



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

**Wednesday, December 14, 2011
3:00 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
DECEMBER 14, 2011, 3:00 P.M.
Doctors Medical Center - Auditorium
2000 Vale Road
San Pablo, CA 94806**

**Teleconference Sites:
Call in number: 800-511-1465**

**Irma Anderson
101 Hollingsworth Road
Milton, MA 92186**

**Nancy Casazza
2690 Sonoma Way
Pinole, CA 94564**

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 NOVEMBER 16, 2011 MINUTES | J. Gioia |
| 4. PUBLIC COMMENTS
<i>[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]</i> | J. Gioia |
| 5. PARCEL TAX REVENUE:
COLLECTION and DISTRIBTUION REPORT | D. Gideon |
| a. Presentation | |
| b. Discussion | |
| c. Public Comment | |
| d. <i>ACTION: For Information Only.</i> | |

6. **FINANCIALS –NOVEMBER 2011** D. Gideon
- a. Presentation
 - b. Discussion
 - c. Public Comment
 - d. *ACTION: Acceptance of the November 2011 Financials.*
7. **QUALITY REPORT** J. Maxworthy
- a. Presentation
 - b. Discussion
 - c. Public Comment
 - d. *ACTION: For information only.*
8. **CEO UPDATE** D. Gideon
- a. Presentation
 - b. Discussion
 - c. Public Comment
 - d. *ACTION: For information only.*
9. **MEDICAL EXECUTIVE REPORT** S. Drager, M.D.
- a. Presentation
 - b. Discussion
 - c. Public Comment
 - e. *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.

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

MINUTES
November 16, 2011

TAB 3



**WCCHD DOCTORS MEDICAL CENTER
GOVERNING BODY BOARD OF DIRECTORS
NOVEMBER 16, 2011, 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 3:30 P.M.

2. ROLL CALL

Quorum was established and roll was called:

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

*Excused: Wendel Brunner, M.D.
Nancy Casazza*

Supervisor Gioia commenced the meeting with a note of thanks to the voters of West Contra Costa County for their show of support of Measure J. On behalf of the Governing Board, we appreciate everyone's help and thank the staff of the hospital who generously volunteered their time. We also thank the voters of West Contra Costa County who stepped up yet again to take upon themselves the additional tax needed to help keep this hospital open. We have an obligation to the voters, the confidence they have shown us; to follow through and implement a plan to position DMC financially sustainable.

Mr. Rick Norris, Board Counsel and Juli Maxworthy, VP of Quality asked the Governing Board to consider adding two policies in the agenda on an emergency basis to meet regulatory requirements. The two items are as follows:

- Overview of the Cancer Center's Palliative Care Program: to provide services for relief of pain and suffering; provide palliative care services through a multidisciplinary team approach of medical, social and dietary services; increase patient and family awareness of end-of-life care.

- Palliative Care Program Patient Assessments: to provide a process for initial assessment and consistency in data collection for determination of patient eligibility to the palliative care program and provide follow-up assessments for continuity of care.

The motion made by Director Anderson and seconded by Director Wallace to approve the addition of the two policies in item 9 of the revised agenda passed unanimously.

3. APPROVAL OF OCTOBER 26, 2011 MINUTES

The motion made by Director Anderson and seconded by Dr. Walker to approve the October 26, 2011 minutes passed unanimously.

4. PUBLIC COMMENTS

[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]

There were no public comments.

5. FIRE MARSHAL UPDATE

Mr. William Appling, Director of Operations reported that DMC partnered with Thoroughbred Consultants, Inc. This group has been commissioned to act on behalf of DMC to work directly with the Fire Marshal's office to review all findings related to the fire marshal's report.

Thoroughbred Consultants negotiated with the Fire District for an extension to submit the contract for a licensed fire alarm contractor from December 9 to January 31, which enabled us to change the terms of the contract from a licensed fire alarm contractor to a licensed consultant.

Operations will move forward with the consultant and report back to the Board in January with proposed next steps to ensure compliance.

6. 2012 BUDGET

Mr. Jim Boatman, CFO, presented and sought approval of 2012 Operating and Capital Budgets. The Goals of the 2012 budget will be accomplished by improving "same store" performance by \$5.0 million; increase ownership and accountability of DMC department leadership in the budget; increase commitment to quality and patient safety and improve operational support for clinical services.

The major budget improvements were; Medicare payor increase of \$2.2M and HMO/PPO contracts for \$2M. On the expense side, a salary reduction of \$3.3M and other expense reductions of \$2.2M

The budgeted Net Loss for 2012 is \$8.1 Million. The 2012 budget assumes a status quo in the revenue projections and expenses include a 34 FTE reduction in force. The budget incorporated the projected new bond indenture expenses and a new parcel tax of \$2.6 million. Net cash flow before the issuance of a new bond will be a \$10.3 Million negative cash flow. DMC is budgeting for \$2.8 million in capital expenditures of which only \$1.0 million will come out of cash flow with the balance to be financed. Mr. Boatman noted at the end of the presentation that the budget does not include some specific stretch target measures that total \$1.8 million.

The motion made by Director Campbell and seconded by Director Wallace to approve the 2012 Budget passed unanimously.

7. CERTIFICATE OF PARTICIPATION (COP) FINANCING

Ms. Dawn Gideon, Interim CEO gave a brief overview of the COP process, which is the last step of many in this entire process of building blocks we've been putting into place to try and develop a path the next several years for DMC. Ms Gideon asked Harold Emahiser to provide a demonstration of the cash flow impact.

Ms. Gideon also introduced the following Financial Advisors: Gary Hicks, Financial Advisory, who has participated with the organization since 2004, Rick Norris, Corporate Counsel, John Knox from Orrick, serving as Bond and Tax Counsel, and Steve Woodard from Piper Jaffrey, Lead Underwriter.

Issuing the COPs would give DMC the needed working capital to augment operations during the financial turnaround and to also bridge DMC until the newly passed parcel tax begins. The underwriters have given preliminary interest rates and debt capacity to DMC. Assuming a \$30M COPs issuance, with a 20 year term and approximately a 6% interest, it is estimated that DMC would have sufficient working capital to sustain operations through 2014.

8. FINANCIALS – OCTOBER 2011

Mr. Jim Boatman, CFO reported October 2011 was a net loss of \$2.0M and net loss to date of \$13.3 million. Payroll supply expenses were under budget for the third straight month. Worked FTE's were 11.7% below budget. Operating cash in October was \$2.3M or 6 days.

The motion was made by Director Wallace and Seconded by Director Anderson to accept the 2011 October Financials passed unanimously.

9. PALLIATIVE CARE PROGRAM & CATH LAB POLICIES

Ms. Julie Maxworthy, VP of Quality and Risk Management sought approval of the following policies:

- The Palliative Care Referral
- Plan of Care and Providing Continuity of Care
- Defining Scope of Care
- Spiritual Needs Assessment
- Palliative Care Program Patient Assessments
- Cancer Center Palliative Care Program
- Fire Safety and Fire Risk Assessment in Cath Lab

Dr. Drager commented that the Palliative Care Program is a huge need for the hospital.

Ms. Carol Towarnick, Executive Director of Cancer Center noted that at this time, the Palliative Care Program is being rolled out for cancer diagnosis only. It is our hope in the future that this becomes a model for inpatient hospital wide, all diagnosis program.

Dr. Walker mentioned that the Contra Costa Regional Medical Center has an inpatient Palliative Care Program for three years and offered any consultation.

The motion made by Director Zell and seconded by Director Campbell to approve the policies passed unanimously.

10. QUALITY REPORT

Ms. Maxworthy provided an update on Quality:

Infection Control:

- Non-ICU areas – Qtr. 2: no hospital acquired infections notes. Infection Control Preventionist is working with nursing staff to maintain sterility during urinary catheter insertion, daily catheter care and removal if possible.
- ICU areas – Qtr. 2: 4 CAUTIs observed. One CLABSI in April and no VAPs observed in Q2. Infection Control Preventionist attended ICU staff meetings enforcing “scrub the hub”. New needleless connectors have been implemented. Education has hosted Infection Prevention in Central Line Management classes.

Organ Donation:

- Information is received from the California Transplant Donor Network on a quarterly basis, data related to our scorecard for Q2, measuring referrals, process and outcomes.
- 10 organs were donated to save lives.

Patient Satisfaction Summit:

- Sending out “save the date” for the Patient Satisfaction Summit to develop a plan for 2012, to discuss opportunities for improving the patient experience. Invitations will go out 1st quarter of 2012 to Board Members, Medical Staff, Management and patients.

Sentinel Event Alert:

- The Joint Commission recently issued an alert regarding the over utilization of ionizing radiation. As a result of the concerns, multiple safety regulations have been put into place, Center for Medicare services, the Joint Commission and the State of California’s department of radiologic health. Doctors Medical Center is compliant in all areas.

Patient Safety Plan:

- Reviewed and approved by appropriate committees.

Utilization Management:

- Recent utilization data identifies that the overall length of stay for September was 3.72 (lowest rate since June 2009).
- Most common discharge diagnosis during period January 2011 and August 2011 was chest pain and second heart failure.

Immunization Screening Form Update:

- Due to changes in screening requirements by the Joint Commission and CMS the form has been updated to reflect the new requirements, starting in January.

11. CEO UPDATE

Ms. Gideon commented on the organization’s remarkable accomplishments in the past couple of months with this board’s leadership. The challenge is establishing a long term sustainable strategic plan, where we think differently about whom we are, who we partner with, how we partner with our physicians and where we are.

Ms. Gideon acknowledged and thanked the community in support of Measure J. There were a considerable number of employees and physicians who participated in the process. Most importantly and on behalf of the entire organization, Ms. Gideon thanked Directors Zell, Anderson and Supervisor Gioia for their leadership, for their exemplary contributions in achieving the success of Measure J has inspired the employees and medical staff to fully support this worthwhile endeavor.

There have been numerous mini-celebrations throughout the organization. The administrative team had the opportunity to spend time with the folks in OR today. Carol Towarnick hosted a wonderful open house with the community and DMC family last night at the Cancer Center.

The 3rd edition of the Medical Notes newsletter included an excerpt of our drive-thru flu shots. 600 flu shots were administered at our last drive-thru. DMC will again be sponsoring the drive-thru tomorrow in cooperation with Walgreens. We continue to look for opportunities to get out into the communities, but more important to find ways to bring the communities to us. It will be the organization's focused effort to ensure we're sponsoring activities such as this in the coming months; to make certain the public coming to the campus learn about our services and to realize that we continue to function in this community largely in part due to their overwhelming support.

12. MEDICAL EXECUTIVE REPORT

Dr. Drager sought approval of the October 2011 Credentials Report. There were no policies.

The motion made by Director Wallace and seconded by Director Anderson to approve the Medical Staff Report/Credentials Report for October 2011 passed unanimously.

The meeting went into closed session at 5:00 P.M. Supervisor Gioia announced that there would be no reportable actions taken in closed session.



PARCEL TAX REVENUE:
COLLECTION and DISTRIBUTION
REPORT

TAB 5

**West Contra Costa Healthcare District
DBA: Doctors Medical Center - San Pablo
Compliance Issues
Fiscal Year 2010**

Debt Service Ratio	2007	2008	2009	2010
Single Family Residential/ Vacant/ Misc.	59,625	59,812	60,265	60,411
Small Multi-Unit Residential	9,936	9,939	9,939	9,942
Small Commercial / Industrial	2,275	2,276	2,281	2,290
Medium Commercial/ Industrial	1,431	1,433	1,434	1,434
Large Commercial / Industrial	426	432	432	436
Total Parcels	73,693	73,892	74,351	74,513
Parcel Tax Revenue	5,643,657	5,651,261	5,654,405	5,643,022
Maximum Annual Debt Service for the Certificates	3,102,471	3,101,203	3,101,203	3,111,658
Debt Service Coverage Ratio (1.35 Minimum)	1.82	1.82	1.82	1.81

Statistics	2007	2008	2009	2010
Discharges	5,869	6,347	6,293	6,158
Inpatient Days	30,087	31,023	30,305	31,552
Average Daily Census	82	85	83	86
Average Length of Stay	5.13	4.89	4.82	5.12
E/R Visits	36,944	39,685	40,951	40,210

Licensed Beds	2007	2008	2009	2010
Medical Surgical	169	151	151	151
Intensive Care	38	38	38	38
Perinatal (Obstetrics)	18	0	0	0
Chemical Dependency Recovery	14	0	0	0
Burn	6	0	0	0
Intensive Care Nursery	2	0	0	0
Total Acute Care	247	189	189	189

FINANCIALS
NOVEMBER-2011

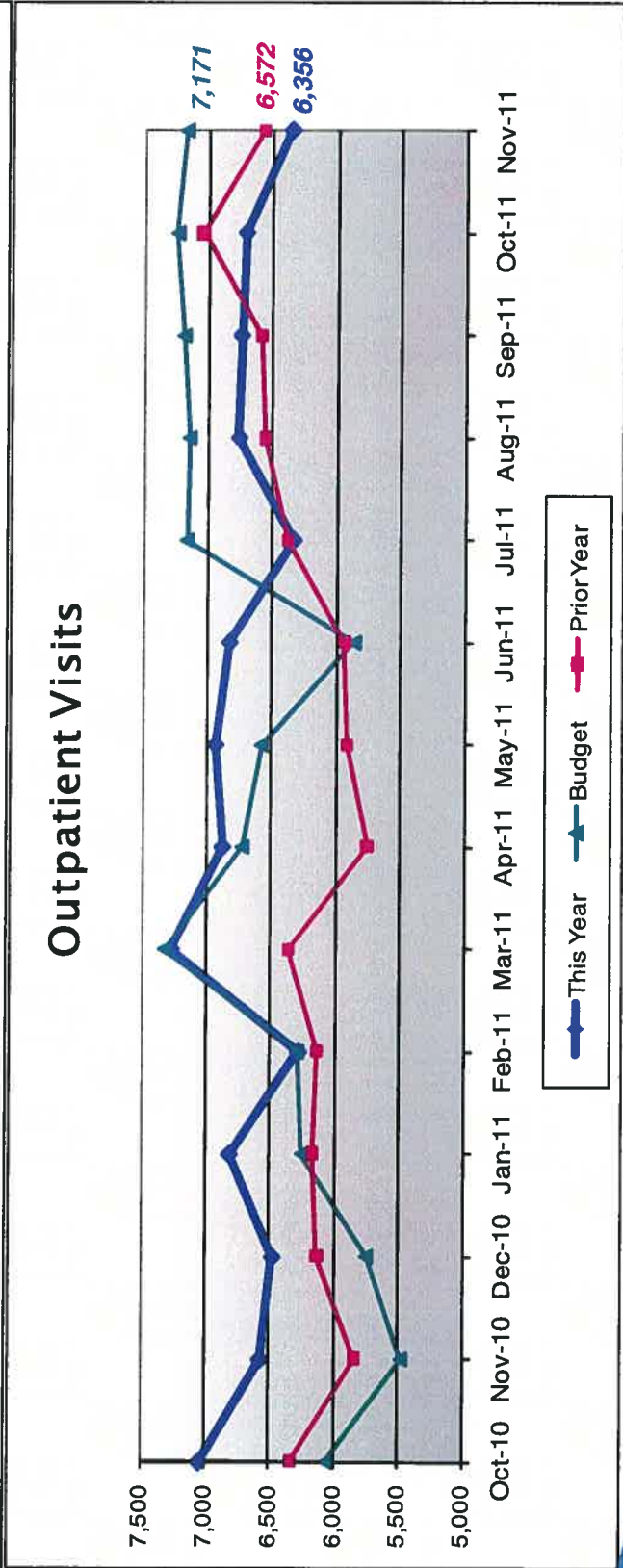
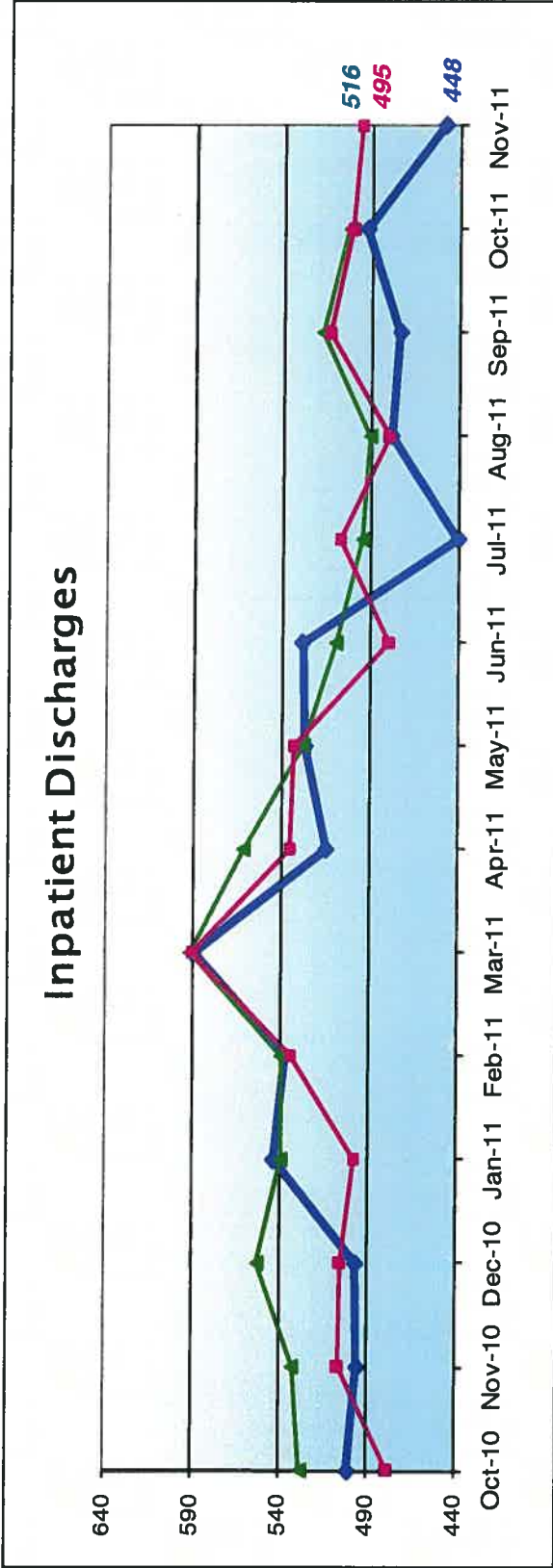
TAB 6



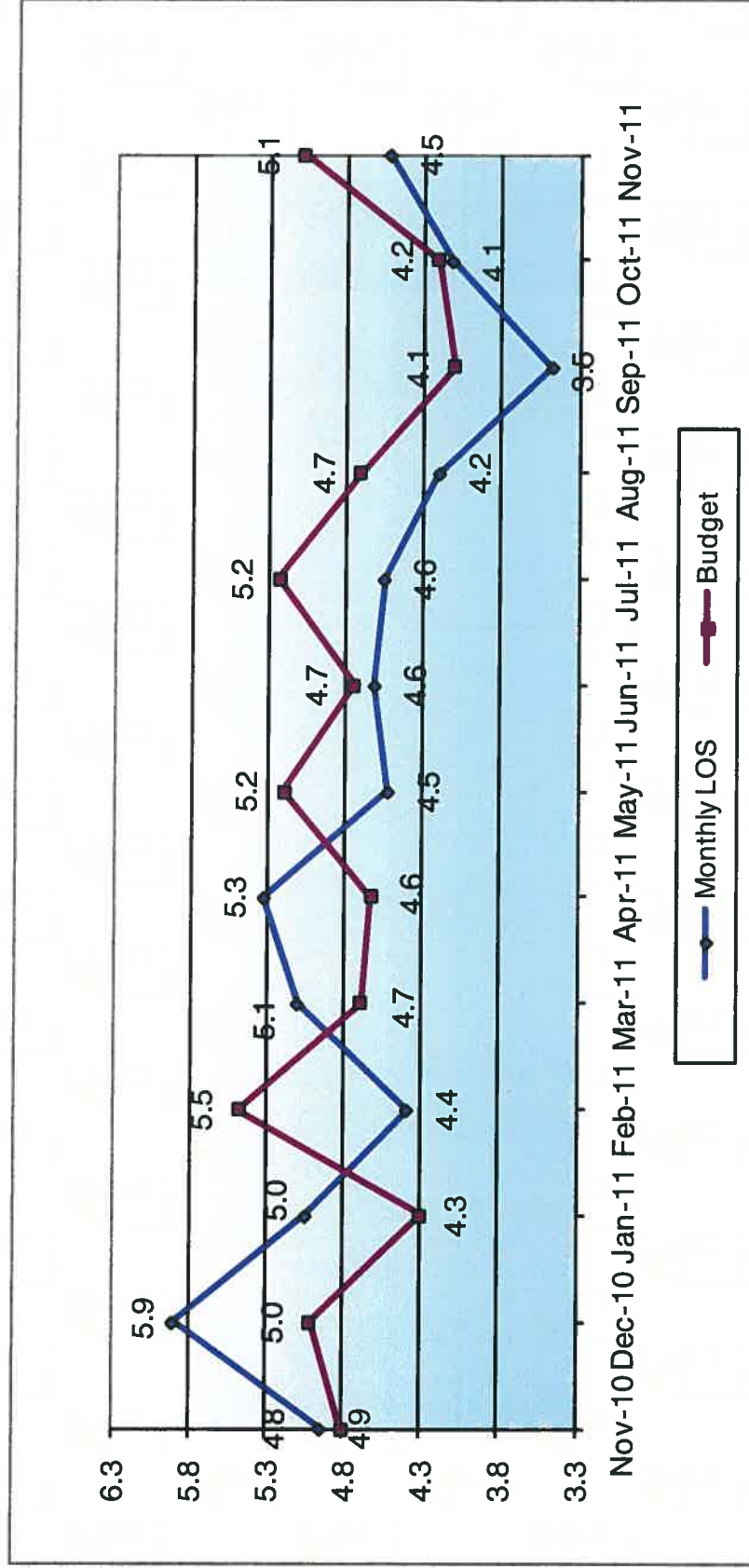
Board Presentation
November 2011 Financial Report



Patient Volumes



Monthly Length of Stay Discharged Patients



Statement of Activity – Summary
 For the Period Ending
 November 30, 2011
(Thousands)

	Month to Date		Var		Year to Date		Var
	Actual	Budget			Actual	Budget	
7,873	12,287	(4,414)		Net Operating Revenues \$	107,191	125,479	(18,288)
11,227	11,810	583		Total Operating Expenses \$	135,185	132,800	(2,385)
(3,354)	477	(3,831)		Income/(Loss) from Operations \$	(27,994)	(7,320)	(20,674)
565	669	(104)		Income from Other Sources \$	11,909	7,288	4,621
(2,789)	1,146	(3,935)		Net Income / (Loss) \$	(16,085)	(33)	(16,052)
(35.4%)	9.3%	(44.8%)		Net Income Percentage	(15.0%)	(0.0%)	(15.0%)

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

Budget Variances – Net Revenue

- ▶ Medi-Cal/Medi-Cal HMO – (\$159K).
- ▶ HMO/PPO/Commercial – (\$2,671K).
- ▶ Medicare / Medicare HMO– (\$1,339K).

Budget Variances – Expenses

- ▶ **Salaries & Benefits \$611K** – Salaries under budget due to low contract labor, flexing and hospital reorganization.
- ▶ **Supplies \$331K** – Flexed supply costs, reduction in implants, pacemakers, and pharmaceuticals.
- ▶ **Professional Fees (\$82K)** – Temporary management FTE's.
- ▶ **Purchased Services (\$133K)** – Unbudgeted fire sprinkler review, higher security, renal dialysis fees.
- ▶ **Other Operating Expenses \$124K** – Bankruptcy fund refund, utilities and travel & expenses.
- ▶ **Restructuring Costs (\$282K)**

Cash Position

November 30, 2011

(Thousands)

	November 30, 2011	December 31, 2010
Unrestricted Cash	\$4,396	\$5,229
Restricted Cash	\$2,245	\$4,006
Total Cash	\$6,641	\$9,235
Days Unrestricted Cash	12	12
Days Restricted	8	11
Total Days of Cash	19	23

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

Accounts Receivable

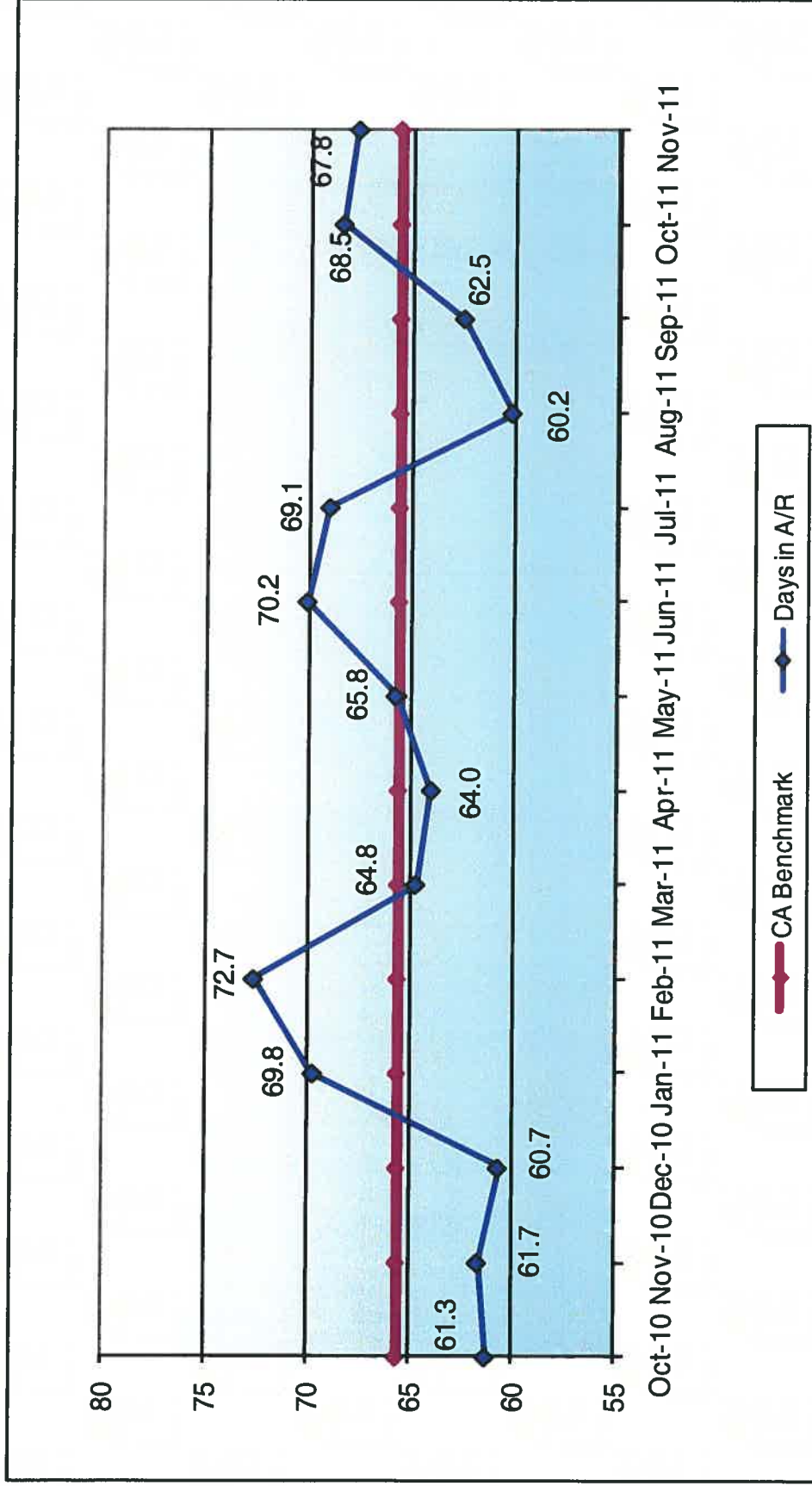
November 30, 2011

(Thousands)

	November 30, 2011	December 31, 2010
Net Patient Accounts Receivable	\$18,178	\$20,433
Net Days in Accounts Receivable	67.8	60.7

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

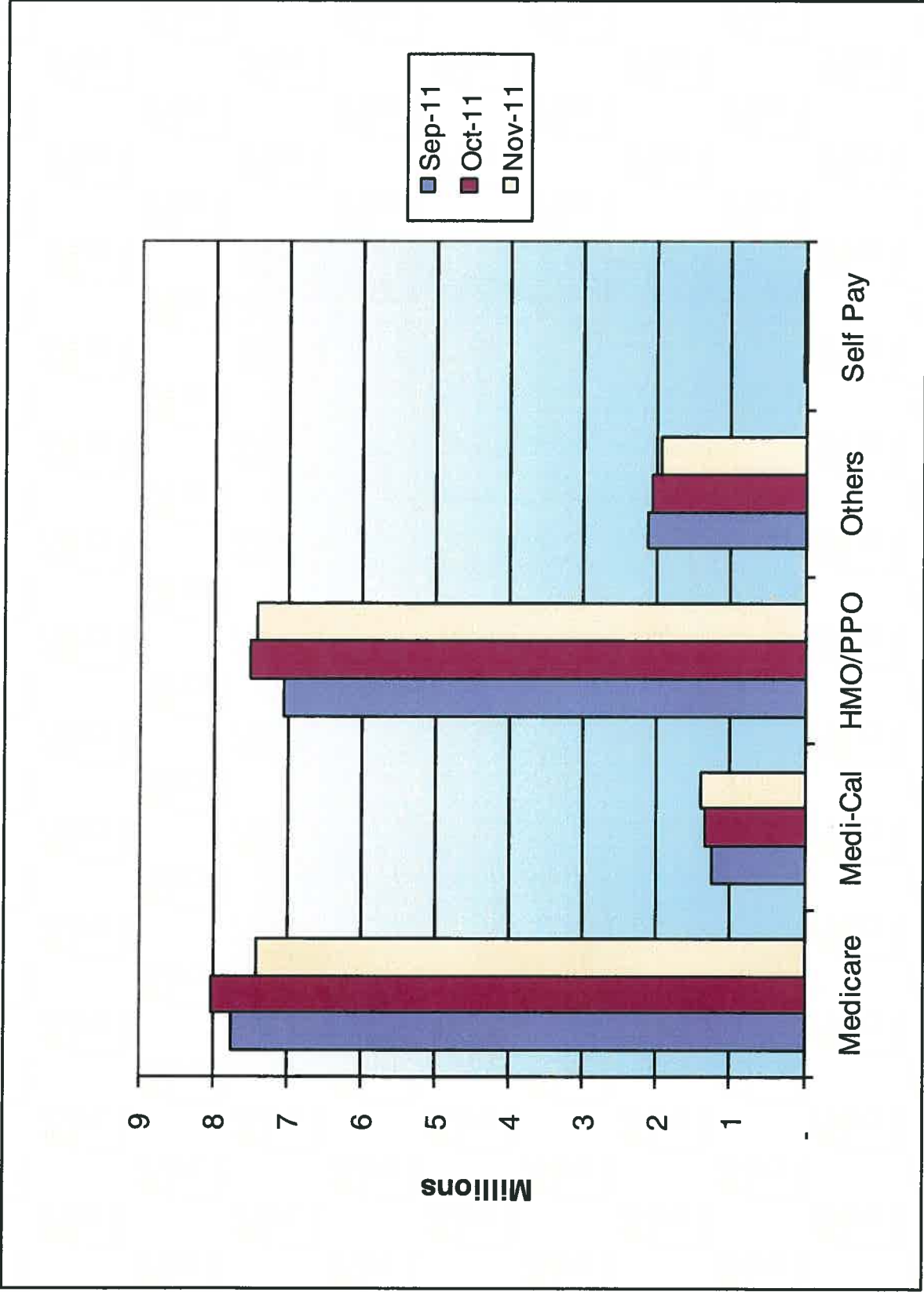
Accounts Receivable Net Days in A/R



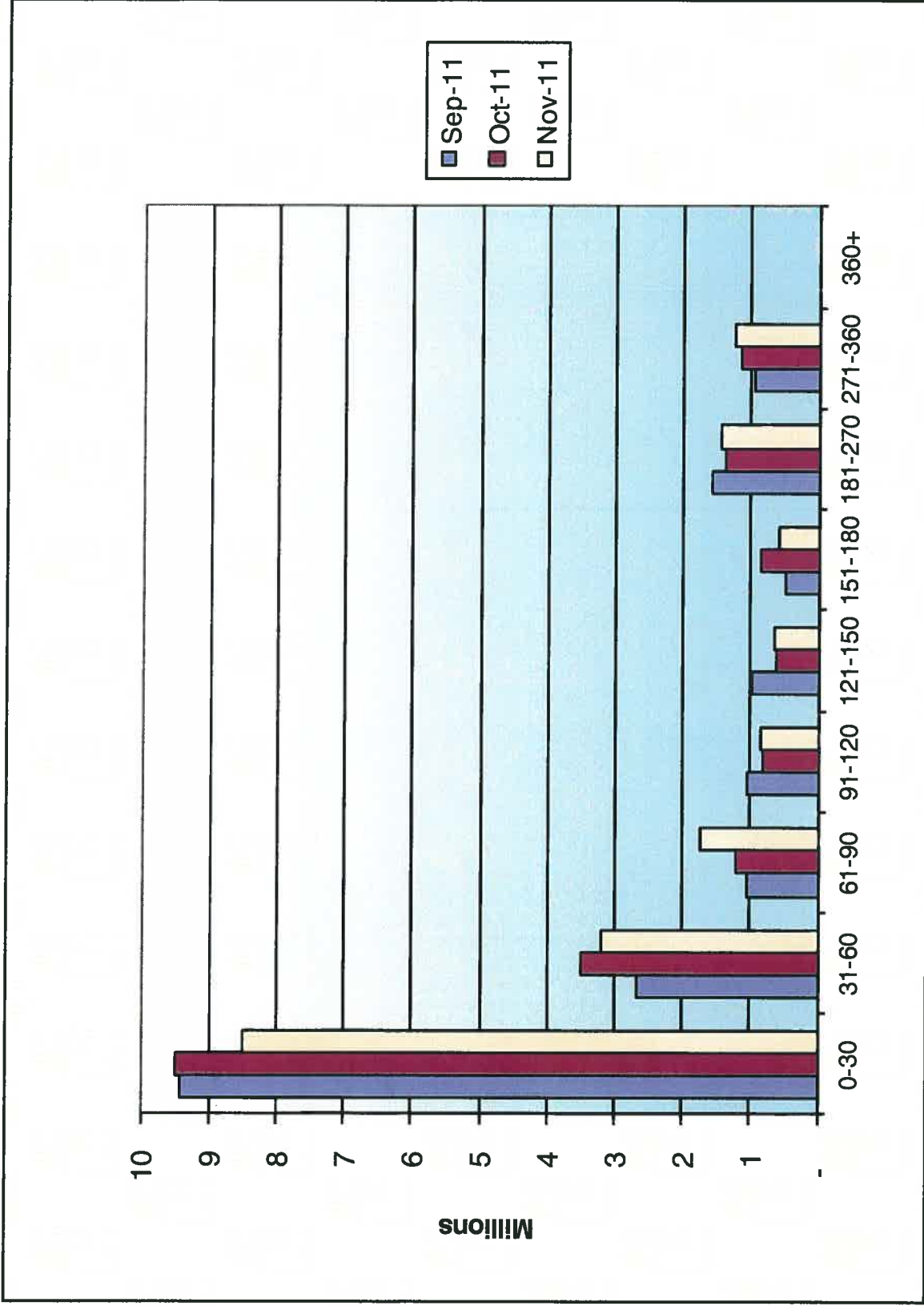
Financial Report Key Points

- ▶ Net Loss was \$2.8M in November. Net Loss to date is \$16M.
- ▶ Payroll and Supply Expenses under budget again.
- ▶ Worked FTE's were 11.6% below budget.
- ▶ Operating Cash in November was \$4.4M or 12 Days.

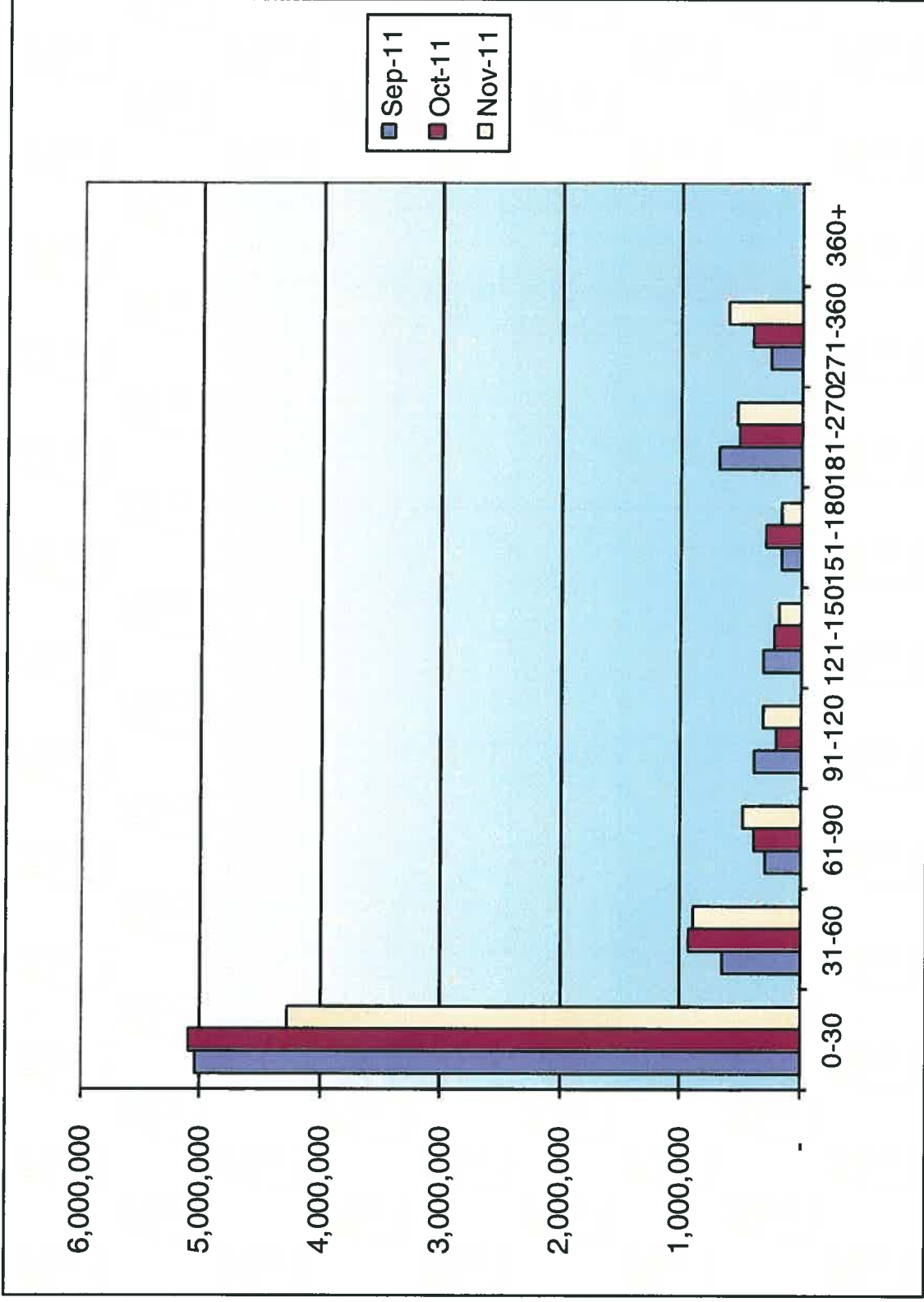
Net A/R by Payor



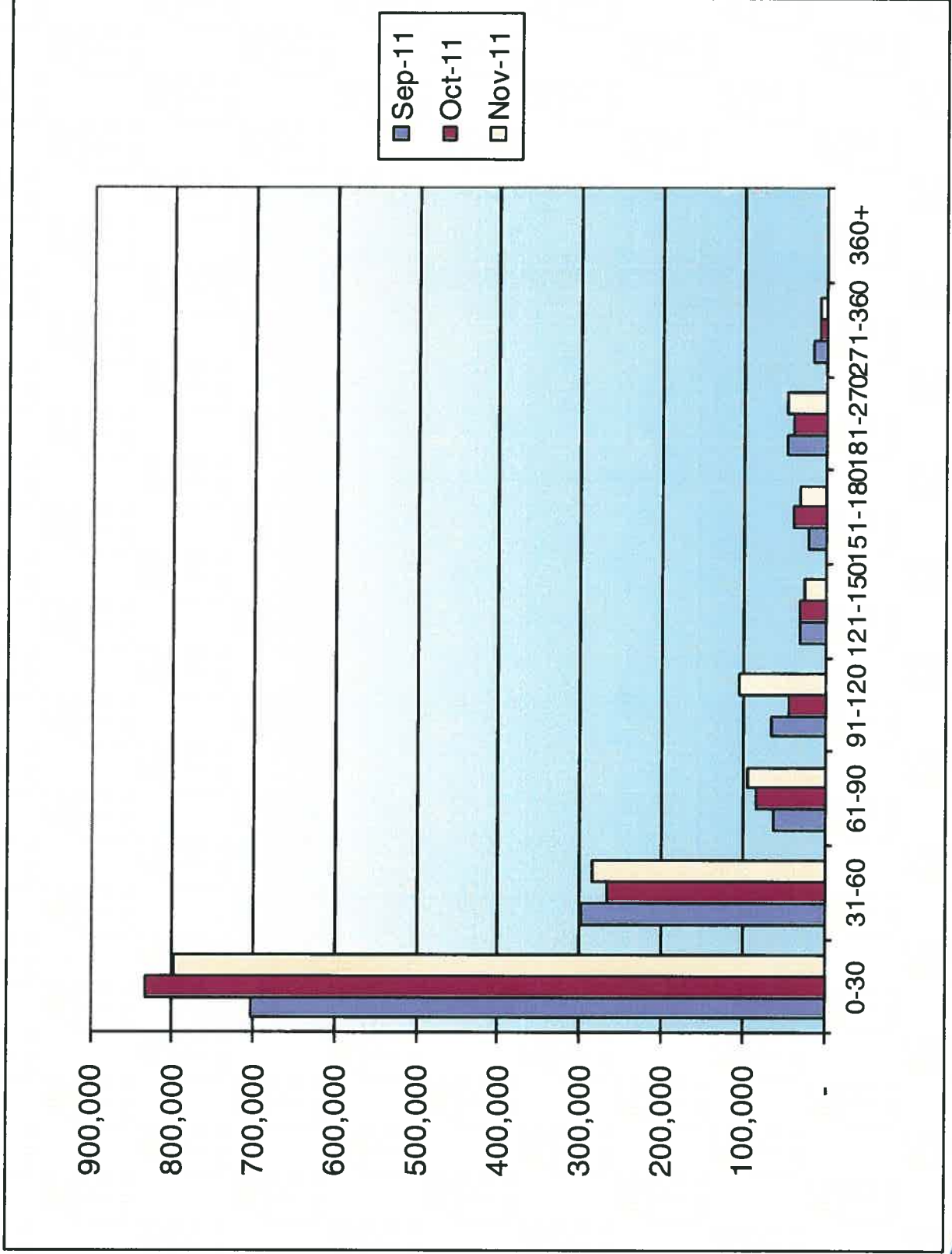
Aged Total Net Accounts Receivable



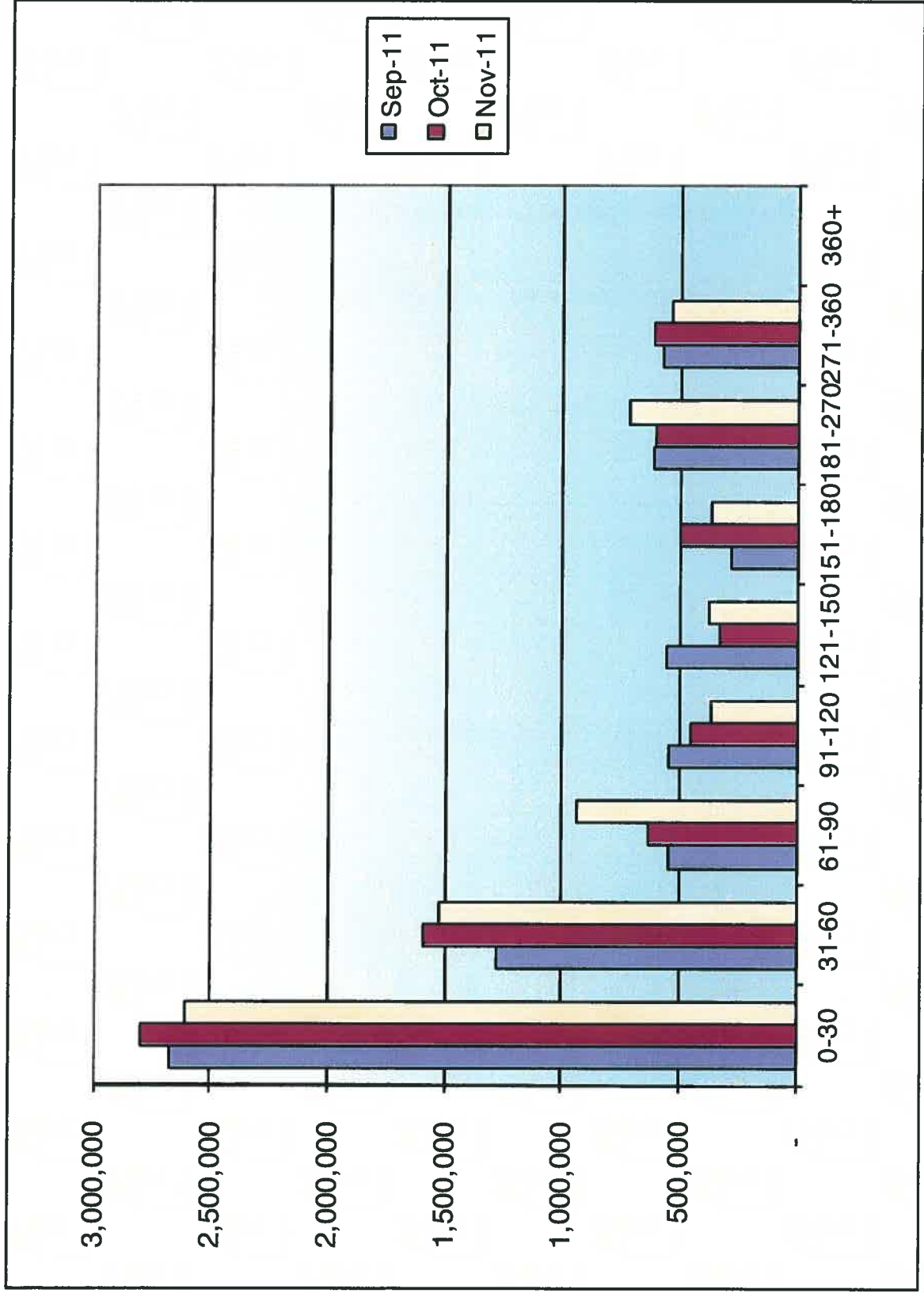
Net Medicare Receivables



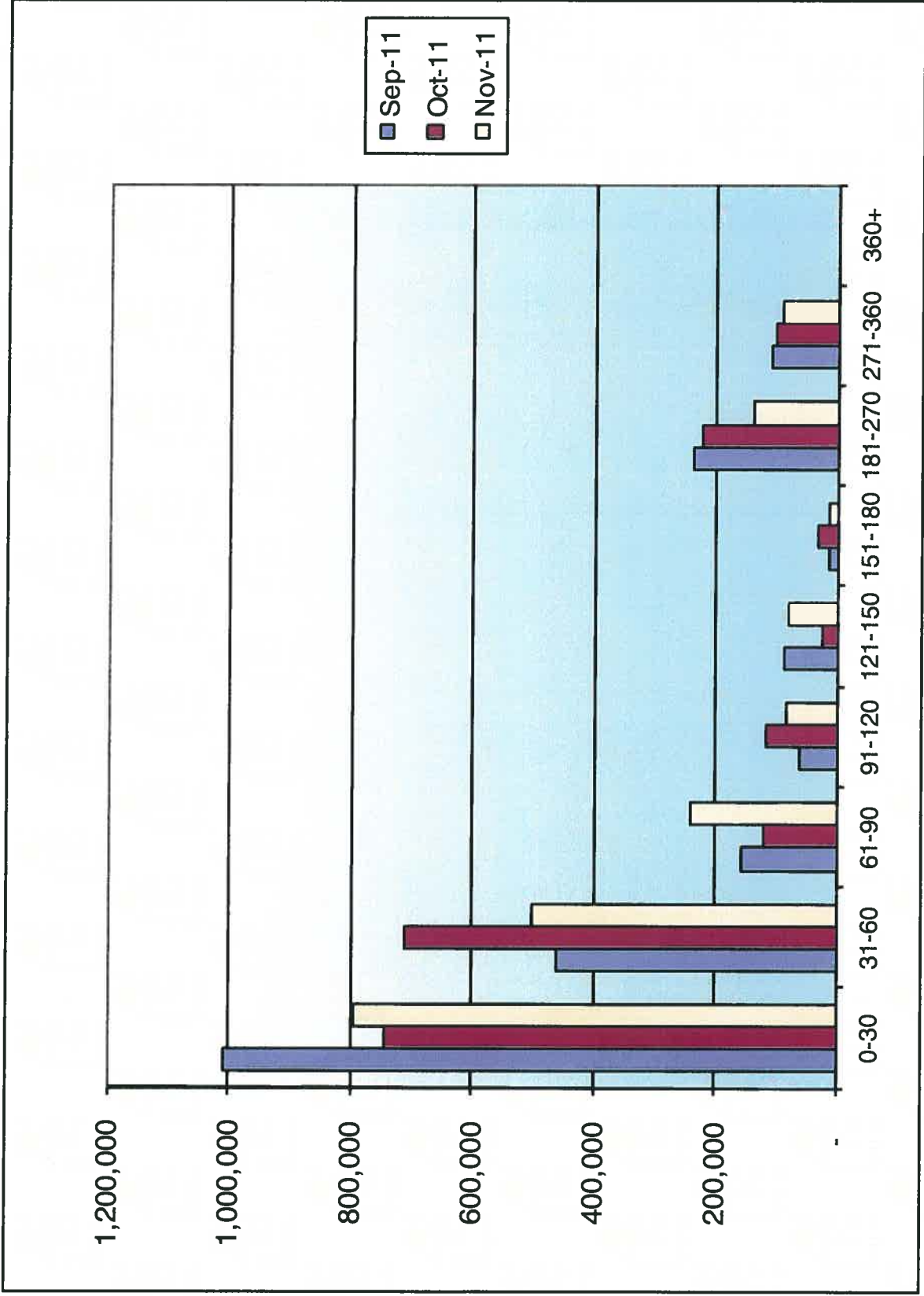
Net Medi-Cal Receivables



Net HMO / PPO Receivables



Net Other Payors Receivables





November 2011 Executive Report

Doctors Medical Center had a Net Loss of \$2,789,000 in the month of November. As a result, net income was under budget by \$3,935,000. The following are the other factors leading to the Net Income variance:

<u>Net Patient Revenue Factors</u>	<u>Over / (Under)</u>
HMO/PPO/ Commercial Volume	(\$2,671,000)
Medi-Cal/ Medi-Cal HMO	(\$159,000)
Medicare / Medicare HMO	(\$1,339,000)

<u>Expenses</u>	
Salaries & Benefits	\$611,000
Professional Fees	(\$82,000)
Supplies	\$331,000
Purchased Services	(\$113,000)
Other Expenses	\$124,000
Restructuring Costs	(\$282,000)

Net patient revenue was under budget by \$4,403,000. Gross charges were under budget in November 19.1%. Patient days were 22.3% under budget and discharges were 13.2% 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 \$2,671,000 variance from budget. Our volumes in Medicare and Medi-Cal were also under budget and the Medicare case mix was 1.32 versus the usual 1.51.

Salaries and Benefits combined were under budget \$611,000 while patient days were 22.3% under budget. Worked FTE's were under budget 11.6% as a reflection of the staffing reduction. The normal flexing of staff for the volume decrease would have been \$315,000 but we exceeded that amount by \$215,000.

Professional Fees were over budget \$82,000 in November. This variance is completely due to the use of temporary management in the month.

Supplies were under budget \$331,000. Our supplies should have been reduced by \$175,000 based on our volume. We were able to flex supplies another \$156,000 with most of this reduction in implant and pacemaker costs.

Purchased services was under budget \$113,000 in November. Cost for dialysis and security ran over budget in November by \$45,000 and \$30,000 respectfully. We also incurred cost for a review of the fire safety system that will occur during the next two months.

Other expenses were under budget \$124,000 in November. The largest portion of this reduction was a refund from Uecker & Associates for \$65,000 as they refunded the remaining unused balance in our bankruptcy account. Recruitment and travel expenses were under budget \$25,000 and utilities were also under budget by \$23,000.

Restructuring Costs in the month were \$282,000. These costs are one time unbudgeted costs we are incurring due to the financial restructuring of the hospital.

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

November 30, 2011
(Amounts in Thousands)

22	2,223	1,999	2,344	SWB / APD	2,256	2,072	(183)	-8.9%	1,998
23	64.3%	66.3%	59.2%	SWB / Total Operating Expenses	64.6%	65.4%			64.9%
24	3,460	3,018	3,956	Total Operating Expenses / APD	3,489	3,167	(322)	-10.2%	3,076
25	32,708	43,185	40,557	I/P Gross Charges	418,817	459,010	(40,193)	-8.8%	434,404
26	19,421	21,270	20,060	O/P Gross Charges	218,173	239,822	(21,649)	-9.0%	211,787
27	<u>52,129</u>	<u>64,455</u>	<u>60,617</u>	<u>Total Gross Charges</u>	<u>636,990</u>	<u>698,832</u>	<u>(61,842)</u>	<u>-8.8%</u>	<u>646,191</u>

Payor Mix (IP and OP)

28	38%	37%	37%	Medicare %	40%	37%	2%		38%
29	11%	17%	17%	Medi-Cal %	13%	17%	-4%		17%
30	15%	14%	14%	Managed Care HMO / PPO %	12%	14%	-2%		14%
31	10%	10%	8%	Medicare HMO %	9%	10%	-1%		9%
32	11%	7%	7%	Medi-Cal HMO %	11%	7%	4%		7%
33	0%	0%	0%	Commercial %	0%	0%	0%		0%
34	1%	1%	2%	Worker's Comp %	1%	1%	0%		2%
35	2%	3%	4%	Other Government %	3%	3%	0%		3%
36	12%	10%	11%	Self Pay /Charity %	10%	10%	0%		10%

STATISTICS

37	464	516	508	Admissions	5,580	5,785	(205)	-3.5%	5,670
38	448	516	495	Discharges	5,568	5,785	(217)	-3.8%	5,662
39	2,038	2,622	2,297	Patient Days	25,472	27,541	(2,069)	-7.5%	29,117
40	67.9	87.4	76.6	Average Daily Census (ADC)	76.3	82.5	(6.2)	-7.5%	87.2
41	4.54	5.08	4.64	Average Length of Stay (LOS)	4.57	4.76	0.19	3.9%	5.14
42	30	30	30	Days in Month	334	334			334
43	714	770	740	Adjusted Discharges (AD)	8,469	8,808	(339)	-3.8%	8,422
44	3,245	3,913	3,433	Adjusted Patient Days (APD)	38,741	41,931	(3,189)	-7.6%	43,313
45	108	130	114	Adjusted ADC (AADC)	116	126	(10)	-7.6%	130
46	75	78	98	Inpatient Surgeries	977	959	18	1.9%	971
47	114	98	104	Outpatient Surgeries	1,110	1,078	32	3.0%	1,068
48	<u>189</u>	<u>176</u>	<u>202</u>	<u>Total Surgeries</u>	<u>2,087</u>	<u>2,037</u>	<u>50</u>	<u>2.5%</u>	<u>2,039</u>

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

INCOME STATEMENT

November 30, 2011

(Amounts in Thousands)

49	2,789	3,395	(606)	-17.8%	2,790	ED Outpatient Visits	32,466	36,600	(4,134)	-11.3%	31,948
50	3,453	3,678	(225)	-6.1%	3,678	Ancillary Outpatient Visits	40,325	37,256	3,069	8.2%	36,394
51	114	98	16	16.3%	104	Outpatient Surgeries	1,110	1,078	32	3.0%	1,088
52	<u>6,356</u>	<u>7,171</u>	<u>(815)</u>	<u>-11.4%</u>	<u>6,572</u>	<u>Total Outpatient Visits</u>	<u>73,901</u>	<u>74,934</u>	<u>(1,033)</u>	<u>-1.4%</u>	<u>69,410</u>
53	456	400	56	14.0%	427	Emergency Room Admits	4,995	4,576	419	9.2%	4,844
54	16.3%	11.8%			15.3%	% of Total E/R Visits	15.4%	12.5%		15.2%	
55	98.3%	77.5%			84.1%	% of Acute Admissions	89.5%	79.1%		85.4%	
56	589	666	78	11.6%	665	Worked FTE	646	661	15	2.3%	630
57	676	777	100	12.9%	781	Paid FTE	755	770	15	1.9%	729
58	5.44	5.11	(0.34)	-6.6%	5.81	Worked FTE / AADC	5.57	4.83	(0.74)	-15.3%	4.86
59	6.25	5.95	(0.30)	-5.0%	6.82	Paid FTE / AADC	6.51	5.62	(0.88)	-15.7%	5.62
60	2,403	3,117	(715)	-22.9%	3,155	Net Patient Revenue / APD	2,738	2,968	(230)	-7.7%	2,748
61	16,065	16,470	(405)	-2.5%	17,657	I/P Charges / Patient Days	16,442	16,666	(224)	-1.3%	14,919
62	3,056	2,966	89	3.0%	3,052	O/P Charges / Visit	2,952	3,200	(248)	-7.8%	3,051
63	1,472	1,356	(116)	-8.6%	1,550	Salary Expense / APD	1,459	1,396	(63)	-4.5%	1,348
64	4.8	6.0	1.22	20.3%	6.6	Medicare LOS	5.0	5.0	(0.05)	-1.0%	5.4
65	1.32	1.51	0.19	12.6%	1.74	Medicare CMI	1.53	1.55	0.02	1.3%	1.56
66	3.62	3.97	0.35	8.8%	3.79	Medicare CMI Adjusted LOS	3.29	3.22	(0.07)	-2.3%	3.46
67	4.5	5.1	0.56	11.0%	4.9	Total LOS	4.5	4.8	0.23	4.8%	5.20
68	1.310	1.520	0.21	13.8%	1.585	Total CMI	1.466	1.517	0.05	3.4%	1.491
69	3.45	3.34	(0.11)	-3.3%	3.12	Total CMI Adjusted LOS	3.09	3.14	0.05	1.5%	3.48

**WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
BALANCE SHEET
November 30, 2011
(Amounts in Thousands)**

	Current Month	Dec. 31, 2010	Current Month	Dec. 31, 2010
ASSETS				
70 Cash	4,396	5,229	1,629	3,646
71 Net Patient Accounts Receivable	18,178	20,433	17,090	13,965
72 Other Receivables	4,438	4,055	15,144	11,356
73 Inventory	2,256	2,252	2,849	801
73 Current Assets With Limited Use	2,245	4,006	190	2,993
74 Prepaid Expenses and Deposits	1,010	1,575		
75 TOTAL CURRENT ASSETS	32,523	37,550	36,902	32,761
76 Assets With Limited Use	642	642		
Property Plant & Equipment				
77 Land	12,120	12,120	5,870	0
78 Bldg/Leasehold Improvements	33,733	33,563	0	0
79 Capital Leases	10,926	10,926	22,095	24,047
80 Equipment	33,810	33,874	2,519	2,581
81 CIP	2,668	960	-1,629	-3,646
82 Total Property, Plant & Equipment	93,257	91,443	22,985	22,982
83 Accumulated Depreciation	-48,863	-46,036		
84 Net Property, Plant & Equipment	44,394	45,407	65,757	55,743
85 Intangible Assets	512	544		
86 Total Assets	78,071	84,143	78,071	84,143
LIABILITIES				
96 Current Maturities of Debt Borrowings				
97 Accounts Payable and Accrued Expenses				
98 Accrued Payroll and Related Liabilities				
99 Deferred District Tax Revenue				
100 Estimated Third Party Payor Settlements				
101 Total Current Liabilities				
Other Liabilities				
102 Other Deferred Liabilities				
103 Chapter 9 Bankruptcy				
Long Term Debt				
104 Notes Payable - Secured				
105 Capital Leases				
106 Less Current Portion LTD				
107 Total Long Term Debt				
108 Total Liabilities				
EQUITY				
109 Retained Earnings				
110 Year to Date Profit / (Loss)				
111 Total Equity				
112 Total Liabilities & Equity				
87 Current Ratio (CA/CL)	0.88	1.15		
88 Net Working Capital (CA-CL)	(4,379)	4,789		
89 Long Term Debt Ratio (LTD/TA)	0.29	0.27		
90 Long Term Debt to Capital (LTD/(LTD+TE))	0.65	0.45		
91 Financial Leverage (TA/TE)	6.3	3.0		
92 Quick Ratio	0.61	0.78		
93 Unrestricted Cash Days	12	12		
94 Restricted Cash Days	8	11		
95 Net AVR Days	67.8	60.7		

QUALITY REPORT

TAB 7

**West Contra Costa County
Health District Board Meeting
*December 28, 2011***

JULI MAXWORTHY, VP, QUALITY/RISK MANAGEMENT

CORE MEASURES

FALLS

Quality/Patient Safety Metrics

Patient Safety: Falls

<i>Indicator</i>	<i>Jul-Sep 2010</i>	<i>Oct-Dec 2010</i>	<i>Jan-March 2011</i>	<i>April-June 2011</i>	<i>July- Sept 2011</i>	<i>CALNOC Benchmark</i>	<i>Total</i>
Total Falls (Inpatient and Outpatient)	30	20	40	46	32	N/A	168
Total Falls With Injury (Inpatient and Outpatient)	2	1	2	0	0	N/A	5
% Falls with Injury	6.66%	0.05%	0.05%	0.00%	0.00%	N/A	2.976%
Rate: Falls (Per 1,000 Patient Days)	2.624	1.852	3.382	4.026	3.459	2.94	3.083
Rate: Falls with Injury (Per 1,000 Patient Days)	0.175	0.093	0.169	0	0	0.1	0.092

PATIENT SATISFACTION

Patient Satisfaction (HCAHPS)

INDICATOR	Threshold	Target	Goal	4th Qtr 2010	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	2nd to 3rd Qtr 2011
	US Average	CA Average	DMC	Top Box	Top Box	Top Box	Top Box	%Change
Patient Satisfaction -Top Box Scores(HCAHPS)								
Number of Surveys Returned				276	314	279	242	
Mean Score (Related to Press Ganey Supplemental Questions)				80%	77%	76%	79%	↑ 3%
Patients who gave DMC a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	67%	63%	63%	48%	48%	44%	50%	↑ 6%
Patients who reported YES, they would definitely recommend the hospital.	69%	67%	67%	50%	45%	49%	52%	↑ 3%
Patients who reported that their nurses "Always" communicated well.	76%	71%	70%	65%	64%	60%	62%	↑ 2%
Patients who reported that their doctors "Always" communicated well.	80%	76%	76%	77%	70%	71%	73%	↑ 2%
Patients who reported that they "Always" received help as soon as they wanted.	64%	57%	57%	49%	44%	44%	49%	↑ 5%
Patients who reported that their pain was "Always" well controlled.	69%	66%	66%	66%	59%	56%	53%	↓ 3%
Patients who reported that staff "Always" explained about medicines before giving it to them.	61%	56%	56%	48%	51%	46%	49%	↑ 3%
Patients who reported that the area around their room was "Always" quiet at night.	58%	48%	48%	46%	38%	38%	41%	↑ 3%
Patients who reported that their room and bathroom were "Always" clean.	71%	68%	68%	70%	61%	59%	60%	↑ 1%
Patients who reported that YES, they were given information about what to do during their recovery at home.	81%	79%	79%	70%	74%	71%	75%	↑ 4%
Definitions								
Top Box- HCAHPS response rates of patients who provided the highest score in each domain or stand alone question. Example: Definitely Yes, Always and 9-10								
Mean Score- An average of all Press Ganey Supplemental question responses based on a 0-100 scoring system. Example: Very Poor=0, Poor=25, Fair=50, Good=75, Very Good=100								

PRESSURE ULCERS

Quality/Patient Safety Metrics

Patient Safety: Pressure Ulcers							
Indicator	Jul-Sep 2010	Oct-Dec 2010	Jan-March 2011	Apr-June 2011	July-Sept 2011	Beacon 10/28/10 Benchmark	Total
Total HAPU Events: Stage III, IV, and Unstageable	0	1	0	0	0	N/A	1
Patient Skin/Wound Integrity Events (All reported events)	56	42	57	33	53	N/A	241
Hospital Acquired Pressure Ulcer (HAPU) Rate: Adjusted Patient Days	0.262	0.185	0.169	0.179	0.541	Beacon Collaborative Benchmark 0.2	0.257

LABORATORY

Clinical Laboratory Performance Improvement Key Indicators 2011

KEY INDICATOR	Goal	N	D	Q1 AVG	N	D	Q2 AVG	N	D	Q3 AVG	N	D	Q4 AVG	N	D	2010 AVG	2011 AVG	
1. Wasted Products																		
RBC	< 2.0%	21	1008	2.08	25	1012	2.47	14	833	1.58	88	4043	2.08	15	7133		2.10	
2. Blood Bank Cross Match/Transfusion Ratio																		
RBC	< 2.0	1008	710	1.42	1012	733	1.38	833	606	1.37	4043	2829	1.39	713	5123		1.39	
3. False Positive Blood Culture																		
RN	< 3%	56	2004	2.79	30	1593	1.88	24	1375	1.75	175	2190	2.1	28	1243		2.2	
Lab	< 3%	17	2004	0.85	12	1593	0.75	13	1375	0.95	60	4556	0.8	11	1243		0.8	
4. Complete Labeling on Specimen Tubes (addition of Date/Time/Init)																		
RN	> 95%	243	260	93.5	485	513	94.5	427	432	98.8	1635	1743	95.6	289	301.3		95.9	
Lab	> 95%	252	260	96.9	490	513	95.5	419	432	97.0	1743	1743	96.5	290	301.3		96.3	
5. Turn-Around-Time (TAT) (order to result)																		
AM	> 80%	23220	28328	82.0	22600	26027	86.8	19638	23848	82.3	81.97	100	83.7	16365	19551		83.7	
ER	< 60 min	15517	15517	64.4	15808	15808	59.2	13901	13901	56.1			59.9	45226	45226		61.8	

KEY LEGEND: N= # specific; D= total samples; TAT minutes in mean/ avg

=Meet Goal

=almost to goal

=PI Alert

EXEC SUMMARY AND ANALYSIS

- The wasted RBC blood units (packed cells) was a great improvement-exceeding our target goal: a total of 14 RBC were wasted for Q3- a decrease waste from Q2, in addition to the other blood products wasted. The opportunities to decrease the amount of waste are continually being explored. Blood products are not returnable.
- The Blood Bank crossmatched units/ transfused was exceeding the target goal with a C/T ratio overall of 1.37- a Positive record for 2011 with an ave ratio of 1.40.
- The False Positive Blood Culture rate showed that the threshold of 3.0% has continued improving at Q2 to an avg of 1.45% for the institution rate!
- The complete labeling of blood specimen with date/ time/ init. Showed a positive trend of performance improvement for RN to an impressive rate of 98.8% beating the lab personnel record.
- Turn-around-time (TAT) showed a marked improvement exceeding the goal to continue improvement of an average of 56.1 min -for ALL ER samples for chemistry and hematology tests- making the overall 2011 rate exceeding the goal-a great accomplishment!

ACTION PLAN

The Lab embraces the practice of Continual Improvement to uphold Patient Safety

- Continue strong collaboration and strengthen best practices among MDs, RNs and laboratory CLS by closely monitoring blood order appropriateness and releasing blood orders timely when product's not needed would enhance the organization goal in striving for patient care excellence and achieving healthy financial performances.
- Continue the monitoring and upholding best practices for patient care excellence
- Continuing in-service education on sources of contamination and proper techniques for nursing personnel via nursing team leaders and ER nursing units meetings
- Continue in-service education to all phlebotomy personnel via regular meetings for the importance of complete labeling.
- Continue in-service education to all phlebotomy and testing personnel, identifying root causes and resolving barriers to target faster TAT; a loud alarm implemented for ER samples, as well as effort in moving the ER terminal to a location with greater visibility in the lab.

EMPLOYEE HEALTH

Worker's Safety- Employee Health

Data Range: Q3 2010-Q3 2011
 Legend: N = Numerator D = Denominator

PERFORMANCE IMPROVEMENT REPORT	JUL AVG	AUG AVG	SEP AVG	3 rd QTR 2010 AVG	OCT AVG	NOV AVG	DEC AVG	4 th QTR 2010 AVG	JAN AVG	FEB AVG	MAR AVG	1 ST QTR 2011 AVG	APR AVG	MAY AVG	JUN AVG	2 nd QTR 2011 AVG	JULY AVG	AUG AVG	SEPT AVG	3 rd QTR 2011 AVG	YTD AVG	
NUMERATOR/DENOMINATOR	0	0	0	0	0	80	12	30.67	0	0	0	0	0	0	0	0	0	0	70	0	23	10.80
Employee Exposures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee PPD Conversion Rate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Compliance Rate	897	918	960	925	951	954	937	947	957	956	953	955	961	951	945	952	967	929	883	926	941	941
	956	966	982	968	983	989	979	984	971	976	978	975	985	986	987	986	996	973	960	976	978	978
	94%	95%	98%	96%	97%	96%	96%	96%	99%	98%	97%	98%	98%	96%	96%	97%	97%	95%	92%	95%	96%	96%
FIT Compliance Rate	897	927	967	930	969	975	963	969	960	966	953	960	954	947	940	947	973	929	902	935	948	948
	956	966	982	968	983	989	979	984	971	976	978	975	985	986	987	986	996	973	960	976	978	978
	94%	96%	98%	96%	99%	99%	98%	99%	99%	99%	97%	98%	97%	96%	95%	96%	98%	95%	94%	96%	97%	97%
Bloodborne Exposures: Needle Sticks	6	2	0	3	0	1	0	0.3	1	1	2	1	1	1	2	1	1	1	0	1	1	1

Variance

July: 2 exposure minor, 1 needlestick, Unable to determine clean or dirty, in box; 1 splash
 August: 1 needlestick
 3rd Qtr 2011: 2 needlesticks, 0 punctures, 1 splash, 2 exposure
 Variance: -2 needlesticks; -1 puncture; 0 splash; +2 exposure; - 1 laceration

Action Plan

Re-visit changing insulin needles; protective gloves for EVS. Notice to all Nursing and staff to place all sharps in Sharps containers immediately after use.

QUALITY UPDATES

✘ Radiology

- + All indicators are within desired results except:
 - ✘ Current clinical history for exam will be noted on imaging request-goal 100% currently 99%

✘ Pharmacy & MERP monitoring

- + Improvements include:
 - ✘ Decreased percentage of overrides
 - ✘ Daily reports are generated and distributed to appropriate manager for follow up
 - ✘ Medication passes

- ✘ Alerts from Regulatory Bodies

- + Laryngoscope Blades

- ✘ Infection control practices

- ✘ DMC is compliant

- + Influenza Vaccination Program

- ✘ DMC is compliant