DMC
DETROIT MEDICAL CENTER

VHS OF MICHIGAN, INC

2014 ANNUAL REPORT TO LEGACY DMC

February 27, 2015

VHS of Michigan, Inc. hereby presents to the Legacy DMC its 2014 Annual Report. The 2014 Annual Report intends to provide Legacy DMC with a description of the performance through December 31, 2014 by VHS of Michigan, Inc. ("VHS" or "DMC") in maintaining compliance with the various covenants assumed by DMC.

This report has been prepared and is being delivered for the calendar year period ending December 31, 2014 in accordance with Section 12.17 of the Purchase and Sale Agreement by and among the Detroit Medical Center, Harper-Hutzel Hospital, Detroit Receiving Hospital and University Health Center, Children's Hospital of Michigan, Rehabilitation Institute of Michigan, Inc., Sinai Hospital of Greater Detroit, Huron Valley Hospital, Inc., Detroit Medical Center Cooperative Services, DMC Orthopedic Billing Associates, LLC, Metro TPA Service, Inc., Michigan Mobile PET CT, LLC, DMC Primary Care Services II and Healthsource, as Seller, and VHS of Michigan, Inc., VHS Harper-Hutzel Hospital, Inc., VHS Detroit Receiving Hospital, Inc., VHS Children's Hospital of Michigan, Inc., VHS Rehabilitation Institute of Michigan, Inc., VHS Sinai-Grace Hospital, Inc., VHS Huron Valley-Sinai Hospital, Inc., VHS Detroit Businesses, Inc., VHS Detroit Ventures, Inc., VHS University Laboratories, Inc., VHS Physicians of Michigan and CRNAS of Michigan, as Buyer, and Vanguard Health Systems, Inc. dated as of December 31, 2010 (the "Agreement").

As in prior years, this Annual Report has been organized by section of the Agreement relating to a specific covenant assumed by DMC. Various documents and information supporting DMC's performance or providing detail related to a particular matter are included as Exhibits to this Annual Report.

Indigent and Low Income Care (Section 12.2)

In compliance with Section 12.2 of the Agreement, during 2014 DMC has maintained compliance with the Vanguard Health System charity care policy in place on June 10, 2010, as was required under Schedule 12.2-a to the Agreement. This charity care policy has remained in effect through the acquisition of Vanguard Health System by Tenet Healthcare Corporation ("Tenet") in 2013.

Exhibit A provides information related to charity care and uncompensated care or bad debt for 2014 and trends from 2011 to 2014.

As reported in the 2013 Annual Report to Legacy DMC, in 2013 the DMC initiated a significant effort to enroll uninsured residents in Southeast Michigan in Medicaid and, if unqualified for Medicaid, with Michigan exchange plans. That program, DMC's *Path to Health* campaign, and Michigan's Healthy Michigan enrollment experienced greater success than projected.

The benefits of the expansion of both Medicaid eligibility and coverage available through insurance exchanges have had a direct effect upon the number of people receiving services who are now insured. Consequentially, levels of charity care and uncompensated care reported on the financial statements of the DMC in 2014 have declined. However, the financial effects of Medicaid expansion must be balanced, in 2014 and over time, with the federal reductions in Medicare DSH, the future reductions in Medicaid DSH ceilings and in targeted state reductions in support for programs directly beneficial to the DMC.

Commitments to Maintain the Hospitals and Provide Core Services (Section 12.3)

As required by the Agreement, DMC continues to maintain each of its Hospitals as a general acute hospital licensed in the State of Michigan or, in the case of the Rehabilitation Institute of Michigan, as a rehabilitation hospital licensed under the laws of the State of Michigan. DMC continued to provide the Core Services as listed on Schedule 12.3 of the Agreement throughout 2014.

On August 11, 2014, an historic rainfall in Southeast Michigan caused flooding which resulted in significant damage to the Detroit Surgery Hospital in Madison Heights, including damage to its power plant, HVAC, central sterile processing and food service areas, and contamination to large areas of its basement. This event forced the relocation of all patients and clinical services from the Detroit Surgery Hospital to other DMC in-patient and out-patient facilities and the cessation of services at that site. At this time services have not been restored at the Detroit Surgery Hospital.

At the time of execution of the Agreement the Detroit Surgery Hospital was part of the Harper-Hutzel Hospital tax identification number and services it rendered were billed under that number. For that reason, the Detroit Surgery Hospital was not separately listed as a hospital in the definition of a "Hospital" under the Agreement, but was instead a separately listed component comprising part of Harper-Hutzel Hospital under the Agreement.

Capital Expenditures (Section 12.4)

Under Section 12.4 of the Agreement, DMC is obligated to make certain "Routine" and "Specified" Capital Project Expenditures within prescribed periods. Exhibit B-1 provides information related to Routine Capital Expenditures for the 4 year period from January 1, 2011 through December 31, 2014. Exhibit B-2 provides information related to Specified Capital Project Expenditures for the 4 year period from January 1, 2011 through December 31, 2014.

Routine Capital Expenditures

Routine Capital Expenditures (also called "Non-Specified" Project Capital in certain reports), which are governed by Section 12.4(a) of the Agreement, have averaged $55 million per year over the 4 year period from January 1, 2011 through December 31, 2014. This is an increase of $5.0 million over the average annual amount as of the end of 2013 and also exceeds the $50 million annual average minimum required by the Agreement.

CY 2014 – Routine Capital Expenditures

In CY 2014, Routine or Non-Specified Project Capital Expenditures totaled $70.1 million.

The Routine/Infrastructure/Equipment category includes hospital oriented capital often related to patient safety and quality, including a major investment in surgical equipment and lights, syringe and other pumps across the system, monitors, ventilators, WOWs and other nursing equipment. Larger infrastructure and equipment items also were addressed in 2014.

IT projects in 2014 included continued upgrades to the Cerner EMR, continued rollout of ambulatory EMRs for hospital based clinics, a pharmacy IT upgrade with Sunquest, continued technology refresh with Windows 7 for PCs, new WOWS and replacement of outdated PCs, and additional new radiology PACS workstations. Capital expenditures for Strategic Initiatives in 2014 included the acquisition of a Stealth Surgical system at Sinai Grace, acquisition and construction of a Swing Lab for CVI, an ABUS/Gamma system for Huron Valley Sinai, and a Spec/CT at Harper.

Significant Infrastructure investment in 2014 was marked by elevator replacement at Harper and Sinai Grace, generator and roof replacements at Detroit Receiving, new fire water tanks and fire alarms at Huron Valley Sinai and Harper, respectively, and the renovation of the central sterile processing center for main campus. Major equipment purchases involved new surgical lights at Harper, Sinai Grace, and Detroit Receiving. Harper also invested significantly in new patient monitors.

In 2014, a significant new project broke ground in Troy with the start of construction of the Children's Hospital of Michigan Troy –David K. Page Building. Scheduled to be completed by the end of 2015, this project is a key element of the overall plan to provide pediatric health service to children throughout Southeast Michigan. This project also allowed for the Children's Tower Project to be redesigned with greater emphasis on higher acuity and subspecialty services.

In mid-2014, a concerted effort to restructure the capital planning and expenditure process was undertaken in an effort to stabilize the capital process and assure allocated capital would be expended appropriately. As part of this effort the following steps were instituted in the 3rd and 4th quarters of CY 2014:

- Market capital team was reformatted
- Due Diligence was conducted on all 2014 projects to determine impediments to expenditures and process delays
- Delayed projects were reignited
- Stale projects were reevaluated and reallocated to other capital priorities
- An emergency capital request system was initiated

- A rigorous capital project identification, allocation, and tracing process was instituted to develop the 2015 capital budget and a 5 year master capital plan skeleton, based upon:
    - ROIC focuses
    - Market driven accountability
    - Rigorous pro forma evaluations

CY 2015 – Budgeted Routine Capital Expenditures

Entering the final year of the five-year, $350 million Routine Capital Expenditure commitment, the budget for Routine Capital Expenditures for Calendar Year 2015 (which is also DMC's FY 2015) will be $129.9 million. Full and timely expenditure of this budget will satisfy the commitment under Section 12.4(a) of the Agreement.

While the budgeted amount of Routine Capital Expenditures for Calendar Year 2015 is nearly twice as much as what was actually expended in 2014, the nature of the Routine Capital projects being budgeted will contribute to the likelihood of timely satisfaction of the commitment. A significant portion of the 2015 Routine Capital budget is related to committed expenditures and projects in progress. The following amounts have been budgeted as Routine Capital expenditures in 2015:

Routine Capital Expenditures	Dollar Amount (millions)	
Equipment subject to 2014 executed lease that was not booked in 2014	$	5.2
Carryover Projects		
Power Charts - Maternity	$	2.3
DRH Geriatric ED Modules	$	0.9
CHM Observation Unit	$	2.7
Other Carryover Projects	$	5.3
Projects In Progress of Completion		
CHM Troy Specialty Center	$	37.4
CHM Ronald McDonald House	$	2.6
Harper Elevators	$	0.3
Brush Retail Court	$	2.7
Total	$	59.2

Net of these amounts, the Routine Capital Expenditures for Calendar Year 2015 that have been budgeted for new capital purposes total $70.7 million. In total, the CY 2015 Routine Capital budget is $129.9 million. DMC has shared preliminary detail for CY

2015 Routine Capital Expenditures plans with Legacy DMC. Of the net Routine Capital Expenditures budgeted for CY 2015 (excluding the amounts described above), the following categories represent these budgeted net amounts:

Routine Capital Expenditure Category	Dollar Amount (millions)	
Infrastructure	$	25.8
Equipment	$	6.1
IT	$	11.7
Strategic Investment	$	8.5
Clinical Engineering	$	0.8
Physician Resources	$	0.8
Contingency	$	9.9
Discretionary	$	7.3
Total	$	70.7

The capital allocation and monitoring process used to develop the CY 2015 budget was designed to improve the likelihood that the Routine Capital Expenditure commitment will be satisfied in a timely manner. However, the $9.9 million dollar contingency was created in the 2015 budget to allow further analysis and planning related to capital proposals under review by Harper, Sinai Grace and Huron Valley Sinai Hospitals. Each proposal requires greater scrutiny before a capital commitment can be made. Additionally, each hospital was granted until April to present additional information for consideration. After allocation of any these reserved contingency funds for these purposes, any unallocated contingency will be allocated to prioritized infrastructure projects that can be completed prior to the end of 2015.

Specified Capital Project Expenditures

Actual expenditures for Specified Capital Projects in the 2014 CY totaled $84.9 million, for a cumulative total of $359.5 million since 2011. The cumulative Specified Capital Project Expenditures through 2014 are $39.5 million in excess of the $80 million per year commitment under the Agreement. This level of expenditures has allowed the cumulative expenditures on Specified Capital Projects to exceed, for the second consecutive year, the amount required to defer the escrow requirement of the Agreement. Exhibit B-3 provides a projection of the Specified Capital Project Expenditures through 2017 and any required escrows under relevant provisions of the Agreement.

In 2014, a number of the Specified Capital Project were completed or substantially completed. These included:

- The Heart Hospital
- The South Parking Structure, which services the new Heart Hospital

- The Sinai Grace Hospital Emergency Room
- Detroit Receiving Hospital Patient Care Unit Renovations

Additionally, the following projects are scheduled to be completed in 2015:

- Huron Valley Sinai Hospital ICU Expansion
- Harper-Hutzel Hospital Unified Lobby
- Sinai Grace Hospital ICU and Façade Projects

In addition, in 2015 a number of interior build out of clinics and other space will continue until completion within the Heart Hospital. The clinics and other space will house new cardiac and orthopedic clinics that have been consolidated within Heart Hospital. Also progressing in 2015 will be the construction of the Children's Hospital of Michigan Tower Project, which includes the renovations and backfill of the Carl's Medical Office Building. Exhibit B-2 provides an overview of the Program Schedule for the Specified Capital Projects.

In 2014 Legacy DMC and the management of DMC regularly discussed the plans and progress for the Children's Tower Project. As discussed in the 2013 Annual Report to Legacy DMC, this project's design was carefully recrafted to assure that it would address the identified needs of the entire community and assured the delivery of care in the most efficient and highest quality manner.

The process delayed the start date of a portion of the project and raised a question over whether an amendment to the Agreement was necessary to allow for a slight deferral of the December 31, 2017 deadline and accompanying escrows contained in the Agreement. At this time, the DMC believes that the Children's Tower Project is proceeding on schedule and that the Agreement allows the necessary flexibility for DMC to fulfill all the requirements of the Agreement in a timely fashion.

Agreed-Upon Procedures Report

Pursuant to Section 12.17(a) of the Agreement, the final Deloitte Touche Independent Accountants' Report on Applying Agreed-Upon Procedures has been prepared and is attached as Exhibit B-4 to assist in the evaluation of DMC's annual compliance for CY 2014 with the requirements of section 12.4 of the Agreement. The Report on Applying Agreed-Upon Procedures Report is made solely for the information and use of the specified parties and is included as part of the confidential portion of this report.

Warrant (Section 12.5)

At Closing, Vanguard delivered to the Escrow Agent an initial Warrant Certificate for the Warrant. In connection with Vanguard's initial public offering of its common stock in June 2011, Vanguard delivered to the Escrow Agent (in exchange for the Warrant Certificate then in the possession of the Escrow Agent) the Note in the original principal amount of $500,000,000. In accordance with Section 12.5 of the Purchase and Sale Agreement, the principal amount of the Note is automatically reduced on a continuous basis by the amount of any reduction in the Remaining CapEx Commitment under the Agreement.

No Sale of Hospitals (Section 12.7)

There has been no sale of VHS of Michigan, Inc. d/b/a Detroit Medical Center. VHS of Michigan, Inc. continues to be a wholly-owned subsidiary of Vanguard Health Systems, Inc. Vanguard Health Systems, Inc. became a wholly-owned subsidiary of Tenet Healthcare Corporation on October 1, 2013, a Permitted Transferee of the Hospitals under Section 12.7 of the Agreement.

Commitment to Education Mission (Section 12.8)

Throughout the preceding year, DMC fully supported its historic medical education mission in satisfaction of its commitment under Section 12.8 of the Agreement. DMC continued to employ and train over 1,000 residents and fellows during the 2013-14 academic year.

DMC, in collaboration with Wayne State University (WSU) and Advantage Health (a Federal Qualified Healthcare Center), added a Family Medicine Residency Program. Located in Northwest Detroit, the Family Medicine Residents provide care to the underserved population of that region. The DMC and WSU continue to provide care to the underserved population of Detroit with various residency clinics in primary care. DMC is also a member in the Detroit Wayne County Health Authority Consortium which partners with local area hospitals and health care systems in training its residents.

Attached as Exhibit C is the Annual Report for Academic Year 2013 -2014, which reviews in detail the status of the Graduate Medical Education Program.

DMC remains affiliated for undergraduate medical education with Wayne State University School of Medicine and Michigan State University College of Osteopathic Medicine.

The largest licensed group of health care professionals in the State of Michigan is Registered Nurses, with nearly 170,000 licensed nurses providing the majority of healthcare services to the people of the State. The Detroit Medical Center has a nursing workforce of approximately 3,200 registered nurses providing direct patient care. The DMC, with over fifty academic partners and access to numerous specialty areas, provides a wide range of clinical experiences for nursing students. These clinical rotations are provided to students pursuing degrees from the Associate through Doctoral levels of study. DMC employed Advanced Practice Nurses serve as clinical preceptors, adjunct faculty and guest lecturers for the graduate nursing programs of nine colleges and universities. Staff nurses of the DMC are encouraged to pursue opportunities for professional and academic development. This is facilitated through financial support for tuition reimbursement. This represents organizational efforts to comply with the Institute of Medicine (IOM) recommendation to increase the proportion of nurses with baccalaureate degrees to 80% by the year 2020.

DMC also functions as a placement site for other allied health professions, including, without limitation, pharmacists, dieticians, and pastoral care.

Commitment to Research Mission (Section 12.9)

The continued commitment of DMC to its historic research mission extends to the approximately 1000 ongoing clinical trials at the DMCs hospitals, the commitment to nurse-led research where over a dozen studies were ongoing in 2014, and the engagement of DMC residents in a structured annual research program under which 149 research projects were completed in 2014 related to Quality and Patient Safety. A listing of the Open Research Studies and Retrospective Research Studies ongoing in the DMC is contained in Exhibits D-1 and D-2.

Also in 2014, the Perinatology Research Branch of NICHD housed at Wayne State University and Detroit Medical Center was awarded a second 10-year, $165.9 million contract by the Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health.

A three year, $10 million research grant was awarded to Dr. Suzanne White and the DMC for the "Gateway Project" in 2014. This transformational project creates four Patient Centered Medical Homes adjacent to DMC's emergency department. Focusing on a subset of people who are regular visitors to Detroit emergency rooms because they do not have access to a primary care provider, this project will test whether an integrated care model will achieve improved medical outcomes and decreased utilization.

Karmanos Cancer Center (Section 12.10)

Section 12.10 of the Agreement states VHS of Michigan ("Buyer") is committed to supporting DMC's ("Seller") historic partnership with Karmanos Cancer Center ("KCC") and, to that end, VHS of Michigan, Inc. d/b/a Detroit Medical Center assumed all contracts with KCC.

On October 30, 2013, the President and CEO of KCC notified DMC that KCC and its sole member, Karmanos Cancer Institute ("KCI", collectively "Karmanos") had executed a written agreement with McLaren Health Care Corporation ("McLaren"). Under that agreement, McLaren became the sole member of KCI, McLaren would use the

"Karmanos" name in its marketing, and KCC would enter into clinical affiliations with McLaren hospitals. KCC did not seek DMC's consent to this arrangement.

The various agreements between DMC and KCC place a number of restrictions upon DMC and KCC as part of their continued relationship. For instance, Karmanos had agreed at all times in the Tri-County Area to hold itself out to the public and its patients as "affiliated with The Detroit Medical Center" including on its website and marketing literature; Karmanos agreed not to enter into any clinical affiliation with or permit any hospital or health system located in the Tri-County Area to use the name "Karmanos" without the DMC's prior written consent; and Karmanos agreed not to enter into an affiliation for clinical services with any academic medical center other than the DMC.

Prior to delivery of the notice and without seeking DMC's consent to the arrangement, McLaren and KCC filed a lawsuit on October 30, 2013 alleging, as claimed in their letter, that the provision of the Affiliation Agreement between Karmanos and DMC that requires the DMC's prior consent to clinical affiliation with another hospital is unlawful and unenforceable. In the litigation, Karmanos denied a partnership with DMC, and broadened the contractual provisions claimed to be unenforceable to include the exclusive affiliation and marketing obligations.

Seeking to support and maintain its partnership with Karmanos and defend the enforceability of the agreements under which the DMC sold its cancer business to Karmanos in 2005, DMC filed a motion for summary disposition and counterclaimed seeking relief for breach of the DMC/KCC agreements and for the interference by McLaren.

On February 13, 2014, the Circuit Court issued a ruling on DMC's motion for summary judgment and found that the Karmanos/McLaren claim that the prior consent requirement of the DMC/Karmanos Affiliation Agreement was an unenforceable noncompetition agreement failed as a matter of law. Karmanos and McLaren amended their complaint in an attempt to state anti-trust and other claims, and also sought leave to appeal the Circuit Court's decision with the Court of Appeals. The Court of Appeals denied leave to appeal. Application for leave was filed by KCC and McLaren with the Michigan Supreme Court, which has not ruled on that application.

The amended complaint by McLaren and KCC contains seven counts; 3 antitrust claims based on illegal restraint of trade and attempted monopoly, 1 claim alleging unfair competition, 1 claim alleging intentional infliction of economic harm, and 2 claims alleging that "first material breach" by DMC rendered unenforceable certain consent and exclusivity provisions of various DMC/Karmanos agreements. The DMC sought by a motion for summary judgment to have the Circuit Court dismiss this amended complaint. Until January 30, 2015 the Circuit Court withheld its opinion on DMC's motion as the parties attempted to reach resolution of the dispute by negotiated settlement.

Agreeing that negotiations were at an impasse, the Circuit Court issued its ruling on DMC's motion for summary judgment on January 30, 2015. Under that ruling the Circuit

Court granted DMC's motion to dismiss the McLaren and KCC claims relating to intentional infliction of economic harm and unfair competition. Other claims were allowed to continue to discovery to determine if there was sufficient evidence supporting them. In reviewing and ruling upon the DMC's motion, the Circuit Court was limited to the sufficiency of the pleadings, was required to accept well-pleaded factual allegations as true, and was required to leave questions of fact to trial.

The DMC believes that its historic partnership with KCC remains framed and governed by the terms of the various agreements between KCC and DMC, including provisions that KCC claims to be unenforceable. The parties have continued to seek resolution to their claims under those agreements. The foregoing notwithstanding, DMC and KCC have continued to forge a working relationship that assures the best care for DMC and KCC patients receiving care from both institutions. While the key elements of new purchased service agreements will require resolution of the outstanding litigation to complete, the DMC remains a party to existing agreements to provide services to KCC.

Health and Wellness Initiatives (Section 12.11)

In 2014, DMC conducted a significant program initiative to improve the health and wellness of Southeast Michigan called the *"Path to Health"* campaign. Started in December, 2013 and continuing through August, 2014 *Path to Health* sought to maximize enrollment of eligible uninsured individuals in health exchanges and the Medicaid expansion (Healthy Michigan) program under the Affordable Care Act.

Using community and faith based groups, enrollment events, and DMC touch points including Emergency Rooms, the Health Access Center, DMC web sites, and DMC physicians, the campaign created opportunities to identify uninsured patients (hot leads) and community members who had interaction with DMC through a health fair or a family member who had been a patient (warm leads). Once identified, individuals were connected with information that advised them of their eligibility for enrollment in a health exchange or Medicaid program.

These efforts produced over 150,000 hot and warm leads, and lead to 16,456 new Medicaid enrollments. More detail on the 2014 *Path to Health* campaign results are contained in Exhibit E.

Equally as significant as the direct conversion of leads to coverage was the impetus created for individuals to self-enroll caused, at least in part, by these efforts. Of the 804 patients who had five or more visits to a DMC Emergency Room or Outpatient Facility, 70% now reported to have insurance and 384 of these newly insured patients self-enrolled.

DMC will renew its *Path to Health* campaign in 2015. Learning from the 2014 campaign, the focus on the 2015 campaign will be to identify hot leads and high utilizers. In addition to the continuing partnerships with church and community groups, these target enrollees will be identified through developing networks of ambassadors from individuals previously enrolled by the DMC and enrollment activities at DMC sites.

Exhibit F also highlights, in its Patient Safety section, the significant accomplishments in 2014 in wellness, prevention and quality improvement programs. Among those accomplishments noted:

- Harper/Hutzel, Huron Valley-Sinai, Detroit Receiving and Sinai Grace all received the top rating in the Leapfrog survey for the 6^{th} consecutive year.

- Both employee and patient influenza immunization rates in 2014 exceeded 99%; a significant factor in patient safety.

Also related to quality improvement in 2014, DMC continued its efforts to implement clinical best practices to improve quality and safety for DMC patients. Specifically in 2014, successful quality and safety best practice programs included:

- Reductions in blood transfusions and in reinforcement of Critical Care standard of care
    - Lowered risk of multiple transfusions to non-actively bleeding patients
    - Simultaneously saved the DMC over $1 million
- Improved patient throughput by focusing on early identification and removal of barriers to safe and timely patient discharge
    - Lowered excess hospital days for Medicare patients by approximately 8 percentage points between January and November of 2014
    - Lowered risks to patients related to excess hospital days

<u>**Supplier Diversity Program**</u> (Section 12.12)

The DMC continues to support "Seller's Supplier Diversity Program". There have been no amendments or changes made to the Supplier Diversity Program Policy since January 1, 2011. Overall diversity spending for FY 2014 was $34.1 million. Year over year this is down from the prior year. However, this reduction is representative of the completion of certain construction projects and the significant, commensurate reduction in construction expenditures from 2013 to 2014.

With respect to the Specified Capital projects DMC has met all the requirements of the Renaissance Zone Agreement. In 2014, DMC exceeded all goals under the Renaissance Zone Agreement related to Community Participation.

Goal	**Result**
30% of all construction dollars awarded to minority-owned **(MBE)**, women-owned, **(WBE)** and Detroit-based businesses, **(DHB, DBB)**	48%
25% of all hours worked on construction projects will be by **City of Detroit Residents**	38%

50% of all hours worked on construction projects will be by **Wayne County Residents**	57%
25% of all hours worked on construction projects will be by **Minority workers**	39%
25% of all hours worked by apprentices on construction projects will be by **Minority apprentices**	84%

Project Genesis (Section 12.13)

DMC completed its 9th year of sponsoring the Project Genesis Summer Youth Employment Program in 2014. In partnership with Detroit Public High Schools and HEART (Health Education and Related Technology) Academy, DMC designed and developed this program to provide a valuable summer employment experience incorporating the core elements of successful youth-development and practice of real job expectations, while providing greater awareness of various healthcare careers and opportunities for career instruction.

One hundred promising students were recruited from Detroit area high schools and colleges and were placed in various departments throughout DMC. Each student worked 30 hours per week for 8 consecutive weeks. In 2014, students were processed through the DMC New Employee Orientation, attended a three-day Clinical Orientation (for interns who desired to work in patient care areas), completed DMC NetLearning modules, and participated in at least one community outreach assignment. Students were also required to attend Career Development Sessions where they are given an opportunity to interact with various DMC healthcare professionals each Tuesday and Thursday.

Detroit Based Systems (Section 12.14)

In compliance with Section 12.14 of the Agreement, the DMC continues to operate its hospitals as a Detroit-based system with its regional headquarters located in the City of Detroit, Michigan.

National Support Centers (Section 12.15)

Senior representatives of Tenet have regularly returned to Michigan and the DMC to assess opportunities to implement and develop beneficial growth strategies and investments. Since the closing of the acquisition of Vanguard Health Systems, Inc. in 2013, senior executives of Tenet have also visited Detroit frequently to meet with DMC management and local, municipal, and state officials. Tenet's Board of Directors held its December, 2013 meeting in the City of Detroit.

Naming Conventions (Section 12.16)

The DMC continues to honor all naming conventions as designated in donor agreements.