



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

Monday, July 6, 2009

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** Jaclyn Yuson
- III. **Adjourn into Executive Closed Session**
- IV. **Closed Session Agenda**
 - A. Approval of Closed Session Minutes
 - 1. June 2, 2009
 - B. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions Gov't Code Sec. 54957.6
 - C. Quality Improvement Committee Report (QIC) H & S Code Sec. 32155
 - D. Consultation with Legal Counsel Regarding Pending Litigation Gov't Code Sec. 54956.9(a)
 - F. Discussion of Pooled Insurance Claims Gov't Code Sec. 54956.95
 - G. Medical Executive Committee Report and Approval of Credentialing Recommendations H & S Code Sec. 32155

H. Consideration of Performance Evaluation of District Employees Gov't Code Sec. 54957

I. Discussion of Report Involving Trade Secrets H & S Code Sec. 32106

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 June 1, 2009 Minutes **ACTION ITEM** [enclosure]

B. Approval of Resolution 2009-3G Levying the City of Alameda Health Care District Parcel Tax for the Fiscal Year 2009-2010 **ACTION ITEM** [enclosure]

C. Approval of Certification and Mutual Indemnification Agreement **ACTION ITEM** [enclosure]

D. Acceptance of May 2009 Financial Statements **ACTION ITEM** [enclosure]

E. Approval of Wage Adjustment for Non Represented, Exempt and Non-Exempt Personnel **ACTION ITEM** [enclosure]

VII. Regular Agenda

A. Special Presentation – Department of Diagnostic Imaging John Ellis

B. Chief Executive Officer's Report Deborah E. Stebbins

1. Strategic Planning and Community Relations Report

- Meetings with Assemblyman Swanson / Senator Hancock

2. Administrative Policy and Procedure Review / Approval Process

3. August Board Meeting Date **ACTION ITEM**

4. Joint Commission Educational Preparation

C. Finance and Management Committee Report

- Committee Report – June 24, 2009
- Approval of FY 2010 Capital Budget
ACTION ITEM [enclosure]

Steve Wasson

David A. Neapolitan

D. Medical Staff President Report

Alka Sharma, MD

VIII. General Public Comments

IX. Board Comments

X. Adjournment

**The next regularly scheduled board meeting is
tentatively scheduled for August 10, 2009**

**Closed Session will begin at 6:00 p.m.
Open Session will follow at approximately 7:30 p.m.**



Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the Board of Directors

Regular Meeting

June 1, 2009

<p><u>Directors Present:</u> Jordan Battani Robert Bonta Robert Deutsch, MD Steve Wasson J. Michael McCormick</p>	<p><u>Management Present:</u> Deborah E. Stebbins David A. Neapolitan Kerry Easthope</p>
<p><u>Medical Staff Present:</u> Alka Sharma, MD</p>	<p><u>Legal Counsel Present:</u> Thomas Driscoll, Esq.</p>
<p><u>Excused:</u></p>	<p><u>Submitted by:</u> Kristen Thorson</p>
<p>Action</p>	
<p>1. Call to Order</p>	<p>Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 6:05 p.m.</p>
<p>2. Roll Call</p>	<p>Kristen Thorson called roll, noting that a quorum of Directors was present.</p>
<p>3. Adjourn into Executive Closed Session</p>	<p>At 6:06 p.m. the meeting adjourned to Executive Closed Session.</p>
<p>4. Reconvene to Public Session</p>	<p>Jordan Battani reconvened the meeting into public session at 8:19 p.m. and made the following closed session announcements.</p>
<p>5. Closed Session Announcements</p>	<p>[A] Minutes</p>
<p>[A] The Closed Session Minutes for the May 4, 2009 meeting were</p>	

	<p>[B] Quality Improvement Committee</p> <p>[C] Medical Executive Committee Report and Approval of Credentialing Recommendations</p>	<p>approved.</p> <p>[B] The Quality Improvement Report was accepted as presented for the month of April 2009.</p> <p>[C] Medical Executive Committee Report and Approval of Credentialing Recommendations were approved as presented.</p>
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Reappointments – Medical Staff :

Name	Specialty	Status	Appointment Period
? Roberto Celada, MD	General Surgery	Active	07/01/09 – 06/30/11
? Stephen Cohen, MD	Ophthalmology	Active	07/01/09 – 06/30/11
? Kanwaljit Gill, MD	Orthopedics	Courtesy	07/01/09 – 06/30/11
? Jon Greif, MD	Breast Surgery	Courtesy	07/01/09 – 06/30/11
? Kenneth Hsiao, MD	Urology	Courtesy	07/01/09 – 06/30/11
? Shivinder Kaur, MD	Gynecology	Active	07/01/09 – 06/30/11
? Haroon Mojaddidi, MD	General Surgery	Courtesy	07/01/09 – 06/30/11
? David Seidman, MD	Orthopedics	Courtesy	07/01/09 – 06/30/11
? Meena Tandon, MD	Pathology	Courtesy	07/01/09 – 06/30/11

Proctoring:

Name	Specialty
? Amardeep Mangat, MD	Internal Medicine / Hospitalist
? Maria Militante-Miller, DO	Internal Medicine / Hospitalist
? Liesl Pavlic, MD	Internal Medicine / Hospitalist
? Pushpasree Sajja, MD	Internal Medicine / Hospitalist

Resignations:

Name	Specialty
? Aaron Kaplan, MD	Radiology
? Ilan Remler, MD	Internal Medicine

6. Consent Agenda	[A] Approval of May 4, 2009 Minutes	Director Bonta made a motion to
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	<p>[B] Acceptance of April 2009 Financial Statements</p> <p>[D] Approval of Amendment No. 7 to the Alameda Hospital Pension Plan and Resolution No. 2009-2G – Amendment No. 7 to the Alameda Pension Plan</p> <p>Director Wasson removed item [C] Approval of Deposit in Meditech Applications. Director Wasson stated that the Finance and Management Committee discussed this request at the last committee meeting. Mr. Neapolitan reviewed the request for the Board. The Hospital is asking for approval to put a non-binding deposit on Meditech applications to comply with the American Recovery and Reinvestment Act (ARRA). The deposit puts the Hospital on the schedule for installation and implementation with Meditech. The Hospital is requesting that Meditech meet certain conditions as outlined in the memorandum of May 27, 2009, before deposit is made. Director Wasson stated that there are a lot of definitions that have not been defined under ARRA. Mr. Neapolitan stated that there is a public comment period to allow for vendors to make recommendations and then they will release final regulations after the comment period. Director Bonta stated that he understood the cost of changing systems altogether but asked is Meditech was the best system. Mr. Neapolitan stated that Meditech was a good, solid system for our size of hospital with minimal problems. Director Battani stated that they were a mature company.</p> <p>After no further discussion, the Board made a motion to approve the deposit.</p>	<p>approve consent agenda items [A], [B], & [D] Director McCormick seconded the motion. The motion carried unanimously.</p> <p>Director Wasson moved to approve the deposit on Meditech Applications, item [C] on the consent agenda. Director Bonta seconded the motion. The motion carried unanimously.</p>
<p>7. Regular Agenda</p>	<p>A. Chief Executive Officer’s Report</p> <p><i>I. <u>Employee Satisfaction Survey</u></i></p> <p>Ms. Stebbins reported that the hospital will be conducting an employee satisfaction survey for all employees. A letter will be sent to all employees to explain the process and encouraging them to complete the survey. The survey will be processed by NCR Picker, the same company that processes our patient satisfaction</p>	

surveys. Surveys will be mailed to employees, who in turn can either complete online or mail in their responses. The Hospital has not conducted this type of survey in the past. Results will be reported back to the employees and to the Board to set goals and an action plan based on the results.

2. Update on Alameda Towne Center Renovation Update.
 Ms. Stebbins reported that the renovations at the Medical Office Building are ahead of schedule and should be complete at the end of June 2009.

3. Plans for July, 2009 Board Videotaping
 Videotaping of the opens session Board meeting will begin at the July 6, 2009 meeting.

4. 4th of July Parade
 Ms. Stebbins reported that the Hospital will have an entry in the annual 4th of July Parade in Alameda. She asked if Board members are interested in participating to let Administration know. Director Wasson and Battani indicated that they would participate with their families.

5. Key Statistics

Ms. Stebbins reported on the key statistics as indicated below.

	April (Prelim)	April Budget	March Actual
Average Daily Census	87.61	88.24	87.65
Acute	33.19	28.54	33.23
Subacute	32.26	34.70	32.26
South Shore	22.16	25.00	22.16
Patient Days	2,716	2,647	2,717
ER Visits	1,599	1,523	1,599
OP Registrations	2,399	2,729	2,491
Total Surgeries	502	461	501

B. **Finance and Management Committee Report**

I. Committee Report

comments related to the Finance and Management Committee meeting.

- May 27, 2009 Meeting. There were no

	<p>2. <u>Approval of FY 2010 Operating Budget</u></p> <p>Mr. Neapolitan reviewed the FY 2010 operating budget as presented. Key Assumptions were discussed for volume, revenues, and labor and non-labor. Projected profit for FY 2010 is \$359,000. Mr. Neapolitan reviewed some of the challenges and opportunities that the hospital faces in the upcoming budget year. Challenges include Kaiser contract revisions, California budget, overall economic conditions, compliance requirements and labor negotiations. Opportunities include potential increased volume from San Leandro, additional SNF beds, potential development of a cancer center and a potential hospital provider tax that could result in increased Medi-Cal reimbursement for Alameda Hospital.</p> <p>Mr. Neapolitan stated that a capital budget will be presented to the Finance and Management Committee in June and will be brought back to the Board for approval in July.</p> <p>Mr. Neapolitan asked that the Board approve the FY2009/2010 Operating Budget as presented.</p>	<p>Director Bonta moved to accept the FY 2009 / 2010 Operating Budget as presented. Director McCormick seconded the motion. The motion carried unanimously.</p>
	<p>C. Strategic Planning and Community Relations Committee Report</p> <p>1. <u>Committee Report (May 19, 2009)</u></p> <p>Director Bonta reported on the May 19th meeting. Time was spent discussing master planning and re-submitting plans to OSHPD that would bring the Hospital to 2013 standards if accepted by OSHPD and construction began on the current site. On the community relations front, Director Bonta reported that postcard mailers, featuring the general surgeons, have been sent to a selected demographic segment in Alameda. The next piece will feature specialists in Cardiology and Pulmonology. An additional mailer is being sent to residents of San Leandro informing residents of the close proximity of our emergency room and of the services offered at the Hospital. Upcoming events that the Hospital will be participating in:</p> <ul style="list-style-type: none"> • Health Fair – October 17 • 4th of July Parade – July 4 	

	<ul style="list-style-type: none"> Bladium Outreach with sports medicine MD - ongoing <p>Meetings with Assemblyman Swanson and State Senator Loni Hancock are still confirmed for June 12 to discuss seismic issues.</p>	
	<p>D. Medical Staff President Report</p> <p>Dr. Sharma reported that Medical Executive Committee (MEC) met on Friday, June 29 and approved policies for 911 transfers, and protocols for emergency room bedside ultrasounds. MEC has asked Nursing to look into protocols for bedside ultrasounds in DOU and Surgery.</p> <p>Dr. Sharma reported that Dr. Ann Wexler, an oncologist, will be starting on June 2 and will be working with Dr. Gary Cecchi and the Infusion Center.</p>	
<p>9. General Public Comments</p>	<p>None.</p>	
<p>10. Board Comments</p>	<p>The Board discussed the July and August Board meeting dates. The July meeting was confirmed for July 6, 2009.</p> <p>The Board asked that Kristen Thorson, Administrative Assistant, poll the Board members on their availability for the August meeting as there may be conflicts with the August 3, 2009 regularly scheduled meeting.</p>	<p>Recommendations for the August meeting will</p>
<p>13. Adjournment</p>		<p>A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 9:31 p.m.</p>

Attest: _____
 Jordan Battani
 President

_____ Robert Bonta
 Secretary

RESOLUTION NO. 2009-3G

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

* * *

LEVYING THE CITY OF ALAMEDA HEALTH CARE DISTRICT

PARCEL TAX FOR THE FISCAL YEAR 2009-2010

WHEREAS, the Alameda County Local Agency Formation Commission (“LAFCo”) resolved on January 10, 2002 to present a ballot measure to the registered voters of the City of Alameda which, if approved, would authorize the formation of the new health care district within the boundaries of the City of Alameda and authorize the District to levy a parcel tax of up to \$298.00 on each parcel and possessory interest within the proposed district; and

WHEREAS, on April 9, 2002, over two-thirds of the registered voters of the City of Alameda, who voted that day, voted in favor of creating a health care district authorized to tax each parcel and possessory interest within the district’s boundaries in an amount up to \$298.00 per year in order to defray ongoing hospital general operating expenses and capital improvement expenses; and

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

WHEREAS, without tax revenue Alameda Hospital can not fulfill its mission to serve the health needs of the Alameda City Community due to a lack of sustained revenue sufficient to finance continued operation of all necessary hospital services; and

WHEREAS, the District operates Alameda Hospital; and

WHEREAS, without the levy of a parcel and possessory interest tax in the amount of \$298.00, the District’s revenue stream will be insufficient to allow the provision of continued local access to emergency room care, acute hospital care, and other necessary medical services; and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes on all real property within its boundaries.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby levies an annual tax on every parcel and possessory interest within the District's boundaries in the amount of Two Hundred Ninety-Eight Dollars (\$298.00) per year (the "Parcel Tax") in order to defray ongoing hospital general operating expenses and capital improvement expenses; provided, however, that parcels or possessory interests that have an assessed value (real property and improvements combined) of less than \$30,000 shall be automatically exempt from the Parcel Tax.

PASSED AND ADOPTED on July 6, 2009 by the following vote:

AYES: _____ NOES: _____ ABSENT: _____

Jordan Battani
President

ATTEST:

Robert Deutsch
1st Vice President



ALAMEDA COUNTY
AUDITOR-CONTROLLER AGENCY
PATRICK O'CONNELL
AUDITOR-CONTROLLER/CLERK-RECORDER

June 2, 2009

CITY OF ALAMEDA HEALTH CARE DISTRICT
2070 Clinton Avenue
Alameda, CA 94501

CERTIFICATION OF TAXES, ASSESSMENTS & FEES

The collection of the Cities, Special Districts and Schools' special taxes, assessments and fees on the Secured Tax Roll requires a Certification and Mutual Indemnification Agreement with the County.

Please have the appropriate individuals sign the enclosed agreements and return the three originals to my attention, at the Office of Auditor-Controller, 1221 Oak Street, Room 249, Oakland, CA 94612. Our office will request the Board of Supervisors to sign the agreements and mail an executed original agreement to you.

Please return your signed certification statements along with your assessments' data to our office no later than **August 10th**.

It is important to note that no assessments can be processed without the certification statements.

A reminder, due to the enactment of Assembly Bill 2670 (stats. 2006, ch.791), beginning with the 2007/2008 tax roll, the State Board of Equalization (SBE) consolidated all unitary railroad properties under one countywide tax rate area (TRA 00-002). Since special assessments for unitary railroads are now assessed at the countywide level rather than the TRA level, please submit the special charges for them with the following information: SBE utility company number, legend number and total dollar amount per legend.

If you have any questions, please call me at (510) 272-6548.

Sincerely,

Carol S. Orth
Tax Manager

Certification and Mutual Indemnification Agreement

The CITY OF ALAMEDA HEALTH CARE DISTRICT (hereafter referred to as public agency), by and through its Attorney, hereby certifies that to its best current understanding of the law, the taxes, assessments and fees placed on the 2009/10 Secured Property Tax bill by the public agency met the requirements of Proposition 218 that added Articles XIII C and XIII D to the State Constitution.

Therefore, for those taxes, assessments and fees which are subject to Proposition 218 and which are challenged in any legal proceeding on the basis that the public agency has failed to comply with the requirements of Proposition 218; the public agency agrees to defend, indemnify and hold harmless the County of Alameda, its Board of Supervisors, its Auditor-Controller/Clerk-Recorder, its officers and employees.

The public agency will pay any final judgment imposed upon the County of Alameda as a result of any act or omission on the part of the public agency in failing to comply with the requirements of Proposition 218.

The County of Alameda, by and through its duly authorized agent, hereby agrees to defend, indemnify and hold harmless the public agency, its employees, agents and elected officials from any and all actions, causes of actions, losses, liens, damages, costs and expenses resulting from the sole negligence of the County of Alameda in assessing, distributing or collecting taxes, assessments and fees on behalf of the public agency.

If a tax, assessment or fee is challenged under Proposition 218 and the proceeds are shared by both the public agency and the County of Alameda; then the parties hereby agree that their proportional share of any liability or judgment shall be equal to their proportional share of the proceeds from the tax, assessment or fee.

The above terms are accepted by the public agency and I further certify that I am authorized to sign this agreement and bind the public agency to its terms.

CITY OF ALAMEDA HEALTH CARE DISTRICT

COUNTY OF ALAMEDA

Dated: _____

Dated: _____

By: _____
(Signature)

By: _____
(Signature)

(Print Name)

(Print Name)

(Print Title)

(Print Title)

Approved as to form:

Claude Kolm, Deputy County Counsel



CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED

FINANCIAL STATEMENTS

FOR THE

PERIOD ENDING

05/31/09

ALAMEDA HOSPITAL
City of Alameda Health Care District
May 31, 2009

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ALAMEDA HOSPITAL

May 31, 2009

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 May 31, 2009 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 May 31, 2009

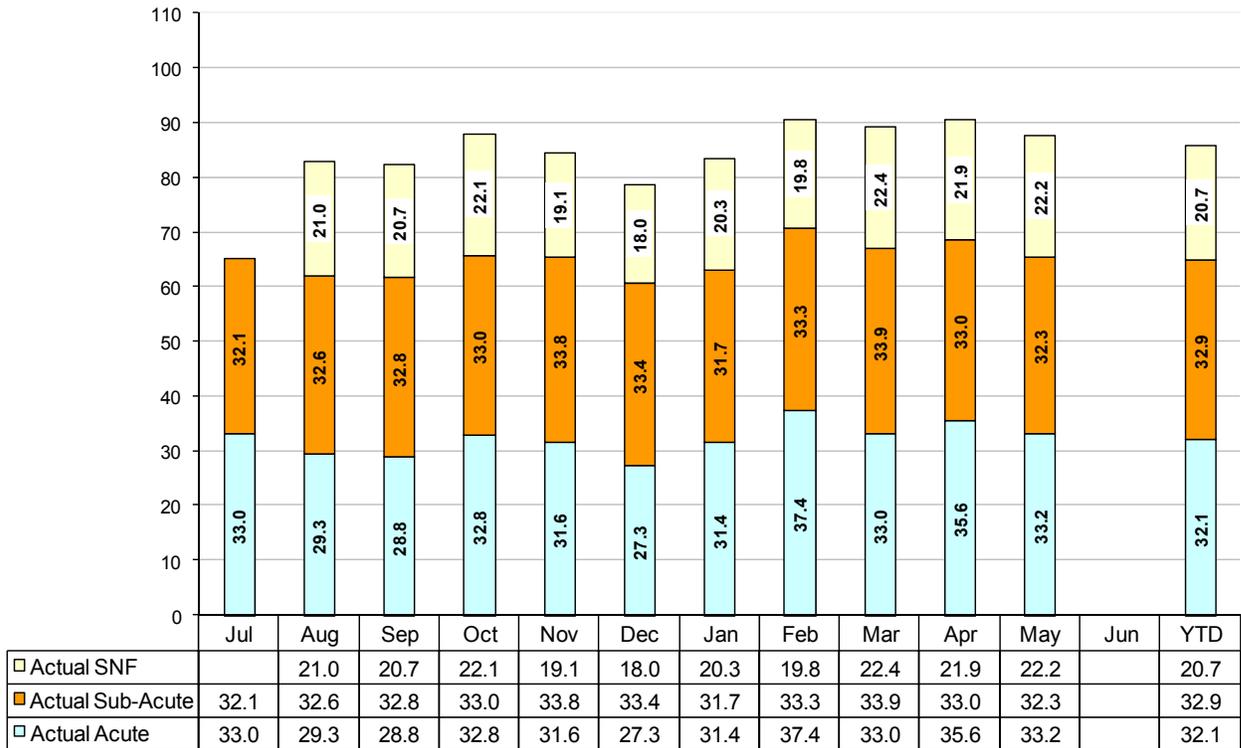
- Total assets on the balance sheet decreased by \$586,711 from the prior month as a result of a decreases in net accounts receivable of \$264,110, estimated third-party payer settlements \$121,718, cash and cash equivalents \$107,251 and other assets of \$101,022.
- Total cash and cash equivalents for May decreased by \$107,251 which resulted in a slight decrease in our day's cash on hand from the prior month's 12.6 to 12.0 at May 31, 2009.
- Net patient accounts receivable decreased in May by \$264,110 compared to a decrease of \$11,782 in April. Day's in outstanding receivables increased to 53.5 as compared to 53.1 in April. This slight increase in day's outstanding receivables at month end was the result of a decrease in the three month rolling average of revenue per day that declined to \$831,136 as of May 31st as compared to \$836,295 at April 30th. Had these amounts remained consistent from period to period the day's receivables outstanding would have remained at 53.1 as the gross receivable outstanding remained at \$44.5 million.
- Estimated third party-payor settlements decreased by \$121,718 as the result of the receipt of the tentative settlement for the FY 2008 Medicare cost report, \$131,803 offset by the accrual of \$10,085 for the Medi-Cal Supplemental payment due from the State of California for the AB 915 program.
- Other assets decreased by \$101,022 and primarily the result of the monthly amortization of \$64,930 in additional self insured workers compensation insurance costs and monthly amortization of various prepaid expenses.
- Total liabilities decreased by \$679,952 compared to a decrease of \$736,306 in the prior month. This decrease was the result of a decrease of \$216,915 in accounts payable and accrued expenses, payroll and benefit related accruals of \$731,831 and \$41,177 in payments of long-term debt and was offset by an increase of \$309,972 in other liabilities.
- Accounts payable decreased by \$216,915 from the prior month. As a result of this decrease days in accounts payable declined to 78.1 from 81.6 as of April 30, 2009.
- Payroll and benefit related accruals decreased by \$731,831 from the prior month. This decrease was primarily the result of a decline in the number of days of payroll that were required to be accrued at May 31st. This resulted in a decrease of accrued payroll of \$1,051,751. This was offset by increases in accrued PTO/Vacation payable of \$90,384 and payroll taxes payable of \$349,859 that were not due until June 1st.
- Other liabilities increased by \$309,972 as a result of the amortization of one month's deferred revenue related to the 2008/2009 parcel tax revenues and the receipt of \$800,000 of deferred revenue related to the prepayment of the Kaiser contract for June 2009.
- Combined gross patient revenue was greater than budget by \$674,000 or 2.7%. Inpatient revenue, excluding South Shore, was less than budgeted by 4.7% and outpatient revenue, excluding South Shore, was greater than budgeted by 11.5%. On an adjusted patient day basis gross patient revenue, excluding South Shore, was \$6,525 compared to a budgeted amount of \$6,749 or a 3.3% unfavorable variance. However, when South Shore is included, the hospital was actually 0.3% favorable to budget on an adjusted patient day basis.
- Total patient days were 2,717 and included 687 patient days from the South Shore facility as compared to the

prior month's total patient days of 2,715 (657 South Shore days included) and the prior year's 2,220 total patient days. The average daily acute care census was 33.2 compared to a budget of 33.1 and an actual average daily census of 35.6 in the prior month; the average daily Sub-Acute census was 32.3 versus a budget of 33.3 and 33.0 in the prior month and the South Shore unit had an average daily census of 22.2 versus a budget of 25.0 and prior month census of 21.9, respectively.

- ER visits were 1,599 or 0.9% greater than the budgeted 1,585 visits and were slightly greater than the prior year's visits of 1,569.
- Total surgery cases were 10.1% greater than budget, with Kaiser surgical cases making up 68.5% of the 501 total cases. Alameda physician surgical cases increased slightly to 158 cases as compared to 154 cases in April.
- Combined excess revenues over expense (profit) for May was \$80,000 versus a combined budgeted excess of revenues over expense (profit) of \$85,000. This brings the year-to-date excess of revenues over expenses (profit) to \$331,000 or \$117,000 better than budgeted.

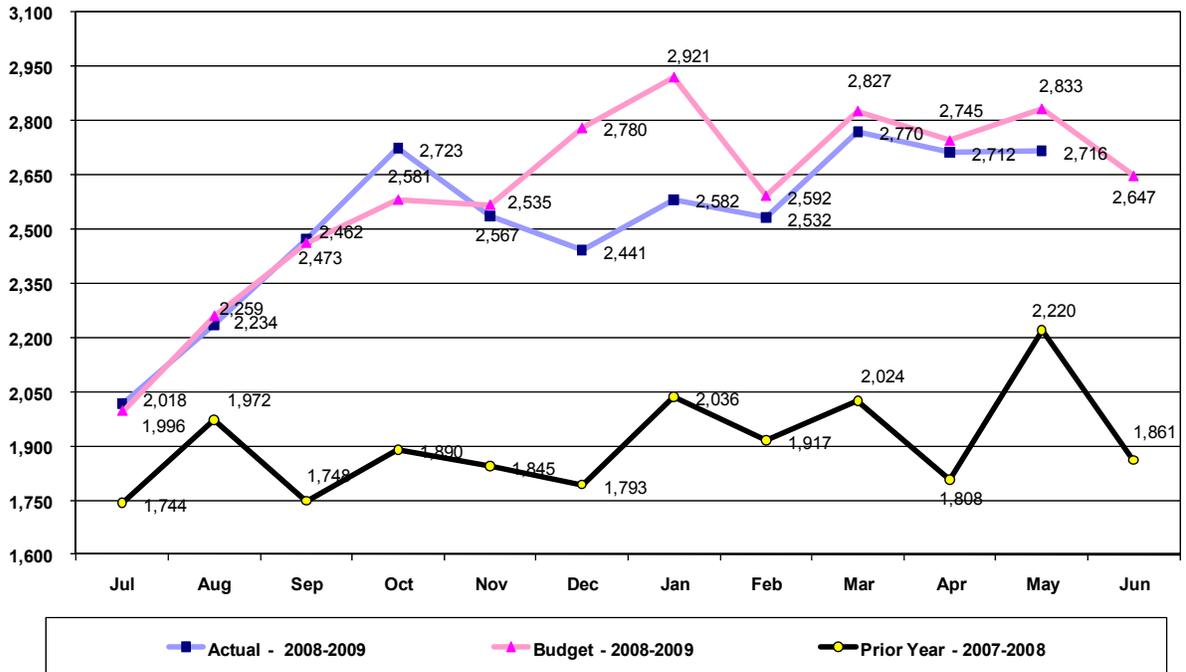
Volumes

Overall actual daily census was 87.7 versus a budget of 91.4. The Acute care average daily census was 33.2 versus a budget of 33.1, Sub-Acute average daily census was 32.3 versus a budget of 33.3 and the South Shore unit had an average daily census of 22.2 versus a budget of 25.0.



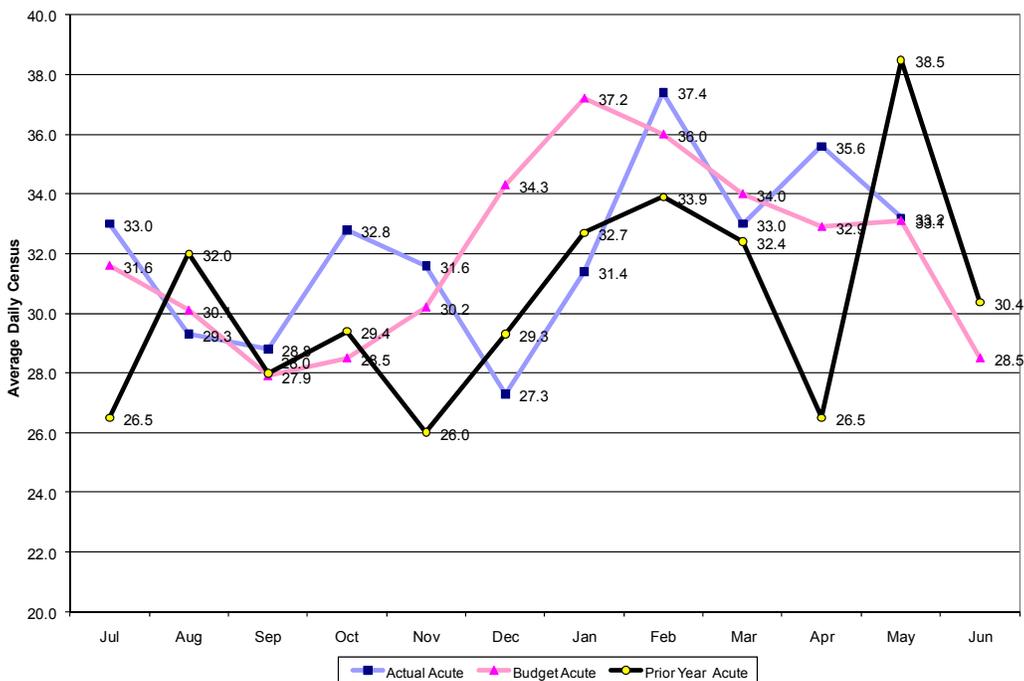
Total patient days in May were 4.1% less than budgeted and were 8.6% less than the prior year after removing the South Shore patient days from the current year total patient day count. The graph below shows the total patient days by month for fiscal year 2009 including South Shore:

Total Patient Days



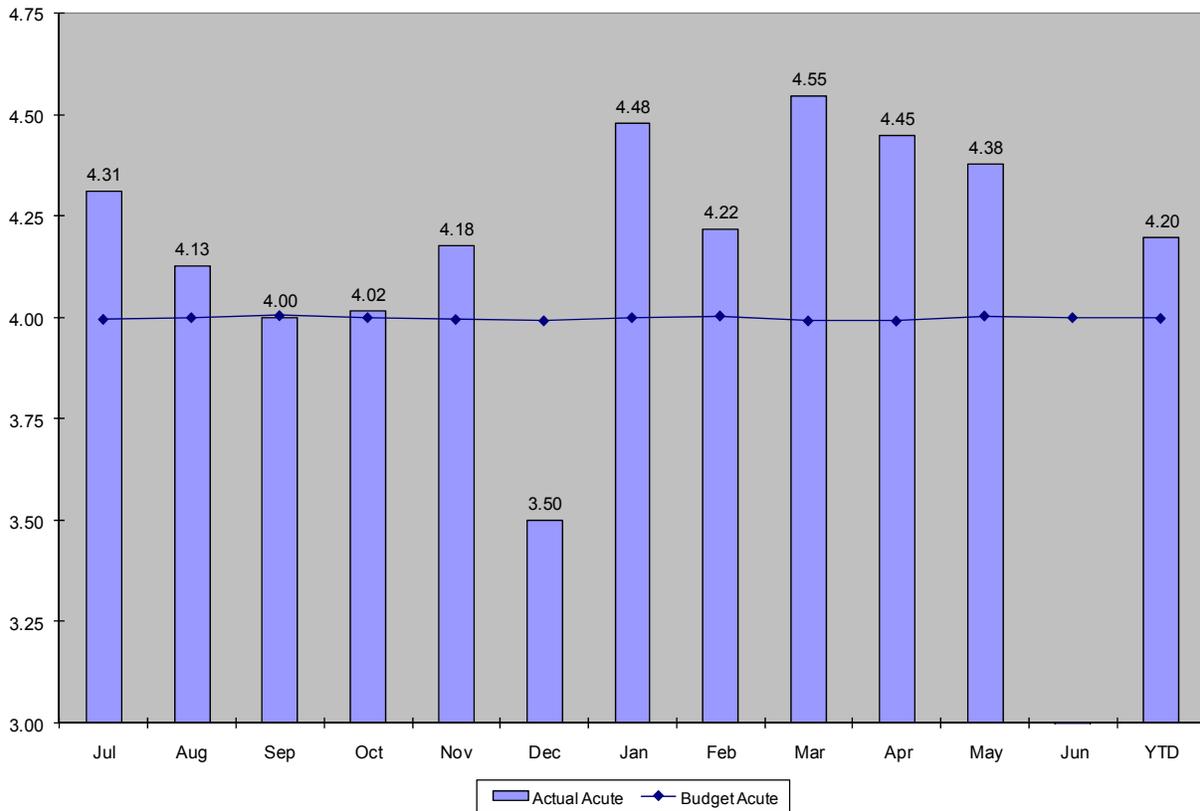
Separating the inpatient components of our volumes for the month of May we see that the acute care patient days were 0.5% (5 days) greater than budgeted but were 13.7% less than the prior year's average daily census.

Inpatient Acute Care Average Daily Census



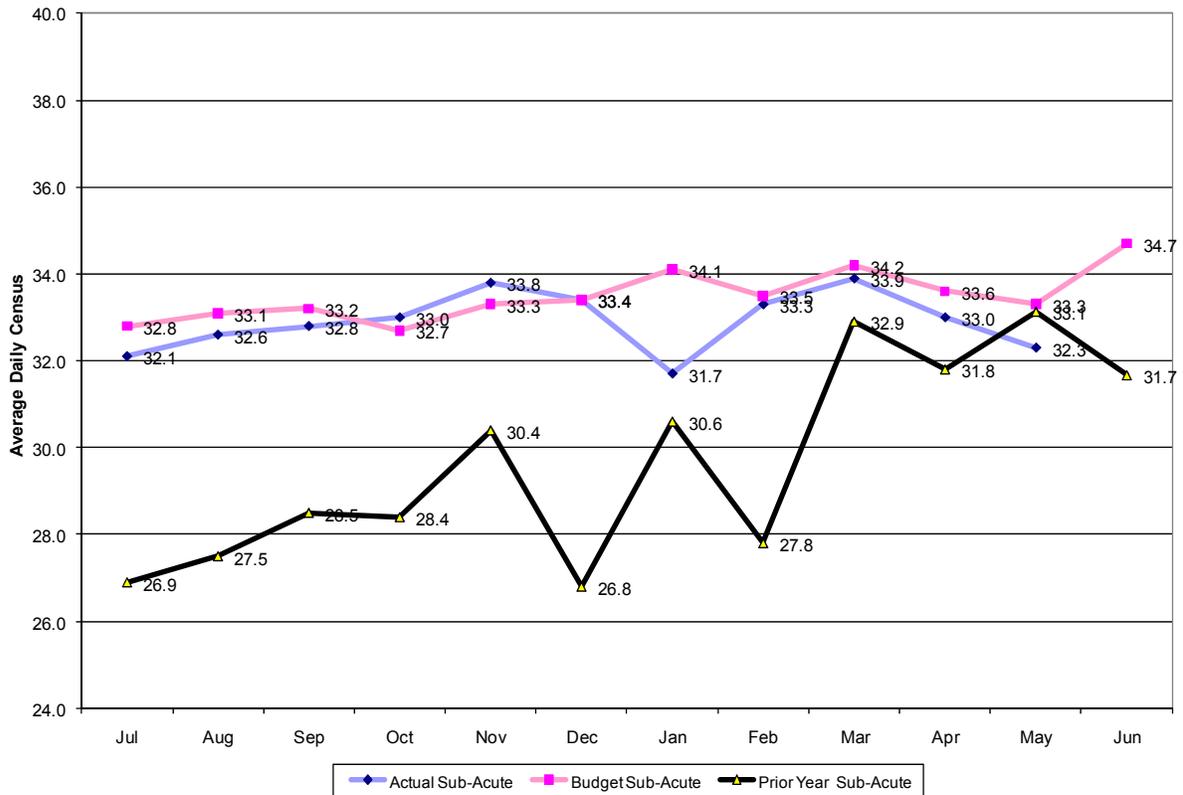
Our year to date average length of stay (ALOS) remains slightly higher than budgeted levels at 4.20. However, this level is actually comparable to the ALOS in fiscal years 2006 and 2007. During the last five months of fiscal year 2009 our ALOS has been influenced by thirty-one (35) acute care accounts that length of stays that exceeded fifteen (15) days. Had these accounts (four in May, eight in April, eight in March, eight in February and three in January) been removed from the statistics for those months the ALOS would have approximated 4.19, 4.10, 4.02, 3.43 and 3.84, respectively, versus the ALOS for our acute care population shown below.

Average Length of Stay



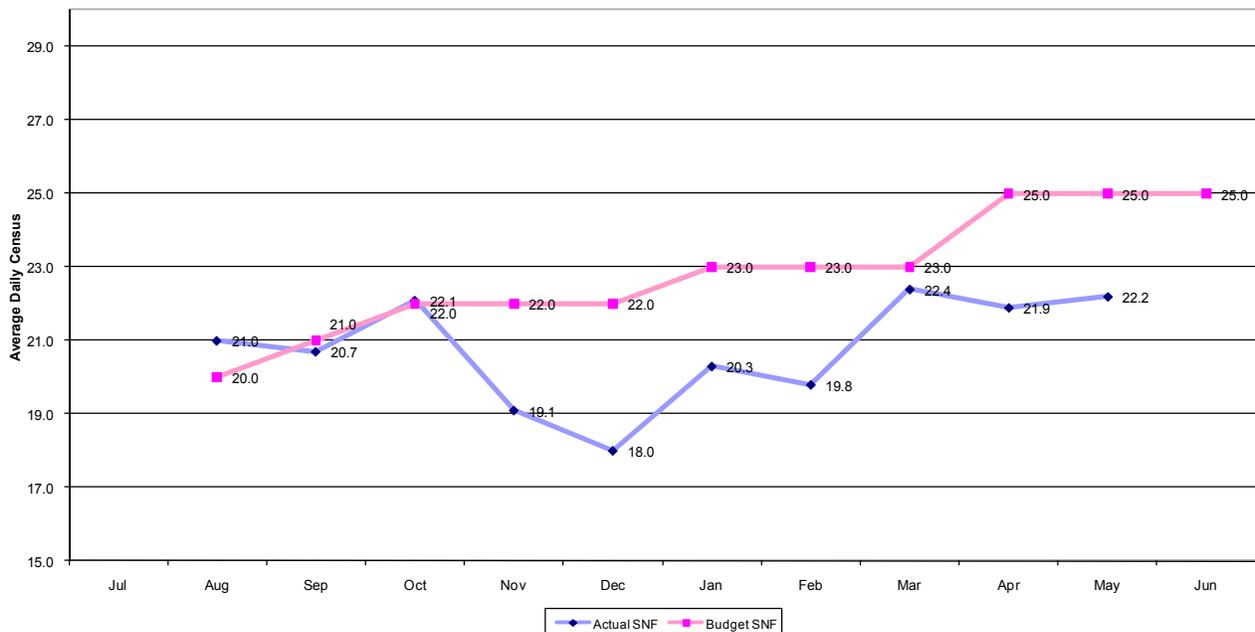
The Sub-Acute programs patient days were 3.2% below budget or 33 days. The graph on the following page shows the Sub-Acute programs average daily census for the current fiscal year as compared to budget and the prior year.

Sub-Acute Care Average Daily Census

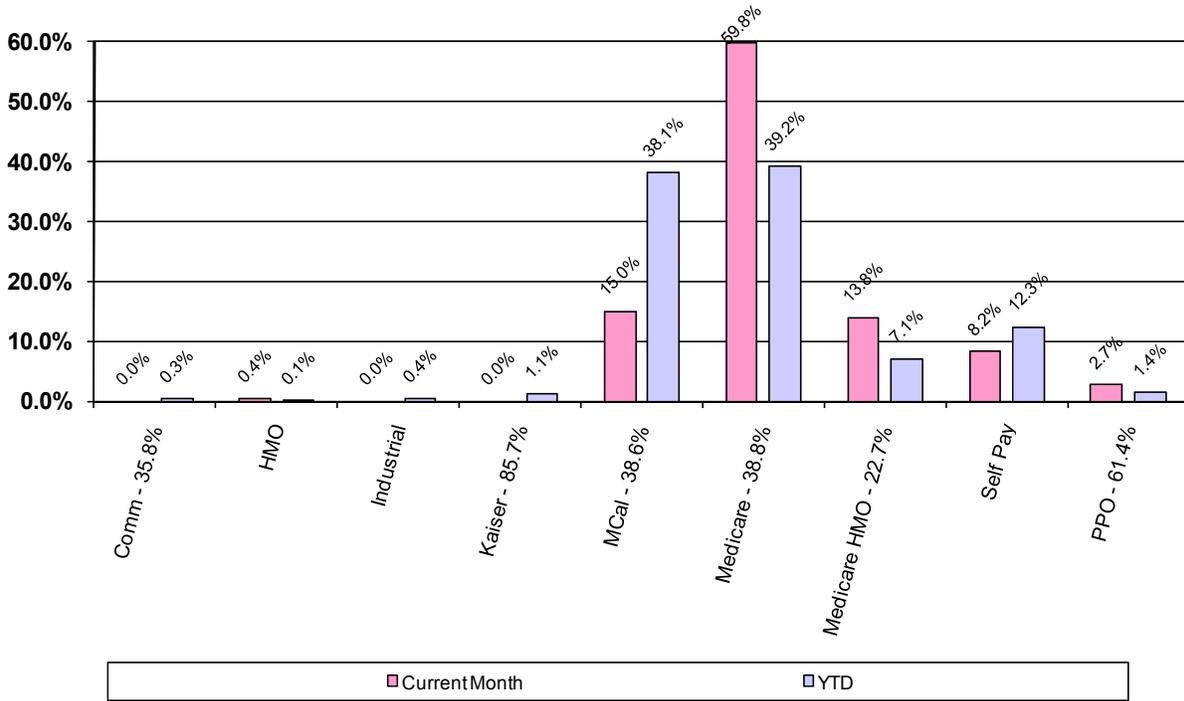


The Skilled Nursing Unit (South Shore) patient days were 11.4% less than budgeted for the month of May and are 8.8% less than budgeted for the first ten months (August 17th through May 31st) of operations. The following graphs show the Skilled Nursing Unit average daily census as compared to budget by month and the payor mix experienced during the current month and year-to-date.

Skilled Nursing Unit Average Daily Census

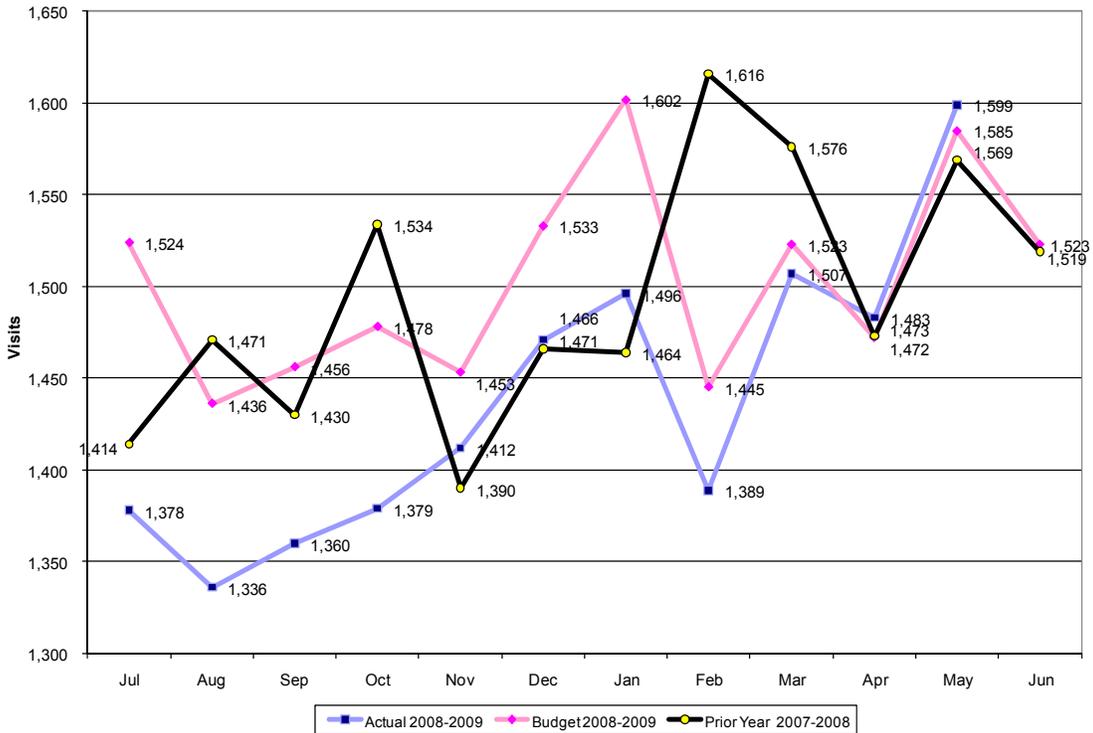


Skilled Nursing Unit Payor Mix



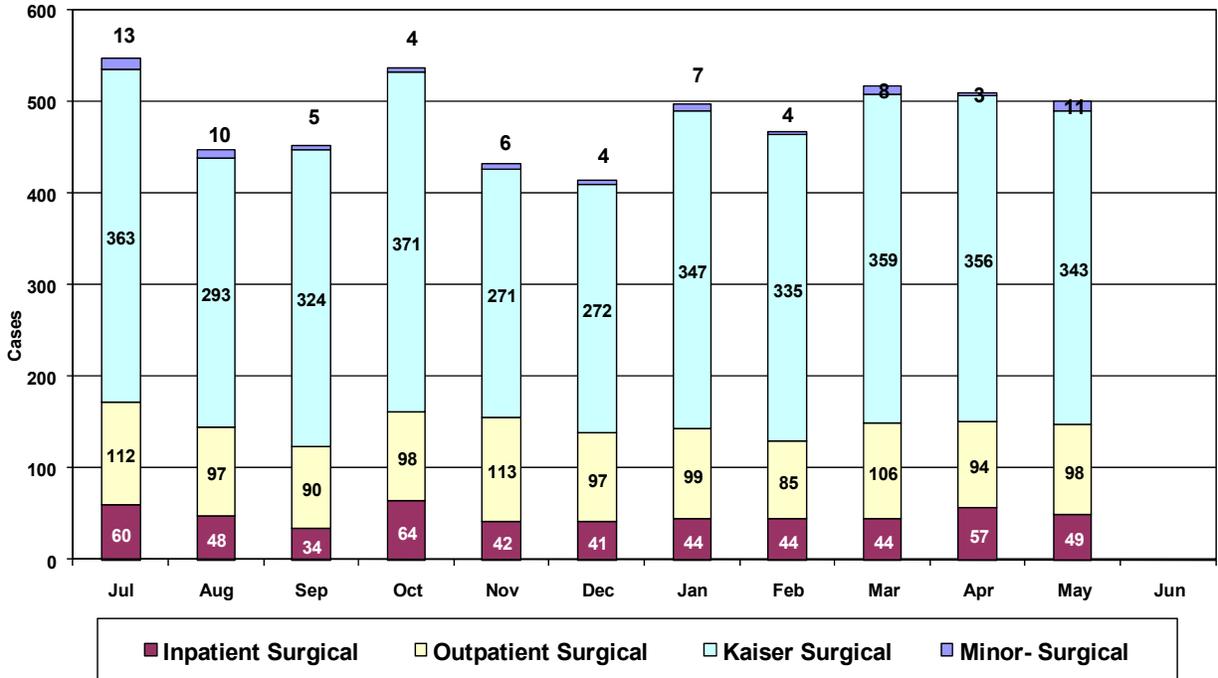
May ER visits were 0.9% greater than budgeted and were 30 visits greater than the prior year's activity of 1,569.

Emergency Care Center Visits



Surgery cases were 501 versus the 455 budgeted and 482 in the prior year. In May, Alameda physician cases increased to 158 cases versus 154 in the prior month. Kaiser related cases in May decreased to 343 as compared to the 356 cases performed in April. However, despite this decrease in the number of cases, Kaiser Same Day Surgery revenue increased by \$359,160 from the prior month. As a result of this months activity and the increase in the monthly reimbursement from Kaiser (an additional \$40,000 per month beginning April 1st) our reimbursement for Kaiser Outpatient cases in May declined to 18.0% as compared to 19.6% of gross charges in April.

Surgical Cases

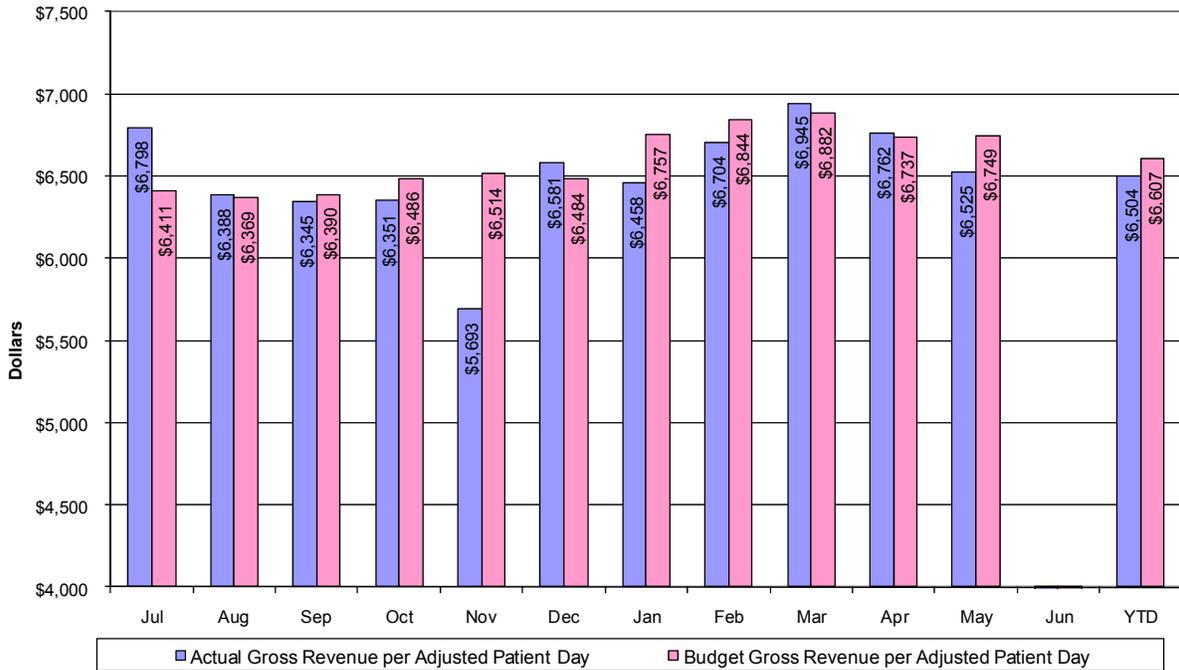


Income Statement – Hospital Only

Gross Patient Charges

Gross patient charges in May were greater than budgeted by \$569,000. While outpatient charges exceeded budget by \$1,219,000 inpatient charges were less than budget by \$649,000. On an adjusted patient day basis total patient revenue was \$6,525 versus the budgeted \$6,749 or a 3.3% unfavorable variance from budget (See graph on next page).

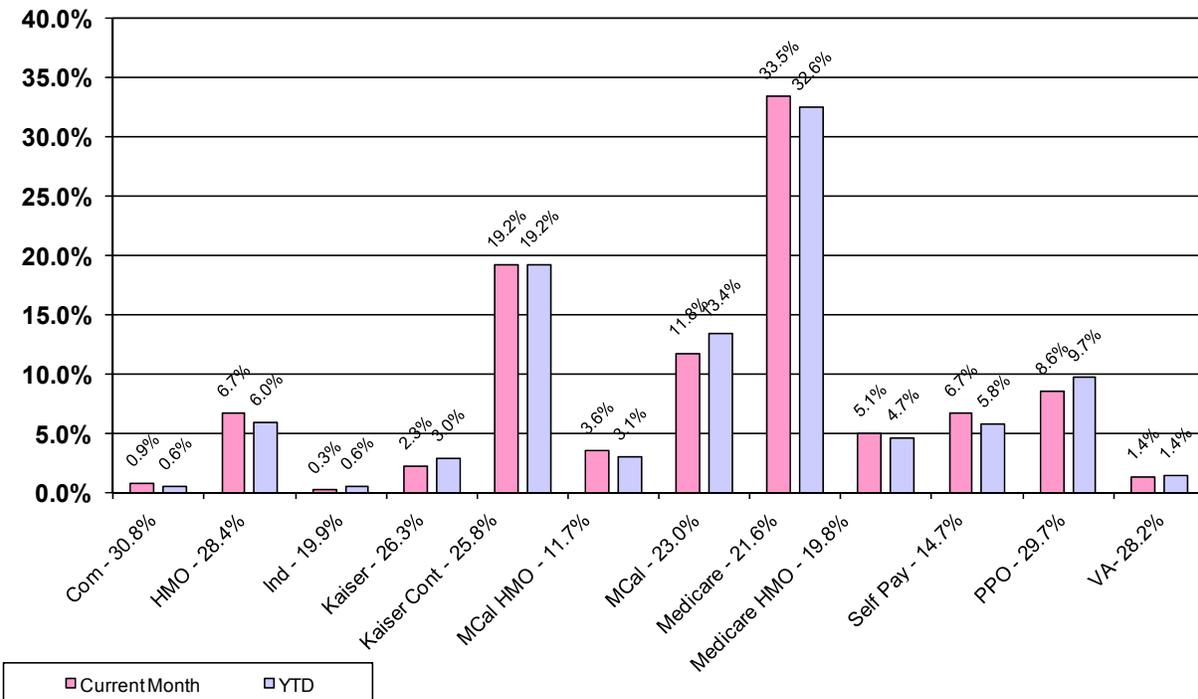
Gross Charges per Adjusted Patient Day



Payor Mix

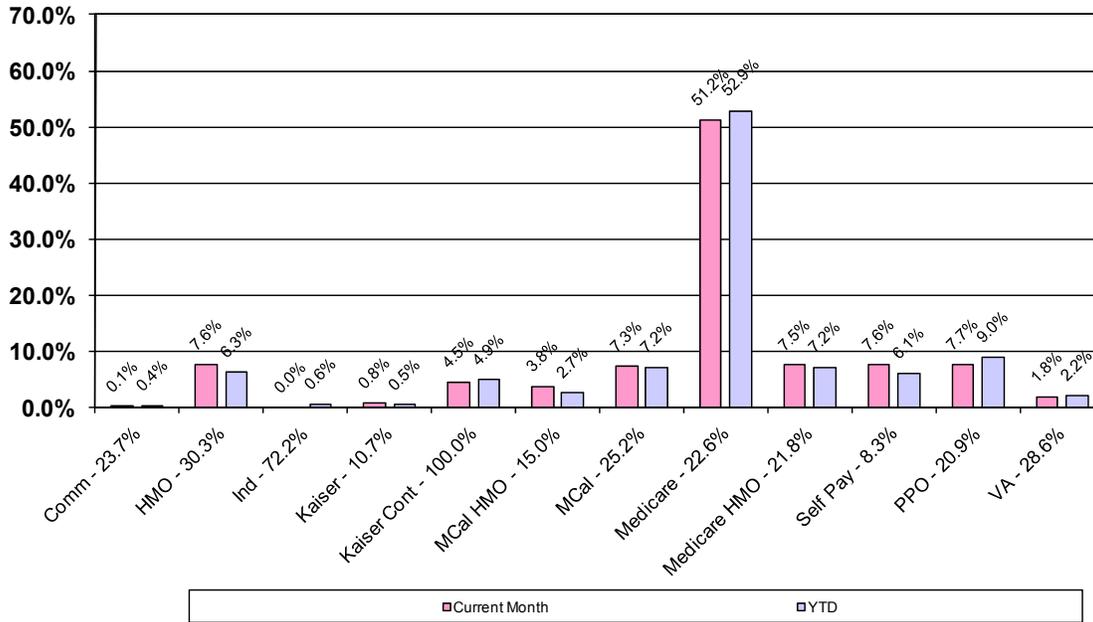
Medicare total gross revenue in May made up 33.5% our total gross patient charges down from 36.3% in the prior month. Kaiser was again the second largest source of gross patient revenues at 21.5%. The graph below shows the percentage of revenues generated by each of the major payors for the current month and year-to-date as well as the current months expected reimbursement for each.

Combined Payor Mix



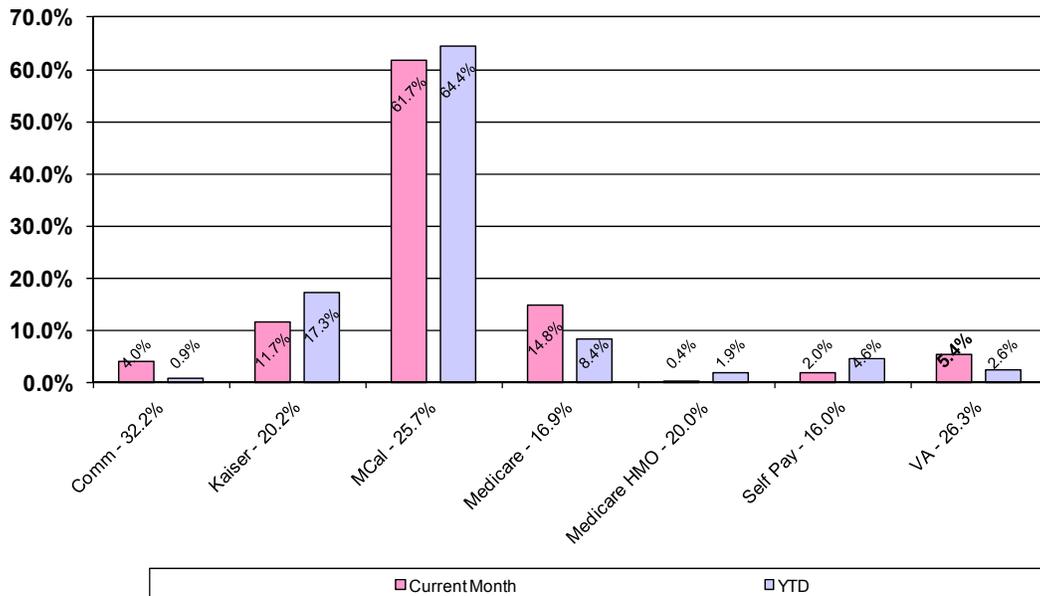
On the Hospital's inpatient acute care business, current month gross Medicare charges were 51.2% of our total inpatient acute care gross revenues bringing the year-to-date average to 52.9%. In May there were no cases that hit outlier thresholds. Additionally, the Medicare Case Mix Index (CMI) declined to 1.2592 from 1.4169 in April. Despite these changes to the acuity level of Medicare patients treated during the month of May our expected reimbursement for Medicare inpatient cases was estimated to increase slightly from April's estimate of 22.4% to 22.6% in May.

Inpatient Acute Care Payor Mix



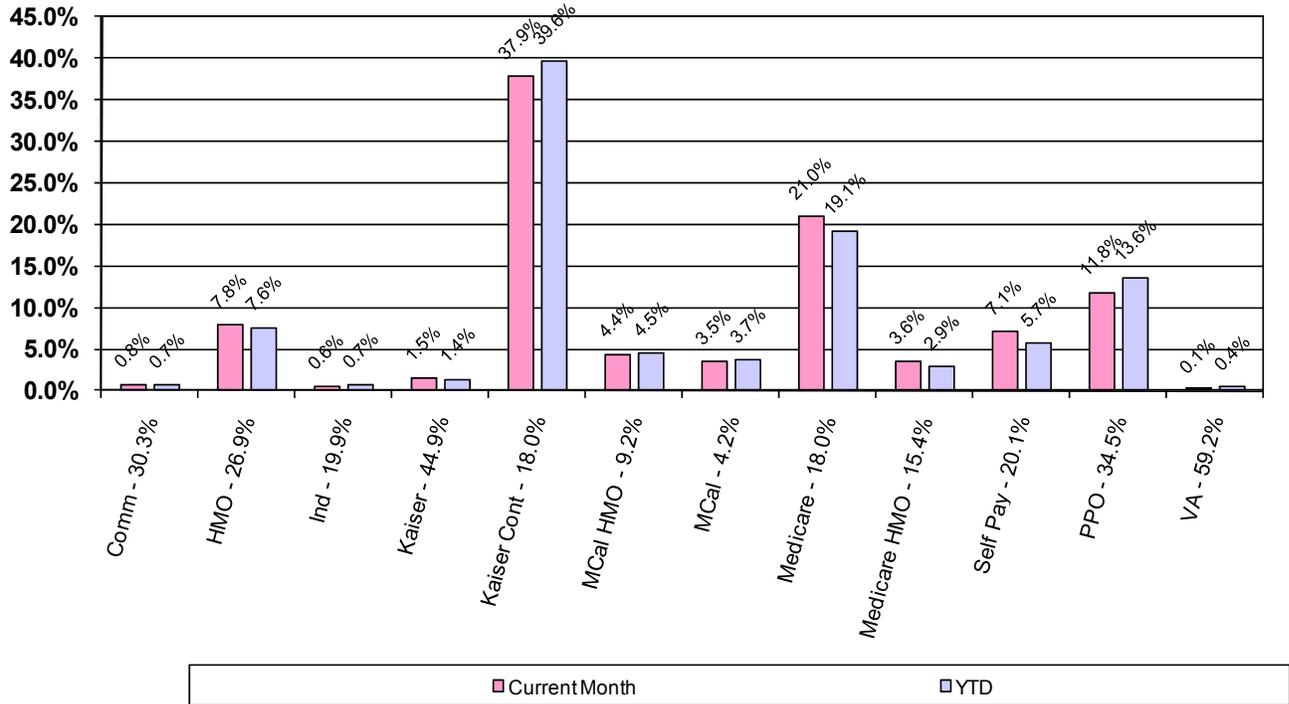
In May the Sub-Acute care program was again was dominated by Medi-Cal utilization of 61.7% based on gross patient revenue.

Inpatient Sub-Acute Care Payor Mix



The outpatient gross revenue payor mix for May was comprised of 39.4% Kaiser, 21.0% Medicare, 11.8% PPO and 7.8% HMO. For the eleven months ended May 31, 2009 the mix has remained very consistent from with the majority continuing to be driven by Kaiser at 41.0% followed by Medicare, 19.2%, PPO 13.6% and HMO 7.6%. The graph below shows the current month and year-to-date outpatient payor mix.

Outpatient Services Payor Mix



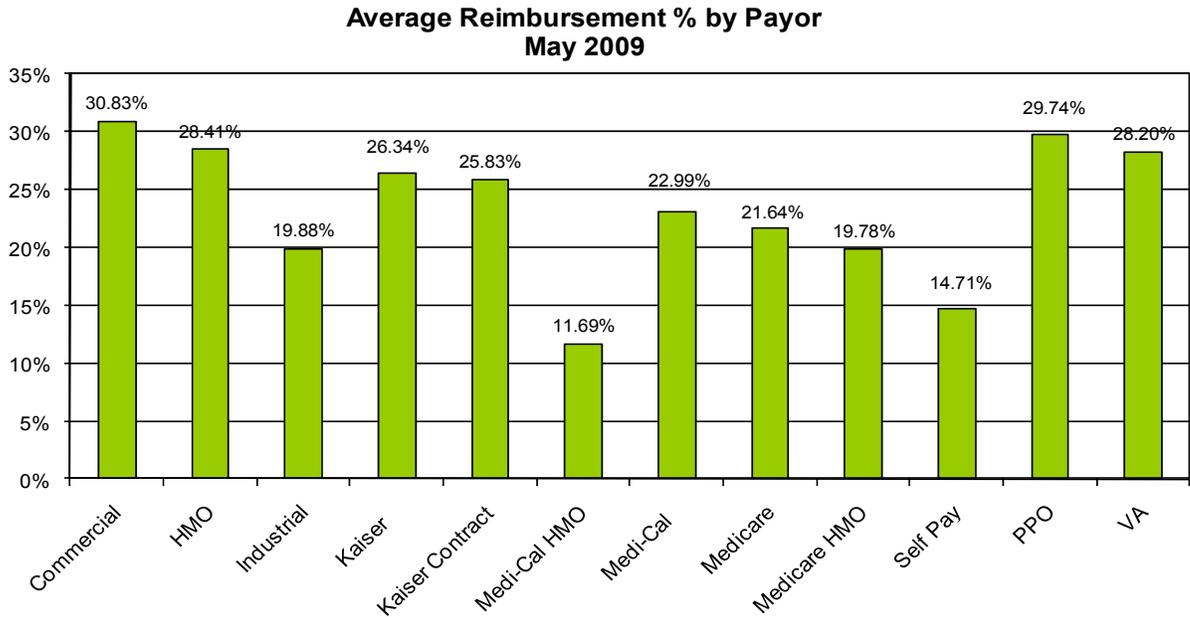
Deductions from Revenue

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 May contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 79.0% versus the budgeted 78.3%.

In May there were no DRG “take backs” associated with the Recovery Audit Contractor (RAC) project. The new National Recovery Audit program which was to be phased in state-by-state starting in the fall of 2008 was delayed due to a dispute among the RAC contractors which was not resolved until February 2009. The RAC contractor selected by CMS for California is Health Data Insights, Inc. Because of the delay in the finalization of RAC contractors California RAC audits are expected to resume sometime in the early portion of the summer of 2009. Currently, Health Data Insights is awaiting approval by CMS of its website which will be used as an information hub for their RAC related communications to providers.

Net Patient Service Revenue

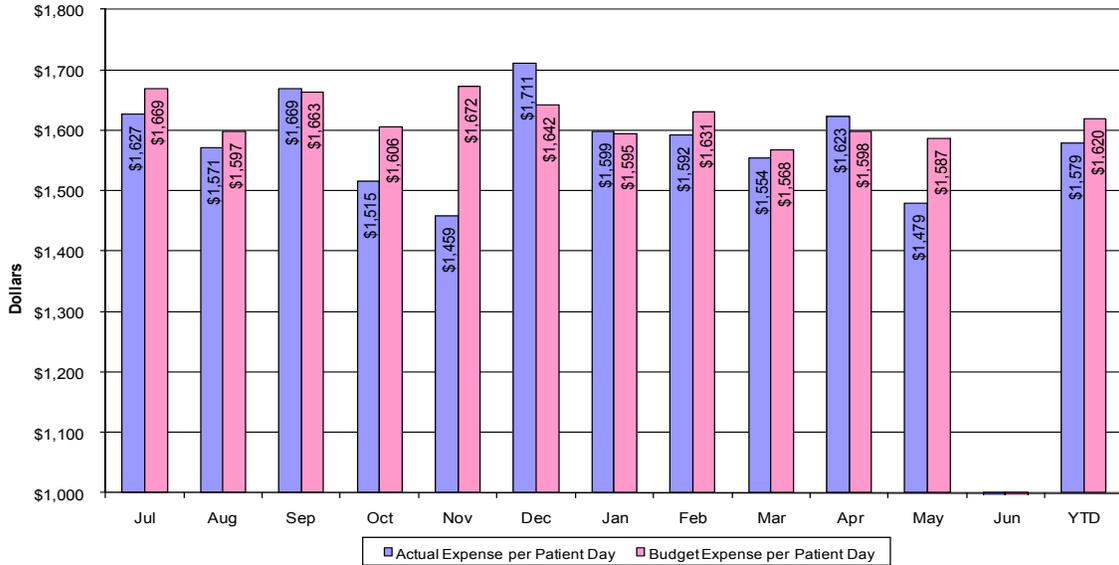
Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. This difference reflects what the anticipated cash payments the Hospital is expecting to receive for the services provided. The following graph shows the level of reimbursement that the Hospital has estimated for the current month of fiscal year 2009 by major payor category.



Total Operating Expenses

Total operating expenses were greater than the fixed budget by \$77,000 or 1.3%. However, on an adjusted patient day basis, our cost per adjusted patient day was \$1,479 which is \$107 per adjusted patient day lower than budgeted. On a year to date basis our cost per adjusted patient day remains 2.4% better than budgeted. The graph on the following page shows the hospital operating expenses on an adjusted patient day basis for the 2009 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

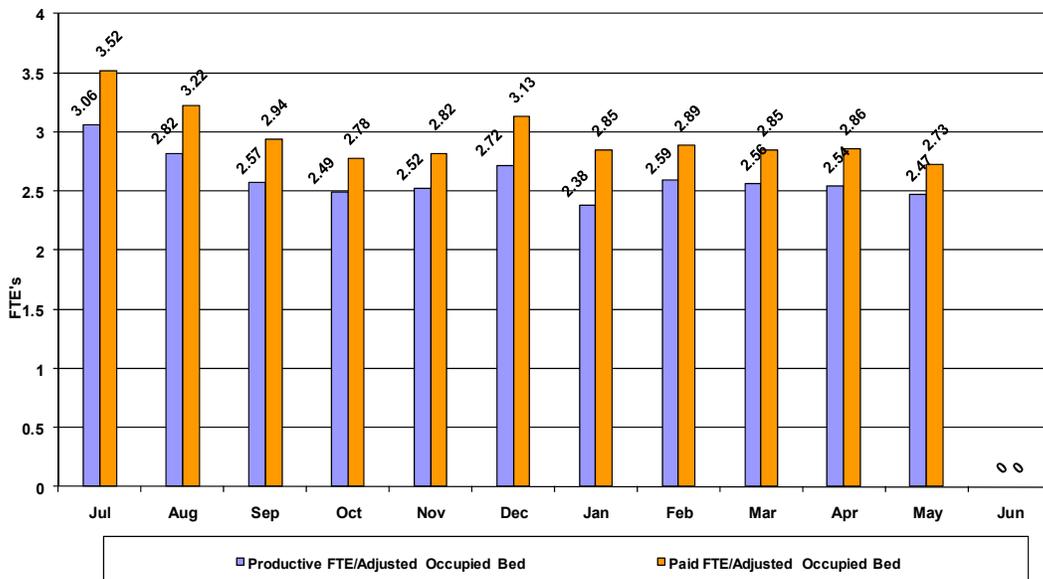


Salary and Registry Expenses

Salary and registry costs combined were unfavorable to the fixed budget by \$47,000 but were \$36 per adjusted patient day favorable to budget in May. As a result of the unfavorable variance in May the hospital is now \$25,000 unfavorable to the fixed budget for the eleven months ending May 31, 2009. However, on an adjusted patient day basis the hospital continues to have a favorable variance in this category of \$16 per adjusted patient day.

Combined productive FTE's per adjusted occupied bed was 2.46 in May versus the budgeted 2.33. For the eleven months of fiscal year 2009 productive FTE's per adjusted occupied bed is slightly higher than the budgeted 2.51 at 2.60. The graph below shows the combined (Hospital including South Shore) productive and paid FTE's per adjusted occupied bed for FY 2009.

FTE's per Adjusted Occupied Bed

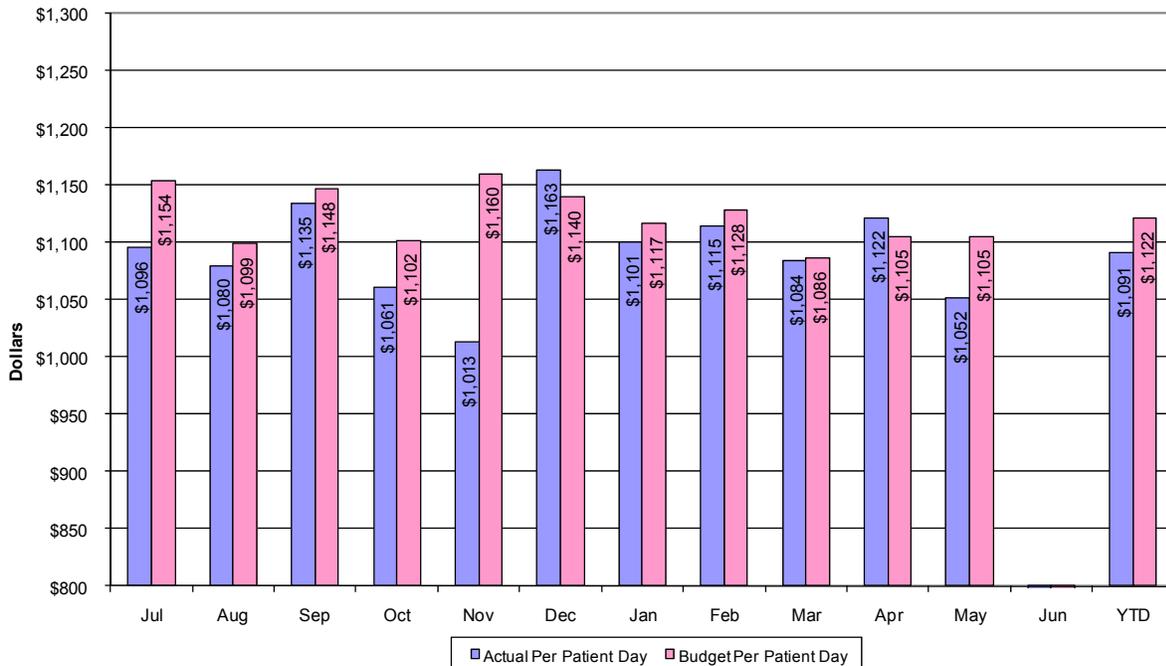


Benefits

Benefit costs were \$35,000 favorable to budget in May as a result of the reduction of accrued health insurance claims earlier in the fiscal year of approximately \$85,000 and a reduction of the required IBNR reserve of \$14,000. These two favorable adjustments were offset by the accrual of \$64,000 of additional costs associated with the 2004 through 2008 self insured workers compensation program.

The following graph shows the combined salary, registry and benefit costs on an adjusted patient basis for FY 2009 by month and for the eleven (11) months ended May 31, 2009.

Salary, Registry and Benefit Cost per APD



Professional Fees

Professional fees were favorable to budget by \$41,000 in the month of May. This favorable variance was the result of lower than budgeted non-medical professional fees in Administration \$20,891 and lower than budgeted legal fees \$20,468.

Supplies

The supplies expense category was favorable to budget by \$44,000. This favorable variance was primarily the result of decreased patient care supply costs in May.

Purchased Services

The purchased services expense category was unfavorable to budget by \$19,000 as a result of three months of costs associated with the hospital marketing efforts which were not budgeted in the FY 2009 Operating Budget.

Insurance

Insurance costs continue to be under budget as result of the favorable experience in our professional liability insurance program. We expect that for FY 2009 a savings of approximately 25% will be achieved in professional liability insurance rates over that of the prior year due to improved loss experience.

The following pages include the detailed financial statements for the ten (10) months of operations ended April 30, 2009.

ALAMEDA HOSPITAL

Balance Sheet

May 31, 2009

	<u>May 31, 2009</u>	<u>April 30, 2009</u>	<u>Audited June 30, 2008</u>
Assets			
<i>Current assets:</i>			
Cash and cash equivalents	\$ 2,176,668	\$ 2,283,919	\$ 4,520,156
Net Accounts Receivable	10,510,486	10,774,596	7,944,522
Net Accounts Receivable %	23.52%	24.08%	20.17%
Inventories	1,023,287	1,021,238	1,048,503
Est.Third-party payer settlement receivable	416,494	538,212	245,115
Other assets	<u>1,630,536</u>	<u>1,731,558</u>	<u>7,270,116</u>
Total Current Assets	<u>15,757,470</u>	<u>16,349,523</u>	<u>21,028,412</u>
Restricted by contributors and grantors for capital acquisitions and research-Jaber Estate			
Total Non-Current Assets	<u>581,073</u>	<u>571,558</u>	<u>602,817</u>
<i>Fixed Assets:</i>			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	<u>5,983,631</u>	<u>5,987,805</u>	<u>6,572,299</u>
Total fixed assets, net of accumulated depreciation	<u>6,861,576</u>	<u>6,865,750</u>	<u>7,450,244</u>
Total Assets	<u>\$ 23,200,120</u>	<u>\$ 23,786,831</u>	<u>\$ 29,081,473</u>
Liabilities and Net Assets			
<i>Current Liabilities:</i>			
Current portion of long term debt	\$ 450,304	\$ 457,823	\$ 2,744,870
Accounts payable and accrued expenses	6,102,651	6,319,566	7,057,073
Payroll and benefit related accruals	4,305,867	5,037,698	3,133,574
Est.Third-party payer settlement payable	502,229	502,229	441,409
Other liabilities	<u>2,084,648</u>	<u>1,774,676</u>	<u>8,190,530</u>
Total Current Liabilities	<u>13,445,699</u>	<u>14,091,992</u>	<u>21,567,456</u>
<i>Long-Term Liabilities:</i>			
Debt borrowings net of current maturities	1,801,068	1,834,726	80,992
Total Long-Term Liabilities	<u>1,801,068</u>	<u>1,834,726</u>	<u>80,992</u>
Total Liabilities	<u>15,246,766</u>	<u>15,926,718</u>	<u>21,648,448</u>
<i>Net Assets</i>			
Unrestricted Funds	7,372,280	7,288,555	6,830,209
Restricted Funds	<u>581,073</u>	<u>571,558</u>	<u>602,817</u>
Net Assets	<u>7,953,353</u>	<u>7,860,113</u>	<u>7,433,025</u>
Total Liabilities and Net Assets	<u>\$ 23,200,120</u>	<u>\$ 23,786,831</u>	<u>\$ 29,081,473</u>

City of Alameda Health Care District
Statements of Operations - Combined
 May 31, 2009
 \$'s in thousands

	Current Month			Year-to-Date			
	Actual	Budget	% Variance	Actual	Budget	% Variance	Prior Year
Revenues							
Gross Inpatient Revenues	\$ 13,807	\$ 14,352	-3.8%	\$ 146,217	\$ 149,384	-2.1%	\$ 146,829
Gross Outpatient Revenues	11,830	10,611	11.5%	110,763	105,895	4.6%	81,023
Total Gross Revenues	25,637	24,963	2.7%	256,981	255,279	0.7%	227,852
Contractual Deductions	19,225	18,567	-3.5%	191,471	190,242	(1,229)	170,371
Bad Debts	866	779	-11.1%	6,942	6,161	(780)	5,227
Charity and Other Adjustments	94	85	-11.1%	965	928	(37)	1,117
Net Patient Revenues	5,453	5,533	-1.4%	57,603	57,947	(344)	51,137
Net Patient Revenue %	21.3%	22.2%	23.2%	22.4%	22.7%		22.4%
Other Operating Revenue	13	10	29.6%	162	110	51	111
Total Revenues	5,466	5,543	-1.4%	57,765	58,058	(293)	51,248
Expenses							
Salaries	3,062	3,146	2.7%	31,831	33,080	1,249	29,529
Registry	240	121	-98.4%	2,420	1,282	(1,138)	1,602
Benefits	869	904	3.8%	9,224	9,720	497	9,057
Professional Fees	241	282	14.5%	3,253	3,105	(148)	3,486
Supplies	739	783	5.7%	8,309	8,273	(36)	7,908
Purchased Services	364	345	-5.4%	3,733	3,796	63	3,291
Rents and Leases	60	55	-8.9%	651	592	(59)	526
Utilities and Telephone	64	76	15.8%	775	815	40	782
Insurance	37	63	41.0%	498	680	182	660
Depreciation and amortization	111	113	2.3%	1,312	1,246	(66)	1,648
Other Operating Expenses	82	67	-22.2%	827	731	(96)	680
Total Expenses	5,869	5,956	1.5%	62,833	63,322	488	59,170
Operating gain (loss)	(403)	(413)	2.5%	(5,068)	(5,264)	196	(7,922)
Net Non-Operating Income / (Expense)	483	498	-3.0%	5,400	5,479	(79)	5,493
Excess of Revenues Over Expenses	\$ 80	\$ 85	-5.7%	\$ 331	\$ 215	\$ 117	\$ (2,429)

City of Alameda Health Care District
Statements of Operations - South Shore

May 31, 2009
 \$'s in thousands

	Current Month			Year-to-Date		
	Actual	Budget	% Variance	Actual	Budget	% Variance
Revenues						
Gross Inpatient Revenues	\$ 568	\$ 463	22.6%	\$ 4,543	\$ 3,936	15.4%
Gross Outpatient Revenues	-	-	0.0%	-	-	0.0%
Total Gross Revenues	568	463	22.6%	4,543	3,936	15.4%
Contractual Deductions	370	(135)	-57.2%	2,761	(765)	-38.3%
Bad Debts	-	-	0.0%	-	-	0.0%
Charity and Other Adjustments	-	-	0.0%	-	-	0.0%
Net Patient Revenues	198	(30)	-13.1%	1,782	(157)	-8.1%
Net Patient Revenue %	34.9%	49.2%	0.0%	39.2%	49.3%	0.0%
Other Operating Revenue	-	-	0.0%	-	-	0.0%
Total Revenues	199	(30)	-13.1%	1,783	(157)	-8.1%
Expenses						
Salaries	112	124	9.8%	960	1,096	12.5%
Registry	-	-	0.0%	-	-	0.0%
Benefits	20	34	42.5%	157	316	50.3%
Professional Fees	5	13	62.1%	184	146	-25.9%
Supplies	17	10	-67.7%	116	95	-22.1%
Purchased Services	20	(1)	-1250.1%	85	14	-506.1%
Rents and Leases	8	8	-1.9%	77	73	(4)
Utilities and Telephone	4	3	-40.8%	31	24	(7)
Insurance	0	1	98.5%	7	8	2
Depreciation and amortization	-	1	100.0%	7	9	3
Other Operating Expenses	1	1	19.5%	18	11	(7)
Total Expenses	186	196	5.4%	1,640	1,793	153
Operating Gain / (Loss)	13	33	59.8%	142	147	(4)
Net Non-Operating Income / (Expense)	-	-	0.0%	-	-	-
Excess of Revenues Over Expenses	\$ 13	\$ 33	-59.8%	\$ 142	\$ 147	-\$ (4)

City of Alameda Health Care District
Statements of Operations - Per Adjusted Patient Day - Hospital Only
 May 31, 2009

	Current Month				Year-to-Date					
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 3,446	\$ 3,826	\$ (380)	-9.9%	\$ 4,093	\$ 3,653	\$ 3,823	\$ (170)	-4.4%	\$ 4,543
Gross Outpatient Revenues	3,079	2,923	156	5.3%	2,632	2,856	2,784	73	2.6%	2,507
Total Gross Revenues	6,525	6,749	(224)	-3.3%	6,724	6,510	6,607	(97)	-1.5%	7,050
Contractual Deductions	4,908	5,049	142	2.8%	4,962	4,866	4,948	82	1.7%	5,272
Bad Debts	225	215	(11)	-5.0%	161	179	162	(17)	-10.5%	162
Charity and Other Adjustments	24	23	(1)	-5.0%	45	25	24	(1)	-2.0%	35
Net Patient Revenues	1,368	1,461	(94)	-6.4%	1,557	1,440	1,472	(33)	-2.2%	1,582
Net Patient Revenue %	21.0%	21.7%			23.2%	22.1%	22.3%			22.4%
Other Operating Revenue	3	3	1	22.4%	3	4	3	1	43.8%	3
Total Revenues	1,371	1,464	(93)	-6.3%	1,560	1,444	1,475	(32)	-2.1%	1,586
Expenses										
Salaries	768	832	65	7.8%	752	796	841	45	5.3%	914
Registry	62	33	(29)	-87.4%	77	62	34	(29)	-85.1%	50
Benefits	221	240	18	7.7%	282	234	247	13	5.4%	280
Professional Fees	62	74	13	17.0%	99	79	78	(1)	-1.7%	108
Supplies	188	213	25	11.8%	227	211	215	4	1.7%	245
Purchased Services	90	95	5	5.4%	79	94	99	5	5.4%	102
Rents and Leases	14	13	(1)	-4.0%	14	15	14	(1)	-8.5%	16
Utilities and Telephone	16	20	4	22.3%	25	19	21	2	7.7%	24
Insurance	10	17	8	43.5%	16	13	18	5	28.2%	20
Depreciation and Amortization	29	31	2	6.9%	34	34	33	(1)	-3.5%	51
Other Operating Expenses	21	18	(3)	-16.2%	39	21	19	(2)	-10.3%	21
Total Expenses	1,479	1,587	107	6.8%	1,643	1,578	1,617	39	2.4%	1,831
Operating Gain / (Loss)	(108)	(123)	14	11.8%	(83)	(134)	(142)	8	-5.5%	(245)
Net Non-Operating Income / (Expense)	126	137	(11)	-8.4%	136	139	144	(5)	-3.3%	170
Excess of Revenues Over Expenses	\$ 18	\$ 15	\$ 3	20.1%	\$ 53	\$ 5	\$ 2	\$ 3	152.1%	\$ (75)

City of Alameda Health Care District
Statements of Operations - Per Adjusted Patient Day - South Shore
 May 31, 2009

	Current Month				Year-to-Date					
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 827	\$ 598	\$ 229	38.3%	-	\$ 761	\$ 601	\$ 160	26.6%	\$ -
Gross Outpatient Revenues	-	-	-	0.0%	-	-	-	-	0.0%	-
Total Gross Revenues	827	598	229	38.3%	-	761	601	160	26.6%	-
Contractual Deductions	538	303	(235)	-77.4%	-	462	305	(157)	-51.7%	-
Bad Debts	-	-	-	0.0%	-	-	-	-	0.0%	-
Charity and Other Adjustments	-	-	-	0.0%	-	-	-	-	0.0%	-
Net Patient Revenues	289	294	(6)	-1.9%	-	298	296	2	0.8%	-
Net Patient Revenue %	34.9%	49.2%		0.0%	0.0%	39.2%	49.3%		0.0%	0.0%
Other Operating Revenue	-	-	-	0.0%	-	-	-	-	0.0%	-
Total Revenues	289	295	(6)	-2.0%	-	299	297	2	0.7%	-
Expenses										
Salaries	163	160	(3)	-1.8%	-	161	167	7	4.0%	-
Registry	-	-	-	0.0%	-	-	-	-	0.0%	-
Benefits	28	44	15	35.1%	-	26	48	22	45.5%	-
Professional Fees	7	17	10	57.3%	-	31	22	(8)	-38.0%	-
Supplies	24	13	(11)	-89.1%	-	19	14	(5)	-33.9%	-
Purchased Services	29	2	(27)	-1423.0%	-	14	2	(12)	-564.7%	-
Rents and Leases	11	10	(1)	-15.0%	-	13	11	(2)	-15.8%	-
Utilities and Telephone	5	3	(2)	-58.8%	-	5	4	(1)	-39.7%	-
Insurance	0	1	1	98.3%	-	1	1	0	11.8%	-
Depreciation and amortization	-	1	1	100.0%	-	1	1	0	24.0%	-
Other Operating Expenses	1	1	0	9.2%	-	3	2	(1)	-82.1%	-
Total Expenses	270	253	(17)	-6.8%	-	275	274	(1)	-0.3%	-
Operating Gain / (Loss)	19	42	(23)	54.8%	-	24	23	1	5.9%	-
Net Non-Operating Income / (Expense)	-	-	-	0.0%	-	-	-	-	0.0%	-
Excess of Revenues Over Expenses	\$ 19	\$ 42	\$ (23)	-54.8%	\$ -	\$ 24	\$ 23	\$ 1	5.9%	\$ -

ALAMEDA HOSPITAL
KEY STATISTICS
 May 2009

	ACTUAL MAY 2009	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	MAY 2008	YTD MAY 2009	YTD FIXED BUDGET	VARIANCE	%	YTD MAY 2008
Discharges:										
Total Acute	236	256	(20)	-7.8%	280	2,561	2,708	(147)	-5.4%	2,673
Total Sub-Acute	2	3	(1)	-33.3%	4	34	23	11	47.8%	79
Total Skilled Nursing	6	10	(4)	-40.0%	-	104	88	16	18.2%	-
	<u>244</u>	<u>269</u>	<u>(25)</u>	<u>-9.3%</u>	<u>284</u>	<u>2,699</u>	<u>2,819</u>	<u>(120)</u>	<u>-4.3%</u>	<u>2,752</u>
Patient Days:										
Total Acute	1,030	1,025	5	0.5%	1,193	10,744	10,827	(83)	-0.8%	10,365
Total Sub-Acute	1,000	1,033	(33)	-3.2%	1,027	11,020	11,187	(167)	-1.5%	10,461
Total Skilled Nursing	687	775	(88)	-11.4%	-	5,972	6,549	(577)	-8.8%	-
	<u>2,717</u>	<u>2,833</u>	<u>(116)</u>	<u>-4.1%</u>	<u>2,220</u>	<u>27,736</u>	<u>28,563</u>	<u>(827)</u>	<u>-2.9%</u>	<u>20,826</u>
Average Length of Stay										
Total Acute	4.36	4.00	0.36	9.0%	4.26	4.20	4.00	0.20	4.9%	3.88
Average Daily Census										
Total Acute	33.23	33.06	0.16	0.5%	38.48	32.07	32.32	(0.25)	-0.8%	30.85
Total Sub-Acute	32.26	33.32	(1.06)	-3.2%	33.13	32.90	33.39	(0.50)	-1.5%	31.13
Total Skilled Nursing	22.16	25.00	(2.84)	-11.4%	-	20.59	22.58	(1.99)	-8.8%	-
	<u>87.65</u>	<u>91.39</u>	<u>(3.74)</u>	<u>-4.1%</u>	<u>71.61</u>	<u>85.56</u>	<u>88.30</u>	<u>(0.75)</u>	<u>-0.8%</u>	<u>61.98</u>
Emergency Room Visits										
Total	1,599	1,585	14	0.9%	1,569	15,810	16,507	(697)	-4.2%	16,403
Outpatient Registrations										
Total	2,491	2,816	(325)	-11.5%	2,327	27,395	28,829	(1,434)	-5.0%	28,424
Surgery Cases:										
Inpatient	56	54	2	3.7%	66	620	627	(7)	-1.1%	630
Outpatient	445	401	44	11.0%	416	4,705	4,009	696	17.4%	4,261
	<u>501</u>	<u>455</u>	<u>46</u>	<u>10.1%</u>	<u>482</u>	<u>5,325</u>	<u>4,636</u>	<u>689</u>	<u>14.9%</u>	<u>4,891</u>
Kaiser Inpatient Cases										
Total	7	-	7	-	6	93	-	93	-	58
Kaiser Eye Cases	164	161	3	1.9%	156	1,789	1,424	365	25.6%	1,495
Kaiser Outpatient Cases	172	139	33	23.7%	157	1,752	1,443	309	21.4%	1,495
Total Kaiser Cases	343	300	43	14.3%	319	3,634	2,867	767	26.8%	3,048
% Kaiser Cases	68.5%	65.9%			66.2%	68.2%	61.8%			62.3%
Adjusted Occupied Bed										
Total	162.68	159.18	(3.50)	-2.2%	120.69	145.19	145.79	(0.60)	-0.4%	119.14
Productive FTE										
Total	400.63	370.64	(29.99)	-8.1%	369.89	377.14	365.38	(11.76)	-3.2%	384.27
Total FTE										
Total	443.36	433.31	(10.05)	-2.3%	414.99	427.87	425.97	(1.90)	-0.4%	442.61
Productive FTE/Adj. Occ. Bed										
Total	2.46	2.33	(0.13)	-5.8%	3.06	2.60	2.51	(0.09)	-3.6%	3.23
Total FTE/ Adj. Occ. Bed										
Total	2.73	2.72	(0.00)	-0.1%	3.44	2.95	2.92	(0.03)	-0.9%	3.72

ALAMEDA HOSPITAL
 12 MONTH CASH PROJECTION
 PERIOD COVERED: 6/1/09 THRU 5/31/10

MONTH	COLLECTIONS					W/C REFUND NET	OTHER	FY 2008 AB 915	TRANSFERS	DISBURSEMENTS	EST. BALANCE ²
	NON-KAISER	KAISER -USE	PROPERTY TAX ¹	PROPERTY TAX ¹	PROPERTY TAX ¹						
JUNE 09	5,080,139	800,000	367,000	50,000	180,000	5,126,591	316,348				
JULY 09	5,040,000	800,000	477,000	50,000	(600,000)	5,738,289	345,059				
AUG 09	4,620,000	800,000	477,000	50,000	(200,000)	5,738,289	353,770				
SEP 09	4,725,000	800,000	477,000	50,000	(300,000)	5,738,289	367,482				
OCT 09	4,950,000	800,000	477,000	50,000	(200,000)	6,166,521	277,961				
NOV 09	4,275,000	800,000	477,000	50,000	200,000	5,738,289	341,672				
DEC 09	4,950,000	800,000	477,000	50,000	(500,000)	5,804,049	314,623				
JAN 10	4,370,000	800,000	477,000	50,000	200,000	5,830,049	381,574				
FEB 10	4,370,000	800,000	477,000	50,000	100,000	5,804,049	374,526				
MAR 10	5,290,000	800,000	477,000	50,000	(700,000)	5,804,049	487,477				
APRIL 10	5,060,000	800,000	477,000	50,000	1,000,000	7,519,490	354,987				
MAY 10	4,600,000	800,000	477,000	50,000	(100,000)	5,804,049	377,938				
TOTALS	57,330,139	9,600,000	5,614,000	600,000	180,000	70,812,001					

Notes:

- 1.
- 2.

Property tax receipts will be held in an interest bearing investment account and transferred to the operating account as needed each month.
 Reflects only cash held in concentration and disbursement accounts at month-end. Additional funds are held on deposit in money market accounts at the Bank of Alameda and Merrill Lynch, respectively.

ALAMEDA HOSPITAL

12 Month Cash Projection - Disbursement Detail

PERIOD COVERED: 6/1/09 THRU 5/31/10

DISBURSEMENTS

10%

MONTH	PAYROLL	PENSION	PAYROLL RELATED	Total Payroll	Health expense	Refund	A/P	Capital	Debt Service
JUNE 09	2,469,471	62,649	237,069	2,769,189	278,000	20,000	1,955,933	59,402	44,067
JULY 09	3,022,922	60,500	290,200	3,373,622	278,000	20,000	1,955,891	66,667	44,109
AUG 09	3,022,922	60,500	290,200	3,373,622	278,000	20,000	1,955,842	66,667	44,158
SEP 09	3,022,922	60,500	290,200	3,373,622	278,000	20,000	1,955,788	66,667	44,212
OCT 09	4,534,383 a	85,500	435,301	3,801,854	278,000	20,000	1,955,744	66,667	44,256
NOV 09	3,022,922	60,500	290,200	3,373,622	278,000	20,000	1,955,690	66,667	44,310
DEC 09	3,082,922	60,500	295,960	3,439,382	278,000	20,000	1,957,912	66,667	42,088
JAN 10	3,082,922	60,500	295,960	3,439,382	278,000	20,000	1,957,870	92,667	42,130
FEB 10	3,082,922	60,500	295,960	3,439,382	278,000	20,000	1,957,817	66,667	42,183
MAR 10	3,082,922	60,500	295,960	3,439,382	278,000	20,000	1,963,968	66,667	36,032
APRIL 10	4,624,383	60,500	443,941	5,128,823	278,000	20,000	1,963,954	92,667	36,046
MAY 10	3,082,922	60,500	295,960	3,439,382	278,000	20,000	1,963,948	66,667	36,052
TOTALS	39,134,531	753,149	3,756,915	42,391,266	3,336,000	240,000	23,500,357	844,735	499,643

a) 3 pay periods in the month

DATE: July 1, 2009

TO: City of Alameda Health Care District Board of Directors

FROM: Deborah E. Stebbins, Chief Executive Officer

SUBJECT: Approval of Wage Adjustment Non Represented, Exempt and Non-Exempt Personnel

Management has reviewed wage surveys and the Consumer Price Index (CPI) over the last 14 months within the Bay Area, specifically the East Bay. The CPI percent change has significantly decreased from previous years bringing the 14 month percent change to 1.2%.

The Fiscal Year 2009/2010 Budget assumptions along with the size, programs and emphasis of Alameda Hospital versus other health care institutions have also been taken into consideration.

Based upon the above, Management recommends the Board of Directors approve the following action.

- Effective July 1, 2009, all non-represented, exempt and non-exempt employees will receive a 2% general salary increase to their base rate.
- All employees receiving this increase must have a current (within the previous 12 months) performance evaluation on file in Human Resources.

DISTRICT BOARD/WAGE ADJUSTMENT BOARD TRANSMITTAL.06.29.09

Date: June 30, 2009

To: City of Alameda Health Care District Board of Directors

From: Deborah E. Stebbins, Chief Executive Officer
David A. Neapolitan, Chief Financial Officer

Subject: Approval FY 2010 Capital Budget

Attached is the Fiscal Year 2010 Capital Budget that management is requesting Board approval. This list, which started at over \$5 million, has been reviewed by Executive Management, Committee and Medical Executive Committee, to ensure that the most critically needed capital equipment items are approved for the 2010 fiscal year.

Two items that were on the original list include the upgrade of Radiology Department equipment (approximately \$1.7 million) and the Meditech Advanced Clinical Informatics applications (approximately \$1.1 million plus consulting and internal staff resources). This expenditure will be spread over a three year time frame. These two areas will be critical to the organizations ability to comply with the requirements of the 2009 American Reinvestment and Recovery Act (ARRA) and ensure that the maximum amount of Medicare reimbursement is received in the upcoming fiscal years. These two items, while not on the enclosed list, are still under active evaluation. We are currently in the process of developing additional information related to financing these two significant projects and will bring back additional information related to these projects at future meetings.

The attached listing identifies approximately \$710,000 of needed capital equipment and facility improvement by department and an additional \$290,000 in contingency funds. Also identified are potential funding sources that will / may provide some portion of the financial resources necessary for the purchases of these items.

Management along with the Finance and Management Committee and Medical Executive Committee recommends that the Board of Directors approve of the attached listing of capital equipment purchases for Fiscal Year 2010.

Alameda Hospital
FY 2010 Capital Budget Summary - Immediate Needs
 Prepared by: J. Walker

7/3/2009 9:49

Department	Description	Priority	Estimated Unit Cost	Estimated Total Cost	Dept Total Cost	Potential Funding Source
CCU	Glide Scope	New	16,692.48	16,692.48	16,692.48	
Emergency	Glide Scope	New	16,692.48	16,692.48	16,692.48	
3 West	Zoll ALCS (Defibrillator)	Rep	10,115.00	10,115.00	10,115.00	
DOU	Zoll ALCS (Defibrillator)	Rep	10,115.00	10,115.00	10,115.00	
Surgery	Gurneys (4)	Rep	2,858.04	11,432.16		
Surgery	Reliance Synergy Washer Disinfector	Rep	106,419.26	106,419.26		Jaber Funds Medical Staff
Surgery	Glide Scope	New	16,692.48	16,692.48		
SUBTOTAL SURGERY					134,543.90	
Laboratory	ECG Machine	Rep	13,429.33	13,429.33	13,429.33	
SUBTOTAL LABORATORY						
Cardiofit	Tele-Rehab Monitoring System	Rep	19,344.00	19,344.00		
Cardiofit	Trackmaster TM22 Treadmill	Rep	5,180.00	5,180.00		
SUBTOTAL CARDIOFIT					24,524.00	Foundation
Engineering	O2/Nitrous Manifold/Rack	Pat. Saf	80,000.00	80,000.00		
Engineering	Public Area Upgrade - 2 South	Pat. Saf	100,000.00	100,000.00		Volunteers
Engineering	West Call Nurse Pager Upgrade	Pat. Saf	9,000.00	9,000.00		
Engineering	2 West Patient Room Décor	Rep	10,000.00	10,000.00		
Engineering	Beds for Med/Surg (5)	Rep	12,000.00	60,000.00		
Engineering	Patient Bed Mattresses (10)	Pat. Saf	800.00	8,000.00		
Engineering	Beds for CCU (4)	Rep	35,000.00	140,000.00		
SUBTOTAL ENGINEERING					407,000.00	
Information Systems	eMail Archive Server		5,107.00	5,107.00		
Information Systems	Software Microsoft Office Upgrade		15,000.00	15,000.00		
SUBTOTAL INFORMATION SYSTEMS					20,107.00	
Imaging	Blanket Warmer	Pat Saf	12,527.90	12,527.90		
SUBTOTAL IMAGING					12,527.90	
Dietary	Heat on Demand Ultra Activator	Rep	8450	8,450.00		
Dietary	High Performance Air Curtain Refrig	Rep	6649	6,649.00		
SUBTOTAL DIETARY					15,099.00	
Business Services	RAC Software	New	29,000.00	29,000.00	29,000.00	
Total					709,846.09	
Contingency Funds					290,153.91	
Groand Total FY 2010 Capital Budget					\$ 1,000,000.00	