Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

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

Monday, September 8, 2008

***CLOSED SESSION – 6:00 p.m. OPEN SESSION –7:30 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.

I. Call to Order — Jordan Battani

II. Roll Call — Kristen Thorson

III. General Public Comments

IV. Closed Session **(Expected to start at approximately 6:00 p.m. and expected to last 1.5 hours)**

1) Approval of Closed Session Minutes – August 4, 2008

2) Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions — Gov't Code Sec. 54957.6

3) Consultation with Legal Counsel Regarding Pending Litigation — Gov't Code Sec. 54956.9(a)

4) Discussion of Report Involving Trade Secrets — H & S Code Sec. 32106

5) Quality Improvement Committee Report (QIC) — H & S Code Sec. 32155

V. Reconvene to Public Session (Expected to start at approximately 7:30 p.m.)

1) Announcements from Closed Session — Jordan Battani

VI. Consent Agenda

1) Approval of Minutes **ACTION ITEM** [enclosure]
   - August 4, 2008

2) Biennial Review and Approval of City of Alameda Health Care District Conflict of Interest Code #2008-0Y **ACTION ITEM** [enclosure]

3) Approval of Aesthetic Upgrades to 501 South Shore Center West **ACTION ITEM** [enclosure]

VII. Regular Agenda

1) Finance and Management Committee Report — David A. Neapolitan
   - Acceptance of July 2008 Financial Statements **ACTION ITEM** [enclosure]
   - Audit Update

2) Hospital Presentations
   - Asian Health Services — Alice Cheng, RN

3) Strategic Planning and Community Relations Committee Report — Rob Bonta

4) Chief Executive Officer's Report — Deborah E. Stebbins
   - Governance Institute Membership **ACTION ITEM** [enclosure]
   - Board Election / Transition

5) Medical Staff President Report — Steve Lowery, MD

6) General Public Comments

7) Board Comments

8) Adjournment

The next regularly scheduled board meeting will be on Monday, October 6, 2008.
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
August 4, 2008

Directors Present:
Jordan Battani
Robert Bonta
Jeptha Boone, M.D.
Robert Deutsch, MD

Management Present:
Deborah E. Stebbins
Kerry Easthope
David A. Neapolitan

Medical Staff Present:
Steve Lowery, M.D.

Legal Counsel Present:
Thomas Driscoll, Esq.

Excused:
Steve Wasson

Submitted by: Kristen Thorson

Topic	Discussion	Action / Follow-Up
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 6:10 p.m.	
2. Roll Call	Kristen Thorson called roll, noting that all Directors were present and Steve Wasson was absent / excused from the meeting.	
3. General Public Comments	None at this time.	
4. Closed Session	At 6:11 p.m. the meeting adjourned Executive Closed Session.	
5. Reconvene to Public Session & Adjournment	Director Battani reconvened the meeting into public session at 8:10 p.m. and made the following closed session announcements.	
6. Closed Session Announcements	**[1] Minutes** **[2] Medical Executive Committee Report and Approval of Credentialing Recommendations**	[1] The Closed Session Minutes for the June 30, 2008 meeting were approved. [2] Medical Executive Committee Report and Approval of Credentialing Recommendations

Topic	Discussion	Action / Follow-Up
		were approved as presented.
	[3] Quality Improvement Committee	[3] The Quality Improvement Committee Report was deferred to the next meeting.

Initial Appointment:

Name	Specialty	Affiliation
o Margaret Abate, MD	Internal Medicine/Hospitalist	AIM
o Andrew Smith, MD	Urology	Northern California Urology

Reappointments – Medical Staff

Name	Specialty	Status	Appointment Period End
o Ravinder-Raj Bains, MD	Orthopedics	Courtesy	08/01/2008-07/31/10
o Taft Bhuket, MD	Gastroenterology	Active	08/01/2008-07/31/10
o Richard Brown, MD	Ophthalmology	Courtesy	08/01/2008-07/31/10
o Peter Candell, MD	Family Medicine	Active	08/01/2008-07/31/10
o Stewart Daniels, MD	Ophthalmology	Courtesy	08/01/2008-07/31/10
o Mary Fisher, MD	Family Medicine	Active	08/01/2008-07/31/10
o R. Scott Forster, MD	Orthopedics	Active	08/01/2008-07/31/10
o Samuel Kao, MD	Plastic Surgery	Courtesy	08/01/2008-07/31/10
o Elpidio Magalong, MD	Internal Medicine	Active	08/01/2008-07/31/10
o Ted Mihok, DPM	Podiatry	Active	08/01/2008-07/31/10
o John Roberts, MD	Urology	Courtesy	08/01/2008-07/31/10
o Bernice Rodrigues, MD	Emergency Medicine	Active	08/01/2008-07/31/10
o John Salzman	Radiation Oncology	Active	08/01/2008-07/31/10
o Chih-Hsin Wen, MD	Urology	Courtesy	08/01/2008-07/31/10

Resignations:

Name	Specialty
o Terry Chong, MD	General Surgery
o Mario Corona, MD	Nephrology
o Jeffery Levy, MD	Anesthesiology
o Samuel Wong, MD	Nephrology

7. Consent Agenda	**[1] Approval of Minutes** ▪ June 20, 2008 ▪ June 30, 2008	Director Deutsch made a motion to approve the consent agenda as presented. Director Bonta seconded the motion. The motion carried unanimously.
8. Regular Agenda	**[1] Foundation Report to the Board** Victoria Holgerson was present at the meeting to answer any questions by the Board of Directors regarding the Annual Report. Ms. Holgerson reported that the Foundation committee $208,558 to the Hospital for their fiscal year ending December 31, 2007. She also noted that in December 2007, Hospital Management asked the Foundation to begin to operate financially independent from the Hospital. The Foundation Board of Directors accepted this responsibility and reimbursed the	

Topic	Discussion	Action / Follow-Up
	Hospital for all Foundation expenses since July 1, 2007. Long time Board member Don Lindsey became a Director Emeritus and the Board added 4 new members, Robert McKean, Karen Nadzan, Michael Stubebaker, and Bill Withrow. The District Board of Directors thanked the Foundation for their continued efforts to support the Hospital and District. **[2] Auxiliary Annual Report to the Board** Joanne Sergent was available to answer questions regarding the Auxiliary Annual Report to the District Board. The Board did not have any questions but expressed their sincerest gratitude and appreciation for the many hours of work that the Auxiliary contributes to the Hospital. **[3] Finance and Management Committee Report** *Acceptance of the June 2008 Financial Statements* There was a profit of $70,040 for June 2008 (unaudited) financials with an YTD loss of ($2,355,125). Average daily census of 62.1 versus 58.5 budgeted. Acute average daily census was 30.4 versus 31.5 budgeted. Sub-Acute / SNF average daily census was 31.7 versus 27.0 budgeted. Key Statistics (patient days, surgery volume, average daily census and payor mix) for the month of June were also reviewed. Surgical volume was well above budget as indicated below. Surgery cases were 504 versus 463 budgeted. Kaiser cases = 334 versus 275 budgeted. Alameda cases = 170 versus 188 budgeted Total gross patient revenue greater than budget by $1.0 million. Inpatient revenue was greater than budget by $0.7 million or 5.9%. Outpatient revenue was greater than budget by $0.3 million or 3.0% Mr. Neapolitan updated the committee on the areas of prior year Audit adjustments and the status of those areas for the current audit. The audit adjustments from FYE 2007 have been corrected for FY 2008 and there should not be as many adjustments for FYE June 30, 2008. A correction to page 9 under Total operating expenses will be made to the final document. The committee and management discussed the budget and the addition of South Shore	Director Bonta moved to accept the June 2008 Financial Statements as presented. Director Deutsch seconded the motion. The motion carried unanimously.

Topic	Discussion	Action / Follow-Up

Convalescent Hospital. The Committee expressed an interest in seeing a separate column to compare to the current operating budget. The Committee also asked for an analysis on the top performing service lines at the Hospital. Management is looking at different products to help extract that data to analyze and would take at least 6 months before they could see the data.

Revenue Cycle And Patient Financial Services Overview

Leon Dalva, Director of Revenue Cycle updated the Board of Directors about several projects that the Business Office is currently working on to improve billing, collections, and customer service. Mr. Dalva is also working with all departments associated with the revenue cycle to improve these same areas.

Mr. Dalva was commended by the committee for the work and progress he has made with billing and collections.

Ms. Stebbins noted to the Board that this would be the first in a series of presentations to the Board about the different departments of the Hospital that will be presented at each Board meeting.

[4] Strategic Planning and Community Relations Report.

The July 12th planning day was very productive which discussed strengths, weaknesses, opportunities and threats, and competitor role playing to help guide the committee toward a common strategic direction. The Camden Group will be compiling the data from the meeting to pull together a short and long term vision for the Hospital. At the next meeting

[5] Chief Executive Officer's Report

Deborah E. Stebbins reported briefly on the following items:

Statistics:

	July	July Budget	June (Actual)
Average Daily Census	65	64.4	62.03
Patient Days	2,017	1,996	1,861
ER Visits	1,378	1,524	1,519
OP Registrations	2,816	2,368	2,519
Total Surgeries	547	382	504

Ms. Stebbins informed the Board of Directors that the change in licensure with South Shore Convalescent Hospital to Alameda Hospital will

Topic	Discussion	Action / Follow-Up
	occur on August 17, 2008. The change did not require a on-site survey. Associate Administrator Kerry Easthope has been the project coordinator and will continue to serve in that capacity to ensure a smooth transition. Rose Rosete, who was the Director of Nursing (DON) and owner, has accepted the position of DON as an Alameda Hospital employee after the August 17, 2008. Dr. Candell has also agreed to continue on as the Medical Director of that facility. Since there is still no California State budget, the Hospital's will not receive payment from Medi-Cal until such budget is passed. This effects the majority of our reimbursement for the subacute unit. Ms. Stebbins reported that management has talked with the Alameda Journal about publishing a monthly column from the CEO. The Alameda Journal seemed interested in the idea. **[5] Medical Staff President Report** Steve Lowery, MD thanked the Auxiliary for their work at the Hospital. Continuing Medical Education (CME) "Grand Rounds" have been moved to Tuesdays which has helped with an increased number of family practice and other physicians attending.	
8. General Public Comments	None at this time.	
10. Board Comments		
11. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 8:45 p.m.

Attest: _____ _____

Jordan Battani — President

Robert Bonta — Secretary

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: September 5, 2008

To: City of alameda Health Care District Board of Directors

From: Deborah E. Stebbins, Chief Executive Officer

Subject: Conflict of Interest Code

The Political Reform Act (Government Code 81000et seq.) requires every local governmental agency to review its conflict of interest code (code) for accuracy and to notify its code reviewing body by October 1 of every even numbered year. The Alameda County Board of Supervisors is the code reviewing body for county agencies and other local government agencies whose jurisdiction is solely within the county.

The Conflict of Interest code must have three components: Terms, Designated Positions and Disclosure Categories. Legal Counsel Ton Driscoll requested that Greg Moser from Procopio, Cory, Hargreaves & Savitch LLP to review current Conflict of Interest Code (attached). The District's code was last reviewed in 2006. Changes to the code are non-substantive. Also attached is the reline version for your review.

Management recommends approval of the changes made to the Conflict of Interest Code #2008-0Y as attached which will then be forwarded to the Alameda County Board of Supervisors for final approval.

CONFLICT OF INTEREST CODE #2008-0Y

CITY OF ALAMEDA HEALTH CARE DISTRICT

1. Standard Code of FPPC

The Political Reform Act (Government Code section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The City of Alameda Health Care District ("District") is therefore required to adopt such a code.

The Fair Political Practices Commission ("FPPC") has adopted a regulation (2 California Code of Regulations section 18730) which contains the terms of a standard conflict of interest code, which may be incorporated by reference in an agency's code, and which may be amended by the FPPC to conform to amendments in the Political Reform Act following public notice and hearing.

2. Adoption of Standard Code of FPPC

Therefore, the terms of 2 California Code of Regulations section 18730 and any amendments or revisions adopted by the FPPC are hereby incorporated by reference. This regulation and the attached Appendix designating officials and employees and establishing disclosure categories shall constitute the Conflict of Interest Code of the District. This code shall take effect when approved by the Alameda County Board of Supervisors.

3. Filing of Statements of Economic Interests

Designated employees and public officials who manage public investments shall file statements of economic interests with the Secretary to the Board of Directors of the District. The agency shall make all statements available for public inspection and reproduction, pursuant to Government Code Section 81008.

APPROVED AND ADOPTED by the City of Alameda Health Care District on the __th day of _____, 2008.

_____

Jordan Batttani
President, Board of Directors

ATTEST:

_____

Robert Bonta
Secretary, Board of Directors

APPENDIX TO
CONFLICT OF INTEREST CODE
OF THE
CITY OF ALAMEDA HEALTH CARE DISTRICT

Preamble

Any person designated in Section I of this Appendix who is unsure of any right or obligation arising under this Code may request a formal opinion or letter of advice from the FPPC or an opinion from the District's General Counsel. (Gov. Code § 83114; 2 CCR § 18730(b)(11).) A person who acts in good faith in reliance on an opinion issued to him or her by the FPPC shall not be subject to criminal or civil penalties for so acting, provided that all material facts are stated in the opinion request. (Gov. Code § 83114(a).)

Opinions rendered by General Counsel do not provide any statutory defense to an alleged violation of conflict of interest statutes or regulations. The prosecuting agency may, but is not required to, consider a requesting party's reliance on General Counsel's opinion as evidence of good faith. In addition, the District may consider whether such reliance should constitute a mitigating factor to any disciplinary action that the District may bring against the requesting party under Government Code section 91003.5.

I.

Designated Employees

Designated Employees	Categories Disclosed
Members of the District Board of Directors	All
Chief Executive Officer	All
Chief Operating Officer	All
Chief Financial Officer	All
General Counsel	All
Consultants[1]	---

[1] With respect to consultants, the CEO may determine in writing that a particular consultant, although a "designated employee," is hired to perform a range of duties that are limited in scope and thus is not required to comply with all the written disclosure requirements described in these categories. Such determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The CEO's determination is a public record and shall be retained for public inspection by the District in the same manner as this Conflict of Interest Code. Nothing herein excuses any such consultant from any other provision of this Conflict of Interest Code.

II. Persons Who Manage Public Investments

The Treasurer of City of Alameda Health Care District has been annually delegated responsibility for making public investments on behalf of the District, and reviewing and annually presenting the investment policy of the District to the Board of Directors for informational purposes. The Treasurer is therefore obligated to file a statement of economic interests under Government Code section 87200, rather than the conflict of interest code.

III. Disclosure Categories

Designated employees shall report all reportable investments, business positions and income, including gifts, loan and travel payments, as specified above, in:

1. Accounting or auditing services
2. Banks and savings and loans
3. Computer hardware or software, or computer services or consultants
4. Communications equipment or services
5. Educational and medical services and materials
6. Entities or persons who have filed claims against the District or have claims pending against the District
7. Insurance brokers and agencies
8. Insurance adjusting, claims auditing or administration, or underwriting services
9. Medical equipment, facilities, and supplies
10. Office equipment or supplies
11. Personnel and employment companies and services
12. Printing or reproduction services, publications, and distribution
13. Securities, investment or financial services companies
14. Title insurance and escrow
15. Interests in Real Property

DISTRICT BOARD/POLICIES AND CODES/2008-0y.CONFLICT OF INTEREST CODE.

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Moved to	1
Style change	0
Format changed	0
Total changes	86

CONFLICT OF INTEREST CODE #~~2002~~2008-0Y

CITY OF ALAMEDA HEALTH CARE DISTRICT

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APPROVED AND ADOPTED by the City of Alameda Health Care District on the ~~10~~__th day of ~~February, 2003.~~_____, 2008.

_____

~~Lena Tam~~

_____

_____

Vice President, Board of Directors
City of Alameda Health Care District

ATTEST:

_____

~~Kevin Farrell~~

Secretary, Board of Directors

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III. Disclosure Categories

~~Category 1. All-Inclusive Reportable Investments~~

~~A designated employee in this category~~Designated employees shall report all reportable investments, ~~as defined in Government Code Section 82034, in business entities located in or doing business in the State of California which operate or provide any of the following~~business positions and income, including gifts, loan and travel payments, as specified above, in:

1. Accounting or auditing services
2. Banks and savings and loans

~~Computer hardware or software, or computer services or consultants~~
~~Communications equipment or services~~
~~Educational and medical services and materials~~
~~Entities or persons who have filed claims against the District or have claims pending against the District~~
~~Insurance brokers and agencies~~
~~Insurance adjusting, claims auditing or administration, or underwriting services~~
~~Medical equipment, facilities, and supplies~~
~~Office equipment or supplies~~
~~Personnel and employment companies and services~~
~~Printing or reproduction services, publications, and distribution~~
~~Securities, investment or financial services companies~~
~~Title insurance and escrow~~

~~Category 2. Reportable Interests in Real Property~~

~~A designated employee in this category shall disclose all interests in real property, as defined in Government Code Sections 82033, 82035, that is~~

~~(a) within or not more than two (2) miles outside the boundaries of the State of California that has situated on it any business entity named in category no. 1 above; or~~

~~(b) within the State of California that is involved in any plan for the expansion of the District's facilities; or~~

(c) within one-half (1/2) mile of any facility or real property owned or used by the District,

Category 3. Reportable Income

A designated employee in this category shall disclose all income as defined in Government Code Section 82030 of the designated employee from the below-listed sources located in or doing business in the State of California aggregating **$500** or more (or **$320** or more in the case of gifts) during the reporting period.

Accounting or auditing services
Banks and savings and loans
3. Computer hardware or software, or computer services or consultants

4. Communications equipment or services

5. Educational and medical services and materials
Entities or persons who have filed claims against the District or have claims pending against the District
Insurance brokers and agencies
Insurance adjusting, claims auditing or administration, or underwriting services
Medical equipment, facilities, and supplies
Office equipment or supplies
Personnel and employment companies and services
Printing or reproduction services, publications, and distribution
Securities, investment or financial services companies
Title insurance and escrow

Category 4. Less-Inclusive Reportable Investments

A designated employee in this category shall disclose only investments as defined in Government Code Section 82034 (worth more than **$2,000)** in any business entity, which within the last two years has contracted with or in the future foreseeably may contract with the District to provide personnel, services, supplies, material, machinery or equipment:

(a) to the District, of the type utilized by the District which is located in or doing business in the State of California, and associated with the job assignment or position of the designated employee; or

(b) to any entity which has contracted with the District within the last two years or which in the future foreseeably may contract with the District to provide services, supplies, materials, machinery or equipment associated with the job assignment or position of the designated employee.

Category 5. Less-Inclusive Reportable Income

~~A designated employee in this category shall disclose only that reportable income as defined in Government Code Section 82030 **($500** or more during reporting period; **$320** or more in the case of gifts) which is derived from a source which within the last two years has contracted with the District or in the future foreseeably may contract with the District to provide personnel, services, supplies, materials, machinery or equipment:~~

~~(a) to the District, of the type utilized by the District which is located in or doing business in the State of California, and associated with the job assignment or position of the designated employee; or~~

~~(b) to any entity which has contracted with the District within the last two years or which in the future foreseeably may contract with the District to provide personnel, services, supplies, materials, machinery or equipment associated with the job assignment or position of the designated employee.~~

~~Category 6. Business Positions~~

~~A designated employee in this category shall disclose by completing form 700, schedule "C."~~

6. Entities or persons who have filed claims against the District or have claims pending against the District

7. Insurance brokers and agencies

8. Insurance adjusting, claims auditing or administration, or underwriting services

9. Medical equipment, facilities, and supplies

10. Office equipment or supplies

11. Personnel and employment companies and services

12. Printing or reproduction services, publications, and distribution

13. Securities, investment or financial services companies

14. Title insurance and escrow

15. Interests in Real Property

DISTRICT BOARD/POLICIES AND CODES/~~2002~~2008-0y.CONFLICT OF INTEREST CODE.~~09.23.02~~

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

DATE: September 1, 2008

TO: City of Alameda Health Care District Board of Directors

FROM: Deborah E. Stebbins, CEO

SUBJECT: Request for Approval of Aesthetic Upgrades at 501 South Shore Center West

Alameda Hospital has been leasing approximately 7500 square feet of office space at 501 South Shore Center West since 2006 from Harsch Realty, the developers of the South Shore Town Centre. This location serves as the site for the off-site Laboratory drawing station and the individual medical offices of Internists Daniel Kliman, MD, James Kong, MD, and Hon-Wai Lam, MD. The current lease is on a month-to-month basis, but we believe we can negotiate a lease extension for a minimum of three years.

The location is one of the few functional medical office buildings in the City of Alameda. Securing additional medical office space in the City is key to our immediate efforts to attract new physicians to Alameda. These include the three additional orthopedists we are recruiting, ENT's with whom we are in discussion, as well as additional primary care physicians. In some cases these physicians will practice full-time in this location; in other instances they may use the space as a satellite to their offices in Berkeley or Oakland.

The exterior of the building is to be improved by the landlord in early 2009. However, much of the interior of the building is in need of paint, carpet, and minimal aesthetic upgrades. Tony Corica and Kerry Easthope have secured an estimate of 10 weeks construction time at a cost of $100,000 to do this work using, the same contractor who has completed tenant improvements for Dr. Kong and Lam's offices. The Contractor has proved very reliable, works quickly and has completed upgrades that are attractive and functional.

Management is asking for Board approval to proceed with this project in order to support our physician recruitment and retention efforts. Concurrently we are in discussions with other realtors about available land near the Hospital and in a central Alameda location that may provide a more permanent and larger solution for the hospital's medical office space needs. The development of this space may be a couple of years away, but when and if this option becomes available, it would no doubt replace the South Shore Towne Centre space.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED

FINANCIAL STATEMENTS

FOR THE

PERIOD ENDING

07/31/08

2070 Clinton Avenue • Alameda, CA 94501 • TEL (510) 522-3700 • www.alamedahospital.org

ALAMEDA HOSPITAL

City of Alameda Health Care District

July 31, 2008

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ALAMEDA HOSPITAL

July 31, 2008

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 June 30, 2008 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 July 31, 2008

- Total assets on the balance sheet decreased by $1,001,117 from the prior month as a result of a decrease of $687,978 of cash and cash equivalents, $163,467 of other assets and $123,387 of amortization of property plant and equipment costs.

- Total cash and cash equivalents for July decreased by $687,978 and reflect 26.0 days of cash on hand compared to 26.6 in the prior month. The decrease in cash and cash equivalents was primarily the result of the return of an extra payment from Kaiser for the use of surgical suites of $760,000 offset by $232,065 of amounts due from Kaiser for additional operating room time actually used dating back into 2006.

- Net patient accounts receivable decreased in July by $130,575 compared to an decrease of $720,015 in June. Accounts receivable days were 51 compared to 52 in the prior month.

- Total liabilities decreased by $1,068,860 compared to an increase of $4,985,306 in the prior month. This decrease was the result of the return of $760,000 returned to Kaiser described above and the amortization of one month of fiscal year 2009's parcel tax proceeds in the amount of $477,000.

- Accounts payable at July 30th was $5,410,522, which represents an increase of $40,360 from the prior month. However, days in accounts payable decreased to 83 compared to prior month which was at 85.

- Gross Revenue was greater than budget by $2,674,399 or 12.5%. Net patient revenue was greater than budget by $378,692 or 7.7%. The total patient days were 2,018 compared to the prior month of 1,861 and a prior year of 1,744 days. Inpatient revenue was greater than budgeted by 7.2% while outpatient revenue was greater than budgeted by 20.2%. The average revenue per day was $11,961 compared to $12,023 in the prior month and a budgeted amount of $10,753. The average daily acute census was 33.0 compared to 30.4 in the prior month and our average daily Sub-Acute census was 32.1 versus 31.7 in the prior month.

- ER visits were 1,378 or 9.6% less than the budgeted 1,524 visits. ER visits were also lower than the prior year's July visits of 1,414 or 2.5%.

- Total surgery cases were 43.5% greater than budget, with Kaiser surgical cases making up 363 or 66% of the total cases.

- Excess revenue over expense was $57,276 versus a budgeted excess of expense over revenues of $112,303.

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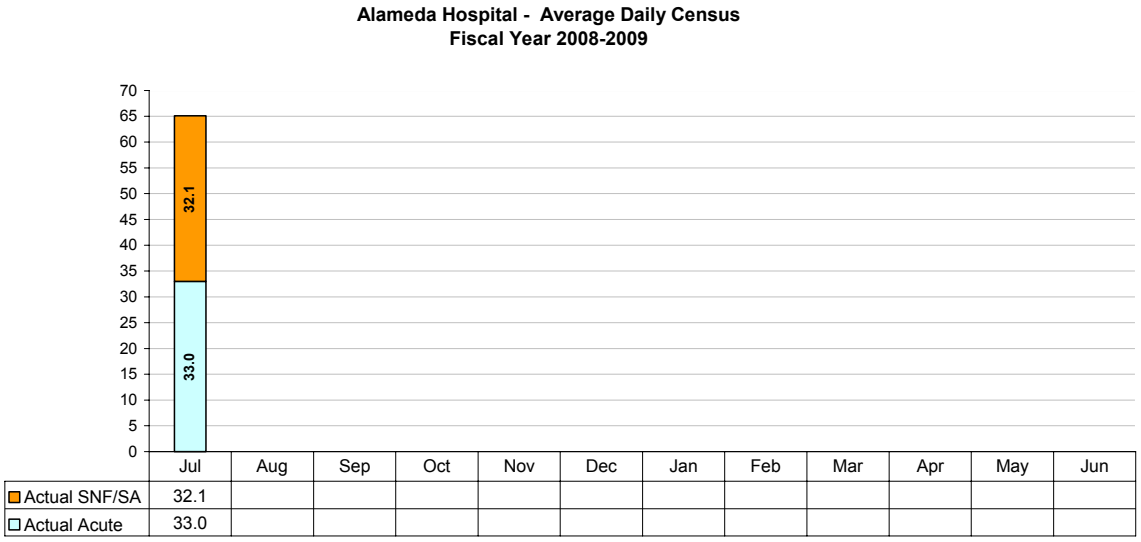
Volumes

Overall actual daily census was 65.1 versus a budget of 64.4. Acute average daily census was 33.0 versus a budget of 31.6 and Sub-Acute average daily census was 32.1 versus a budget of 32.8.

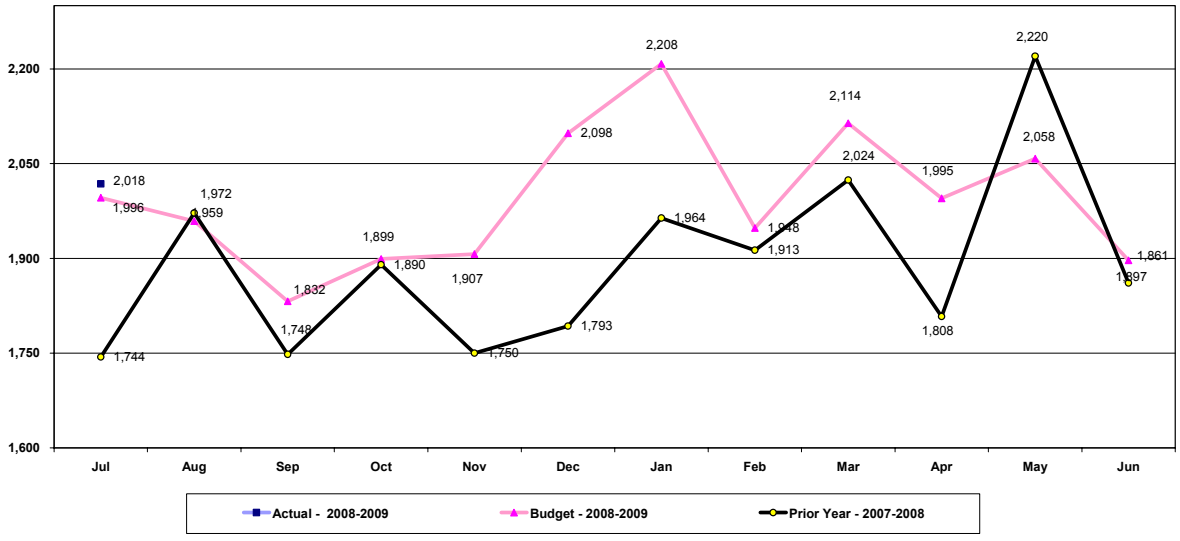


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Actual SNF/SA	32.1											
Actual Acute	33.0											

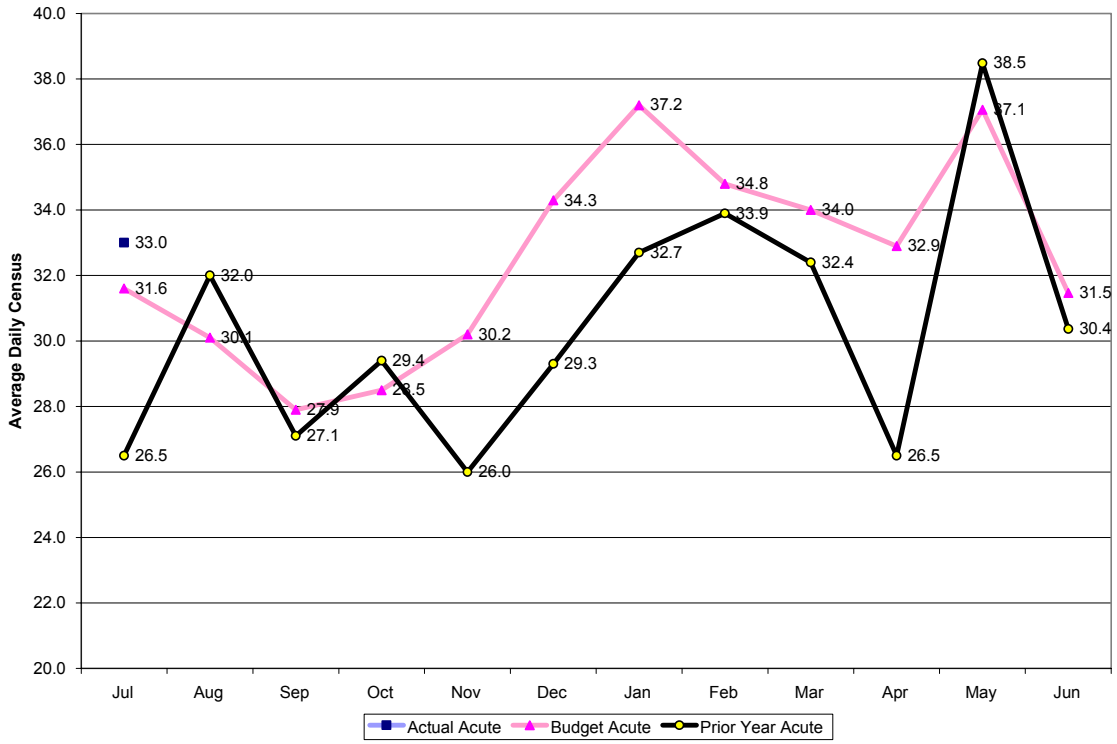
Total Average Daily Census

Actual	65.1											
Budget	64.4											

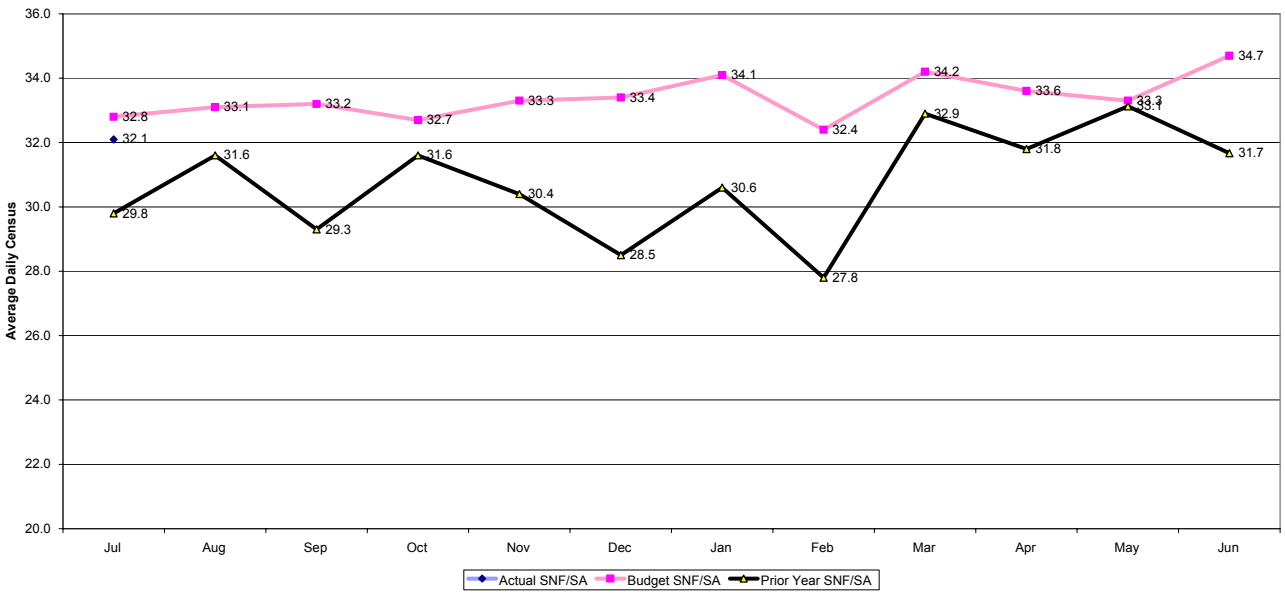
Our total patient days in July were 15.7% greater than July 2007, and 1.1% greater than budget.



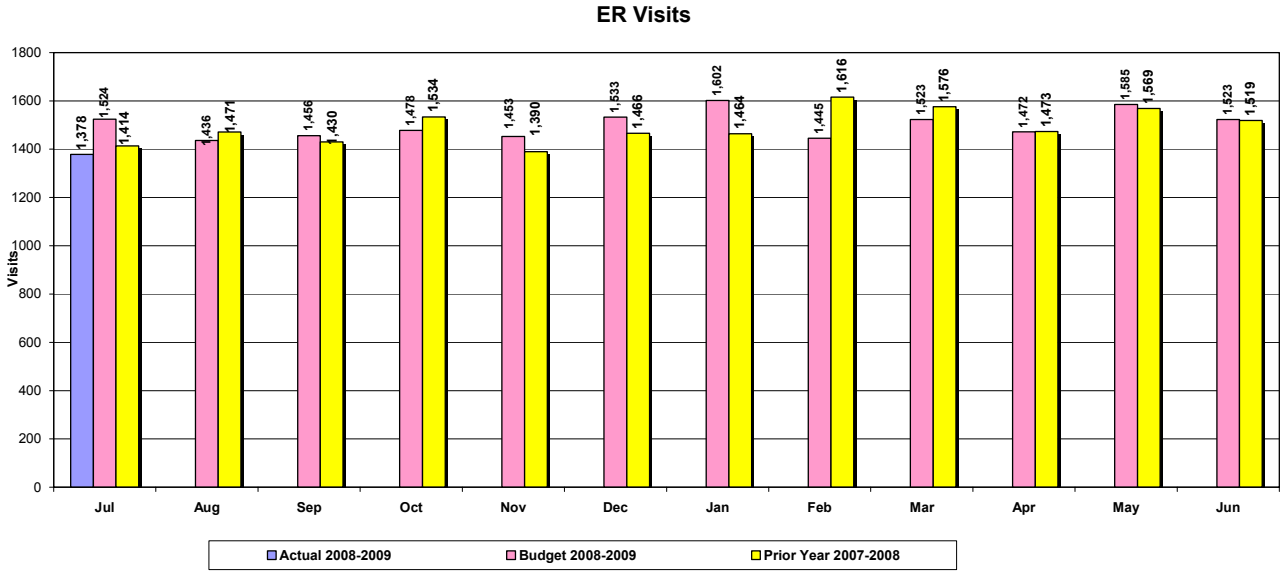
July acute patient days were 4.4% (43 days) greater than budgeted and 24.5% (201 days) greater than prior year. The acute average length of stay in July was 4.31 compared to a budget of 4.00.



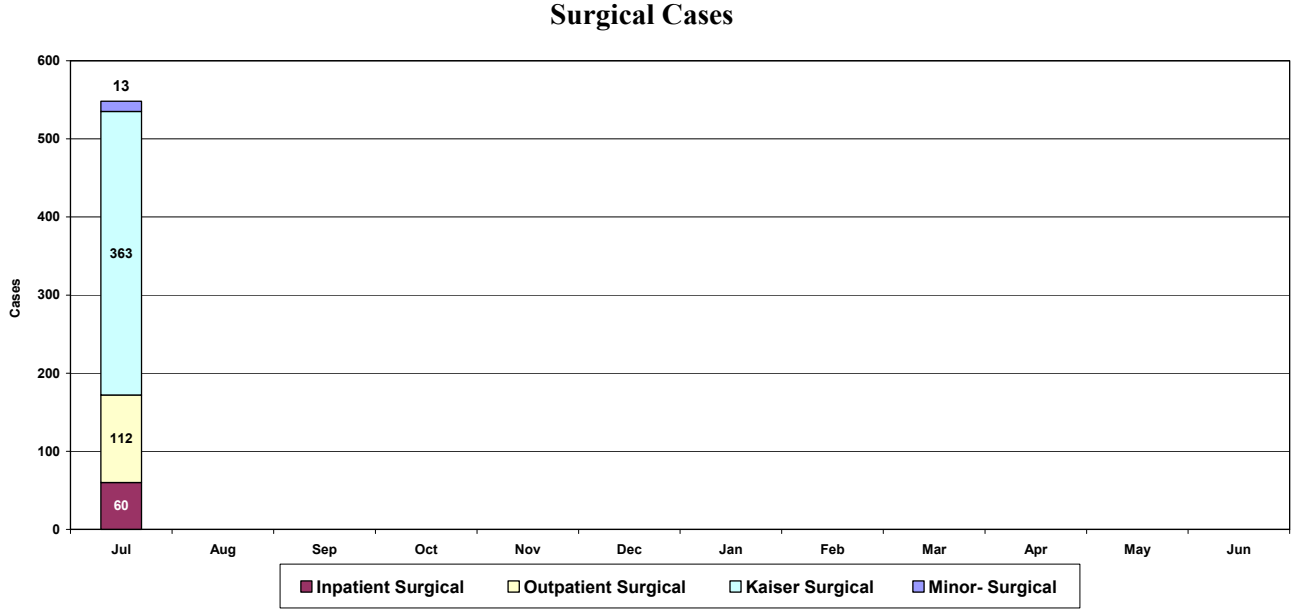
Sub-Acute patient days were 2.1% less than budget and 7.9% greater than prior year. The following graph shows the Sub-Acute programs average daily census.



July ER visits were 9.6% less than budgeted and 2.5% less than the prior year.



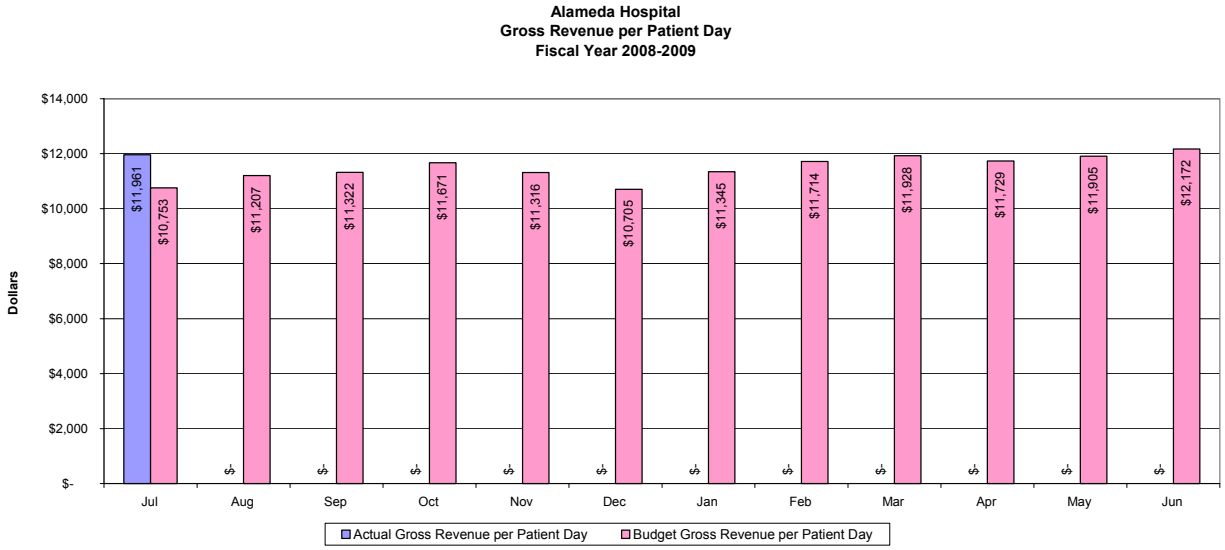
July 2008 surgery cases were 548 versus the 382 budgeted and 441 in the prior year. However, out of the total surgical cases in July, 363, or 66% were Kaiser surgical cases, which is comparable to the prior month's proportion of Kaiser cases to total cases. As a result of the increased level of Kaiser cases in July our reimbursement for Kaiser outpatient cases in July declined to 18.3% in July as compared to 20.8% of gross charges in June.



Income Statement

Gross Patient Charges

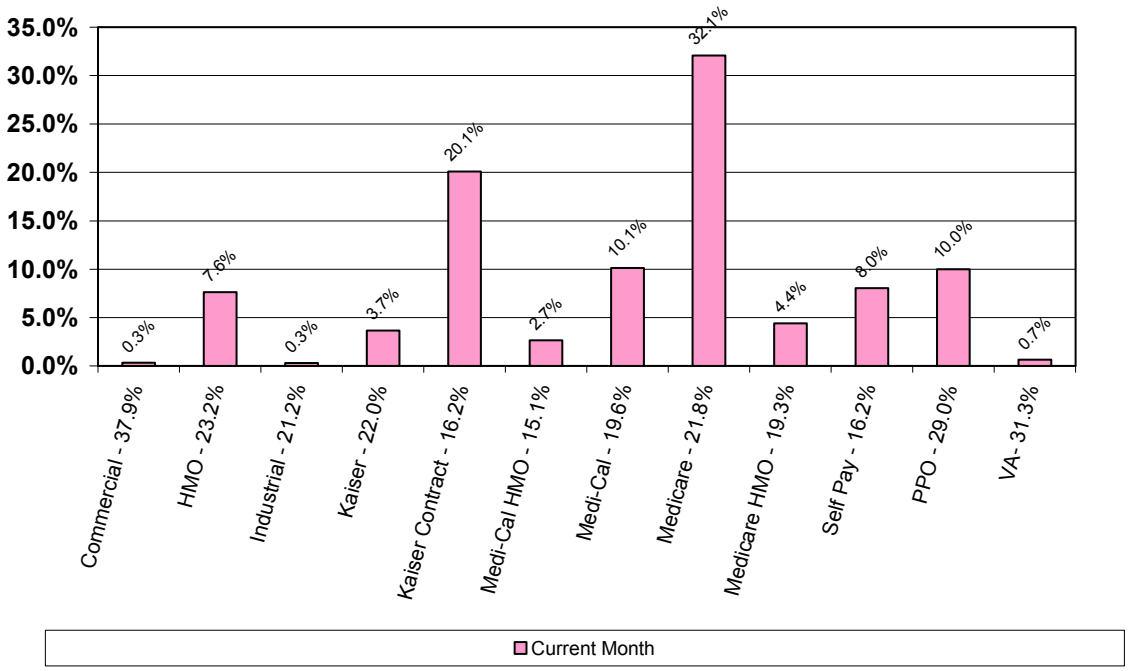
Gross charges in July were greater than budgeted by $2,674,399, and was comprised of favorable variances in inpatient gross revenues of $924,313 while outpatient gross revenues were favorable to budget by $1,750,085. On an adjusted patient day basis total patient revenue was $6,800 versus the budgeted $6,409 or a 6.1% favorable variance from budget and was 10.9% greater than the prior year.



In looking at the composition of the outpatient revenues, same day surgeries makes up the majority of the outpatient revenue book of business at $5.3 million or 51.5% followed by emergency services at $2.4 million or 23.0%. The remaining 25.5% is made up of outpatient ancillary services such as radiology, laboratory, the IVT program and other outpatient services.

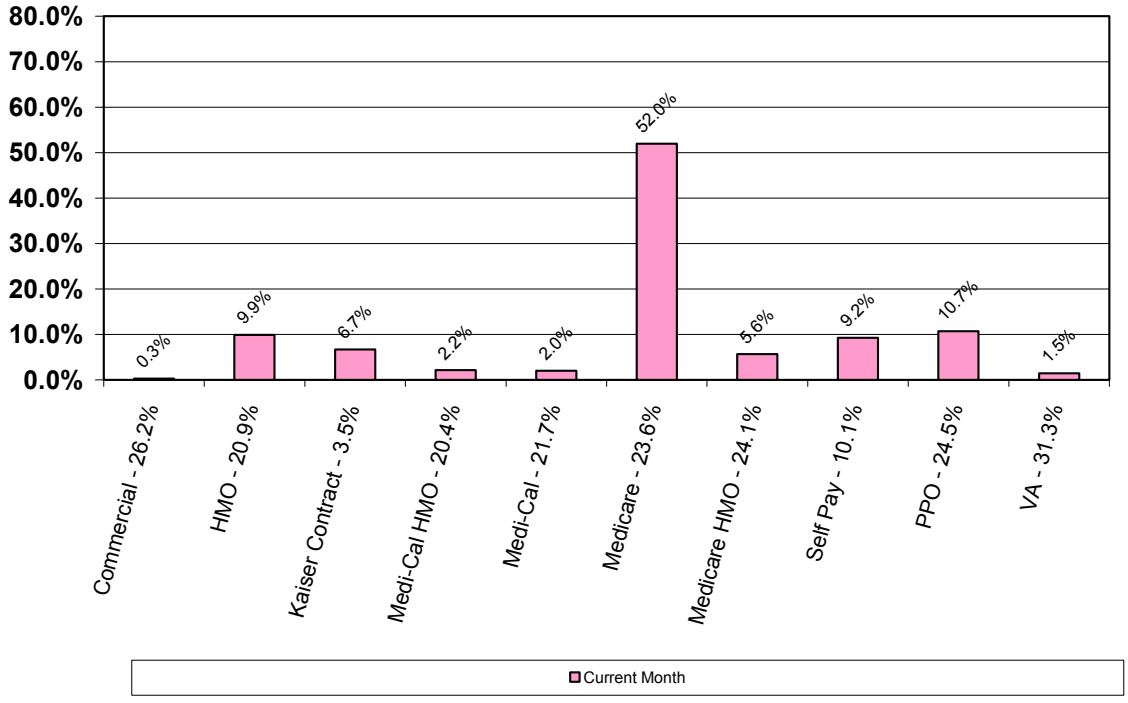
When looking at the combined payor mix for the hospital, Medicare continues to hold the top payor position with total gross revenue representing 32.1% of our total gross patient charges with Kaiser as the second largest source of gross patient revenues at 23.8%. The graph on the following page shows the percentage of revenues generated by each of the major payors as well as the expected reimbursement for each.

Combined Payor Mix

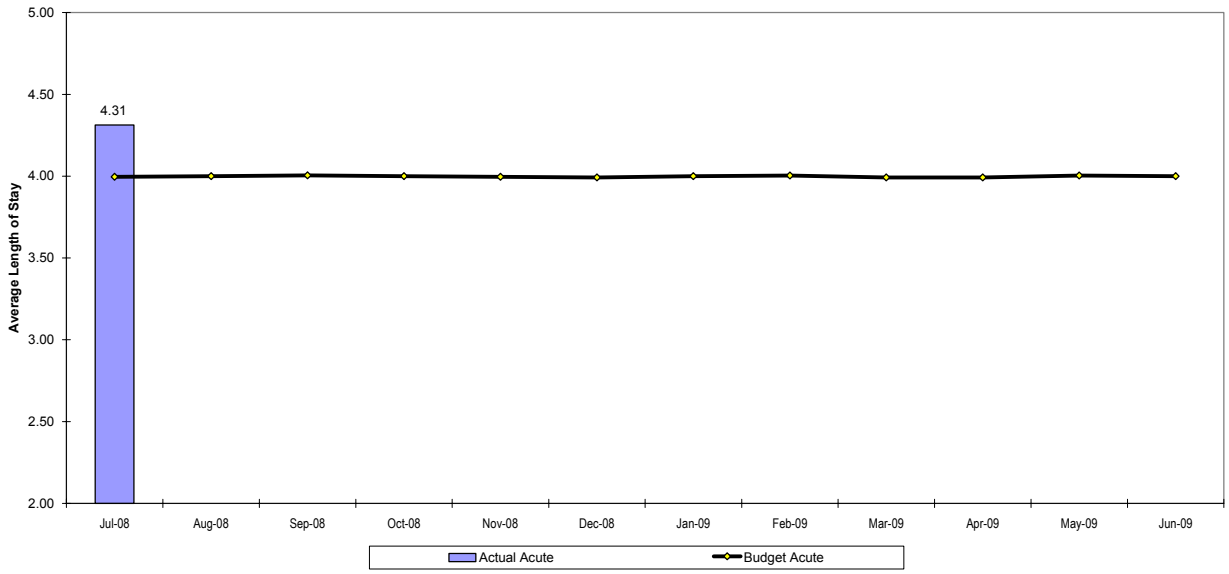


On the Hospital's inpatient acute side, 52.9% of the total gross revenue was generated by Medicare patients, which is slightly higher that the 50.4% level of June and is expected to be reimbursed at an average rate of 23.6% based upon July discharges which is slightly lower than the reimbursement level experienced in June. This decline in expected reimbursement in July is primarily the result of zero cases qualifying for outlier reimbursement as a opposed to the month of June which had three cases hitting outlier threshold levels.

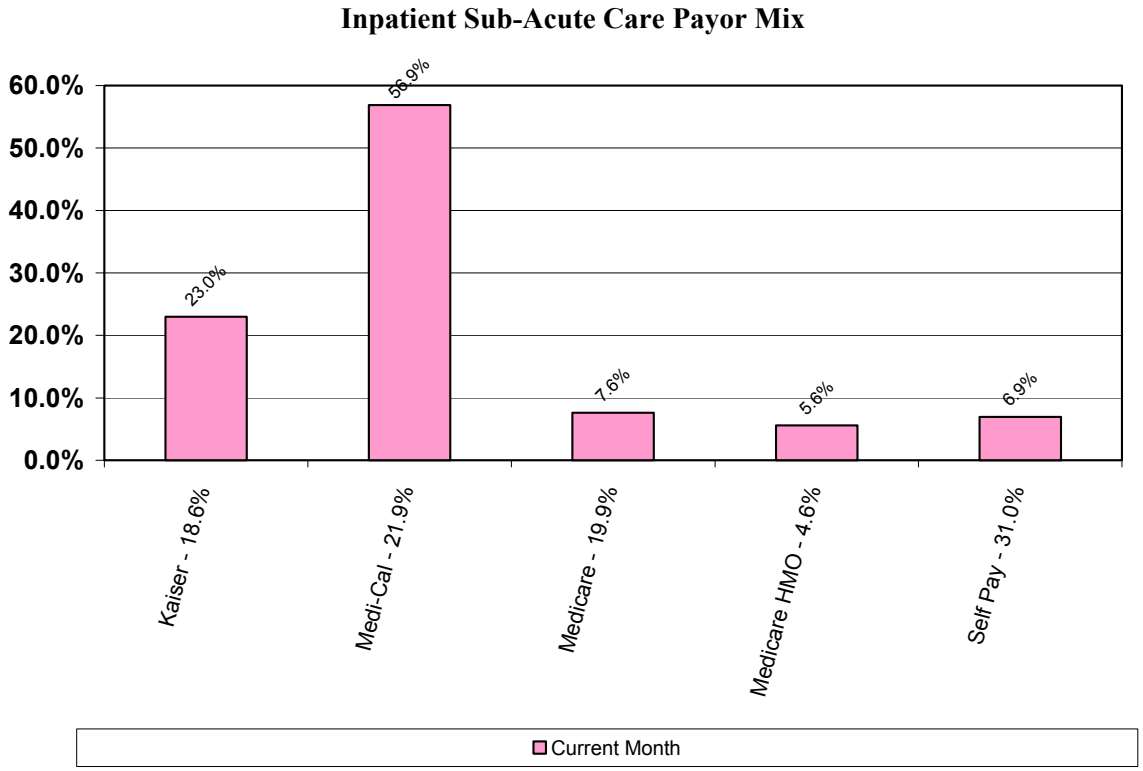
Inpatient Acute Care Payor Mix



Average length of stay for the inpatient acute care units increased to 4.31 days which is 7.9% greater than the 4.00 average length of stay that was budgeted for fiscal year 2009. This higher level of length of stay has been driven by several accounts that had lengths of stay exceeding ten (10) days.

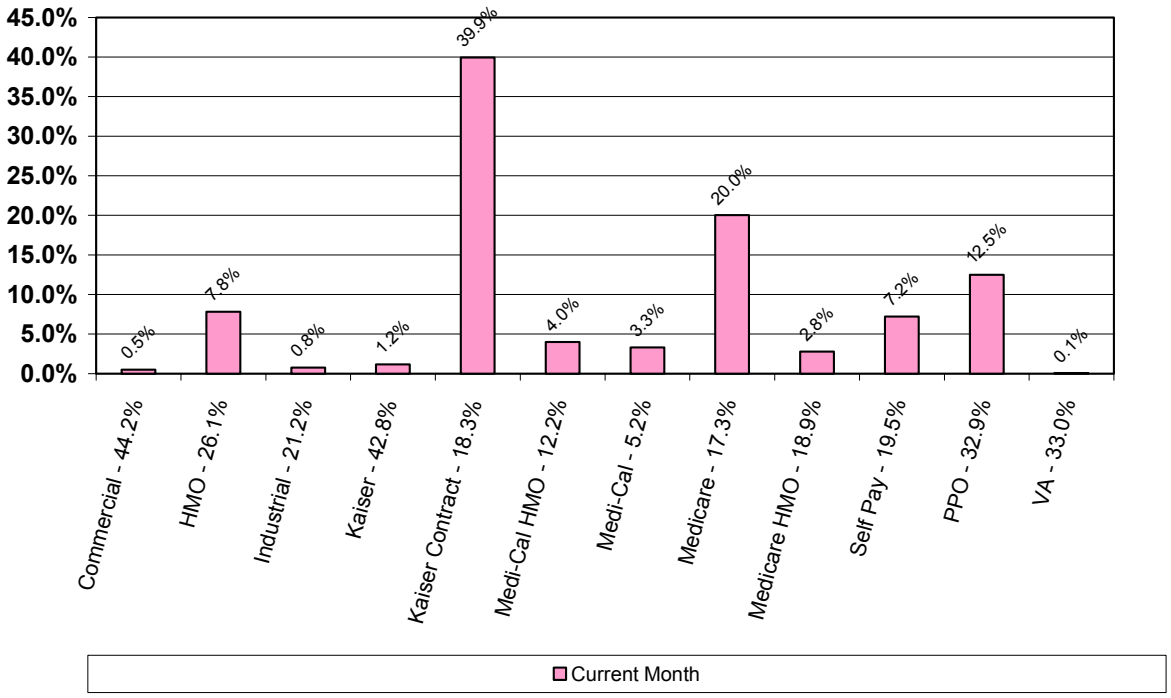


In July, 56.9% of the Sub-Acute programs gross revenue was from Medi-Cal beneficiaries followed by 23.0% from Kaiser and 7.6% from Medicare.



The outpatient gross revenue payor mix for July was comprised of 41.1% Kaiser, 20.0% Medicare, 12.5% PPO and 7.8% HMO and is shown on the following graph.

Outpatient Services Payor Mix



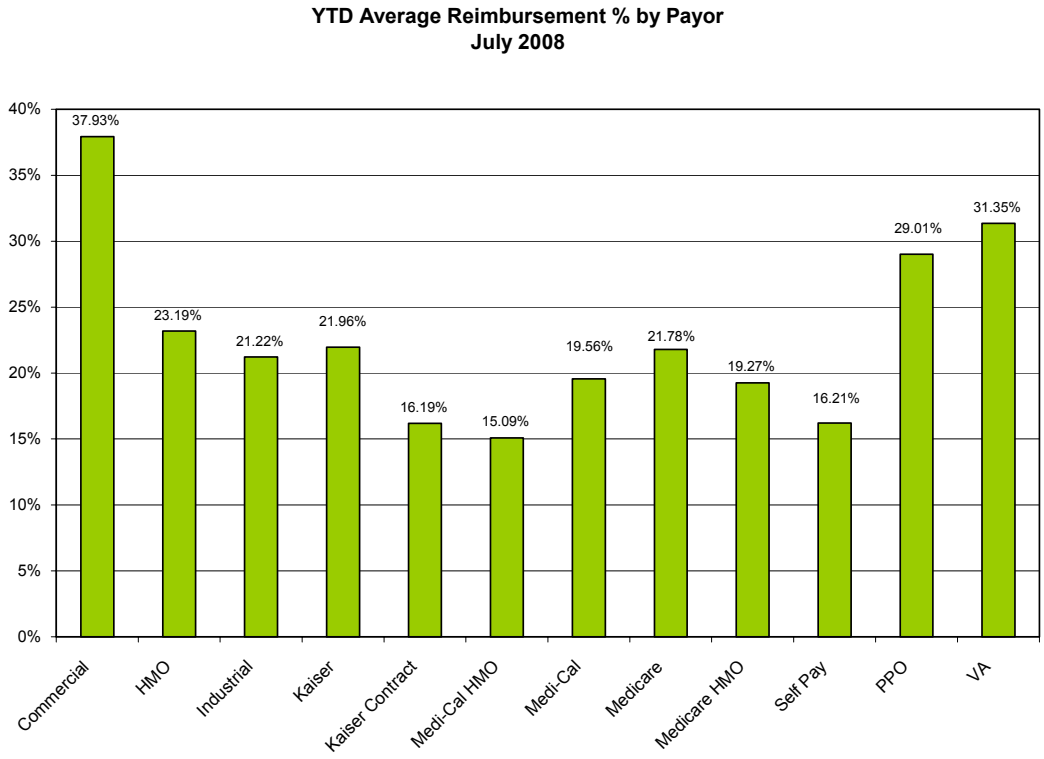
Deductions From Revenue

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 July contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 77.95% versus the budgeted 76.97%. In July there were again no DRG "take backs" associated with the RAC project.

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 actual anticipated cash payments the Hospital is to receive for the services provided. The graph on the following page shows the year to date average level of reimbursement that the Hospital has experienced during the first month of fiscal year 2009 by major payor category.


YTD Average Reimbursement % by Payor
July 2008
40%
35%
30%
25%
20%
15%
10%
5%
0%
37.93%
23.19%
21.22%
21.96%
16.19%
15.09%
19.56%
21.78%
19.27%
16.21%
29.01%
31.35%
Commercial
HMO
Industrial
Kaiser
Kaiser Contract
Medi-Cal HMO
Medi-Cal
Medicare
Medicare HMO
Self Pay
PPO
VA

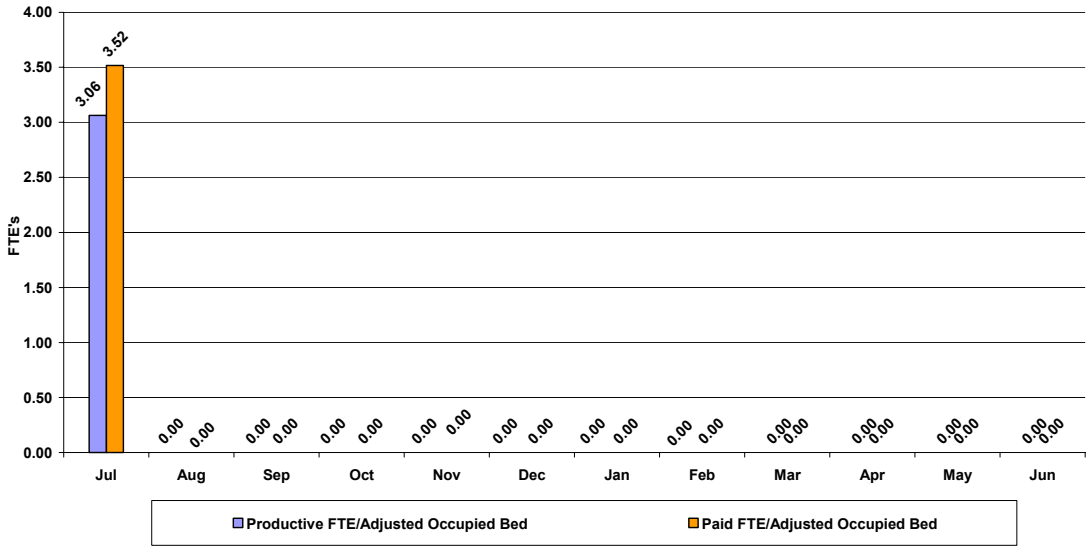
Total Operating Expenses

Total operating expenses were greater than the fixed budget by $201,288 or 3.6%. However, expenses per adjusted patient day were $1,628 compared to a budget of $1,666 or 2.3% favorable to the volume adjusted budget. The following discusses the significant areas that make up the variance from the fixed operating budget.

Salary and Registry Expenses

Salary and registry costs combined were less than budgeted by $32,513, with the majority of the favorable variance ($119,155) in the salary category while registry costs exceeded budget by $86,642. The salary and registry costs per adjusted patient day were $839 versus the budgeted $899 resulting in a favorable variance of $60 per adjusted patient day. Productive FTE's per adjusted occupied bed was 3.06 in July versus 3.07 in June and have remained relatively constant over the last six months. The following graph shows the Productive and Paid FTE's per adjusted occupied bed for FY 2009.

FTE's per Adjusted Occupied Bed



Benefits

For the month of July benefits exceeded budget by $58,954 and was primarily the result of slightly higher than expected reserves for group health insurance costs for the first month of the fiscal year.

Professional Fees

Professional medical and non-medical fees were over budget by $10,358 and $72,682, respectively. The medical professional fee variance was due to a difference in the amount budgeted for the group anesthesiology agreement that was budgeted for $37,500 per month but was finalized at $51,000 per month. On the non-medical professional fee component there were un-budgeted expenses for South Shore Convalescent Hospital transition services of $14,000, costs associated with the Strategic Plan development of $21,000 and higher than budgeted costs for Laboratory and Environmental services management of $6,000 and $4,000, respectively.

Supplies

Overall supplies were $82,737 over budget in July. This unfavorable variance from the fixed operating budget was the result of higher than anticipated costs for prosthetics and surgical supplies of $40,000 and $21,500, respectively.

Rents and Leases

This expense category exceeded budget by $15,713 as a result of higher than anticipated costs associated with the rental of specialty beds required for the treatment and care of patients during the month of July.

Balance Sheet

Patient Accounts Receivable
Gross patient accounts receivable increased by $591,840 from the prior month and the gross days in receivables decreased to 51 compared to 52 in the prior month.

Liabilities
Total Current and Long Term Liabilities at July 31, 2008 were $20,261,225 versus $21,370,082 in the prior month, a decrease of $1,108,857 or 5.2%. This decrease was the result of the return of $760,000 returned to Kaiser described above and the amortization of one month of fiscal year 2009's parcel tax proceeds in the amount of $477,000.

ALAMEDA HOSPITAL
Balance Sheet
July 31, 2008

	July 31, 2008	June 30, 2008	June 30, 2007
Assets			
Current assets:			
Cash and cash equivalents	$ 3,810,306	$ 4,498,284	$ 4,363,875
Net Accounts Receivable	7,813,948	7,944,523	7,300,864
Net Accounts Receivable %	19.54%	20.17%	19.70%
Inventories	1,041,296	1,048,503	949,780
Other assets	7,388,226	7,462,152	7,371,619
Total Current Assets	20,053,776	20,953,462	19,986,138
Non-current restricted cash and investments:			
Restricted by contributors and grantors for capital acquisitions and research-Jaber Estate	613,283	602,817	467,958
Total Non-Current Assets	613,283	602,817	467,958
Fixed Assets:			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	6,460,403	6,572,299	7,737,041
Total fixed assets, net of accumulated depreciation	7,338,347	7,450,244	8,614,986
Total Assets	$ 28,005,406	$ 29,006,523	$ 29,069,082
Liabilities and Net Assets			
Current Liabilities:			
Line of credit - Bank of Alameda	$ -	$ -	$ 1,000,000
Accounts payable and accrued expenses	5,410,522	5,370,162	4,819,848
Loans Payable	2,380,000	2,400,000	-
Payroll and benefit related accruals	3,964,496	3,731,229	3,459,861
Est.Third-party payer settlement payable	1,896,557	1,910,582	2,237,840
Other liabilities	6,007,000	7,244,000	6,343,528
Total Current Liabilities	19,658,576	20,655,973	17,861,077
Long-Term Liabilities:			
Long-term pension liabilities	(37,964)	(30,772)	(31,318)
Long-term IBNR reserves	330,000	330,000	360,000
Capitalized Lease payable	350,612	414,883	1,022,616
Total Long-Term Liabilities	642,648	714,111	1,351,298
Total Liabilities	20,301,224	21,370,084	19,212,375
Net Assets			
Unrestricted	7,090,899	7,033,627	9,388,750
Restricted	613,283	602,812	467,957
Total Net Assets	7,704,182	7,636,439	9,856,707
Total Liabilities and Net Assets	$ 28,005,406	$ 29,006,523	$ 29,069,082

ALAMEDA HOSPITAL
Summary Statement of Revenues, Expenses
For the One Month Ended July 31, 2008

	Current Month - Fixed Budget				
	Actual	Budget	Variance	Var %	Jul 07
Operating revenues:					
IP Revenue	$ 13,719,217	$ 12,794,904	$ 924,313	7.2%	$ 10,699,991
OP Revenue	10,418,836	8,668,751	1,750,085	20.2%	8,811,868
Total revenue	$ 24,138,054	$ 21,463,655	$ 2,674,399	12.5%	$ 19,511,859
Less: Deductions from Revenue	(17,898,701)	(15,694,805)	(2,203,896)	14.0%	(14,758,941)
Bad Debt	(821,546)	(739,391)	(82,155)	11.1%	(261,668)
Charity	(96,566)	(86,909)	(9,657)	11.1%	(17,498)
Net patient service revenue	$ 5,321,242	$ 4,942,550	$ 378,692	7.7%	$ 4,473,751
	22.05%	23.03%			22.93%
Other revenue	10,729	10,040	689	6.9%	9,632
Total operating revenues	$ 5,331,971	$ 4,952,590	$ 379,381	7.7%	$ 4,483,383
Operating expenses:					
Salaries	$ 2,774,256	$ 2,893,411	$ 119,155	4.1%	$ 2,788,912
Registry	204,239	117,597	(86,642)	-73.7%	145,015
Benefits	911,971	853,017	(58,954)	-6.9%	536,128
Professional Fees	352,046	269,006	(83,040)	-30.9%	306,365
Supplies	809,216	726,479	(82,737)	-11.4%	700,871
Purchase Services	343,622	343,819	197	0.1%	293,865
Rents and Leases	62,907	47,194	(15,713)	-33.3%	47,429
Utilities and Telephone	73,299	73,088	(211)	-0.3%	65,168
Insurance	43,774	60,971	17,197	28.2%	59,364
Interest Expense	13,254	12,132	(1,122)	-9.2%	10,316
Depreciation and amortization	123,387	112,447	(10,940)	-9.7%	167,263
Other Operating Expenses	64,423	65,945	1,522	2.3%	29,991
Total operating expenses	$ 5,776,394	$ 5,575,106	$ (201,288)	-3.6%	$ 5,150,688
Operating gain (loss)	$ (444,423)	$ (622,516)	$ 178,093	-28.6%	$ (667,305)
Non-operating revenues (expenses):	$ 501,699	$ 510,213	$ (8,514)	-1.7%	$ 525,211
Excess of revenues over expenses	57,276	(112,303)	169,579	-151.0%	(142,094)

ALAMEDA HOSPITAL
Summary Statement of Revenues, Expenses
For the One Month Ended July 31, 2008

	Current Month - Per Adjusted Patient Day				
	Actual	Budget	Variance	Var %	July 07
Operating revenues:					
IP Revenue	$ 3,865	$ 3,821	$ 44	1.2%	$ 3,364
OP Revenue	2,935	2,588	347	13.4%	2,770
Total revenue	$ 6,800	$ 6,409	$ 391	6.1%	$ 6,134
Less: Deductions from Revenue	(5,042)	(4,686)	(356)	7.6%	(4,640)
Bad Debt	(231)	(221)	(10)	4.5%	(82)
Charity	(27)	(26)	(1)	3.8%	(6)
Net patient service revenue	$ 1,500	$ 1,476	$ 24	1.6%	$ 1,406
	22.06%	23.03%			22.92%
Other revenue	3	3	-	0.0%	3
Total operating revenues	$ 1,503	$ 1,479	$ 24	1.6%	$ 1,409
Operating expenses:					
Salaries	$ 781	$ 864	$ 83	9.6%	$ 877
Registry	58	35	(23)	-65.7%	46
Benefits	257	255	(2)	-0.8%	169
Professional Fees	99	80	(19)	-23.8%	96
Supplies	228	217	(11)	-5.1%	220
Purchase Services	97	103	6	5.8%	92
Rents and Leases	18	14	(4)	-28.6%	15
Utilities and Telephone	21	22	1	4.5%	20
Insurance	12	18	6	33.3%	19
Interest Expense	4	4	-	0.0%	3
Depreciation and amortization	35	34	(1)	-2.9%	53
Other Operating Expenses	18	20	2	10.0%	9
Total operating expenses	$ 1,628	$ 1,666	$ 38	2.3%	$ 1,619
Operating gain (loss)	$ (125)	$ (187)	$ 62	-33.2%	$ (210)
Non-operating revenues (expenses):	$ 141	$ 152	$ (11)	-7.2%	$ 165
Excess of revenues over expenses	16	(35)	51	-145.7%	(45)

ALAMEDA HOSPITAL
KEY STATISTICS
July , 2008

	ACTUAL JULY 2008	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	JULY 2007
Discharges:					
Total Acute	237	245	(8)	-3.3%	224
Total Sub-Acute	2	2	-	0.0%	11
	239	247	(8)	-3.2%	235
Patient Days:					
Total Acute	1,022	979	43	4.4%	821
Total Sub-Acute	996	1,017	(21)	-2.1%	923
	2,018	1,996	22	1.1%	1,744
Average Length of Stay					
Total Acute	4.31	4.00	0.32	7.9%	3.67
Average Daily Census					
Total Acute	32.97	31.58	1.39	4.4%	26.48
Total Sub-Acute	32.13	32.81	(0.68)	-2.1%	29.77
	65.10	64.39	0.71	1.1%	56.26
Emergency Room Visits	1,378	1,524	(146)	-9.6%	1,414
Outpatient Registrations	2,554	2,368	186	7.9%	2,375
Surgery Cases:					
Inpatient	75	58	17	29.3%	56
Outpatient	473	324	149	46.0%	385
	548	382	166	43.5%	441
Kaiser Inpatient Cases	15	-	15	-	5
Kaiser Eye Cases	184	91	93	102.2%	115
Kaiser Outpatient Cases	164	122	42	34.4%	152
Total Kaiser Cases	363	213	150	70.4%	272
Adjusted Occupied Bed	114.53	108.01	6.52	6.0%	100.54
Productive FTE	350.92	342.02	8.90	2.6%	353.12
Total FTE	402.86	401.23	1.63	0.4%	417.94
Productive FTE/Adj. Occ. Bed	3.06	3.17	(0.10)	-3.2%	3.51
Total FTE/ Adj. Occ. Bed	3.52	3.71	(0.20)	-5.3%	4.16

ALAMEDA HOSPITAL
12 MONTH CASH PROJECTION
PERIOD COVERED:8/1/08 THRU 7/31/09

	COLLECTIONS		PROPERTY	W/C REFUND	OTHER	FY 2008		EST.	
MONTH	NON-KAISER	KAISER -USE	TAX[1]	NET		AB 915	Other	DISBURSEMENTS	BALANCE
Operating Cash Balance as of 7/31/08									644,103
AUG 08	2,900,000	760,000	300,000		65,000		700,000	5,313,429	55,674
SEP 08	4,795,000	760,000	495,000		65,000		(700,000)	5,148,429	322,245
OCT 08	4,485,000	760,000	495,000		65,000			6,405,914	(278,669)
NOV 08	3,705,000	760,000	495,000		65,000			5,164,042	(417,711)
DEC 08	4,400,000	760,000	495,000		65,000			5,359,472	(57,183)
JAN 09	4,200,000	760,000	495,000		65,000			5,434,416	28,401
FEB 09	3,800,000	760,000	495,000	200,000	65,000			5,446,297	(97,896)
MAR 09	4,400,000	760,000	495,000		65,000			5,446,297	175,807
APR 09	4,410,000	790,000	495,000		65,000			5,446,297	489,510
MAY 09	4,620,000	790,000	495,000		65,000			6,898,573	(439,062)
JUNE 09	4,620,000	790,000	495,000		65,000	180,000		5,482,480	328,458
JULY 09	4,620,000	790,000	495,000		65,000			6,035,931	162,527
TOTALS	50,955,000	9,240,000	5,745,000	200,000	780,000	180,000	0 #	67,581,576	

Notes:

1. Property tax receipts will be held in an interest bearing investment account and transferred to the operating account as needed each month.

ALAMEDA HOSPITAL

12 Month Cash Projection - Disbursement Detail

PERIOD COVERED:8/1/08 THRU 7/31/09

	DISBURSEMENTS		13%				TOTAL CASH
MONTH	PAYROLL	PENSION	PAYROLL RELATED	Total Payroll	A/P	Debt Service including Interest	OUTLAYS
AUG 08	2,488,233	46,500	300,000	2,834,733	2,365,000	113,696	5,313,429
SEP 08	2,488,233	46,500	300,000	2,834,733	2,200,000	113,696	5,148,429
OCT 08	3,745,719 a	46,500	300,000	4,092,219	2,200,000	113,696	6,405,914
NOV 08	2,557,420	46,500	300,000	2,903,920	2,200,000	60,122	5,164,042
DEC 08	2,557,420	46,500	495,430	3,099,350	2,200,000	60,122	5,359,472
JAN 09	2,760,871	69,750	343,673	3,174,294	2,200,000	60,122	5,434,416
FEB 09	2,796,002	46,500	343,673	3,186,175	2,200,000	60,122	5,446,297
MAR 09	2,796,002	46,500	343,673	3,186,175	2,200,000	60,122	5,446,297
APR 09	2,796,002	46,500	343,673	3,186,175	2,200,000	60,122	5,446,297
MAY 09	4,248,278 a	46,500	343,673	4,638,451	2,200,000	60,122	6,898,573
JUNE 09	2,832,185	46,500	343,673	3,222,358	2,200,000	60,122	5,482,480
JULY 09	3,385,636	46,500	343,673	3,775,809	2,200,000	60,122	6,035,931
TOTALS	35,451,998	581,250	4,101,141	40,134,389	26,565,000	882,187	67,581,576

a) 3 pay periods in the month

Ongoing Board Development and Education

Membership to The Governance Institute for:

Alameda Hospital
Quality Care - Close To Home

Alameda Hospital

Presented to:
Ms. Debbie Stebbins
Chief Executive Officer
Alameda Hospital

Presented by:
Mr. Mitch Rodgers
Director, Education & Resources
The Governance Institute

August 2008

THE GOVERNANCE INSTITUTE

Dear Ms. Stebbins:

I enjoyed speaking with August 25, 2008, and as requested you will find the following is a membership proposal for Alameda Hospital to The Governance Institute. In the following pages the benefits of membership will be defined as well as specific examples given.

Ongoing Educational Opportunities

**All portions described below are part of Membership with The Governance Institute*

A. Conferences
   a. **Leadership Conference Passes (Five with Membership).** These passes can be utilized at any of our eight renowned conferences throughout the year. For you membership conference passes are not included but may be purchased at member rate or be added through a membership upgrade.
   b. **Two Tuition-Free Passes to the Members only Chair/CEO Conference.** This also is not part of your membership but passes may be purchased at a member rate or be added through a membership upgrade.
   c. **Tuition-Free Pass to Board Support Conference.** For the person who is in the support role for the board, designed to address essential issues for supporting boards.
   d. **All conferences also have an Advisor in Residence.** At each leadership conference you will have the opportunity to have direct contact with the advisor at that conference.

B. Web/Phone Conferences
   a. **Access to Advisor on Call.** Each month The Governance Institute has an advisor on call which you can access to ask questions or get consultation about different occurrences. Can utilize the "Ask the Advisor" feature located on The Governance Institute's website.
   b. **Personalized Member Relations.** You will have a direct member relations team who will help you utilize the benefits of membership.

C. Publications, E-mail, Other (All Board members will receive a copy of each publication)
   a. **BoardRoom Press Bi-monthly Newsletter**
   b. **E-Briefings Quarterly Online Newsletter,** emailed to you and any board or team members you designate.
   c. **Quarterly White Papers**
   d. **Quarterly 8-minute Educational DVD's**
   e. **Annual Signature Publication,** provides an in-depth research report on governance with a national scope.
   f. **Bi-Monthly Research Polls,** on specific, timely healthcare issues facing you and the board

D. Board Development and Education
    a. The **BoardCompass™** is available to all members, and you can choose from our Fast-Track or Comprehensive questionnaire and receive a customized report of your board's performance. Includes comparative benchmarking to our national database of other hospital and system boards, and recommendations for improvement.
    b. Schedule a one-hour telephone consultation with an Advisor to discuss your results.

Access to Information on Best Practice

A. Timely Information on governance issues
    a. Receive all publications detailed above throughout the duration of membership.
B. Expert Advice
    a. Access to the "Advisor on Call" feature detailed above, also The Governance Institute's advisors, as well as access to the faculty and speaker directory.
C. Emerging Trends for Governance Practices
    a. With over 23 years of experience, The Governance Institute has compiled much information, including our "Recommended Practices" listing.
D. Legal, Regulatory, Compliance Issues
    a. All of these issues are covered through various education resources (publications, newsletters, online resource library)

Other Resources

A. Website Support at www.governanceinstitute.com
    a. Our ***Elements of Governance™*** series provides CEOs, board chairs, trustees and support staff with the fundamentals of healthcare governance.
    b. Quarterly ***Case Studies*** profiling hospitals across the country.
    c. Our ***E-Learning Courses*** involve trustees in board orientation, roles, and responsibilities, and provide real-world examples in a short, interactive format.
    d. ***CEO Breakfast Roundtable Transcripts*** offer insights from CEOs during the CEO breakfasts held at Leadership Conferences.
    e. Members enjoy the ***Complete Governance Institute Library Online*** at www.governanceinstitute.com. Download publications at no additional charge, find tools and keep up to date with the yearly calendar.
B. Personal Contact on Specific Issues for Advice
    a. Have complete access to advisors, speakers and faculty and all of the knowledge that they hold. Have the opportunity to utilize all presented above as well as direct interaction with advisors and faculty at all conferences.
C. Additional Resources (Video, DVD, etc)
    a. Have access to the complete library of DVDs and interactive content

Knowing that you place a value on ongoing governance enhancement, many of our 575 members have identified similar values and are currently working towards their respective achievements. Whether it is a hospital board from a small, rural community or from the largest not-for-profit health system in the world, our membership is helping trustees and healthcare leaders understand recommended healthcare governance practices and how they can be applied to their specific organizations.

I will look forward to scheduling time with your office for the second week in September in order to discuss the membership and determine what would be the best way for Alameda Hospital to utilize the resources effectively. Also included is the DVD you requested, this DVD focuses on bond ratings and is just one of many from our DVD library. If you need anything in the interim please feel free to contact me at the numbers below or via email at mrodgers@governanceinstitute.com

Best Regards,

Mitch Rodgers
Director, Education and Resources
Direct: 888.343.2851
Cell: 402.515.1180
mrodgers@governanceinstitute.com
www.governanceinstitute.com

Membership for Alameda Hospital

Membership	Professional Arrangements
Alameda Hospital	$7,975

Terms of Membership: The term of membership is for twelve (12) months. Membership to The Governance Institute is designed to be comprehensive.

Summary of Membership

A. **BoardCompass™ Board Self-Assessment Tool**
   - Compared to The Governance Institute's national database
   - Online and traditional versions
   - Phone based consultation to review the self-assessment results

B. **Advisory Services**
   - On-Demand Research Requests
   - Peer Networking

C. **Research & Publications:**
   - Participation in Research Polls
   - Quarterly White Papers (in hard copy and online)
   - BoardRoom Press Newsletter (in hard copy and online)
   - Board Orientation Kit
   - Annual Governance Trends and Practices Publications (in hard copy and online)
   - Quarterly Videos/DVDs (in hard copy)

D. **Interactive Tools**
   - Unlimited Access to The Governance Institute's Web Site
     - Publications
     - Articles
     - Elements of Governance
     - Research archive

E. **Conferences**
   - Five Tuition-Free Leadership Conference Passes Each Year, transferable throughout the board and administration
   - One Tuition-Free Passes to the Annual Governance Support Conference
   - Two Tuition-Free Passes to the Annual Chairperson/CEO Conference
   - CME, non-ACHE, CNE and Governance Certification Awards
   - Access to additional Leadership Conferences at a member rate

THE GOVERNANCE INSTITUTE

Member Benefits

1. **Quarterly White Papers on Healthcare's Latest Governance Issues**
   Copies of these in-depth publications are provided for each board member.
2. ***BoardRoom Press* Newsletter**
   A bimonthly journal of news, resources, and events, designed specifically for healthcare board members.
3. **E-Briefings Online Newsletter**
   Published six times per year, it provides regular updates on current issues and upcoming conferences.
4. **Quarterly 8-Minute DVDs for Board Members**
5. **Biennial Survey of Hospitals and Healthcare Systems**
   A nationwide look at recommended practices, governance structures, and board performance.
6. **Signature Publications**
   Specialized publications, each focused on a core responsibility of healthcare boards, published every other year. These are timeless governance library essentials.
7. **Research Polls and Custom Research**
   Frequent member polls reveal what other boards are doing, new ideas, and what works in governance. We also provide customized research for individual governance needs.
8. **Board Compass™ Self-Assessment**
   Use this tool to measure the board's performance against the nation's largest comparative healthcare governance database. The self-assessment process is the basis for improving board performance.
9. **Online Publications and Tools**
   Elements of Governance™, Good Governance Case Studies, CEO Breakfast Roundtable Transcripts, and E-Learning Courses
10. **Governance Support Forum**
    Maximize board performance with resources for the governance support staff. Benefits include:
    - Annual conference specifically for the governance support staff
    - Governance templates to customize for your organization and publications covering key governance support topics, all available online
    - Online networking bulletin board, to ask questions, get answers, and connect with your colleagues
11. **Advisory Services**
    Our Governance Advisors provide facilitation, education, and consultation for your hospital or health system's board retreat, governance restructuring project, or CEO–board–medical staff issue resolution. Fees vary based on project scope.
12. **Unlimited Access to The Governance Institute's Web Site and Online Resource Library**
    Gain access to the preferred Web site for governance information, www.governanceinstitute.com. Member access includes:
    - ALL publications: download the complete Governance Institute resource library
    - Online directory of faculty and speakers: key facts and fees on nationally prominent speakers and healthcare experts
13. **Five Tuition-Free Conference Passes Each Year**
    Tuition-free passes for five executives, board members, or physician leaders each year to attend our Leadership Conferences, presented in world-class venues throughout the country.
14. **Annual Chairperson & CEO Conference**
    Two tuition-free passes to our special, members-only conference designed specifically to enhance industry knowledge and working relationships of our members' board chairpersons and CEOs.

The Governance Institute
The essential resource for governance knowledge and solutions™
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