



PUBLIC NOTICE
CITY OF ALAMEDA HEALTH CARE DISTRICT
BOARD OF DIRECTORS
AGENDA

Monday, June 7, 2010 – 6:00 p.m.

Location: Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501

Office of the Clerk: (510) 814-4001

Regular Meeting

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

- | | |
|---|-----------------------------------|
| I. Call to Order (6:00 p.m. – 2 East Board Room) | Jordan Battani |
| II. Roll Call | Kristen Thorson |
| III. Adjourn into Executive Closed Session | |
| IV. <u>Closed Session Agenda</u> | |
| A. Approval of Closed Session Minutes | |
| B. Medical Executive Committee Report and Approval of Credentialing Recommendations | <u>H & S Code Sec. 32155</u> |
| C. Board Quality Committee Report (BQC) | <u>H & S Code Sec. 32155</u> |
| D. Consultation with Legal Counsel Regarding Pending Litigation | <u>Gov't Code Sec. 54956.9(a)</u> |
| E. Discussion of Pooled Insurance Claims | <u>Gov't Code Sec. 54956.95</u> |
| F. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions | <u>Gov't Code Sec. 54957.6</u> |
| G. Discussion of Report Involving Trade Secrets | <u>H & S Code Sec. 32106</u> |
| 1. Discussion of Hospital Trade Secrets applicable to development of new hospital services, programs and facilities. No action will be taken. | |
| 2. Discussion of Hospital Trade Secrets applicable to development of new hospital services, programs and facilities. No action will be taken. | |
| H. Public Employee Performance Evaluation Title: Chief Executive Officer | <u>Gov't Code Sec 54957</u> |

V. Reconvene to Public Session (Expected to start at 7:30 p.m. – Dal Cielo Conference Room)

A. Announcements from Closed Session

Jordan Battani

VI. Consent Agenda

A. Approval of May 3, 2010 Minutes **ACTION ITEM** [enclosure] (PAGES 4-10)

B. Approval of May 18, 2010 Minutes **ACTION ITEM** [enclosure] (PAGES 11-12)

VII. Regular Agenda

A. Auxiliary Annual Report to the Board [enclosure] (PAGES 13-16)

Joanne Sergent

B. President's Report

Jordan Battani

1) Request to Move July 2010 District Board Meeting
ACTION ITEM [enclosure] (PAGE 17)

2) Adoption of FY 2010 Executive Performance Metrics
ACTION ITEM [enclosure] (PAGES 18-24)

C. Chief Executive Officer's Report

Deborah E. Stebbins

1) Recommendation to Approve I.L W. U. Local 6 -
Memorandum of Understanding (Agreement) **ACTION ITEM**
[enclosure] (PAGES 25-32)

Kerry Easthope

2) Medi-Cal Contract Update / Alameda Alliance

3) Facilities Update

a. Seismic

b. Program Development

4) Board Educational Opportunity

a. Directors Roundtable - *Key Issues Facing Boards
of Directors: Prospering in a Post Health Reform
World & The Revolution in Healthcare and Other
Benefits* [enclosure] (PAGE 33)

5) Monthly Statistics

D. Quality Updates & Education

1) Special Presentation – Assessment, Prevention and
Treatment of Skin Impairments

Irene Pakel, RN

Mary Bond, RN

E. Community Relations and Outreach Report

Rob Bonta

F. Finance and Management Committee Report

1) Committee Report – May 26, 2010

Jordan Battani

2) Acceptance of April 2010 Financial Statements **ACTION ITEM** [enclosure] ([PAGES 34-52](#))

David A. Neapolitan

3) Approval of Resolution 2010-1H Extension of Spending Authority **ACTION ITEM** [enclosure] ([PAGE 53](#))

G. Medical Staff President Report

Alka Sharma, MD

VIII. General Public Comments

IX. Board Comments

X. Adjournment



Minutes of the Board of Directors May 3, 2010

Directors Present:

Jordan Battani
Robert Bonta
Robert Deutsch, MD
J. Michael McCormick
Leah Williams

Management Present:

Deborah E. Stebbins
Kerry J. Easthope
David A. Neapolitan

Medical Staff Present:

Excused:

Alka Sharma, M.D.

Legal Counsel Present:

Thomas Driscoll, Esq.

Submitted by:

Jaclyn Yuson

Action		
1. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 5:37 p.m.	
2. Roll Call	Kristen Thorson called roll, noting that a quorum of Directors were present.	
3. Adjourn into Executive Closed Session	At 5:38 p.m. the meeting adjourned to Executive Closed Session.	

<p>4. Reconvene to Public Session</p>	<p>A. Announcements from Closed Session</p> <p>Director Battani reconvened the meeting into public session at 7:55 p.m. The following closed session announcements were made.</p> <p>[1] Closed Session minutes –April 12, 2010, and April 16, 2010</p> <p>[2] Medical Executive Committee Report and Approval of Credentialing Recommendations</p> <p>[3] The Board Quality Committee (BQC) Report – February 2010</p>	<p>[1] The Closed Session Minutes for April 12, 2010, and April 16, 2010 were approved.</p> <p>[2] The Medical Executive Committee Report and Credentialing Recommendations were approved as presented below.</p> <p>[3] The February 2010 BQC report was accepted as presented.</p>
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Initial Appointments

Name	Specialty
○ Kenneth Chang, MD	General Surgery
○ Herkanwal Khaira, MD	Urology
○ Diane D. Lee, MD	Neurology
○ Lana Louie, MD	Breast Surgery
○ Paul Suding, MD	General Surgery

Reappointments – Medical Staff

Name	Specialty	Status	Appointment Period
○ Faraz Berjis, MD	Gastroenterology	Courtesy	06/01/10 – 05/31/12
○ Gary Cecchi, MD	Oncology	Active	06/01/10 – 05/31/12
○ Premjit Chahal, MD	Gastroenterology	Courtesy	06/01/10 – 05/31/12
○ Richard Kochenburger, MD	Gynecology	Active	06/01/10 – 05/31/12
○ Liesl Pavlic, MD	Internal Medicine	Active	06/01/10 – 05/31/12

Reappointments – Allied Health Professional Status

Name	Specialty	Appointment Period
○ Catherine Dunning, PS-C	Physician Assistant	06/01/10 – 05/31/12

Resignations

Name	Specialty
○ Christopher Ceraldi, MD	General Surgery
○ Eugene Change, MD	Ophthalmology
○ Judy Craney, CRNA	Nurse Anesthetist
○ James Foster, MD	Anesthesiology
○ Cindy Hsu, MD	Anesthesiology
○ Kelly O'Neal, MD	General Surgery

5. Consent Agenda	<p>[A] Approval of April 12, 2010</p> <p>[B] Approval of April 16, 2010 Minutes</p> <p>[C] Acceptance of March 2010 Financial Statements</p> <p>[D] Approval of Administrative Policies and Procedures</p> <p>[E] Approval of Administrative Policy No. 83 – Community Care Guidelines and No. 83a – Self Pay or Uninsured Patient Cash Payment Discounts</p>	<p>Director Williams moved to approve the Consent Agenda items A-D as presented. Director Bonta seconded the motion. The motion carried unanimously with the exception to item [E] on the Consent Agenda.</p>
	<p>Director Bonta pulled item [E] from the Consent Agenda for further discussion. Mr. Neapolitan stated that management is recommending to the Board of Directors to approve the revised Community Care Guidelines, formally called Charity Care. The Policy is a requirement of the State of California under California Assembly Bill (AB) 774 which became effective January 1, 2007. The law mandates that as a condition of obtaining or holding an acute care hospital license, Hospitals must limit bills to the uninsured with family incomes at or below 350% of the Federal Poverty Level (FPL) and individuals with high cost medical bills compared to their family income. A notable change on the Community Care Guidelines Policy states if a patient is below the FPL 100% the patient's total shall have a 100% write off and any amount between 101% to 350% shall have amounts reduced to Medicare rates.</p> <p>Mr. Neapolitan stated the purpose of the Administrative Policy No. 83A is to</p>	<p>Director Deutsch moved to approve item [E] on the Consent Agenda as presented. Director Bonta seconded the motion. The motion carried unanimously.</p>

	encourage prompt payment by patients with no insurance who do not qualify or choose to opt out of the Community Care program. The amount of discount on balances over \$100,000 will be determined on a case by case basis by the CEO, CFO or their designee.																
6. Regular Agenda	<p>A. President's Report</p> <p>Director Battani has requested to the Board to move the June Board meeting to a later date. The meeting is tentatively scheduled on June 10, 2010. Staff will poll the Board members for a suitable date.</p> <p>B. Chief Executive Officer's Report</p> <p>1. <u>SB 1953 Project Cost Estimates</u></p> <p>Mr. Easthope provided an update to the Board on the seismic planning process. The following was approved at the March 16, 2010 Board Meeting.</p> <table> <tr> <td>Fugro Liquefaction Study</td><td>\$71,000</td><td>authorized & complete</td></tr> <tr> <td>Ratcliff – Phase I Kitchen Design</td><td>\$75,000</td><td>authorized & complete</td></tr> <tr> <td>Thronton Tomasette NCP & SPC</td><td>\$369,265</td><td>authorized & near complete</td></tr> <tr> <td>Ratcliff – Kitchen Project</td><td>\$575,750</td><td>authorized & in process</td></tr> <tr> <td>Total A&E Fees to date:</td><td>\$1,091,105</td><td></td></tr> </table> <p>2. <u>Approval to Enter into Agreement for Project / Construction Management Services</u></p> <p>Ms. Stebbins stated that management has been meeting with construction management firms. Management is recommending that the Board of Directors authorize the CEO to enter into a contract with a qualified project / construction management firm for an amount not to exceed \$150,000. The chosen construction management firm would cover project management services from May 2010 through the public bidding and actual selection of a contractor and subcontractors for the SB 1953 seismic compliance work.</p> <p>Management has met with the following project management construction firms: Jtec HCM, Nova Partners, Cambridge CM, Pound Management, and Western Medical Properties (also known as Oliver & Associates). All firms were presented background information on the District and the Hospital's current operations.</p>	Fugro Liquefaction Study	\$71,000	authorized & complete	Ratcliff – Phase I Kitchen Design	\$75,000	authorized & complete	Thronton Tomasette NCP & SPC	\$369,265	authorized & near complete	Ratcliff – Kitchen Project	\$575,750	authorized & in process	Total A&E Fees to date:	\$1,091,105		<p>Director Williams moved to approve to enter into agreement for project / construction management services. Mr. Bonta seconded the motion. The motion carried unanimously.</p>
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The project management firm will be selected based on: fees, proposal, number of hours allotted for the overall project, expertise, competent personnel, size of firm, experience working with the Office of State Wide Health Planning and Development (OSHPD) and acute-care hospitals, references, and cultural fit.

Ms. Williams asked the question about whether staff had considered and given preference to small business, local ownership, minority ownership, veteran owned businesses and women owned businesses. On hearing that no particular consideration was made in these areas, she asked that this consideration be made on future procurements.

Ms. Stebbins provided a follow-up discussion regarding the City Council's request to establish a joint committee consisting of the City Council and District Board. Ms Stebbins wrote a letter to the Mayor of Alameda proposing to have quarterly presentations to the City Council in public session as well as having City Council present to the District Board to apprise both parties of current events and projects, such as: seismic planning, expiration of the Kaiser contract. The Interim City Manager will propose this request at the next City Council meeting.

Ms. Stebbins stated that the Hospital received full accreditation from the Joint Commission. Six direct and thirteen indirect findings have been identified as Requirements for Improvement. Management will be implementing processes to correct all findings by June 10th.

Ms. Stebbins announced that the Alameda Hospital Foundation will be having an annual Spring Luncheon and Fashion Show at the Encinal Yacht Club on Saturday, June 5, 2010.

3. General Statistics

Ms. Stebbins reported the key statistics for April 2010. Average Daily Census was under budget at 84.8 versus a budget of 90.2, resulting to a 4% decrease from the prior month. Total Patient Days were 6% below budget, 2,544 versus a budget of 2,705. ER Visits were over budget by 3.1%, 1,402 compared to a budget of 1,360. Total Outpatient Registrations were below budget, 1,955 versus a budget of 2,622.

<u>Statistics</u>	April (Prelim)	April Budget	March Actual

	<table><tr><td>Average Daily Census</td><td>84.8</td><td>90.2</td><td>88.5</td></tr><tr><td>Acute</td><td>27.9</td><td>33.9</td><td>30.4</td></tr><tr><td>Subacute</td><td>33.9</td><td>33.6</td><td>34.0</td></tr><tr><td>South Shore</td><td>23.0</td><td>21.5</td><td>24.1</td></tr><tr><td>Patient Days</td><td>2,544</td><td>2,705</td><td>2,742</td></tr><tr><td>ER Visits</td><td>1,402</td><td>1,360</td><td>1,466</td></tr><tr><td>OP Registration</td><td>1,955</td><td>2,622</td><td>2,650</td></tr><tr><td>Total Surgeries</td><td>192</td><td>134</td><td>523</td></tr></table>	Average Daily Census	84.8	90.2	88.5	Acute	27.9	33.9	30.4	Subacute	33.9	33.6	34.0	South Shore	23.0	21.5	24.1	Patient Days	2,544	2,705	2,742	ER Visits	1,402	1,360	1,466	OP Registration	1,955	2,622	2,650	Total Surgeries	192	134	523	
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	<p>C. Strategic Planning and Community Relations Report</p> <p>1. <u>Committee Report – April 27, 2010</u></p> <p>Director McCormick reported that the committee met on April 27, 2010. The committee discussed potential membership of people that were nominated from the March meeting. Committee members suggested recruiting a business representative from the City of Alameda, a representative from the faith based community, and someone from the City of San Leandro.</p> <p>The committee invited Alice Cheng, RN, Clinical Coordinator of the Asian Health Outreach Program of the Hospital to present to the group to provide an overview of the Asian Outreach Program.</p> <p>Mr. McCormick also announced that the Alameda Hospital Foundation is now accepting nominations for the Kate Creedon Award to be honored at the Fall Gala Event.</p> <p>D. Finance and Management Committee Report</p> <p>1. <u>Committee Report – April 28, 2010</u></p> <p>Director Battani reported to the Board that the Finance and Management Committee reviewed and approved the March financial statements. The committee discussed surgery scheduling as well as networking with local surgeons to offer them block scheduling for cases.</p> <p>2. <u>Capital Financing Update</u></p> <p>Mr. Neapolitan updated the Board on capital financing for the PACS and other capital equipment. Two vendors were unable to provide financing for the capital equipment. Management looked into other vendors, such as: Bank of America, GE Healthcare Finance, and Care Stream. Bank of America offered</p>																																	

	<p>the most favorable financing option among the rest. They have offered a sixty (60) month operating lease as well as a low lease rate which is more cost effective than purchasing capital equipment over time. Management has sent Bank of America the documents they have requested.</p> <p>E. Medical Staff President's Report</p> <p>Dr. Sharma was absent from the Open Session and therefore no report was given from the Medical Staff.</p>	
7. General Public Comments	None at this time.	
8. Board Comments	<p>Director Battani commended management on their efforts and achievements during the Joint Commission accreditation survey.</p> <p>Ms. Stebbins stated she will be glad to prepare a memo to the Hospital staff on behalf of the District Board of Directors congratulating them for their great performance during the survey process.</p>	
9. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 8:59 p.m.

Attest:

Jordan Battani
President

Robert Bonta
Secretary

DISTRICT BOARD/MINUTES/REG.05.03.10



Minutes of the Board of Directors

Special Meeting
May 18, 2010

Directors Present:

Jordan Battani
Robert Deutsch, MD
J. Michael McCormick
Leah D. Williams

Medical Staff Present:

Excused:

Robert Bonta
Alka Sharma, MD

Management Present:

Deborah E. Stebbins
Kerry J. Easthope
David A. Neapolitan

Legal Counsel Present:

Thomas Driscoll, Esq.

Submitted by:

Kristen Thorson

Topic	Discussion	Action / Follow-Up
I. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 7:36 a.m.	
II. Roll Call	Kristen Thorson called roll, noting that all Directors were present.	
III. Adjourn into Executive Closed Session	At 7:37 a.m. the meeting adjourned to Executive Closed Session.	
IV. Reconvene to Public Session	A. Announcements from Closed Session	Jordan Battani reconvened the meeting into public session at 9:06 a.m. and reported that no action was taken during Closed Session.

V. Regular Agenda	<p>A. <u>Approval of Financing with Bank of America for PACS and Diagnostic Imaging Equipment</u></p> <p>Mr. Neapolitan requested that the Board of Directors authorize the CEO and CFO to enter into and execute a Master Lease Agreement and correlating documents with Banc of America Leasing and Capital, LLC for the PACS, diagnostic imaging equipment not to exceed \$2.5 million. The lease documents were included in the Board packet. Director McCormick asked if the loan was assignable. Mr. Neapolitan stated that it was assignable and that the appropriate language was incorporated into the documents. Director Deutsch inquired about the 10 day late fee of 5% as he thought it was high. Mr. Neapolitan stated that that language was standard.</p> <p>B. <u>Status Update on Selection of Construction Management Firm</u></p> <p>The status update on the selection of a construction management firm was deferred to the June District Board Meeting.</p> <p>C. <u>June District Board Meeting</u></p> <p>After discussion at prior meetings regarding moving the June District Board Meeting to an alternate date, the Board meeting date will not be changed and will remain on June 7, 2010.</p>	<p>Director Williams moved to authorize the CEO and CFO to enter into and execute a Master Lease agreement and correlating documents with Banc of America Leasing and Capital, LLC for the PACS, diagnostic imaging equipment and other capital equipment not to exceed \$2.5 million. Director McCormick seconded the motion. The motion carried.</p>
VI. General Public Comments	None.	
VII. Board Comments	None	
VIII. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 9:20 a.m.

Attest:

Jordan Battani
President

Robert Bonta
Secretary

ALAMEDA HOSPITAL AUXILIARY
ANNUAL REPORT TO;
THE CITY OF ALAMEDA
HEALTH CARE DISTRICT BOARD

JULY 1, 2009 TO JUNE 30, 2010

PREPARED BY;
JOANNE SERGENT
ALAMEDA HOSPITAL AUXILIARY PRESIDENT

This report is for the fiscal year 2009-10, the year I was president of the Alameda Hospital Auxiliary.

For the year 2009-10 we have 74 Active Members (this includes 16 Active Life Members), 33 Associate Members, 59 Life Members and 6 Honorary Members. Our dues are due in July and we pay as follows: Associate Members \$10.00 a year, Active Members \$6.00 a year and Life Members \$100.00, that is a one time fee. This money is used for the postage, paper and printing of all our newsletters and invitations we mail out. We have a \$50.00 refundable uniform deposit for anyone that is under 50 yrs. old. Upon resignation and the return of their uniform and picture I.D. badge, the deposit is refunded.

We have 14 gentlemen working in our Auxiliary, 9 in ECC, 2 Hospital Services, 1 in Physical Therapy, 1 in Office Service and 1 as a Floor Host. This is very special to me because not many gentlemen want to volunteer. If any of you, or your spouse, would like to volunteer, we would love to have you.

At the end of June, 2010, we have approximately, \$38,484.57 in our Auxiliary Account..

Our Gift Shop Account as of June 30, 2010 is approximately \$28,086.05. We have two very dedicated ladies working with our books, Emmy Crevani, Auxiliary and Gift Shop Treasurer and Joan Hoag, Gift Shop books.

These are both approximate amounts because we are not at the end of our fiscal year.

This year we gave \$40,000.00 for two surgical tables for our Operating Room. Hopefully they will help to recruit new Surgeons.

Our Gift Shop not only sells merchandise, but they also have Jewelry Sales, Leather Sales and Book Sales. Our Gift Shop is our main source of revenue. We have some very dedicated ladies working in there Lili Eucker, Chairman and Mabel Wong, buyer of merchandise and organizer of outside sales, plus our other dedicated ladies on a daily basis.

We also have our Domino and Bridge Marathons, Memorial donations and vending machine as other sources of revenue.

Last year we collectively gave approximately 15,698 hours of service to Alameda Hospital. We have a very dedicated group of volunteers in each of our services. Marlene Sahr from our Office Committee, has given over 15,400 hours and 20 years of service. We don't know what we would do without her.

Jane Best, our Hours Chairman, is very diligent in tallying and recording our hours. She gives us a list as to who receives awards at our Award Luncheon in October, the Hospital hosts this luncheon as a thank you for all we do for them.

We are down to one Pinkie, the ladies that use to make our puppets. Jovita Herrera is now making little animals for our young people that comes into our hospital and also big animals & hearts for our very sick patients to hold and cuddle. They love them. She gave out the last of our puppets in December and started giving out the stuffed animals . So far she has given out 142 for the children and has 118 on hand to give out. She gave out 8 for our adults and has 18 on hand. She makes all the animals she gives out and has on hand.

Some of the ladies make lap robes for our wheelchair patients. The ladies that make lap robes are retired from the Auxiliary and some do it just to help out. They made 141 lap robes this fiscal year and delivered 127 to our patients. The patients use them to cover up when sitting in the hall or going from department to department. If the maker of the lap robe doesn't mind, we sell them in the Gift Shop for \$30.00 or \$40.00, depending on the size. Jovita made some red, white and blue ones for the Veterans that come in.

Those that have patient contact had their PPD tests done and the few that show a positive reaction filed out their appropriate forms which tells us they are ok to work.

With the help of Joan Caton, Procedure Chairman, we held Procedure meetings for all our services this year. I feel these meetings are very important because it gives our volunteers a say in how their service is run and also get to know the others volunteers that work in their service

We had 2 General Meetings this year. One was our Hours Awards luncheon that the Hospital hosted and thanked us for all we did. The other is our Installation of Officers and our Incoming/Outgoing Board lunch to be held June 3rd

We had Christmas Cheer in December and Volunteer Week in April, both were brunches and lots of fun and very nice, thanks to Sherri Stock, Betty Sanderson and Terry Veasy, Event Chairpersons, for all the work they do on our meetings and events. Also the people in the Cafeteria do great work. They put on a beautiful spread of food for our Christmas Cheer.

Our Volunteers also helped with the Hospitals Health Faire and the Cardio Fit Christmas party. They also helped with stuffing envelopes for the Foundation. Dennis Eloie always brings goodies for the ladies for breakfast (which helps). Our group of Volunteers are always there to help however and whenever they can.

We did get two swinging doors separating Room C from the Copy Room. Not sure how effective they will be as a security measure. As I stated last year that an unauthorized man came out of a darkened Room C and startled our volunteer that was using the copy machine. The safety of our volunteers is very important to me.

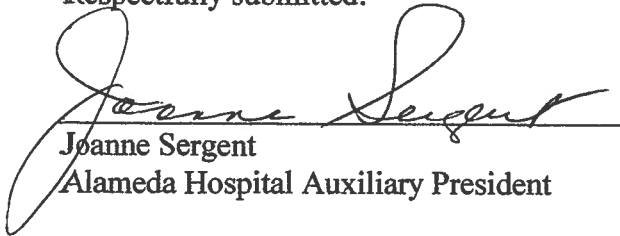
You have a very capable new President, Linda Lingleser, coming in next year I know she

will do a great job for everyone. Tommie Anderson, our new Vice President, will also do a great job.

I want to thank everyone for trusting in me to be the Auxiliary President for 3 years. I enjoyed every second of it. I can't thank Tony Corica and Dennis Elie for all their love, concern, hard work and support they gave me. It is wonderful working with the Foundation toward a common goal.

In all my 23 years as a Alameda Hospital Volunteer, this group of people (my Volunteers) and Alameda Hospital are very special to me and an important part of my life. They have given me more than I will ever give back.

Respectfully submitted:



Joanne Sergent
Alameda Hospital Auxiliary President



Date: June 7, 2010
To: City of Alameda Health Care District Board of Directors
From: Deborah Stebbins, CEO
Subject: Request to Move July 2010 District Board Meeting

Recommendation:

Hospital Administration is recommending that the Board of Directors move the July 5, 2010 District Board Meeting to Monday, July 12, 2010.

Background:

Due to the originally scheduled Board meeting falling on the Monday after the 4th of July weekend and scheduling conflicts around this weekend, the Board requested management and staff to poll the Board of Directors for an alternate meeting date for July. July 12th was the mutually agreed upon date.



CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: June 4, 2010
To: City of Alameda Health Care District Board of Directors
From: Deborah Stebbins, CEO
Subject: Revised FY 2010 Executive Performance Metrics

Recommendation:

Attached are revised FY 2010 Executive Performance Metrics based upon the Board of Director's discussion at the May meeting. They are being presented for review and approval at the June 7, 2010 Board meeting.

City of Alameda Health Care District
FY2010 Executive Performance Metrics

INTRODUCTION

Revised - 06.07.2010

Payment of any incentive compensation to an executive is predicated upon a performance evaluation of "meets expectations" or above. The base percentage bonus (based on % base compensation) for the Chief Executive Officer is established by the Board. The incentive compensation levels for other participating executives are established by the CEO. Annual metrics are approved each year by the Board, including any target or high stretch financial objectives.

CEO	Incentive Compensation as % Base Salary		
	Threshold	Target	High
	25%	6.25%	6.25%

The Chief Executive Officer (CEO) is responsible for recommending additional executive participants in an incentive Plan to the Board. The CEO is responsible for structuring the terms of their incentive in a manner consistent with the executive incentive compensation system. In FY 2010 the full incentive compensation target for the CEO and other participating executives was budgeted and has been accrued at the "target" financial level and at full achievement of the other three areas to ensure that the incentive payments are appropriately funded. The excess revenue over expense will include the Hospital and South Shore only and exclude CWS and the 501(c)3 corporation. For purposes of clarifying exact time frames associated with metrics, FY 2010 is the period between July 1, 2009 and June 30, 2010.

The proportion of pay-out of the bonus is based on the achievement of the metrics outlined below in the following areas:

	Weighting
Financial Success	50%
Quality / Satisfaction	10%
Workforce Success	10%
Operational Success	20%
Business Development / Long Term Financial Viability	10%
Total	100%

Financial Success					Weighting Points
Goals	Actions	Measures			50
Achieve our FY10 Financial Targets & Goals	Tripwire: Excess Revenue over Expense. Must meet threshold or no incentive compensation paid	Threshold	Target	High	50
		\$358,000			
		(FY 2010 Budget)	\$543,000	\$1M or >	
Quality / Satisfaction Success					Weighting Points
Goals	Actions	Measures			10
Improve Customer Satisfaction, Engagement & Referenceability	Establish and disseminate Code of Conduct (2009)	Patient satisfaction HCHAPS scores for "cleanliness of facility" improved significantly from 55% (Q3) to 64% (Q4) and 59% (Q1). Concern about noise on nursing units improved in 2 quarters and declined in 2 quarters.			4
Overall Quality	<ul style="list-style-type: none">Organize preparation for 2010 Joint Commission Survey, including orientation manual, biweekly tracer reviews, orientation booklet (Compass), leadership practice sessions and TJC Fair for staff.Reorganized the performance improvement process to identify, address and report on most important quality/safety issues in functional and departmental areas.	Hospital granted full accreditation in April, 2010. Hospital Board now receives a more concise and focused monthly report on qualitative issues. Rapid intervention through PIC (Performance Improvement Committee) action teams of areas of high concern or priority. (e.g. reduction of HAPU)			4

Quality / Satisfaction Success (continued)			Weighting Points
Specific Quality	<ul style="list-style-type: none"> ▪ Implement customer / employee service excellence program. ▪ Establish Medication Error Reduction Program (MERP). ▪ Installation of Pyxis Profile for medication error reduction. ▪ Comprehensive wound care management program implemented 	Medication errors reduced by from 4.07 (Q2), 3.45 (Q3), 3.3 (Q4) incidents per 1000 patient days. Incidence of hospital acquired pressure ulcers (HAPU's) reduced from 5.02% (Q3) to 3.22% (Q4) in acute care.	2
Workforce Success			Weighting Points
Goals	Actions	Measures	10
Invest in employee training, development and engagement	<ul style="list-style-type: none"> ▪ Establish or select a commercially available employee satisfaction tool. 	Measure baseline (2009): Baseline results were overall well above vendor data base averages. Areas identified for improvement include reduction of employee perception that identification of errors can lead to punitive consequences in work place. Notable was high level of satisfaction by employees with quality of communication in hospital and their departments	5
	<ul style="list-style-type: none"> ▪ Reported results of 2009 survey to employees in town hall meetings and to Board 	Target 2% (12.7% to 14.7%) improvement in employee satisfaction with training opportunities (low score on 2009 survey).	
	<ul style="list-style-type: none"> ▪ Design employee reward / recognition program geared to code of conduct 	Employee turnover rates < Bay Area average. Second year of presentation of Florence Nightingale Best Nurse Award. Increase of Staff Nurse III from three (2008) to six (2009) to five (2010) (due to 1 resignation; left area). Staff Nurse III Committee organized to work on special projects and encourage additional staff Nurse III development.	

Workforce Success (continued)			Weighting Points
Goals	Actions	Measures	
	<ul style="list-style-type: none"> ▪ Increase opportunities for employee training 	<p>Redesigned general orientation for employees and nursing orientation, lengthening programs and adding additional material. Retrained entire EVS staff on basic cleaning techniques. Regular all hospital town hall meetings and nursing forums held.</p> <p>Safety and Joint Commission Fairs were very well attended by staff.</p> <p>Automated annual mandatory training program (HCCS) for all hospital employees</p>	
Build the strength and depth of our leadership teams to support future growth	<ul style="list-style-type: none"> ▪ Implement middle manager training program (2009-2010) 	Well over 75% executives and middle managers completed one year training by 2010	5
Operational Success			Weighting Points
Goals	Actions	Measures	
Develop Critical Capabilities in Planning, Product Development & Marketing Effectiveness	<ul style="list-style-type: none"> ▪ Assess key service lines to determine appropriateness for growth, contraction or closure. ▪ Installed Alliance executive decision making system ▪ Identify and evaluate new revenue producing programs ▪ PACS system selected and financing close to being secured 	<p>Completed service line analyses on: Kaiser OP Surgery impact, CardioFit, Nuclear Medicine, expansion of Subacute, IGT/CMAC Contract</p> <p>Develop community clinic model as physician recruitment vehicle, adding 3 new physicians plus time share arrangements for 5 specialists.</p> <p>Alliance facilitates better decision making and evaluation of 3rd party payor contracts (e.g. Alameda Alliance); system used for FY 2011 Budget.</p>	3
			20

Operational Success (continued)			Weighting Points
Goals	Actions	Measures	
Simplify Core Business Processes and Build a Scalable, Cost-Efficient Infrastructure	<ul style="list-style-type: none"> Establish marketing program directed to Bay Farm residents (2009) Establish outreach programs targeted at Asian market, San Leandro and selected residents of 94501 	<p>Market Share growth in Bay Farm Area by 2% (2010): actual market share of admission from Bay Farm declined in 2010; overall Alameda admissions increased.</p> <p>Developed and implemented a multi-faceted action plan to respond to the 9.8 (14% net revenues) loss of Kaiser revenue.</p>	3
Reduce Waste & Drive Operational Efficiency	<ul style="list-style-type: none"> Facility Master Plan finalized (2009) Developed final approach to SB 1953 compliance by 2013 	<p>OSHPD approved application for NPC remediation Kitchen design and SPC remediation finalized and cost projected; plan is to submit application by June 2010</p> <p>Completed business analysis and secured financing for Diagnostic Imaging Department upgrade, including PACS.</p> <p>Interviewed construction management firms for project management of remediation work</p> <p>Oriented Board to financing options; currently identifying financing alternatives for seismic.</p>	4
	Total Operating Volume and Revenue	Net Revenue (July 2009- March 2010 <u>June 30, 2010</u>) must meet or exceed original budget levels	5 <u>4</u>
		Monthly Surgery Volume from Alameda surgeons between April-June 2010 to exceed June 2009-March 2010 monthly averages by 10%	5 <u>6</u>

Business Development / Long-Term Financial Viability			Weighting Points
Goals	Actions	Measures	10
<u>Develop new business and program development projects which are clinically beneficial and financially viable in order to work toward increasing our annual financial performance to generating a responsible margin, thereby reducing reliance on use of the parcel tax for operational purposes and ensuring the long term viability of the Hospital</u>	<ul style="list-style-type: none"> ▪ New Medical Staff Practice Model at Alameda Towne Centre MOB to support physician recruitment. 	Established 126(b) clinic; recruited 1 OB-GYN, 1 General Surgeon, 1 Internist, attracted multiple specialists to time share	3
	<ul style="list-style-type: none"> ▪ Develop approach to provide access for Medic-Cal patients on a financially viable basis. 	Concluded negotiations with CMAC for Medi-Cal contract including supplementary payment through governmental transfer	4
	<ul style="list-style-type: none"> ▪ Evaluate new programs that will increase volume of referrals from beyond immediate service area. 	Feasibility studies for acute rehab, subacute expansion and new wound care programs	3

DATE: June 7, 2010

TO: City of Alameda Health Care District, Board of Directors

FROM: Kerry Easthope, Associate Administrator

SUBJECT: Recommendation to Approve I.L.W. U. Local 6 - Memorandum of Understanding (Agreement)

Recommendation:

Hospital Administration is hereby recommending that the City of Alameda Health Care District Board of Directors approve the renewal of the District's Memorandum of Understanding (MOU) with I.L.W.U. Local 6. This Union represents employees who work in the Radiology Department of the Hospital. The term of the MOU is July 1, 2009 – June 30, 2013. The Tentative Agreements, which reflect the modifications to the existing MOU, were unanimously ratified by the Local 6 members on May 26, 2010. A summary of the more significant issues / changes to the MOU are itemized in the "discussion" section below and a complete copy of the Tentative Agreements and expired MOU are available for your review upon request.

Background:

Hospital Management has been in contract negotiations with the bargaining team from Local 6 since the contract ended on June 30, 2009. Members have been working under a mutually agreed to extension of the contract ~~extension~~ since that time, while the terms and conditions of a new contract were finalized. Negotiation sessions were amicable and conducted in a professional manner. There were a number of difficult issues to work through as proposed by both parties during these negotiations, including the need to deal with the challenge presented by the expiration of the Kaiser contract. Management feels that Local 6 representatives understood and took the District's concerns on this issue very seriously as reflected in the terms of this four (4) year agreement.

Discussion:

A summary of the key issues and/or modified terms of this new MOU are as follows:

- Four (4) year term (07/1/09 – 6/30/13).
- An 18-month wage freeze from 07/01/09 to 12/30/10.
- Wage opener on 12/31/10.

- Wage and Group Health Plan benefits opener on 6/30/11 and 6/30/12.
- Added the Radiology Aides and Receptionists to the bargaining unit.
- Wage freeze for the Aides until 07/01/11 at which time they will all move to the top step off the new pay range based upon their seniority (a modest financial impact off approximately \$12,500 per year).
- Increased Ultrasound stand-by and call-in pay to reflect community standards and rates paid to other technologists covered by this agreement.
- Added Home Study to Education Leave eligibility.
- Premium contributions towards Group Health Plan for dependent coverage.
- Hospital provided for some enhanced health plan coverage, including the Flexible Spending Account option, the same as provided for non-represented personnel.
- Waived the tandem benefits clause with C.N.A. for the term off this agreement.
- Established minimum availability for Per Diem personnel.

**Alameda Hospital
Plan Changes for Local 6 Employees**

Benefits	Services Provided by AH Medical Staff	Non-Alameda Hospital Providers	New Coverage
Birth Control Pills (through Express Scripts)	Not Covered	Not Covered	Covered at 80% through Express Scripts
Pediatric Immunizations	Covered at 100% up to age 1 with a \$100 max/year	Covered at 100% up to age 1 with a \$100 max/year	Covered at 100% up to age 5 with a \$1,000 max/child
Screening Colonoscopy	Not Covered	Not Covered	Covered at 100% after age 50 (at Alameda Hospital only)
Screening Prostate Exam	Not Covered	Not Covered	Covered at 100% (at Alameda Hospital only)
Pap Smears (1 exam every 12 months)	Pap Smear only, covered at 100%	Pap Smear only, subject to deductible and coinsurance	Pap Smear with HPV test, subject to deductible and coinsurance
Immunizations (after age 5)	Not Covered	Not Covered	Covered at 100% (at Alameda Hospital only)
	"	"	Diphtheria (initial; then every 10 years)
	"	"	Herpes Zoster (shingles)
	"	"	HPV for females under age 26
	"	"	Measles
	"	"	Mumps
	"	"	Pertussis (whooping cough) initial; then every 10 years
	"	"	Pneumococcus
	"	"	Tetanus (lockjaw), initial; then every 10 years
FSA - Section 125 Health Care Account	N/A	N/A	EE's able to set aside up to \$2,500 (pre-tax) for eligible health care expenses
FSA - Section 125 Dependent Care Account	N/A	N/A	EE's able to set aside up to \$5,000 (pre-tax) for eligible dependent care expenses
EE Contributions			Pre-tax Deductions from Payroll Check
Employee Only	Currently 100% Employer Paid	Currently 100% Employer Paid	\$0.00
Employee + Spouse	"	"	\$50.93
Employee + Child(ren)	"	"	\$38.59
Employee + Family	"	"	\$89.62

Note: This table reflects those plan items that are new or have changed from the existing Health Benefits plan. No change to dental, vision or prescription coverage (except addition of Birth Control pills). There are no deductibles, co-pay or out of pocket maximums for covered services at Alameda Hospital or from Alameda Hospital Medical Staff Providers.

tio+A1

**TENTATIVE AGREEMENT
BETWEEN**

**I.L.W.U. LOCAL #6
AND
THE ALAMEDA HEALTH CARE DISTRICT
dba ALAMEDA HOSPITAL**

MAY 19, 2010

The following is a summary of the tentative agreement reached today with I.L.W.U. Local #6 and The Alameda Health Care District, dba Alameda Hospital. The next steps include a ratification vote (scheduled for next week) and then formal approval by the Board of Directors of The Alameda Health Care District.

Section 1. Recognition

Delete “Chief Technologist” and “office and clerical employees” in this section.

Add “Radiological Aides” and “Radiological Receptionists” to the existing language in this section.

Section 4. Seniority

Modify last paragraph to include Radiological Aide and Radiological Receptionist (referencing transferring to a position outside the bargaining unit and retention of seniority).

Add new paragraph #3 to this section to read:

“In the case of an Aide or Receptionist who has gained the qualifications of a Technologist while in the Hospital’s employment and transfers to a position as a Technologist in the Department, seniority will be maintained in all respects except that the transferred Technologist would begin their seniority in respect to vacation and job bidding, lay off and recall on the date they first work as a Technologist within the Department”.

Modify current paragraph #3 to read (underlined new language):

In the case of a regular full-time or part-time vacancy on the same shift or another shift, consideration of seniority, together with skill and ability, shall, upon written request, first be given to the qualified regular full-time employee covered by this MOU or regular part-time employee covered by this MOU within the classifications as defined above, and then to qualified regular short-hour and casual-hour employees covered by this MOU by their seniority.

Section 6. Definitions

Radiological Aides, hereinafter referred to as “Aides” and Radiological Receptionists, hereinafter referred to as “Receptionists” are Aides and Receptionists working within the Diagnostic Imaging Department. Regular benefited Aides and Receptionists are employed at the Hospital for at least twenty (20) hours per week. Per Diem and Short Hour Aides and Receptionists are employed at the hospital for less than twenty (20) hours per week. During the first ninety (90) day probationary period, and Aide or Receptionist may be discharged for any reason which, in the opinion of the Hospital, is just and sufficient.

New Section Casual-Hour Availability

Add language defining the minimum availability for Casual-Hour employees.

“Employees classified as Casual-Hour must provide a minimum of four (4) days availability in a four (4) week schedule, one (1) shift of which must be on a weekend. Minimum availability must be received by the department at least ten (10) days prior to the beginning of each schedule. Providing this minimum availability does not guarantee such work will be scheduled but will be based on the operational needs of the department.

If a Casual-Hour employee covered by this MOU fails to provide their availability for two (2) months in a twelve (12) month period or refuses to work on their available days, if scheduled, the Hospital will remove them from the payroll as a Voluntary Resignation (no availability). This minimum availability excludes Casual-Hour Nuclear Med Techs.”

Section 8 Wages

Delete language that states: “Technologists receiving premium for additional function shall receive the same dollar increase as the fifth (5th) step of the Senior Technologist.”

Change the designation of “Supervisor” to “Lead Technologist”.

Add underlined language in B as follows:

“A premium of not less than twelve percent (12%) over Step 6 of the Senior Radiology classification or the Technologist’s base modality rate , which ever is higher, shall be app[lied to the individual at the Hospital who exercises supervisory Lead Technologist duties.”

Change wage grid structure for Ultra Sound and Mamography Tech to include the following:

Steps 1 and 2 – Regular Ultra Sound and Regular Mamography Tech

Steps 3-6 – Senior Ultra Sound and Senior Mamography Tech

Wage Rates:

Restore Radiological Receptionist’s salary by 5% effective the first of the pay period following ratification by the members and approval by the Board of Directors.

Wage freeze in the first eighteen (18) months of the MOU (7/1/09 – 12/30/10)

Wage opener December 31, 2010

Wage and Group Health Plan Benefits opener June 30, 2011

Wage and Group Health Plan Benefits opener June 20, 2012

Grandfather existing Aides at their current rate of pay through the last pay period in June of 2011. Effective the first pay period inclusive of July 1, 2011, all Aides Grandfathered at their current rate by virtue of this agreement will be moved to Step 5 of the wage grid below.

Create a wage grid with five (5) steps for incoming Aides as follows:

Step 1 \$19.09

Step 2 \$19.47

Step 3 \$19.86

Step 4 \$20.26

Step 5 \$20.66

Section 9. Merit Evaluation

Effective the second (2nd) year following ratification of the MOU, a Short Hour or Casual Hour employee will move through the step progressions on the first of the pay period following the employee's anniversary date in accordance with the existing language in Section 9. Merit Evaluation, second paragraph which states as follows (underlined language new):

Promotion into Steps 2, 3, 4 and 5 shall automatically take place when an employee covered by this MOU completes his or her first, second, third and fourth year of employment. Promotion to Step 6 shall take place when an employee covered by this MOU reaches his or her eighth anniversary of employment.

Section 13. On-Call, Call-In and Call-Back Work

Insert the following sentence following sub section C: "The above premiums apply to all employees covered by this MOU."

Section 14. Holidays

Change "Decoration Day" to "Memorial Day".

Section 18. Education Leave

Add Bone Density Aide as a position eligible for Education Leave.

Eligibility criteria includes employees covered by this MOU working twenty (20) hours or more per week.

Increase Education Leave benefit to seven hundred dollars (\$700.00) every odd numbered year beginning January 1, 2011 with a maximum available in any one year of five hundred dollars (\$500.00).

Add Credit for Home Study as follows:

"Such leave may also be used for home study courses sponsored or approved by educational institutions, government agencies, professional associations (including CRT, ASRT, ARRT, SDMS, SNM), or courses accepted by specific modality licensing boards. Each unit of credit will be paid as one (1) hour of Educational Leave not to exceed the equivalent of five (5) days of straight-time pay each year for all Educational Leave combined."

Section 19. Health Program

See attached grid of plan changes to become effective July 1, 2010 (unless notified otherwise). These change require modifications to the current language including, but not limited to, Section D, second paragraph that states a spouse can be enrolled in the Health Program at the Hospital's expense (note employee contributions on the Health Plan Grid of Changes.

Agreement on the changes in this Health Plan Grid includes waiving the tandem language with C.N.A. in the MOU under Section 19. Health Program, sub-section D. first paragraph, for the term of the MOU (reference new Side Letter).

Section 25. Unemployment and Disability Insurance

Delete obsolete language that states:

“Long-term disability insurance: Effective September 1, 1998, the Hospital will place into effect for bargaining unit members eligible for its health plans, a long-term disability insurance program which will provide the same eligibility definitions and benefits as the program that was in effect at either Providence Hospital or Merritt-Peralta Hospital on July 1, 1992.”

Replace this language with the following language:

“Long-Term Disability (LTD) Insurance: The Hospital will continue to cover all benefit eligible members covered by this Memorandum of Understanding in the LTD Insurance program.” (See attached SPD covering ILWU Local #6 members.)

Section 36. Term of Agreement

Delete obsolete language as follows:

Second Sentence: “Any Local #6 member retiring before agreement on pension plan improvements will receive any improvement granted.”

Third Sentence: “The Hospital and the Union reserve the right to strike or lock-out only regarding the sole purpose for which this Agreement will be open on July 1, 2009.”

Agreement was reached on a four (4) year term commencing July 1, 2009.

Side Letters of Agreement:

- Agreement to maintain Side Letter Agreement on Financial Adversity.
- Agreement to delete Side Letter Agreement regarding Nick Amada.
- Agreement to move existing Side Letter Agreement on Cat Scan Training into the body of the new MOU with no changes to this language.
- Agreement to create new Side Letter waiving the tandem benefits agreement with C.N.A. as referenced in Section 19. Health Program, sub-section D. for the duration of this MOU.

Attach: Health Plan grid of changes
Long-Term Disability Insurance SPD

For the Hospital:

_____ Kerry Easthope Associate Administrator	_____ Date
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_____ Phyllis J. Weiss, Director Human Resources Dept.	_____ Date
--	---------------

For the Union:

_____ Donal Mahon Business Representative – ILWU Local #6	_____ Date
---	---------------

_____ Ed Buno Shop Steward	_____ Date
----------------------------------	---------------



The Directors Roundtable Invites You to Attend a Program
For Boards of Directors and Their Advisors

**KEY ISSUES FACING BOARDS OF DIRECTORS:
PROSPERING IN A POST HEALTH REFORM WORLD
THE REVOLUTION IN HEALTHCARE AND OTHER BENEFITS**

**Wednesday, June 16, 2010, 9:00 – 11:00 A.M.
8:30 – 9:00 A.M. Registration and continental breakfast
Palace Hotel, 2 New Montgomery Street, San Francisco**

There is no fee to attend this program.

OVERVIEW OF KEY ISSUES

- Implications for employers: increased regulatory scrutiny and administrative responsibilities
- Evaluation of employer-sponsored benefits and the impact of “pay or play”
- Why changes in the marketplace means taking another look at health and welfare plans and other benefits

NEW HEALTHCARE LAW

- How the new law and regulations will impact corporate choices for health benefits
- More than 60 major healthcare regulatory deadlines being phased in over the next 10 years
- The need for transition and strategic planning

STRATEGIES FOR IMPLEMENTING BENEFIT PROGRAMS SUCCESSFULLY

- Strategies for healthcare benefits considering cost, tax, human resource, and other significant implications
- Evaluating internal and vendor processes to improve compliance, sustain high performance, and mitigate financial risk
- Limiting corporate liability

Because of the critical nature and urgency of this topic, we have asked PricewaterhouseCoopers to make available subject matter specialists to address health reform and other benefits. Appreciation is given to PricewaterhouseCoopers for making available their thought leadership materials at www.PwC.com/healthreform.

Parallel events will be held on various dates in Chicago, Los Angeles, New York, and Philadelphia. The Directors Roundtable is a civic group that organizes preeminent worldwide programming for Directors and their advisors.

DISTINGUISHED SPEAKERS

Sandra Hunt (Moderator)	Principal, PricewaterhouseCoopers
Carrie Duarte	Principal, PricewaterhouseCoopers

REGISTRATION: To register, log on to this [link](#) and fill out the registration form. To contact us, call Karen Todd at (727) 493-2067 or e-mail to Jack Friedman, Chairman of the Directors Roundtable, at karen.f.todd@gmail.com.

This message was sent from Karen Todd to dstebbins@alamedahospital.org. It was sent from: Directors Roundtable, 1222 So. Genesee Ave., Los Angeles, CA 90019. You can modify/update your subscription via the link below.



THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING APRIL 30, 2010

**CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
APRIL 30, 2010**

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Statement of Revenue and Expenses – Per Adjusted Patient Day	16
Key Statistics for Current Month and Year-to-Date	17

ALAMEDA HOSPITAL MANAGEMENT DISCUSSION AND ANALYSIS APRIL, 2010

The management of the Alameda Hospital (the “Hospital”) has prepared this discussion and analysis in order to provide an overview of the Hospital’s performance for the period ending April 30, 2010 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management’s Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the Hospital’s financial performance as a whole.

Financial Overview as of April 30, 2010

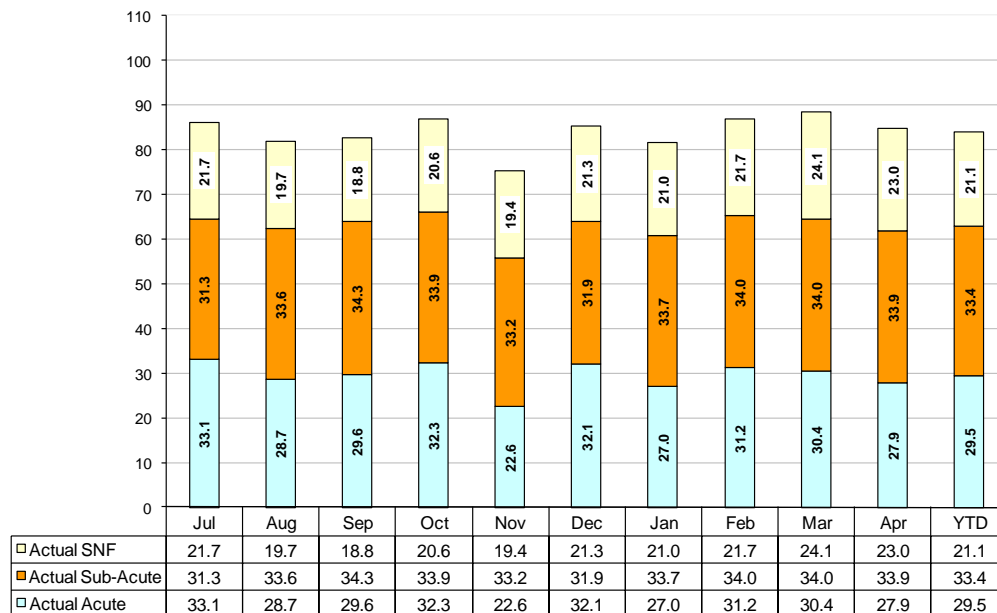
- Gross patient revenue was less than budget by \$6,243,000 or 23.9%. Inpatient revenue was less than budgeted by 8.0% and outpatient revenue was 44.2% less than budgeted. On an adjusted patient day basis gross patient revenue was 2.2% less than budgeted at \$5,310 compared to a budgeted amount of \$5,431.
- Total patient days were 2,544 compared to the prior month’s total patient days of 2,742 and the prior year’s 2,715 total patient days. The average daily acute care census was 27.9 compared to a budget of 35.0 and an actual average daily census of 30.4 in the prior month; the average daily Sub-Acute census was 33.9 versus a budget of 33.6 and 34.0 in the prior month and the Skilled Nursing program had an average daily census of 23.0 versus a budget of 21.5 and prior month census of 24.1, respectively.
- Emergency Care Center visits were 1,402 or 3.1% greater than the budgeted 1,360 visits and were less than the prior year’s visits of 1,483.
- Total Alameda Physician surgery cases were 43.3% greater than budget at 192 versus the budgeted 134 cases and were 23.1% greater than March’s surgical cases of 156.
- Outpatient registrations were 13.6% below budgeted targets at 1,954 versus the 2,650 registrations in March and 23.5% lower than the prior year’s 2,555 registrations.
- Combined excess expenses over revenue (loss) for April was \$241,000 versus a budgeted excess of revenues over expenses (profit) of \$86,000.
- Total assets decreased by \$1,035,000 from the prior month as a result of a decrease in current assets of \$1,132,000, an increase in net fixed assets of \$88,000 and an increase in restricted contributions of \$11,000. The following items make up the increase in current assets:
 - Total unrestricted cash and cash equivalents for March increased by \$1,155,000. This increase was the result of the receipt of the April installment of the 2009/2010 parcel taxes offset by the use of 1/12th allocation of the annual parcel tax funds. As a result of these items day’s cash on hand increased to 15.9 at April 30, 2010 from March’s 9.9 days.
 - Net patient accounts receivable increased slightly in April by \$78,000 compared to an increase of \$308,000 in March. Despite a decrease in collections of \$550,000 over the prior month, day’s in outstanding receivables remained 53.7. This decrease in total collections was primarily the result of the termination of the Kaiser contract offset by an increase in collections of non-Kaiser accounts of \$250,000.
 - Estimated third-party settlement receivable increased by \$303,000 as a result of the accrual of the estimated FY 2010 receivable from Medi-Cal for AB 915 funds of \$230,000 and the true up of the FY 2009 amount due

from Medi-Cal of \$70,000.

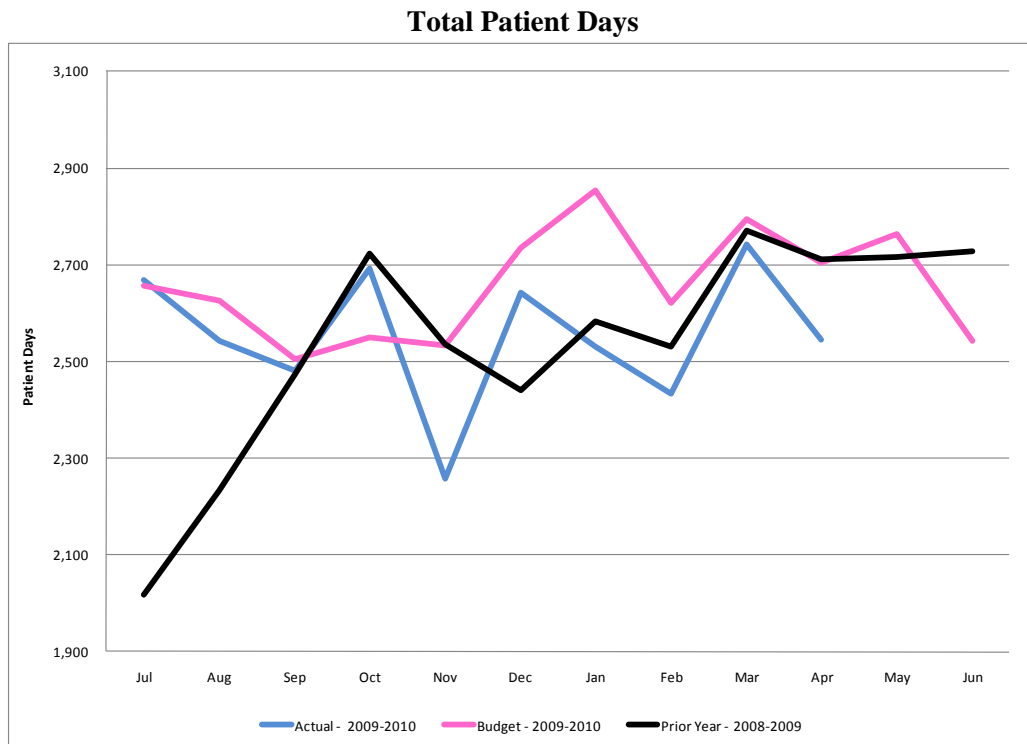
- Other assets decreased by \$2,661,000 as a result of the receipt of the April installment of the 2009/2010 parcel taxes.
- Total liabilities decreased by \$805,000 compared to an decrease of \$1,031,000 in the prior month. This decrease was the result of the following:
 - Accounts payable and accrued expenses decreased by \$158,000 from the prior month. As a result of this decrease and the decrease in accrued payroll and benefits liabilities of \$788,000 the average payment period decreased in April to 59.8 from 64.4 as of March 31, 2010.
 - Payroll and benefit related accruals decreased by \$788,000 from the prior month. This decrease was primarily the result of a decrease in payroll and related payroll tax accruals of \$802,000 offset by reduced accruals for retirement plan contributions of \$25,000.
 - Estimated third-party payer settlement payable increased by \$692,000 as a result of the receipt of interim cost report settlements for Medicare and Medi-Cal fiscal years 2009 and 2010 offset by an amount due for the final settlement of the FY 2008 Medi-Cal cost report of \$31,000..
 - Other liabilities decreased by \$515,000 as a result of the amortization of one month's deferred revenue related to the 2009/2010 parcel tax revenues (\$477,000).

Volumes

The combined actual daily census was 88.5 versus a budget of 90.1. April's lower than budgeted census was primarily a result of lower than budgeted census in the acute care program which was 19.8% lower than budgeted with an average daily census of 27.9 versus the budgeted 35.0. The Sub-Acute program was again almost right on budget while the Skilled Nursing program was 6.8% better than budgeted with an average daily census of 23.0 versus a budgeted census of 21.5.



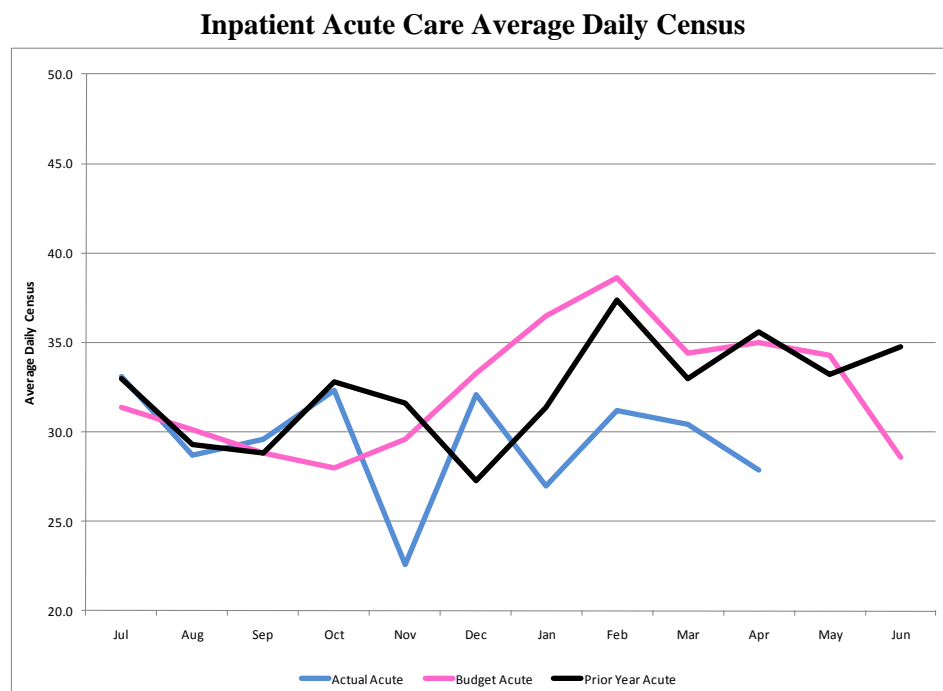
Total patient days in April were 5.8% less than budgeted and were 6.7% less than prior year volumes. The graph on the following page shows the total patient days by month for fiscal year 2010.



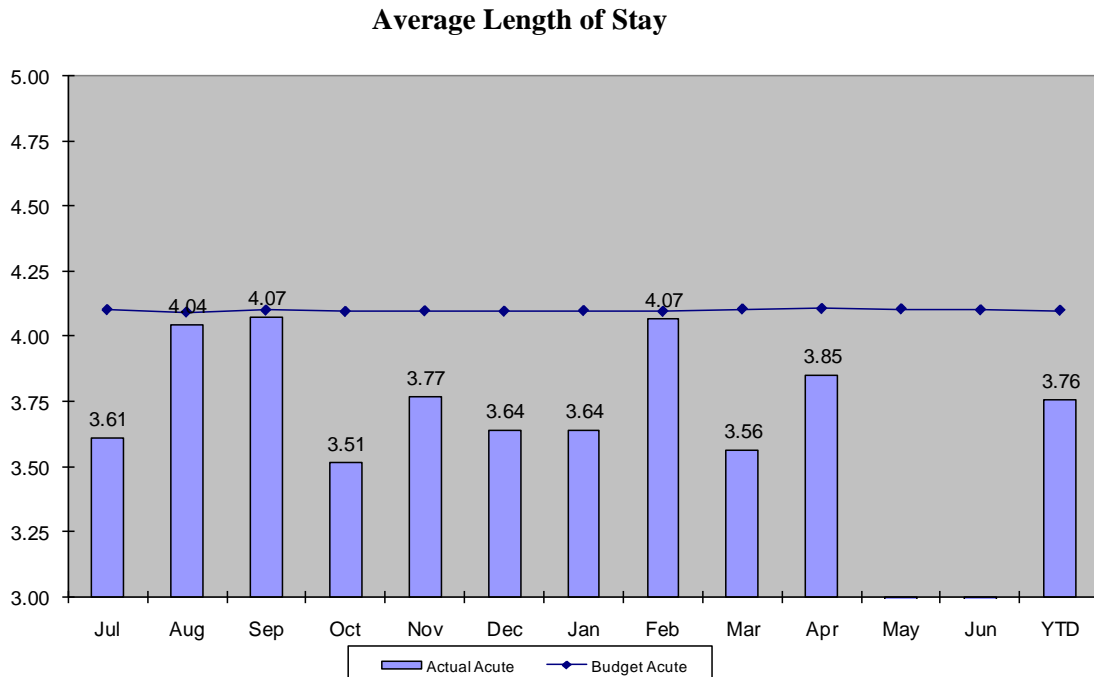
The various inpatient components of our volumes for the month of March are discussed in the following sections.

Acute Care

The acute care patient days were 20.5% (215 days) less than budgeted and were 21.7% less than the prior year's average daily census of 35.6. The acute care program was comprised of Critical Care Unit (3.1 ADC, 23.1% unfavorable to budget), Definitive Observation Unit (8.3 ADC, 36.7% unfavorable to budget) and Med/Surg Units (1.4 ADC, 8.0% unfavorable to budget).

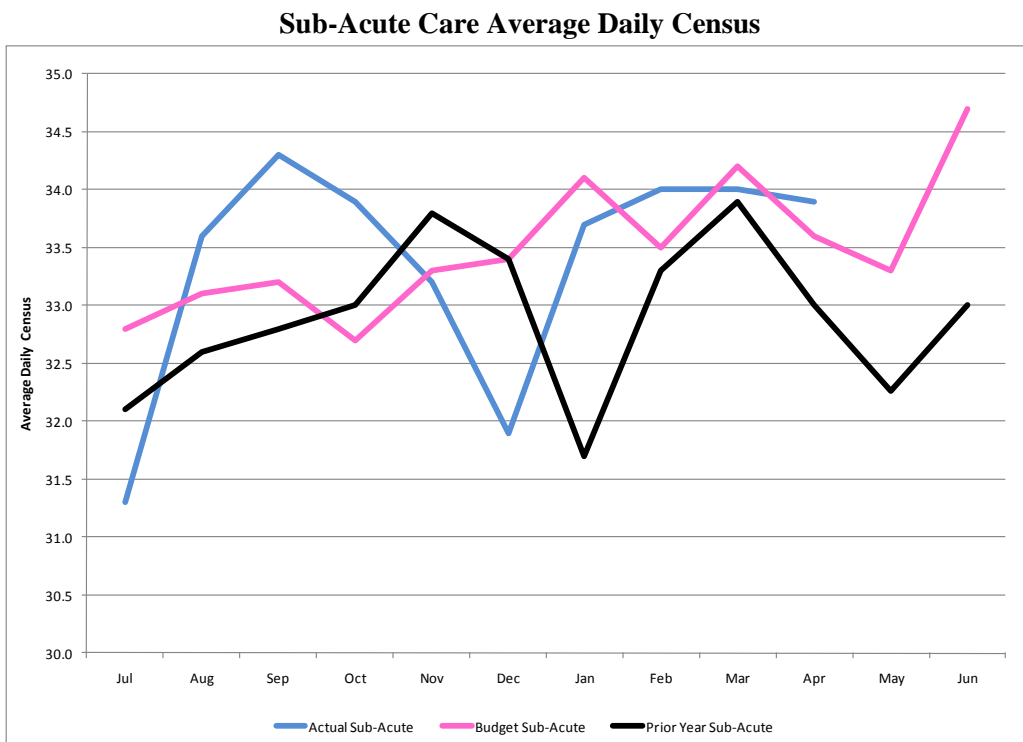


The average length of stay (ALOS) increased from that of the prior month at 3.85 days for the month of April. This brings the year-to-date ALOS to 3.76 which remains lower than our projected year to date ALOS of 4.10, and is shown in the graph below.



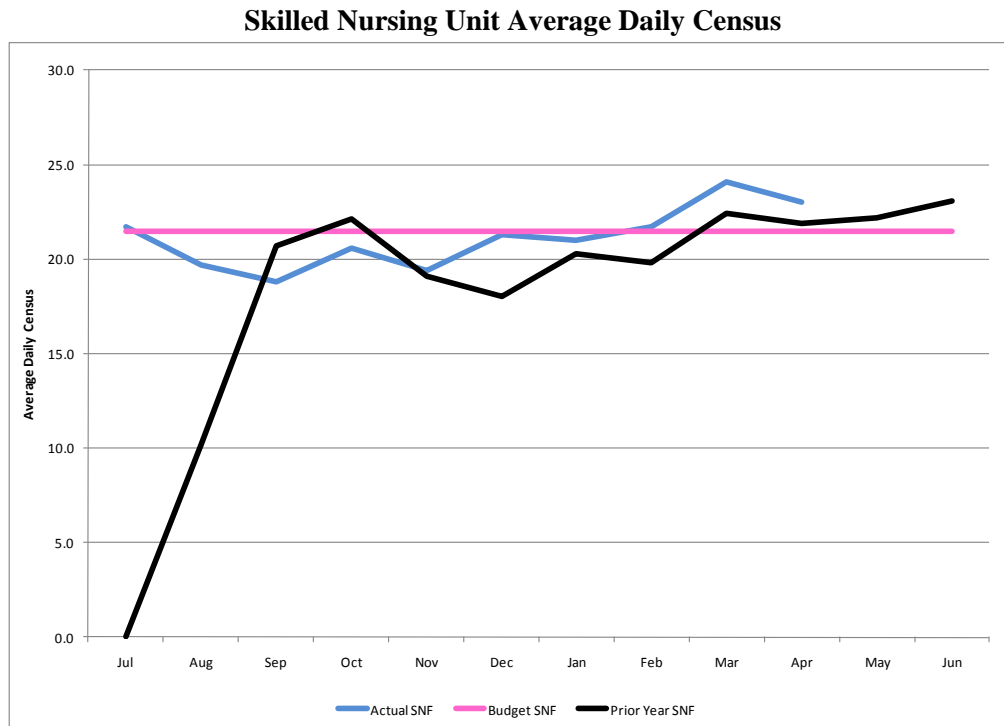
Sub-Acute Care

The Sub-Acute program patient days were slightly greater than budget by 0.9% or 9 patient days for the month of April. The graph below shows the Sub-Acute programs average daily census for the current fiscal year as compared to budget and the prior year.



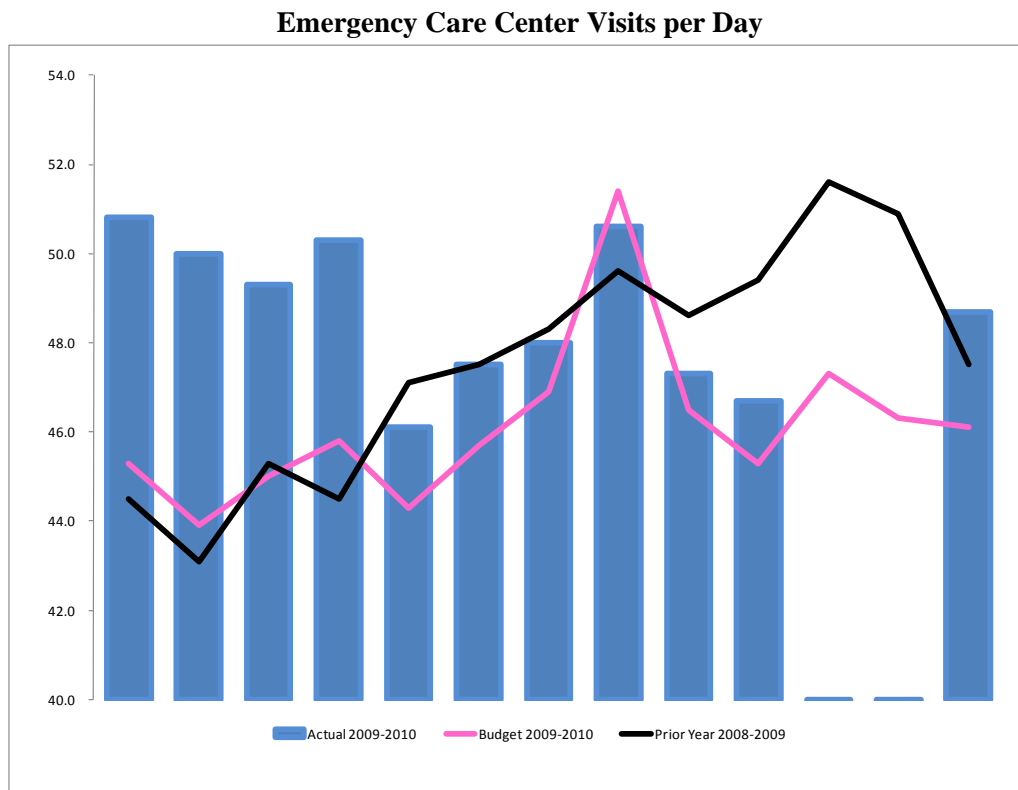
Skilled Nursing Care

The Skilled Nursing Unit (South Shore) patient days were 7.0% or 45 patient days greater than budgeted for the month of April. Comparing performance to the prior year this program was better than April 2009 with an average daily census of 23.0 versus 21.9. The following graph shows the Skilled Nursing Unit average daily census as compared to budget by month.



Emergency Care Center

Emergency Care Center visits at 1,402 were 3.1% greater than budgeted for the month of April and 15.6% of these visits resulted in inpatient admissions versus 16.9% in March. In April there were 202 ambulance arrivals versus 235 in the month of March, a decrease of 14.0% from the prior month. Of the 202 ambulance arrivals 154 or 76.2% were from Alameda Fire Department ambulances. The graph on the following page shows the Emergency Care Centers average visits per day for fiscal year 2010 as compared to budget and the prior year performance.



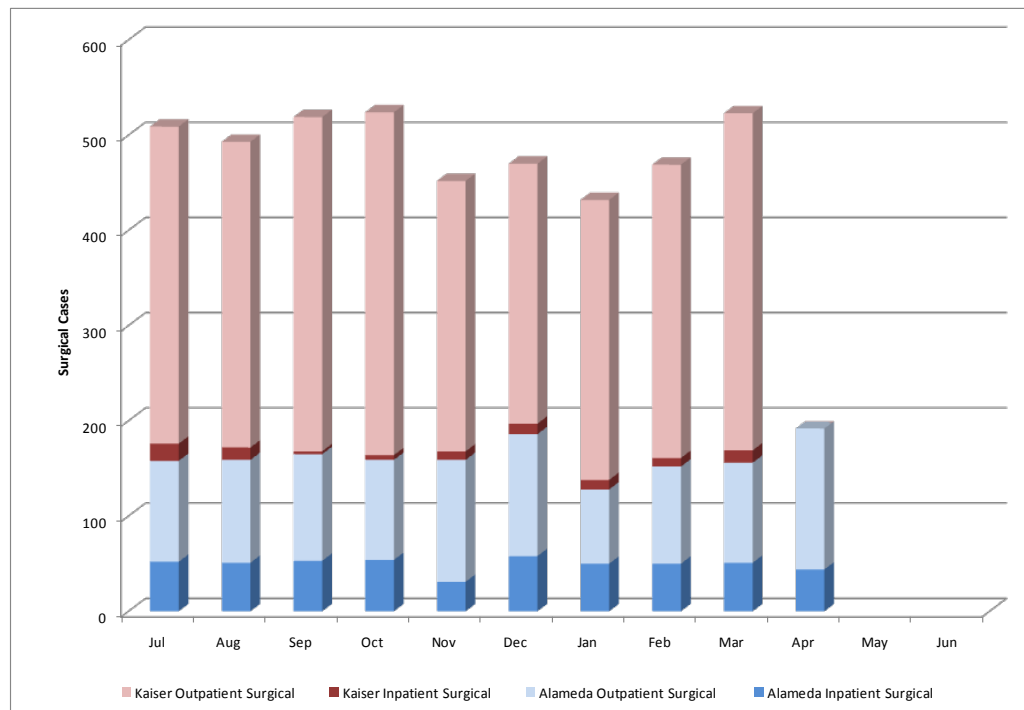
Surgery

Surgery cases were 192 versus the 505 budgeted and 510 in the prior year. The primary reason for the decline in surgical cases was related to the March 31, 2010 termination of the Kaiser contract. In April, Alameda physician cases increased slightly to 192 cases or 23.1% greater than the prior month. The increase of 36 cases over the prior month was the result of an increase of 44 outpatient cases. Inpatient and outpatient cases totaled 44 and 148 versus 52 and 104 in March, respectively.

On the inpatient side General and Orthopedic surgical cases decreased by seven (7) and four (4) cases, respectively. These decreases were offset by an increase in Urology cases of two (2). Outpatient cases increased in Ophthalmology (33), General (8) and Gastroenterology (5).

The graph on the following page shows the number of surgical cases by month for fiscal year 2010.

Surgical Cases

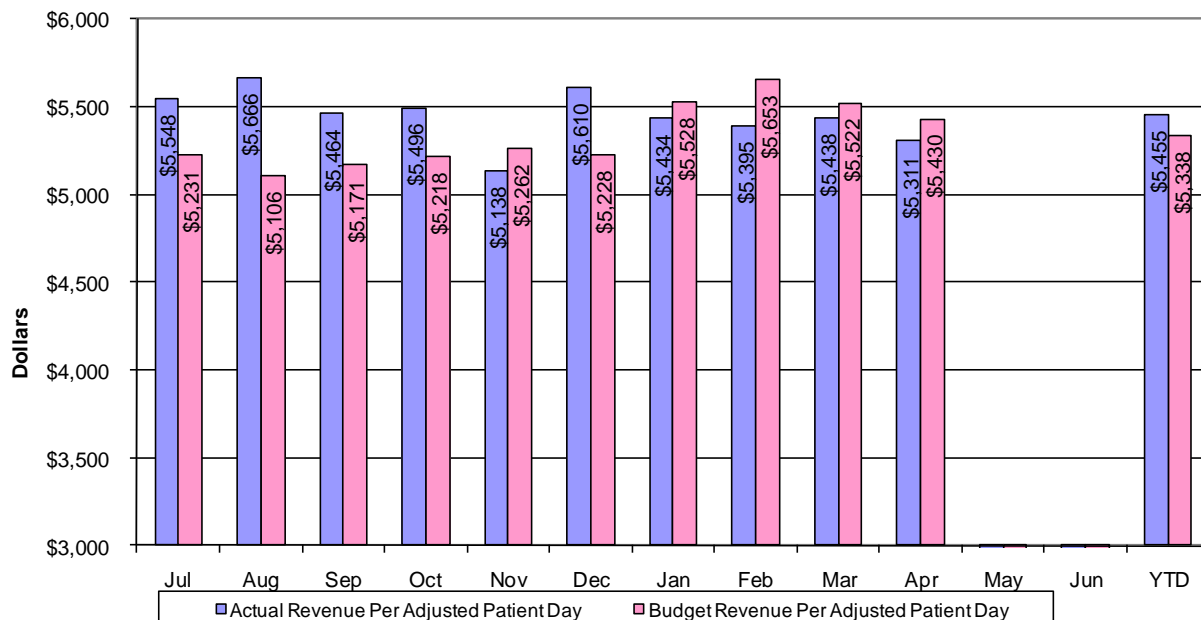


Income Statement

Gross Patient Charges

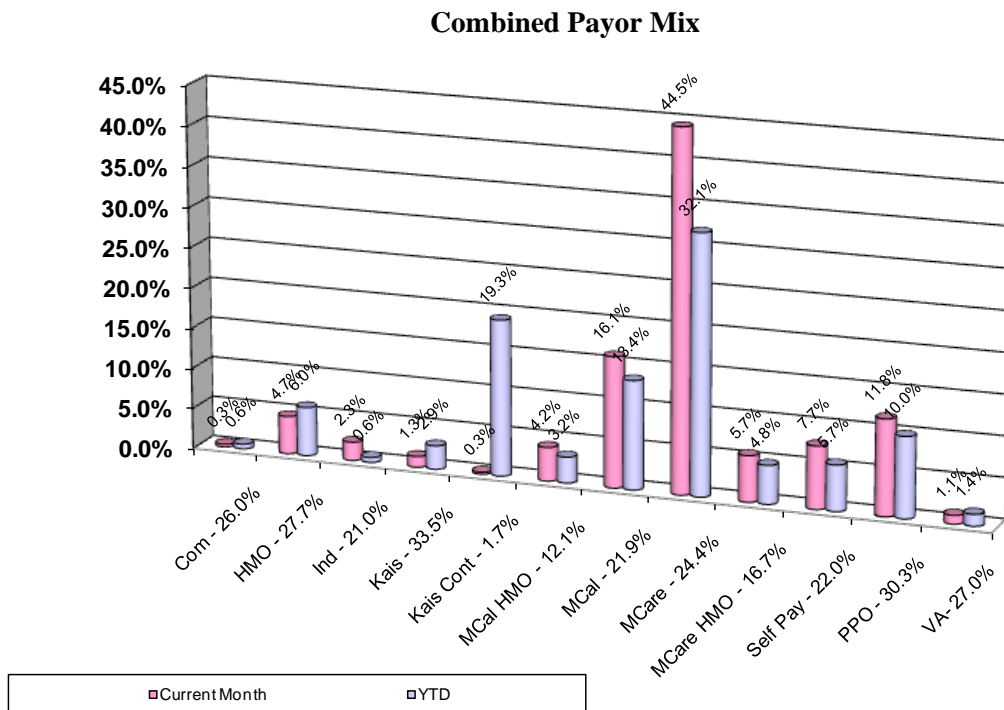
Gross patient charges in April were less than budgeted by \$6,243,000. This unfavorable variance was comprised of unfavorable variances of \$1,181,000 and \$5,062,000 in inpatient and outpatient revenues respectively. On an adjusted patient day basis total patient revenue was \$5,310 versus the budgeted \$5,431 or a 2.2% unfavorable variance from budget for the month of April. On a year to date basis charges per adjusted patient day are 2.2% better than budgeted.

Gross Charges per Adjusted Patient Day



Payor Mix

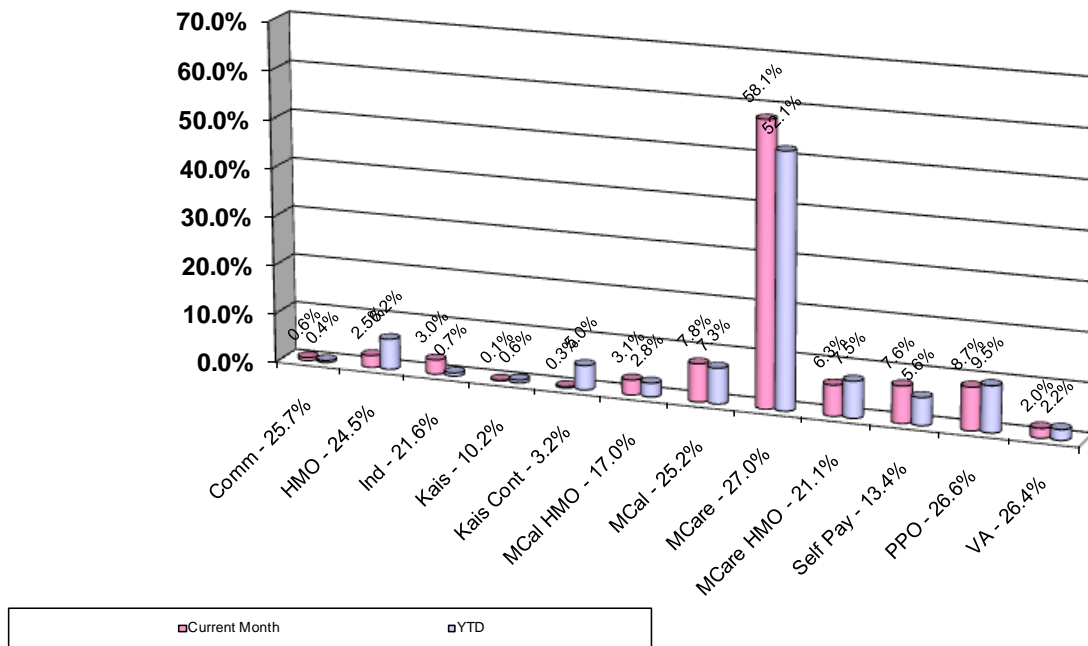
Medicare total gross revenue in April made up 44.5% of our total gross patient revenue. As a result of the termination of the Kaiser contract the remainder of the overall payor landscape shifted to HMO/PPO utilization at 16.5%, Medi-Cal utilization was 16.1% and self pay at 7.7%. The graph below shows the percentage of revenues generated by each of the major payors for the current month and fiscal year to date as well as the current months estimated reimbursement for each payor.



Current month gross Medicare charges made up 58.1% of our total inpatient acute care gross revenues followed by HMO/PPO at 11.2% and Medi-Cal at 7.8%. The hospitals overall Case Mix Index (CMI) increased to 1.3926 from 1.3156 in the prior month. The Medicare CMI also increased over the prior month from 1.3679 in March to 1.5759 in April. In April there were two outlier cases in the month. The result of these items was an increase in overall Medicare reimbursement from March's estimate of 23.6% to 27.0% in April.

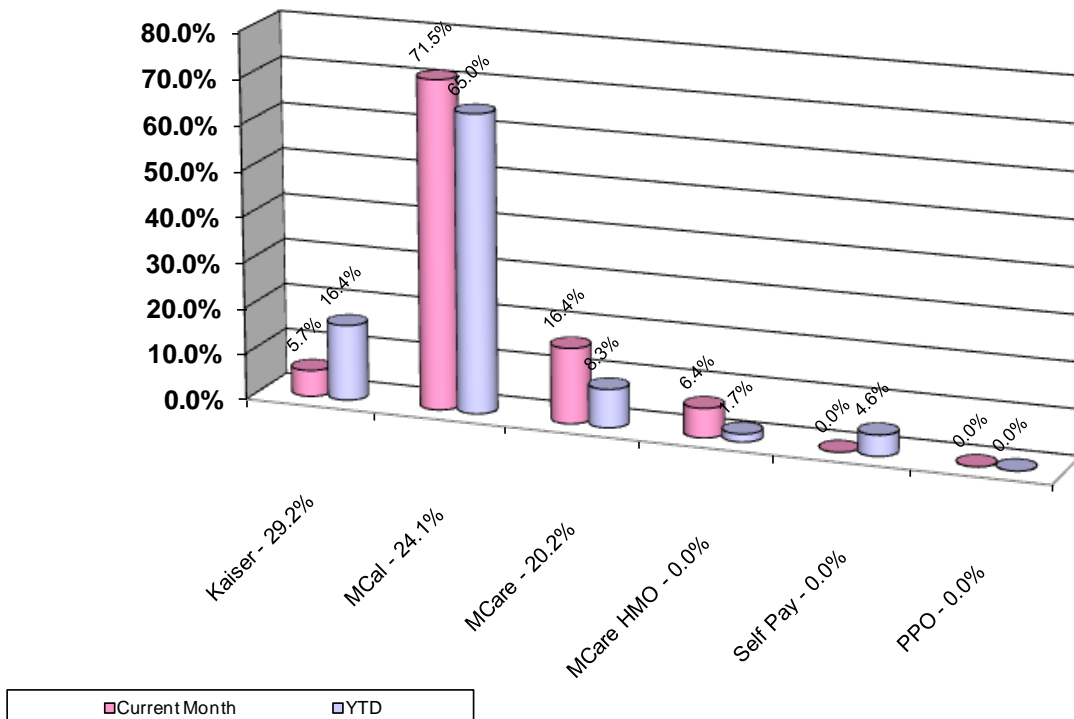
The overall net patient revenue percentage increased from the prior month as a result of the change in payor mix, higher acuity level of inpatients treated during the month, the first month without Kaiser activity whose average net reimbursement percentages was 20% during fiscal year 2010 and the inclusion of \$230,000 of net revenue from recording FY 2010 estimated amounts to be received from the AB 195 program (Outpatient Supplemental Revenues) which resulted in the overall estimated inpatient acute care reimbursement at 25.2% versus 21.4% in March. The graph on the following page shows the current month and year to date payor mix and current month estimated net revenue percentage for fiscal year 2010.

Inpatient Acute Care Payor Mix



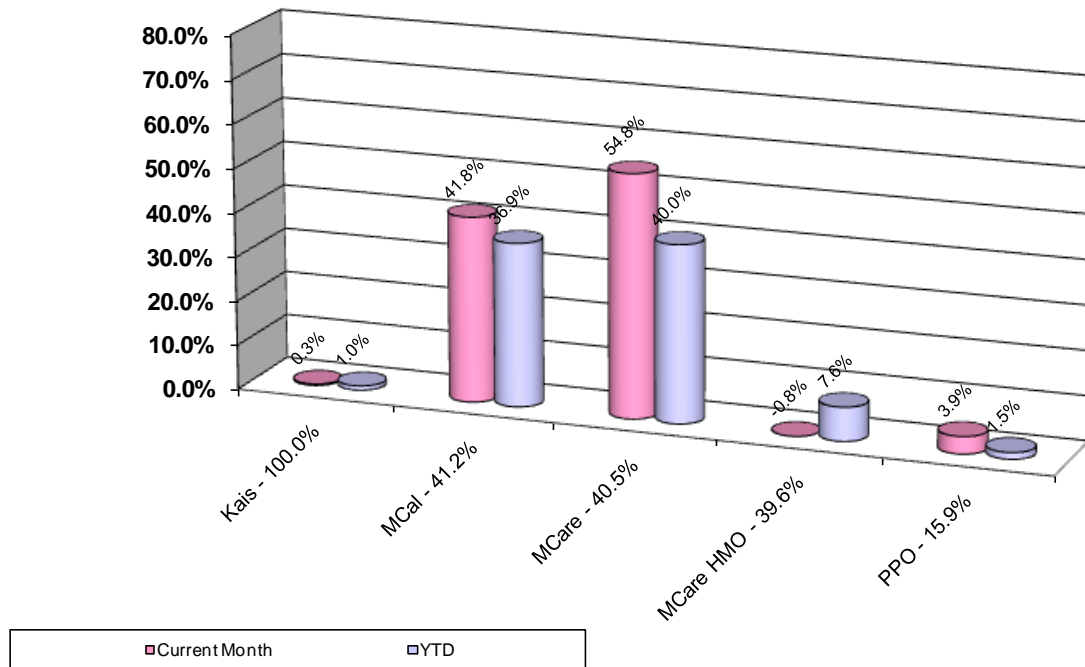
In April the Sub-Acute care program again was dominated by Medi-Cal utilization of 71.5% versus 77.1% in March. The following graph shows the payor mix for the current month and fiscal year to date and the current months estimated reimbursement rate for each payor.

Inpatient Sub-Acute Care Payor Mix



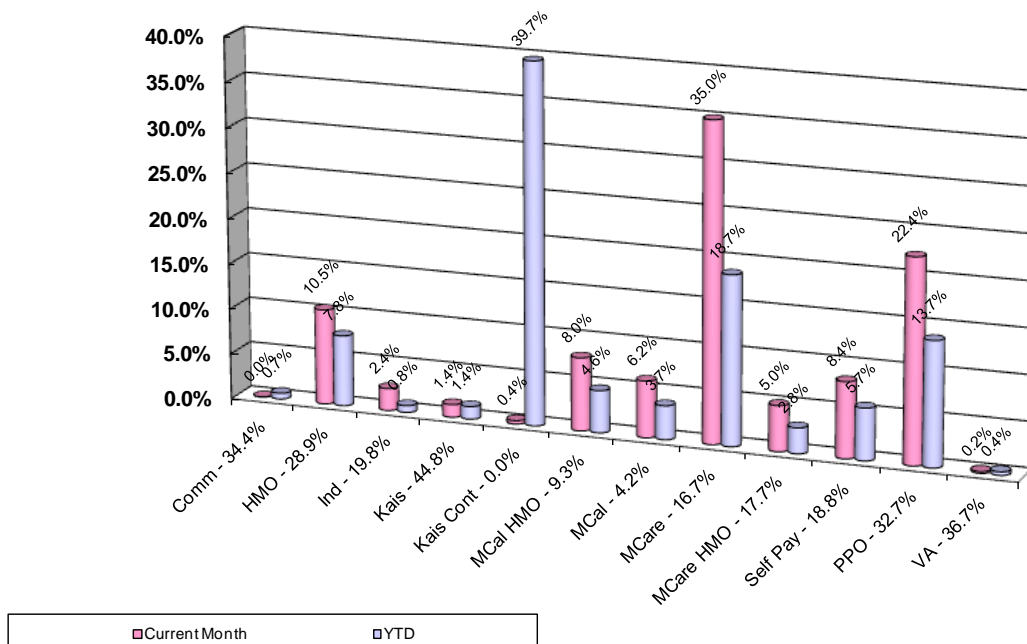
In April the Skilled Nursing program was again comprised primarily of Medicare at 54.8% and Medi-Cal at 41.8%. The graph on the following page shows the current month and fiscal year to date skilled nursing payor mix and the current months estimated level of reimbursement for each payor.

Inpatient Skilled Nursing Payor Mix



The outpatient gross revenue payor mix for April was comprised of 35.0% Medicare, 22.4% PPO and 10.5% HMO. The graph below shows the current month and fiscal year to date outpatient payor mix and the current months estimated level of reimbursement for each payor.

Outpatient Services Payor Mix

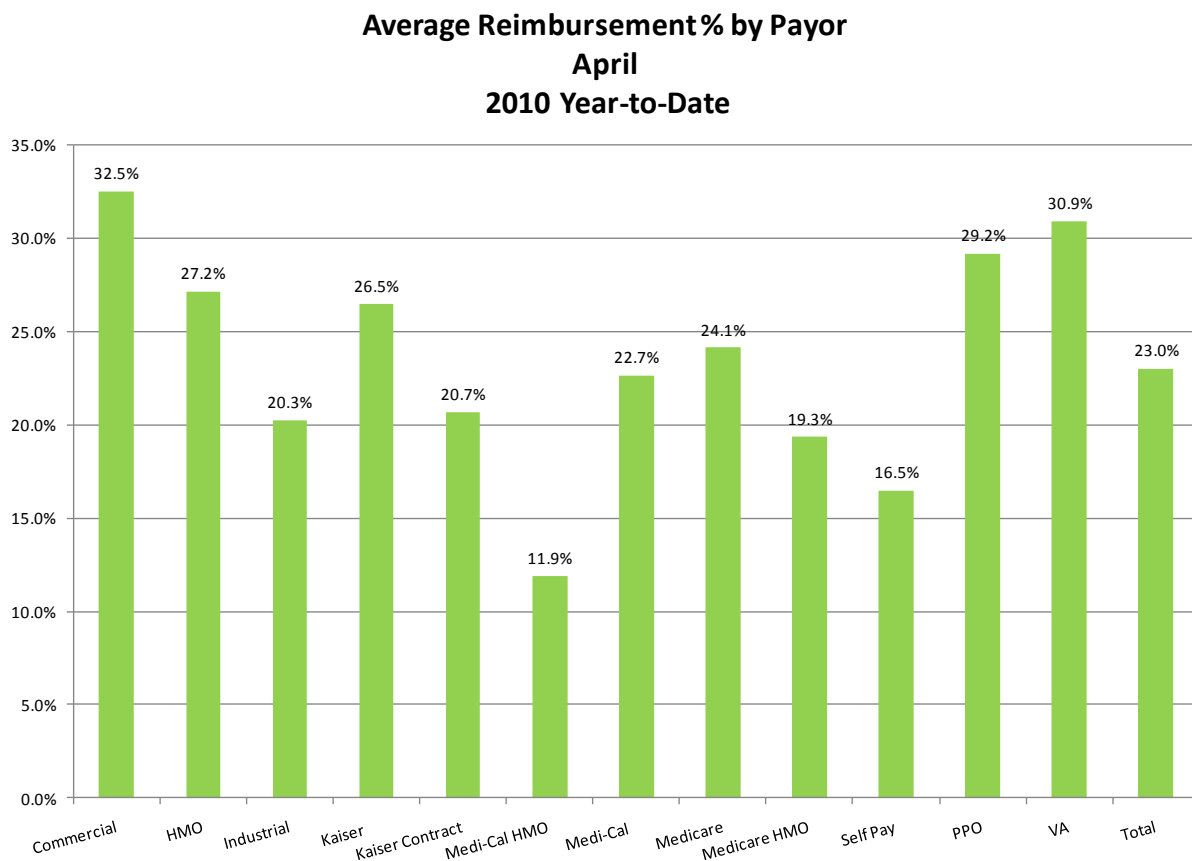


Deductions from Revenue

Contractual allowances are computed as deductions from gross patient revenues based on the difference between gross patient charges and the contractually agreed upon rates of reimbursement with third party government-based programs such as Medicare, Medi-Cal and other third party payors such as Blue Cross. In the month of April contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 74.8% versus the budgeted 78.4%.

Net Patient Service Revenue

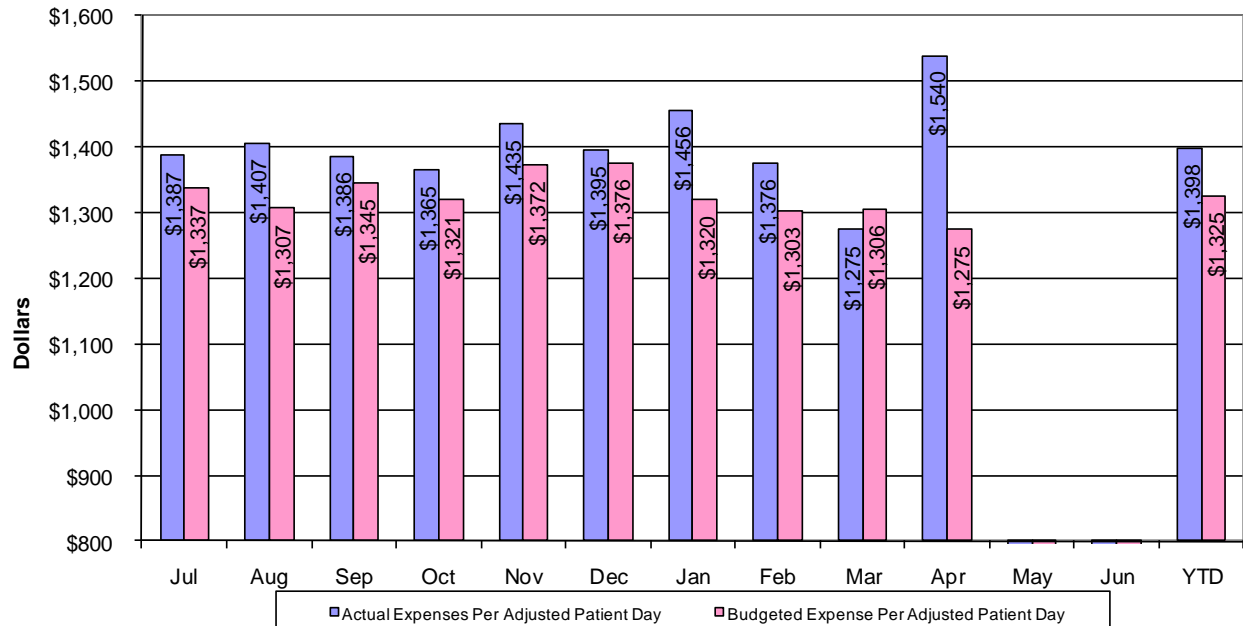
Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. This difference reflects what the anticipated cash payments the Hospital is expecting to receive for the services provided. The graph below shows the level of reimbursement that the Hospital has estimated for fiscal year 2010 by major payor category.



Total Operating Expenses

Total operating expenses were less than the fixed budget by \$368,000 or 6.0%. On an adjusted patient day basis, our cost per adjusted patient day was \$1,540 which was \$265 per adjusted patient day unfavorable to budget. This variance in expenses per adjusted patient day was the result of unfavorable variances in virtually all expense categories. The graph on the following page shows the hospital operating expenses on an adjusted patient day basis for the 2010 fiscal year by month and is followed by explanations of the significant areas of variance that were experienced in the current month.

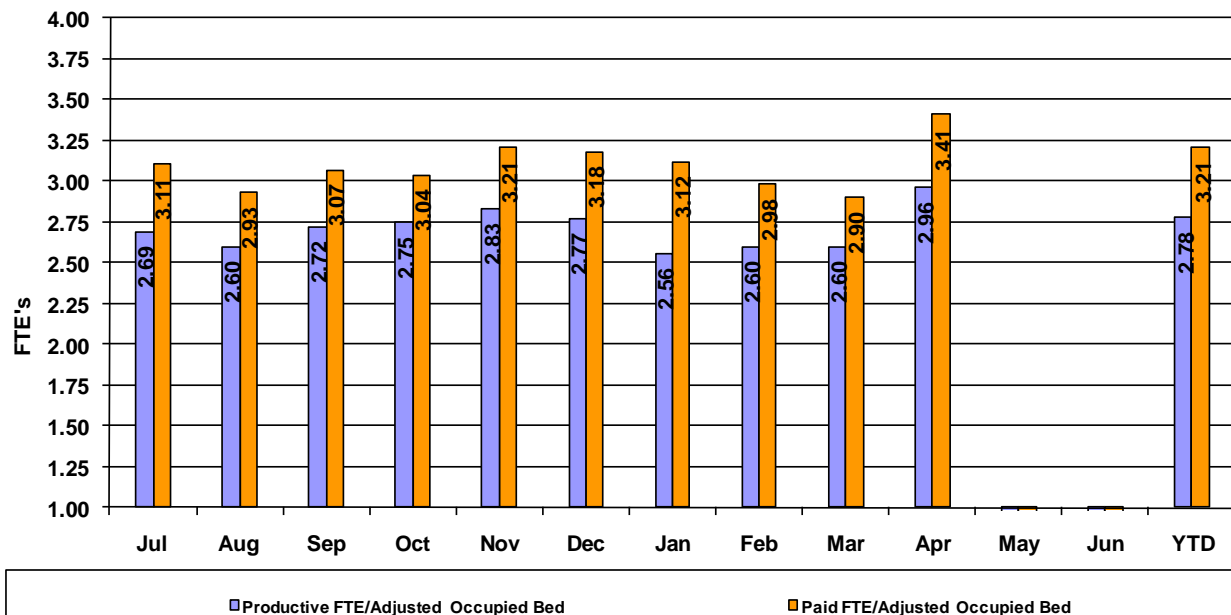
Expenses per Adjusted Patient Day



Salary and Registry Expenses

Salary and registry costs combined were favorable to the fixed budget by \$225,000 but were unfavorable to budgeted levels on a per adjusted patient day basis in April by \$135. The majority to the variance from the fixed budget related to surgical services departments which contributed \$195,000 toward this favorable variance. On an adjusted occupied bed basis, productive FTE's were 2.96 in March versus the budgeted 2.48. The graph below shows the productive and paid FTE's per adjusted occupied bed for FY 2010 by month and year to date.

FTE's per Adjusted Occupied Bed

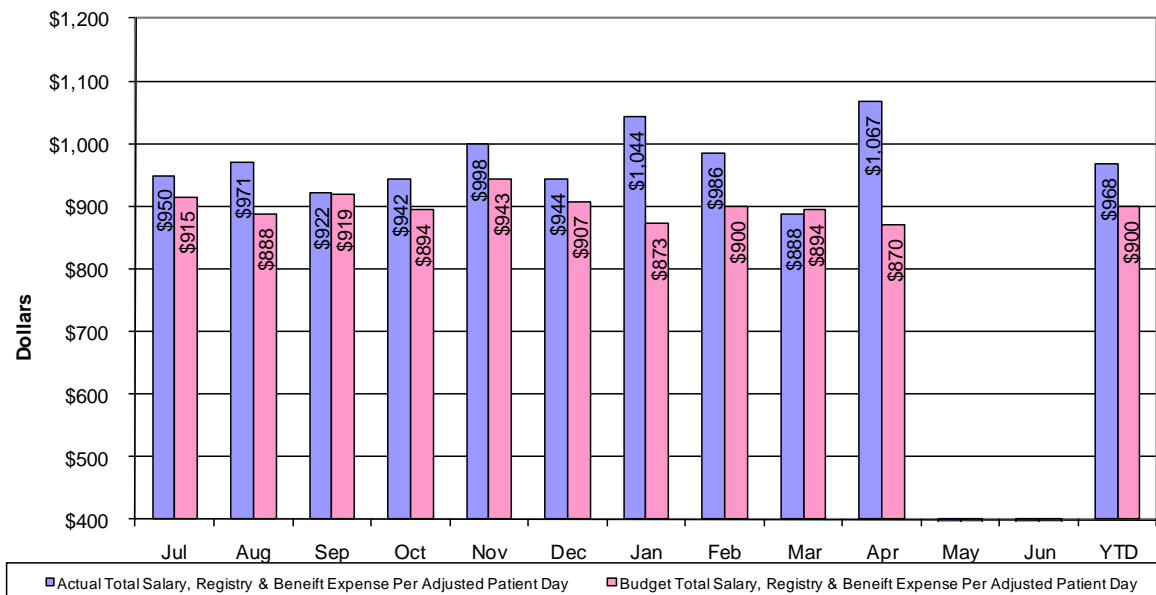


Benefits

Benefit costs were \$36,000 unfavorable to the fixed budget and were \$62 unfavorable to budget on an adjusted patient day basis in April. Benefit costs were unfavorable to the fixed budget as a result of additional accruals of \$73,000 offset by the favorable adjustment to the health insurance IBNR of \$37,000 in the month of April.

The following graph shows the combined salary, registry and benefit costs on an adjusted patient basis for FY 2010 by month.

Salary, Registry and Benefit Cost per APD



Professional Fees

Professional fees were favorable to budget by \$89,000 and \$4 per adjusted patient day favorable to budget. This favorable variance was the result of \$60,000 less in medical professional fees and \$28,000 less in non-medical professional fees. The majority of the favorable variance in medical professional fees, \$34,000, was related to budgeted amounts for physician services in the Community Clinic that are actually reflected in the salary and wage classification. In the non-medical grouping, Administration had the majority of the favorable variance at \$14,900 below budgeted expectations for the month of April.

Supplies

Supply expense was favorable to budget by \$46,000 but was \$36 per adjusted patient day unfavorable to budget. This favorable variance from the fixed budget was the result of reversals of excess accruals of surgical expenses accrued in previous months of \$31,000.

Rents and Leases

Rents and lease expense as unfavorable to budget by \$27,000 or \$11 per adjusted patient day as a result of over accruals for the Pyxis machines, \$11,500 and copier leases from Xerox of \$10,000. These will be reversed in May.

Depreciation Expense

Depreciation expense was \$51,000 or \$6 per adjusted patient day favorable to budget as a result of additional pieces of equipment becoming fully depreciated in addition to the equipment that became fully depreciated in June 2009. The majority of the new equipment was our CT Scanner which became fully depreciated in the month of March.

The following pages include the detailed financial statements for the ten months ended April 30, 2010.

ALAMEDA HOSPITAL
Balance Sheet
April 30, 2010

	<u>April 30, 2010</u>	<u>March 31, 2010</u>	<u>Audited June 30, 2009</u>
Assets			
<i>Current assets:</i>			
Cash and cash equivalents	\$ 3,122,199	\$ 1,966,969	\$ 1,866,540
Net Accounts Receivable	9,730,369	9,652,474	10,069,536
Net Accounts Receivable %	22.75%	21.87%	22.15%
Inventories	1,292,593	1,300,143	1,291,072
Est.Third-party payer settlement receivable	580,774	277,830	351,648
Other assets	1,553,392	4,214,360	6,920,987
Total Current Assets	<u>16,279,327</u>	<u>17,411,776</u>	<u>20,499,783</u>
Restricted by contributors and grantors for capital acquisitions and research-Jaber Estate	457,464	446,882	468,209
Total Non-Current Assets	<u>457,464</u>	<u>446,882</u>	<u>468,209</u>
<i>Fixed Assets:</i>			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	5,915,528	5,828,826	6,029,967
Total fixed assets, net of accumulated depreciation	<u>6,793,473</u>	<u>6,706,771</u>	<u>6,907,912</u>
Total Assets	<u>\$ 23,530,264</u>	<u>\$ 24,565,429</u>	<u>\$ 27,875,904</u>
Liabilities and Net Assets			
<i>Current Liabilities:</i>			
Current portion of long term debt	\$ 421,262	\$ 423,305	\$ 436,733
Accounts payable and accrued expenses	6,286,106	6,444,343	6,244,967
Payroll and benefit related accruals	4,851,579	5,639,114	3,765,683
Est.Third-party payer settlement payable	885,550	193,412	306,588
Other liabilities	1,729,516	2,244,101	7,274,242
Total Current Liabilities	<u>14,174,013</u>	<u>14,944,275</u>	<u>18,028,213</u>
<i>Long-Term Liabilities:</i>			
Debt borrowings net of current maturities	1,343,064	1,377,979	1,733,631
Total Long-Term Liabilities	<u>1,343,064</u>	<u>1,377,979</u>	<u>1,733,631</u>
Total Liabilities	<u>15,517,077</u>	<u>16,322,254</u>	<u>19,761,844</u>
<i>Net Assets</i>			
Unrestricted Funds	7,485,723	7,726,293	7,615,851
Restricted Funds	527,464	516,882	498,209
Net Assets	<u>8,013,187</u>	<u>8,243,175</u>	<u>8,114,060</u>
Total Liabilities and Net Assets	<u>\$ 23,530,264</u>	<u>\$ 24,565,429</u>	<u>\$ 27,875,904</u>

City of Alameda Health Care District
Statements of Operations
April 30, 2010
\$'s in thousands

	Current Month				Year-to-Date					
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 13,509	\$ 14,690	\$ (1,181)	-8.0%	\$ 14,496	\$ 139,323	\$ 141,913	\$ (2,590)	-1.8%	\$ 132,410
Gross Outpatient Revenues	6,384	11,446	(5,062)	-44.2%	10,102	100,604	104,497	(3,893)	-3.7%	98,933
Total Gross Revenues	19,894	26,136	(6,243)	-23.9%	24,598	239,926	246,410	(6,483)	-2.6%	231,344
Contractual Deductions	14,327	19,907	5,580	28.0%	18,556	178,277	185,175	6,897	3.7%	172,246
Bad Debts	437	498	61	12.3%	493	5,256	4,634	(622)	-13.4%	6,076
Charity and Other Adjustments	112	96	(16)	-16.4%	55	639	896	257	28.7%	871
Net Patient Revenues	5,018	5,634	(617)	-10.9%	5,494	55,753	55,704	49	0.1%	52,150
Net Patient Revenue %	25.2%	21.6%			22.3%	23.2%	22.6%			22.5%
Net Clinic Revenue	17	64	(48)	-74.2%	-	111	578	(467)	-80.8%	-
Other Operating Revenue	(3)	15	(18)	-121.9%	13	417	151	266	176.1%	149
Total Revenues	5,031	5,714	(683)	-11.9%	5,507	56,282	56,434	(152)	-0.3%	52,299
Expenses										
Salaries	2,903	3,119	216	6.9%	2,921	31,408	31,193	(215)	-0.7%	28,769
Registry	168	177	9	4.9%	202	1,719	1,717	(2)	-0.1%	2,180
Benefits	927	891	(36)	-4.0%	986	9,453	8,977	(476)	-5.3%	8,354
Professional Fees	248	337	89	26.4%	305	2,935	3,419	484	14.2%	3,012
Supplies	768	813	46	5.6%	823	8,455	7,839	(616)	-7.9%	7,571
Purchased Services	383	392	8	2.1%	352	3,866	3,941	75	1.9%	3,369
Rents and Leases	96	69	(27)	-38.6%	46	714	701	(13)	-1.9%	592
Utilities and Telephone	73	77	4	5.3%	71	709	777	68	8.7%	711
Insurance	45	45	0	0.1%	48	444	453	9	2.0%	461
Depreciation and amortization	78	129	51	39.5%	114	974	1,305	331	25.4%	1,201
Other Operating Expenses	78	85	7	8.6%	71	808	860	52	6.0%	745
Total Expenses	5,767	6,135	368	6.0%	5,939	61,486	61,183	(303)	-0.5%	56,964
Operating gain (loss)	(736)	(421)	(315)	-74.8%	(432)	(5,204)	(4,750)	(455)	9.6%	(4,665)
Non-Operating Income / (Expense)										
Net Non-Operating Income / (Expense)	496	507	(11)	-2.2%	492	4,959	5,069	(110)	-2.2%	4,917
Excess of Revenues Over Expenses	\$ (241)	\$ 86	\$ (326)	-380.9%	\$ 60	\$ (245)	\$ 319	\$ (564)	-176.9%	\$ 251

City of Alameda Health Care District
Statements of Operations - Per Adjusted Patient Day
April 30, 2010

	Current Month				Year-to-Date					
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 3,606	\$ 3,052	\$ 554	18.1%	\$ 3,146	\$ 3,168	\$ 3,075	\$ 94	3.0%	\$ 3,029
Gross Outpatient Revenues	1,704	2,378	(674)	-28.3%	2,193	2,288	2,264	24	1.0%	2,263
Total Gross Revenues	5,310	5,431	(120)	-2.2%	5,339	5,456	5,339	117	2.2%	5,292
Contractual Deductions	3,824	4,136	312	7.5%	4,028	4,054	4,012	(42)	-1.0%	3,940
Bad Debts	117	104	(13)	-12.6%	107	120	100	(19)	-19.1%	139
Charity and Other Adjustments	30	20	(10)	-49.5%	12	15	19	5	25.2%	20
Net Patient Revenues	1,339	1,171	169	14.4%	1,192	1,268	1,207	61	5.1%	1,193
Net Patient Revenue %	25.2%	21.6%			22.3%	23.2%	22.6%			22.5%
Net Clinic Revenue	4	13	(9)	-66.9%	-	3	13	(10)	-79.8%	-
Other Operating Revenue	(1)	3	(4)	-128.1%	3	9	3	6	189.8%	3
Total Revenues	1,343	1,187	156	13.1%	1,195	1,280	1,223	57	4.7%	1,197
Expenses										
Salaries	775	648	(127)	-19.6%	634	714	676	(38)	-5.7%	658
Registry	45	37	(8)	-22.2%	44	39	37	(2)	-5.1%	50
Benefits	248	185	(62)	-33.7%	214	215	195	(20)	-10.5%	191
Professional Fees	66	70	4	5.4%	66	67	74	7	9.9%	69
Supplies	205	169	(36)	-21.3%	179	192	170	(22)	-13.2%	173
Purchased Services	102	81	(21)	-25.7%	76	88	85	(3)	-3.0%	77
Rents and Leases	26	14	(11)	-78.1%	10	16	15	(1)	-7.0%	14
Utilities and Telephone	19	16	(3)	-21.7%	15	16	17	1	4.2%	16
Insurance	12	9	(3)	-28.3%	10	10	10	(0)	-2.9%	11
Depreciation and Amortization	21	27	6	22.2%	25	22	28	6	21.7%	27
Other Operating Expenses	21	18	(3)	-17.4%	15	18	19	0	1.4%	17
Total Expenses	1,540	1,275	(265)	-20.8%	1,289	1,398	1,326	(73)	-5.5%	1,303
Operating Gain / (Loss)	(197)	(88)	(109)	-124.6%	(94)	(118)	(103)	(15)	15.0%	(107)
Net Non-Operating Income / (Expense)	132	105	27	25.7%	107	113	110	3	2.7%	112
Excess of Revenues Over Expenses	\$ (64)	\$ 18	\$ (82)	-460.9%	\$ 13	\$ (5)	\$ 7	\$ (12)	-174.9%	\$ 6

ALAMEDA HOSPITAL
KEY STATISTICS
APRIL 2010

	ACTUAL APRIL 2010	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	APRIL 2009	YTD APRIL 2010	YTD FIXED BUDGET	VARIANCE	%	YTD APRIL 2009
Discharges:										
Total Acute	217	256	(39)	-15.2%	240	2,386	2,413	(27)	-1.1%	2,325
Total Sub-Acute	1	4	(3)	-75.0%	4	12	37	(25)	-67.6%	32
Total Skilled Nursing	6	13	(7)	-53.8%	9	102	129	(27)	-20.9%	98
	224	273	(49)	-17.9%	253	2,500	2,579	(79)	-3.1%	2,455
Patient Days:										
Total Acute	836	1,051	(215)	-20.5%	1,068	8,963	9,889	(926)	-9.4%	9,714
Total Sub-Acute	1,018	1,009	9	0.9%	990	10,145	10,154	(9)	-0.1%	10,020
Total Skilled Nursing	690	645	45	7.0%	657	6,428	6,539	(111)	-1.7%	5,285
	2,544	2,705	(161)	-6.0%	2,715	25,536	26,582	(1,046)	-3.9%	25,019
Average Length of Stay										
Total Acute	3.85	4.11	(0.25)	-6.2%	4.45	3.76	4.10	(0.34)	-8.3%	4.18
Average Daily Census										
Total Acute	27.87	35.03	(6.94)	-19.8%	35.60	29.48	32.53	(3.05)	-9.4%	31.95
Total Sub-Acute	33.93	33.63	0.29	0.9%	33.00	33.37	33.40	(0.03)	-0.1%	32.96
Total Skilled Nursing	23.00	21.50	1.45	6.8%	21.90	21.14	21.51	(0.37)	-1.7%	20.41
	88.45	90.13	(5.19)	-5.8%	90.50	84.00	87.44	(3.08)	-3.5%	85.32
Emergency Room Visits	1,402	1,360	42	3.1%	1,483	14,792	13,975	817	5.8%	14,211
Outpatient Registrations	1,954	2,261	(307)	-13.6%	2,555	25,032	25,339	(307)	-1.2%	24,904
Surgery Cases:										
Inpatient	44	49	(5)	-10.2%	62	585	552	33	6.0%	564
Outpatient	148	456	(308)	-67.5%	448	3,986	4,036	(50)	-1.2%	4,260
	192	505	(313)	-62.0%	510	4,571	4,588	(17)	-0.4%	4,824
Kaiser Inpatient Cases	-	10	(10)	-	5	91	89	2	-	86
Kaiser Eye Cases	-	176	(176)	-	190	1,461	1,531	(70)	-4.6%	1,625
Kaiser Outpatient Cases	-	185	(185)	-	161	1,417	1,521	(104)	-6.8%	1,580
Total Kaiser Cases	-	371	(371)	-	356	2,969	3,141	(172)	-5.5%	3,291
% Kaiser Cases	0.0%	73.5%			69.8%	65.0%	68.5%			68.2%
Adjusted Occupied Bed	124.98	160.37	35.39	22.1%	153.40	144.70	151.80	(7.10)	-4.7%	143.45
Productive FTE	369.56	397.13	27.57	6.9%	390.06	391.46	394.94	3.48	0.9%	374.88
Total FTE	426.03	446.69	20.66	4.6%	439.66	447.28	452.52	5.24	1.2%	426.31
Productive FTE/Adj. Occ. Bed	2.96	2.48	(0.48)	-19.4%	2.54	2.71	2.60	(0.10)	-4.0%	2.61
Total FTE/Adj. Occ. Bed	3.41	2.79	(0.62)	-22.4%	2.87	3.09	2.98	(0.11)	-3.7%	2.97

RESOLUTION NO. 2010-1H

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

* * *

EXTENSION OF SPENDING AUTHORITY

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, on June 1, 2009, the District Board of Directors approved the Fiscal Year 2009-2010 Operating Budget; and

WHEREAS, the hospital has not yet finalized the Fiscal Year 2010-2011 Operating Budget;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby authorizes that, until further action is taken specifying otherwise, the City of Alameda Health Care District (Alameda Hospital) will continue to utilize its spending authority approved by the District Board on June 1, 2009 until an approved Budget for Fiscal Year 2010-2011 can be adopted by the Board of Directors which shall occur no later than July 31, 2010.

PASSED AND ADOPTED on June 7, 2010 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

Jordan Battani
President

Robert Bonta
Secretary