.89***
88	Net Working Capital (CA-CL)	***10,871***	***31,749***
89	Long Term Debt Ratio (LTD/TA)	***0.67***	***0.55***
90	Long Term Debt to Capital (LTD/(LTD+TE)	***1.15***	***0.87***
91	Financial Leverage (TA/TE)	***-11.5***	***11.8***
92	Quick Ratio	**0.85**	**0.93**
93	Unrestricted Cash Days	**6**	**33**
94	Restricted Cash Days	**24**	**72**
95	Net A/R Days	**91.7**	**60.7**

		Current Month	Dec. 31, 2011
	LIABILITIES		
96	Current Maturities of Debt Borrowings	1,654	1,634
97	Accounts Payable and Accrued Expenses	14,646	16,021
98	Accrued Payroll and Related Liabilities	14,913	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**	**35,364**	**35,514**
	Other Liabilities		
102	Other Deferred Liabilities	3,002	6,105
103	Chapter 9 Bankruptcy	0	0
	Long Term Debt		
104	Notes Payable - Secured	61,242	62,067
105	Capital Leases	1,719	2,481
106	Less Current Portion LTD	-1,654	-1,634
107	**Total Long Term Debt**	**61,307**	**62,914**
108	**Total Liabilities**	**99,673**	**104,533**
	EQUITY		
109	Retained Earnings	9,672	28,400
110	Year to Date Profit / (Loss)	-17,662	-18,728
111	**Total Equity**	**-7,990**	**9,672**
112	**Total Liabilities & Equity**	**91,683**	**114,205**

DOCTORS
MEDICAL CENTER

MEDICAL EXECUTIVE REPORT

TAB 9

DOCTORS

MEC APPROVAL DATE: 12/10/12

BOARD OF DIRECTORS APPROVAL DATE: 12/19/12

POLICY, PROCEDURE AND FORMS REPORT

November, 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. Procedural Sedation Assessment Form (Policy was previously approved)	Housewide Policy	Policy revised to: -Add "Mallampati Score" -Add "Vital Signs" -Add "Reassessment" -Add "Time-out"

APPROVAL ROUTING SHEET FOR POLICIES AND PROCEDURES

DOCTORS MEDICAL CENTER

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

†TITLE: Procedural Sedation Assessment Form	†CHECK ONE: ☐ New ☐ Reviewed ☒ Revised : ☐ Major ☒ Minor
† ☐ Administrative ☒ Clinical ☐ Department _____	
†SUBMITTED BY:	
†NEW POLICY - REASON FOR SUBMISSION: ☐ Change in Law ☐ New Regulation: CMS CDPH TJC Other	
†REVIEWED OR REVISED - SUMMARY OF POLICY / PROCEDURE CHANGES: Change to Form only: -Add "Mallampati Score" -Add "Vital Signs" -Add "Time-out"	

	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	12/6/12	12/6/12
☐ 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)	12/10/12	
☐ **Board of Trustees** *(automatic from MEC)* *(as applicable)*	12/19/12	

H & P

PROCEDURAL SEDATION ASSESSMENT

PLANNED PROCEDURE _____ PROCEDURE DATE: _____ TIME: _____

INDICATIONS: _____

PROCEDURAL SEDATION LOCATION: Imaging GI Lab ED Special Procedures-Peri-op Cath Lab ICU

MEDICAL ASSESSMENT: SEE DICTATED H&P or H&P BY DR. _____

PMH: _____

ANESTHESIA/SEDATION HISTORY: No prior Complications DRUG/ETOH USE: Drug/Alcohol/Both

Prior Complications _____

ASA PHYSICAL STATUS CLASSIFICATION: (Select One) Added

Appropriate for Moderate or deep sedation:	*Anesthesia Consultation Recommended:*		MALLAMPATI SCORE
1. (Healthy Patient)	3. (Severe systemic Disease Not Incapacited		☐ Class I: Full visibility of tonsils, uvula and soft palate
2. (Mild to moderate Systemic Disease)	4. (Severe Systemic Disease Threat to Life)		☐ Class II: Visibility of hard and soft palate, upper portion of tonsils and uvula
	5. (Moribund Patient)		☐ Class III: Soft and hard palate and base of the uvula are visible
	6. (E) (Emergency)		☐ Class IV: Only Hard Palate visible

CURRENT MEDICATIONS: _____

ALLERGIES: ☐ NONE ☐ penicillin/sulfa/codeine/iodine/latex/meperidine (Demerol)/morphine/OTHER: _____

PHYSICAL: AIRWAY: Normal Abnormal _____

HEART: Normal Abnormal _____

LUNGS: Normal Abnormal _____

OTHER: Normal Abnormal _____

LAB DATA (If Any): Normal Abnormal _____

Added

Vital Signs *(within 15 minutes prior to procedure)*: Time: _____ Temp: _____ Pulse: _____ Resp: _____ B/P: _____ 02 Sat: ____%

PLAN FOR PROCEDURAL SEDATION:

morphine midazolam (Versed®) diazepam (Valium®) fentanyl meperidine (Demerol®) Ketamine (ED ONLY)

PLAN FOR POST-PROCEDURE CARE: PACU ICU TELE MED/SURG SDS TO HOME

I have informed the patient regarding the nature of and alternatives to the planned procedure, including the procedural sedation plan, the expected benefits, and the potential risks and complications. The patient/designated decision-maker wishes to proceed.

Added

☐ **REASSESSMENT was done immediately before the procedural sedation was administered.**

"TIME-OUT" WAS DONE TO VERIFY CORRECT PATIENT, CORRECT PROCEDURE AND CORRECT SITE.

_____ _____ _____

Physician Signature **Date** **Time**

INTERVAL NOTE: If H&P/Assessment was dictated/written prior to day of scheduled procedure:

☐ Since that examination, patient's status is unchanged.

☐ Since that examination the following **pertinent changes** have occurred in the patient's status:

_____

_____

_____ _____ _____

Physician Signature **Date** **Time**