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Alameda Hospital
CITY OF ALAMEDA HEALTH CARE DISTRICT

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

REGULAR MEETING AGENDA

WEDNESDAY JUNE 5, 2013

6:00 p.m. (CLOSED) | 7:30 p.m. (OPEN)

Location: Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501
Office of the Clerk: (510) 814-4001

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) — J. Michael McCormick

II. Roll Call — Kristen Thorson

III. Adjourn into Executive Closed Session

IV. Closed Session Agenda

A. Call to Order

B. Approval of Closed Session Minutes
   1. April 11, 2013
   2. May 8, 2013

C. Medical Executive Committee Report and Approval of Credentialing Recommendations — H & S Code Sec. 32155

D. Board Quality Committee Report (BQC) — H & S Code Sec. 32155

E. Discussion of Pooled Insurance Claims — Gov't Code Sec. 54956.95

F. Consultation with Legal Counsel Regarding Pending and Threatened Litigation — Gov't Code Sec. 54957.6

G. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions — Gov't Code Sec. 54956.9(a)

H. Discussion of Report Involving Trade Secrets — H & S Code Sec. 32106
   1. Discussion of Hospital Trade Secrets applicable to District's Strategy for Delivery of New Programs and Services

      No action will be taken.

      Estimated Date of Public Disclosure: June 2013

I. Adjourn into Open Session

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

A. Announcements from Closed Session — J. Michael McCormick

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VI. General Public Comment

VII. Regular Agenda

A. Consent Agenda — **ACTION ITEMS**

✓ 1) Approval of May 8, 2013 Meeting Minutes [enclosure] (pages 4-8)

✓ 2) Approval of Medical Staff Delineation of Clinical Privileges for a Physician Assistant – Internal Medicine [enclosure] (pages 9-11)

B. Action Items

✓ 1) Acceptance of 2012 Annual Environment of Care Report and Special Educational Presentation — Kerry Easthope

- Tom Jones, Chief Engineer & Gloria Williams, Assistant Director of Nursing Services

[enclosure] (pages 12-41)

✓ 2) Acceptance of April 2013 Unaudited Financial Statements and May 29, 2013 Finance and Management Committee Report — Robert Deutsch, MD; Kerry Easthope

[enclosure] (pages 42-64)

✓ 3) Approval of Resolution 2013-2K: Extension of Spending Authority — Robert Deutsch, MD

[enclosure] (pages 65)

✓ 5) Approval of Resolution 2013- 1K: Levying the City of Alameda Health Care District Parcel Tax for the Fiscal Year 2013-2014 — J. Michael McCormick

[enclosure] (pages 66-67)

✓ 2) Approval of Certification and Mutual Indemnification Agreement — Deborah E. Stebbins

[enclosure] (pages 68-70)

C. District Board President's Report INFORMATIONAL

D. Community Relations and Outreach Committee Report INFORMATIONAL — Jordan Battani

E. Medical Staff President Report INFORMATIONAL — Emmons Collins, MD

F. Chief Executive Officer Report INFORMATIONAL — Deborah E. Stebbins

✓ 1) Monthly CEO Report

- Medi-Cal Rate Reductions and State Budget, DSRIP Report, Information Technology Update and Meaningful Use, Key Statistics, Auxiliary Update, bay Area Bone and Joint Center, Capital Projects, Quality Update, Joint Commission Update, Association of California Health Care District (ACHD) April 2013 Update

[enclosure] (pages 71-77)

✓ 2) FYE June 30, 2013, 3rd Quarter Goals and Objectives Update

[enclosure] (pages 78-86)

VIII. General Public Comments

IX. Board Comments

X. Adjournment

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Wednesday, May, 8, 2013 Regular Meeting

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Robert Deutsch, MD Tracy Jensen J. Michael McCormick Elliott Gorelick	Deborah E. Stebbins Kerry J. Easthope Brian Jung Karen Taylor, RN	Thomas Driscoll, Esq. Medical Staff Present Emmons Collins, MD	 Excused
Submitted by: Kristen Thorson, District Clerk			

Topic		Discussion	Action / Follow-Up
I.	Call to Order	The meeting was called to order at 6:03 p.m.	
II.	Roll Call	Ms. Thorson called roll noting a quorum of Directors was present. Director Gorelick was absent for roll call but joined in Executive Closed Session.	
III.	Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 6:04 p.m.	
IV.	Closed Session Agenda		
V.	Reconvene to Public Session	The meeting was reconvened into public session at 8:27 p.m.	

A. Announcements from Closed Session
Director McCormick stated that the Board Quality Committee Report for March was reviewed and accepted as presented. The Board approved the Credentialing Recommendations of the Medical Staff as outlined below. No other action was taken.

Initial Appointments – Medical Staff

	Name	Specialty	Affiliation	

Topic	Discussion		Action / Follow-Up
	• Dat M. Ha, MD	Internal Medicine/Hospitalist	AIM
	• Rubinder Kaur, MD	Internal Medicine/Hospitalist	AIM
	• Vijay Mirmira, MD	Family Practice	AFP

Reappointments – Medical Staff

	Name	Specialty	Staff Status	Appointment Period
	• Dinae Kwan, MD		Courtesy	06/01/13 – 05/31/15
	• Richard Nolan, MD		Courtesy	06/01/13 – 05/31/15
	• Mark Tidyman, MD		Courtesy	06/01/13 – 05/31/15

Proctoring Reports

Proctoring reports for Kyle Belek, MD were approved.

Criteria for Stroke Privileges

The criteria for stroke privileges were approved as presented.

Resignations

	• Adelaida Alfiler, MD	Internal Medicine/Hospitalist
	• Hamta Jafari, MD	Internal Medicine / Hospitalist
	• Jacqueline Park, MD	Gastroenterologist

VI. General Public Comments

There were no comments.

Director McCormick stated that the agenda would be changed and Action Item #2 would be taken first since there were representatives from the Fire Department present for this action item.

VII. Regular Agenda

	A.	Consent Agenda	Director Jensen made a motion to approve the Consent Agenda as presented. Director Battani seconded the motion. The motion carried.
		1) Approval of April 11, 2013 Meeting Minutes	
		2) Approval to Appoint Committee Member to Finance and Management Committee	
		3) Approval of amendment to Medical Staff By-Laws	

Topic		Discussion	Action / Follow-Up
	B.	Action Items	
		1) Acceptance of March 2013 Unaudited Financial Statements and April 24, 2013 Finance and Management Committee Report Director Deutsch noted on page 14 of the packet were the highlights of the meeting where the March financials were discussed. There was a negative bottom line of $219,000 vs gain of $204,000. Year-to-Date loss is $1.35 M versus a budgeted loss of $135,000. Waters Edge continues to have a positive margin. Wound care has been busy but contributions are less than what is reflected but the trajectory is in right direction. Even though volume was higher, so were expenses which accounted for the loss. Director Jensen asked Mr. Easthope how the budget is so far off compared to actual. Mr. Easthope responded that in April, May and June, there were very aggressive volumes for orthopedic program, but that has not come to fruition for imaging, therapy and surgeries. Additional personnel have been added throughout the year in IT, and EVS to address needed support in those areas which has increased expense year-to-date. In addition, with the increased census in January and February the hospital did not effectively manage expenses in particular for registry and premium time. There has been a variety of challenges. Director Jensen also noted that supplies were over budget. Mr. Easthope noted that supply expense is somewhat volume driven with specific increases year-to-date in blood usage, unbudgeted orthopedic supplies for the start-up of the clinic and non-capital surgical equipment. Director Jensen asked at what point is our A/P days become critical as she understands it has been a concern of management and the Board. Mr. Easthope responded that the hospital is at a critical point with vendors. Management and staff continue to work with vendors and keep them as current as possible. There may be some relief from a rate adjustment from the State of California but that is still pending. Ms. Stebbins noted that April was a high cash collection month. Mr. Easthope also noted that due to the Federal sequestration, reductions in Medicare reimbursement are estimated to be approximately $40,000 a month. Director Gorelick noted that the CMI for April was very low. Mr. Easthope stated that revenues were also low and correlate with the low CMI. Director Gorelick asked for a breakdown of the construction in progress. Mr. Easthope reviewed in general the details of the CIP and will bring a detailed breakdown to Finance and Management Committee.	Director Jensen made a motion to accept the March 2013 Unaudited Financial Statement and April 24, 2013 Finance and Management Committee Report. Director Gorelick seconded the motion. The motion carried.
		2) Approval to Enter into a Patient Transportation Services Agreement with City of Alameda, Fire Department This action item was taken first as noted above. Ms. Stebbins introduced Chief Mike D'Orazi and Gayle Thomas. Ms. Stebbins reviewed the memo in the packet (page 35) and the history behind the discussions that led to the comprehensive transportation agreement, including non emergency ambulance (BLS), acute ambulance services (ALS), and routine transports from hospital or skilled nursing facilities. There are no financial implications for the hospital. Director	Director Battani made a motion to approve entering into the Agreement with City of Alameda for patient transportation services. Director Jensen seconded the motion. The motion carried.

Topic		Discussion	Action / Follow-Up
		Battani asked for an explanation of the services levels of the agreement, including response time and how that will be monitored. Karen Taylor, RN stated in response to Director Battani that there will be logs kept at both organizations and there will be monthly meetings to review the data. There is a point of care contact for both organizations as well, so that issues or concerns can be addressed immediately as they arise. Service level response times were already identified in the previous contract and are continued in the new agreement with the exception of the urgent service levels in which the time was 15 minutes to respond or provide a subcontractor to respond to the call. Director Deutsch inquired about a fee schedule. Ms. Taylor, said that in most cases, fees were reduced and the Fire Department met the competitive rates from other service providers and Medicare rates. The agreement also covers long term care units. AFD will handle all potential complaints from their subcontractors and work with Alameda Hospital to resolve any such complaints. Ms. Stebbins stated that City Council are scheduled to review the contract on May 21, 2013. Reports will be shared with the Board Quality Committee on a regular basis. Director Jensen requested that as the relationship move forward she would like the Hospital and Fire Department to collaborate on emergency command center and operations for the island.	
		3) Approval to Award Construction Contract to Signature Construction for the 2 West CMS AFS Project Mr. Jung reviewed the memo included in the board packet on beginning on page 36. Management recommended awarding the contract to Signature Construction in the amount of $185,375. He noted that funding for this project will be provided by the Alameda Hospital Foundation.	Director Gorelick made a motion to award the construction contract to Signature Construction for the 2 West CMS AFS Project. Director Deutsch seconded the motion. The motion carried.
	C.	District Board President's Report No report.	
	D.	Community Relations and Outreach Committee Report Director Battani reported that the committee has not met since the last Board meeting, but there are many activities scheduled including the Park Street Spring Festival on Saturday May 11. Another stroke screening is being held at the end of the month.	No action taken.
	E.	Medical Staff President Report Dr. Collins noted that Claudine Dutaret, MD will be giving the educational talk on stroke on May 14, 2013 in Conference Room A. He also noted the By-laws change for Conflict Management, which was approved in the consent agenda, was a result of the Joint Commission survey and did not have any content change, just a move from the Rules and Regulations to the By-laws.	
	F.	Chief Executive Officer Report	

Topic		Discussion	Action / Follow-Up
		Ms. Stebbins thanked the Medical Staff for their participation in the Joint Commission Survey.	
		1) Monthly CEO Report Ms. Stebbins called of the information found in her written report (beginning on page 40 of the Board Packet): Legislative Contacts, Pediatric Readiness Preparedness Site Visit, Kate Creedon Center for Advanced Wound Care, Bay Area Bone & Joint Center, Alameda Hospital Foundation, Community Relations and Outreach, Information Technology Update and Meaningful Use, Capital Projects DSRIP Report Upcoming Special Events, Key Statistics-April 2013, Association of California Health Care District (ACHD) March 2013 Update. Ms. Stebbins noted that Dennis Eloe, Executive Director, Alameda Hospital Foundation has submitted his resignation effective June 14, 2013. Louise Nakada, Director of Community Relations will be taking an interim role to oversee the Foundation and the Auxiliary. She also noted that the Foundation has provided a loan to the Hospital for the various related seismic projects already in progress. She noted that National Nurse Week, and National hospital week festivities including the nursing excellence award winner as noted in the report. The key statistics were also reviewed.	
		2) FYE June 30, 2013 3rd Quarter Goals and Objectives In the interest of time and due to some key missing information in the report of the goals and objectives, Ms. Stebbins asked if the Board would object to deferring the review and any discussion of the update to the June meeting There was no objection from the Board. Joint Commission Survey Update.	
VIII.	**General Public Comments**	No comments.	
IX.	**Board Comments**	No comments.	
X.	**Adjournment**	Being no further business the meeting was adjourned at 8:32 p.m.	

Attest:

J. Michael McCormick
President

Tracy Jensen
Secretary

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: May 31, 2013

For: June 5, 2013 District Board Meeting

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

From: Emmons Collins, MD, Medical Staff President

SUBJECT: Approval of Medical Staff Delineation of Clinical Privileges for a Physician Assistant – Internal Medicine

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Recommendation:

The Medical Executive Committee respectfully requests your approval of the attached ***Delineation of Clinical Privileges for a Physician Assistant – Internal Medicine.*** This privilege delineation has been reviewed and approved by members of the Medical Committee and the Medical Executive Committee and is hereby submitted to the Board of Directors with a recommendation to approve the same.

BACKGROUND / DISCUSSION:

The privileges set forth on the attached application represent procedures commonly provided by physician assistants to patients who are under the care of a physician who specializes in internal medicine. Physician assistants are required by law to be under the supervision of a physician.

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ALAMEDA HOSPITAL

DELINEATION OF CLINICAL PRIVILEGES

PHYSICIAN ASSISTANT – INTERNAL MEDICINE

NAME: _____	☐ **INITIAL APPOINTMENT** ☐ **REAPPOINTMENT**

I UNDERSTAND THAT PHYSICIAN ASSISTANTS APPLYING FOR PRIVILEGES WILL ASSIST INTHE CARE OF THE PATIENTS OF THEIR SUPERVISING PHYSICIAN(S) AT ALAMEDA HOSPITAL. THE EXERCISE OF ALL PRIVILEGES MAY OCCUR ONLY IN THE CONTEXT OF PREVAILING BYLAWS, RULES AND REGULATIONS, AND HOSPITAL POLICIES. I ALSO UNDERSTAND THAT ALL CASES MUST BE PRESENTED TO THE ATTENDING PHYSICIAN PRIOR TO DISCHARGE AND/OR DISPOSITION. I HEREBY REQUEST THE FOLLOWING PRIVILEGES:

GENERAL PRIVILEGES	**REQUESTED**	**APPROVED**	**DENIED**
REVIEW PATIENT RECORDS	☐	☐	☐
TAKE PATIENT HISTORY	☐	☐	☐
PERFORM PHYSICAL EXAM	☐	☐	☐
RECORD PERTINENT PATIENT DATA	☐	☐	☐
MAKE ASSESSMENT AND DIAGNOSIS	☐	☐	☐
INITIATE, REVIEW AND REVISE TREATMENT AND THERAPY PLANS	☐	☐	☐
WRITE ORDERS AS PER SUPERVISING PHYSICIAN	☐	☐	☐
ORDER APPROPRIATE DIAGNOSTIC STUDIES	☐	☐	☐
ORDER APPROPRIATE CONSULTATIONS	☐	☐	☐
PRESCRIBE MEDICATIONS AS PER HOSPITAL POLICY.	☐	☐	☐
INITIATE ARRANGEMENTS FOR ADMISSIONS	☐	☐	☐
DICTATE/WRITE DISCHARGE SUMMARIES	☐	☐	☐

THERAPEUTIC PROCEDURES			
ORDER OR TRANSMIT AN ORDER FOR X-RAYS, OTHER STUDIES, THERAPEUTIC DIETS, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, RESPIRATORY THERAPY AND NURSING SERVICES.	☐	☐	☐
ORDER, OR TRANSMIT ORDER FOR, PERFORM OR ASSIST IN PERFORMANCE OF LABORATORY PROCEDURES, SCREENING PROCEDURES AND THERAPEUTIC PROCEDURES.	☐	☐	☐
INSTRUCT AND COUNSEL PATIENTS REGARDING THEIR PHYSICAL & MENTAL HEALTH [MEDICATIONS, DIETS, SOCIAL HABITS, FAMILY PLANNING, NORMAL GROWTH/DEVELOPMENT, AGING AND UNDERSTANDING LONG TERM MANAGEMENT OF THEIR DISEASE]	☐	☐	☐
ADMINISTER MEDICATIONS PER HOSPITAL POLICY [SUPERVISING PHYSICIAN REQUIRED]	☐	☐	☐

Name: _____

INSERT FOLEY CATHETERS; IRRIGATE IF INDICATED	☐	☐	☐
PLACE NG TUBES	☐	☐	☐
WOUND CARE	☐	☐	☐
ASPIRATION OF SEROMAS	☐	☐	☐
PRESSURE SORES/BURN CARE	☐	☐	☐
REMOVAL OF SUPERFICIAL FOREIGN BODIES	☐	☐	☐
STAPLE/SUTURE REMOVAL	☐	☐	☐
SOFT TISSUE INJECTION	☐	☐	☐
SUTURING	☐	☐	☐
PERFORM CPR AND ACLS	☐	☐	☐
PERFORM MSE	☐	☐	☐
DIGITAL BLOCK	☐	☐	☐
ANTERIOR NASAL PACKING	☐	☐	☐
ENUCLEATION OF THROMBOSED HEMORRHOID	☐	☐	☐
G TUBE REPLACEMENT	☐	☐	☐
I&D OF ABSCESSES	☐	☐	☐
LUMBAR PUNCTURE	☐	☐	☐

I CERTIFY THAT I HAVE HAD THE NECESSARY TRAINING AND EXPERIENCE TO PERFORM THE PROCEDURES I HAVE REQUESTED.

_____ _____

SIGNATURE OF APPLICANT DATE

Signature of Approval _____ Date _____

Co-Chair, IPC Committee

Signature of Approval _____ Date _____

Chairman, Medical Executive Committee

Approved by:
Medical Executive Committee:
Board of Directors

DATE: May 30, 2013

FOR: June 5, 2013 District Board Meeting

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

FROM: Kerry Easthope, Chief Financial Officer

SUBJECT: Acceptance of the 2012 Environment of Care Annual Reports

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The Hospital Safety Committee hereby submits the attached 2012 Annual Environment of Care (EOC) report for acceptance by the District Board of Directors. The primary goal of the Safety Committee is to ensure a safe environment for patients, employees and visitors. The Safety Committee also discusses relevant issues and events such as, the Annual Safety Fair and any concerns brought forward by the sub-committees. The Safety Committee meets bi-monthly, or more often as needed. Each sub-committee reports on activities and progress toward achieving its established goals. The activities of the sub committee are then summarized into an annual report which includes key accomplishments and goals for the upcoming year.

The annual reports for the following EOC sub committees are attached:

- Emergency Management
- Medical Equipment Management Plan
- Utilities Management
- Fire/Life Safety Management
- Human Resources Safety Plan
- Hazardous Materials And Waste Management (HAZMAT)
- Security Management
- Staff Education and Training
- Infection Control

All the above area has met their goals to decrease either the number of adverse events or the number of safety risks present in the hospital environment.

There were five (5) disaster events in 2012 that were well managed utilizing HICS and patient care was not compromised or deficient. We participated in the November Statewide Medical Health Disaster Drill; we also had the opportunity to participate in the joint medical operation planning and commissioning ceremony of the USCGC NSC3 Stratton Ship.

The Bio-Medical Plan maintenance completion rate for 2012 reached 99% and compliance of maintenance devices was 100%

All building preventative maintenance was completed for 2012. Unplanned issues that were addressed include NPC 2-East Lighting Anchorage Project and O2 tank replacement design.

All fire safety exercises were conducted and evaluated with minimal intervention. The need for Interim Life Safety Measures (ILSM) was appropriately evaluated and was activated once this year; In December, the hospital fire alert panel was non-functional for four (4) days over a holiday weekend. The Emergency Management plan was implemented and the incident was managed by putting or Fire Watch policy into effect until the fire alert panel was repaired.

The total number of employee injuries/illness continued to decrease for the 3rd straight year with 2012 injuries/illness decreasing by 14% over 2011. Our Worker's Comp carrier, ALPHA Fund, has a Safety Action Program which provides an annual stipend for interventions that will reduce the number of occupational injuries/illnesses. In 2012 Alameda Hospital received over $3000.00 to purchase lift/transfer equipment to decrease the number of injuries caused by lifting/repositioning.

The Hazardous Materials and Waste Management committee has an ongoing program that includes updating the chemical list for MSDS, performing Code Orange drills, conducting a quarterly inventory of spill kits, and training staff on HazMat and Waste Management. There were no major hazardous spills in 2012.

Security Management continues to provide a safe environment for staff, patients and visitors. Although a total of 12 security incidents were reported for 2012, there were no injuries. The largest number of incidents involved people reported loitering on hospital property.

Education was done through written articles (monthly newsletter), skill days, stroke education, BLS/CPR classes, MAT and Nursing update classes. Teamwork and communication were incorporated into education and training, as much as possible since these topics were identified in the annual education needs assessment. Individual units/depts. provided specialized education and training for the staff.

There were decreased blood borne pathogens exposures for 2012; a total of 3 occurred in 2012 compared to 8 BBP exposures in 2011. Decreased exposures are the result of ongoing education on use of safety devices and PPE.

Emergency Preparedness Subcommittee
Annual Report 2012

I Summary of Effectiveness

Alameda Hospital is committed to providing a safe, accessible, effective and efficient environment of care program consistent with its mission, service and applicable governmental mandates. This includes fostering the protection, safety and well-being of patients, visitors, physicians, personnel, and volunteers and adhering to our social responsibility and commitment to the community.

The basis of the Emergency Management Disaster Program is to ensure effective mitigation, preparation, response and recovery in all disasters or emergencies affecting the environment. An "all hazards" approach is utilized to support a level of preparedness sufficient to address a wide range of emergencies regardless of the cause. Emergency planning includes planning and management of the six critical areas of emergencies as identified by the Joint Commission: communication, resources and assets, safety and security, staff roles and responsibilities, utilities, and clinical activities.

II Scope

The scope of the Emergency Management Plan addresses issues for patients, visitors, physicians, personnel, volunteers, and property. Program administration is delegated by the Safety Committee to the Safety Officer, Emergency Management Coordinator and Emergency Management Subcommittee. The Alameda Hospital EM program personnel work in collaboration with the City of Alameda, Alameda County Emergency Medical Services Agencies, Public Health Department, Bay Area Health Care Facilities and other State and Federal agencies

III Major Accomplishments 2012

- Drills/Events

- **Five Disaster Events –**

  Events were well managed utilizing HICS and patient care was not comprised or deficient.

  Participated in one Statewide Medical Health Disaster drill – Earthquake/Northern Hayward Fault

Participated in one County-wide Table-Top disaster Drill – Bay Area Earthquake exercise.

-Coast Guard commissioning of the USCGC NSC3 Stratton Ship. GWilliams participated in the joint medical operations planning and commissioning ceremony. This was a high security event attended by 4000 persons with many dignitaries involved including first Lady Michelle Obama. Alameda Hospital was profiled as participating and able to contribute to medical situation and needs

-Annual review of EMP and EOP completed.

-HVA Annual, Review, and Revision completed in collaboration with City, County, and Bay Area Health Care Facilities.

-Continue to attend and participate in City, County, and Community Disaster planning meetings and discussions (see attached list of community meetings).

-Met requirements to receive maximum reimbursement to the Hospital from annual HPP Grant.

IV 2012 <u>Goals and Objectives</u>

A. Increase number of Tabletop Drills/Exercises	**Three additional Disaster Events in 2012**
B. Include Waters Edge SNF in Disaster Preparedness EOC program. **Representation from South Shore and Waters Edge to attend at least one Disaster Preparedness Committee meeting per quarter.**	**Claudia Canaveral, SNF represented all SNF and SA**
C Increase Alameda Hospital staff knowledge and ability to communicate with County EOC, City EOC, and Bay Area HCF during disaster.	**Included in exercises.**
D Review/Revise/Update department specific Disaster plans as needed to increase knowledge and ability to function at the department level.	**70% completed**

E Continue to collaborate with city, county, and Bay Area multi-jurisdictional hazard mitigation Planning.	**100 % collaboration**
G. Meet requirements for maximum reimbursement from HPP grant.	**Requirements met 100%**

V. <u>2013 Goals and Objectives.</u>

Continue to review department specific disaster plans.

Continue to collaborate with city, county, and Bay Area multi-jurisdictional committee for disaster planning.

Meet requirements for HPP Grant for Health Care Facilities.

Increase participation and involvement of hospital staff in disaster planning activities,

Continue to increase communication of Disaster Program to staff.

Alameda Hospital
Medical Equipment Management Plan
Annual Evaluation Report
2012

Objectives:

The objectives of the Medical Equipment Management Plan are designed to provide an Environment of Care that is safe for patients, staff and visitors of the medical center. Specific objectives for 2012 were:

OBJECTIVES	THRESHOLD	MET	NOT MET	ACTION PLAN
Minimize could not locate devices	< 5%	YES		
Capturing all incoming medical equipment for safety/performance testing	100%		YES	In progress, request the assistance of EOC members to meet objective

Scope:

The scope of the Medical Equipment Management Plan is to test and ensure the operating safety of all clinical equipment utilized in the hospital according to requirements set fort by The Joint Commission (TJC), Occupational Safety and Health Act (OSHA), Nation Fire Prevention Association (NFPA), College of American Pathology (CAP), state law, and the equipment manufacturer.

Performance:

Performance of the Medical Equipment Management Plan included the below measurable Performance Indicators during 2012:

Performance Indicator	Compliance Rate
• Measure the completion rates of Planned Maintenance for medical devices	99.0%
• Measure the Corrective Maintenance for medical devices	85.0%

Effectiveness:

The effectiveness of the Medical Equipment Management Plan and the 2012 Opportunities for Improvement were reviewed and found to be successful in contributing to the overall safety of the Environment of Care and patient safety. Specifically:

- The development and implementation of the proactive communication with departmental managers on ways of helping to minimize the "could not locate" equipments.
- The development and implementation of educating department managers and charge nurses on the need to capture all incoming medical devices for electrical safety and performance testing to prevent any possible safety issues.
- Focus on prioritizing service request to eliminate longer turn around time of medical devices which resulted in timely availability of medical equipments for patient use.
- Establishing a process of renting devices in cases of extended period of service time.

Summary of Activities:

- Met the Medical Equipment Management Plan set forth in the 2012 Annual Report.
- Met the Medical Equipment Management Plan Opportunities for Improvement identified in the 2012 Annual Report.
- Annual PM Compliance Aggregate for 2012 was 99.0%. The Planned Maintenance Compliance for Life Support Devices was 100%
- <1% of annual total inventory due for Preventative Maintenance could not be located.
- 3% of annual corrective maintenance were physical damages.

Planning Objectives/Opportunities for Improvement for 2013

- Continue to focus on PM compliance and improve our percentage for 2013.
- Continue to improve communications between hospital staff and the clinical Engineering Department on equipment status.
- Continue to close the loop in equipment not located for inspection by communicating to department managers a list of equipment not found
- Continue to maintain an accurate inventory by including Temporary Equipment (Rental. Demo, Leased, Patient Owned) within the clinical Engineering computer database.

Alameda Hospital
2012 Annual Evaluation of the Environment of Care Program
Utilities Management

I. Summary of Effectiveness

The utility program continues to be diligent and successful with an active Safety Committee and support from Administration.

A. All preventative maintenance (PM's) completed

B. Extensive unplanned issues (see below) were evaluated and projects were developed to address the problems.

II. Scope

Alameda Hospital strives to maintain a Utilities System program which promotes a safe, controlled and comfortable environment of care for the benefit of patients, staff and visitors. Management of the Program is the responsibility of the Engineering Department.

It includes continuous monitoring, regular preventive maintenance, inspections, repairs, testing and corrective work orders. These activities continuously evaluate risks associated with utility systems and equipment and determine which factors, if any, need monitoring to assure proper performance. Services offered and sites covered by the plan remain essentially the same.

III. Objectives and Goals for 2012

Overall Goals:
- Heater Boiler retrofix mandate by 1/1/13
- Pyxis outlet project
- Update all utilities management policies

2012 Specific Objectives and Goals	Status
1. Heater Boiler replacement mandate by 1/1/13	1. 20% - Document not completed for OSHPD submission.
2. Pyxis outlet project	2. 20% - Project delay in OSHPD
3. Close OSHPD outstanding completed project	3. Ongoing/closed x-ray equipment replacement
4. Update all utilities management policies	4. Ongoing

IV. Performance Indicators 2012:

A. Building Maintenance Program: 100% complete

B. Service all work order request and incident reports: 98% complete

C. Projects Completed: 100% complete

V. New Unplanned Issues in 2012

New unplanned issues addressed by the Safety Committee in 2012 include:

A. NPC -2 East Lighting Anchorage Project

B. O2 bulk tank replacement

VI. Objectives and Goals for 2013

A. Install new O2 bulk tank

B. Install sprinkler system on 2-West

C. Complete boiler retrofit

D. Start Pyxis project

E. Complete NPC-2 Lighting project

F. Complete NPC-2 communication anchorage project

G. Complete material test in Stephens and West buildings

VII. Performance Indicators for 2013

A. Building Maintenance Program

B. Work Orders

C. Projects completed

D. 2013 goals completion

Alameda Hospital
2012 Annual Evaluation of the Environment of Care Program
Fire/Life Safety Management

I. Summary of Effectiveness

The Fire/Life Safety Program continues to be diligent and successful with an active Safety Committee, Fire subcommittee, Safety Officer and support from Administration.

- All fire safety exercises were conducted and evaluated with minimal intervention. In-service provided as needed. The need for Interim Life Safety Measures (ILSM) was appropriately evaluated and activated if determined necessary. No fire watches were required.

- Alameda Hospital proactively reviews and implements the Joint Commission standards in Fire and Life Safety as well as Title 24 from the Department of Health Life Safety and the NFPA 101, 2000 edition.

II. Scope

The scope of the Fire (and Life) Safety Plan addresses the protection of patients, staff, physicians, visitors and property from fire, smoke and other products of combustion by following established operational plans and systems. Alameda Hospital strives to meet the Life Safety Code (NFPA-101), The Joint Commission, State and Local regulations. The Plan is administered by the Safety Committee, Fire Safety subcommittee, Safety Officer and Engineering Director. Sites, services and hours of operation have not materially changed.

III. Objectives and Goals for 2012

2012 Objectives and Goals	Status
1. Reviewed and implemented by Joint Commission EP changes in Fire and Life Safety.	1. Will continue implementing changes
2. All new codes will be reviewed	2. Will continue reviewing new codes
3. Document verification of alarm received at Protection One (signaling company) monthly.	3. 100%
4. Improve staff response at the fire drill site for all shifts.	4. 100%
5. Elevator recall to be performed by a certified technician monthly.	5. 100% updates completed November – 2012
6. Comply with EOC, JC, Title 24 and DPHS standards.	6. 100%
7. Varies times of fire drills of all shifts	7. Will continue

IV. Performance

Performance Indicators included:

A. A system was developed to score/rate the performance at the fire site during an exercise and track outcome.

Overall rating for this year was:

Ratings: 1 – No Prompting Needed
2 – Some Prompting Needed
3 – Repeat Exercise

	Hospital:	Sub Acute Units:
for night:	1.7	1
for days:	1.7	1
for pm:	1.7	1

B. Life Safety Questions: Target 95%

Hospital: 100% SNF: 100%

Questions 5: Are hallways cleared?
Question 6: Are stairwell doors kept closed?

C. Associate Knowledge Questions target 95%,

Hospital: 98.6% SNF: 100%

Question #3: Where fire alarm pull stations are located?
Question #5: Where evacuation gurneys are located?

V. New Unplanned Issues in 2012

1. Fire Panel failure on December 28, 2012. Instituted fire watch, called DPHS, called local fire department and third party signaling company.

VI. Objectives and Goals for 2013

1. Various fire drill times for all shifts.
2. Complete DPHS's Life Safety deficiency audits.
3. Complete 2-West sprinkler installations
4. Comply with new Joint Commission standard changes.
5. Comply with DPHS and Title 24 changes.
6. Continue to improve and train staff's knowledge and response at the fire drill site for all shifts .

VII. Performance Indicators for 2013

1. Track and evaluate scoring of performance at the fire site during exercises.

2. Reinforce staff knowledge each quarter with regard to Life Safety question #3 – Are doors closed by dept/ unit staff?and question #5 – Are hallways cleared?; and Associate Knowledge question #2 – Where fire extinguisher are located? and question #4 – Where oxygen shut-offs are located? , with a goal of 95% compliance.

3. 2013 goals completion.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEMORANDUM

To: Alameda Hospital Safety Committee

From: Karen Hopkins, Benefits Coordinator

Date: March 20, 2013

Subject: 2012 Annual Evaluation – Employee Safety

2012 SUMMARY:

* **Decrease in TOTAL injuries/illnesses.** In 2010 and in 2011 we saw large decreases (32% and 34%) in our work-related injuries/illnesses. This was mostly due to a change in our reporting – we no longer report scabies exposures as we are not required to. In 2012 the number of injuries/illnesses continued to decrease – this year by 14%.
  - The biggest decrease was in the number of First Aid Only claims.
  - Strains and sprains continue to be leading cause of our claims. A total of 18 in 2012 which accounts for 36% of the injuries.
  - The second leading cause of injuries was slips and falls. A total of 10 – accounting for 20% of the injuries.
  - Needle sticks decreased from 7 to 3.
* **"ALPHA Safety in Action Program" (ASAP)**
  - With our new Worker's Comp carrier (ALPHA Fund) we get an annual stipend that may only be used to "fund interventions that will substantially eliminate and/or reduce employee occupational injuries/illnesses." In 2012 we received $3,040. Our Occupational Therapist met with staff and together a decision was made to purchase 4 Tube Slide Sheets, 1 Single Slide Sheet and 11 ¾ Slipps. These were purchased in June. Unfortunately we did not see a decrease in the number of strains due to lifing/repositioning of patients in the last 6 months of the year.

GOALS FOR 2013:

* Continue to avail ourselves to ALPHA Fund resources to build safety program.
  - Schedule Loss Prevention Visit with ALPHA
  - Evaluate Patient Handling Policy and Training.
* Re-establish Employee Safety Committee
  - Determine how to spend this year's stipend from the ASAP funds.
* Review our TAW program.
  - Update forms.
  - Fine-tune tracking system.

Alameda Hospital
2012 Annual Evaluation of the Environment of Care Program
Hazardous Materials and Waste Management

I. Scope

The scope of the Hazmat Committee is to ensure that hazardous materials and hazardous wastes are managed appropriately and that all employees are notified and trained in the safe use and disposal of these materials as it pertains to their job. Applicable personnel receive training in the proper management of all forms of wastes generated. The Plan is administered by the Hazardous Materials/Waste Management Subcommittee and Safety Officer under the direction of the Safety Committee. Services offered and sites covered by the Plan remain essentially the same.

II. Summary of Effectiveness for 2012 Objectives and Goals

2012 Goals	Effectiveness
1. Continue to look for published information	100% Complete
2. Continue to track and update chemical list for new MSDSs'	Ongoing; tracked # of new chemicals
3. Update Policy and Procedure for Haz-Mat for 2012	100%
4. Continue training • New hire • Nurses' competency • Periodic training as needed	Ongoing
5. Code Orange drills	100% Complete; training is ongoing
6. Spill Kit inventory	100% Complete; quarterly audit completed
7. Chemical Inventory update	Update ongoing

III. 2012 Quality Performance Indicators

Quality Indicator	**Performance and Goals**	**Evaluation and Effectiveness**
New training - new hire orientation - Spill training in Sub Acute / EVS	100%	Completed
Number of new MSDS	100%	67 new MSDSs'
Major Hazard Spills	100%	No spills in 2012
Staff training	100%	Staff trained at Hospital Orientation and MAT - Mandatory Annual Training
Code Orange Drills 1 major / 1 minor	100%	1 major spill drill in Engineering 1 minor spill drill in Central Services.
Sensors for Formalin exposure in Lab and OR and Xylene exposure in OR.	100%	Ongoing
Spill Kit Audit	100%	Quarterly

IV. Unplanned Issues for 2012

1. No Issues

V. Objectives and Goals for 2013

1. Continue to research and review published information updates on Hazardous Materials
2. Continue to track and update chemical lists of new MSDS'
3. Continue training
   - Department specific
   - Hospital Staff – Hospital Orientation and MAT
4. Code Orange Drills – twice / year (1 major – 1 minor)
5. Quarterly audit of Spill Kit Inventory and Bio-Hazard containers

VI. Performance Indicators for 2013

1. Major Hazardous Spills
2. Number of new MSDS sent to Committee
3. Staff training completed and # of Employees trained
4. Formalin exposure monitor in the Lab and OR and Xylene exposure monitor in OR

Alameda Hospital

MEMORANDUM

TO: Gloria Williams, Safety Officer

FROM: Tony Corica, Director of Physicians Relations

DATE: January 22, 2013

SUBJECT: Framework for security incident reporting and summary of reportable security incident for 2012

In order to assure a safe environment for patients, personnel, and visitors, Alameda Hospital has an integrated security program that encourages employee/visitor vigilance in reporting any situations that poses a threat to life, health and/or property. These reports may be generated via communication with Administration or any employee or visitor, via the Security Officer's Daily Activity Report or a number of other sources. Reportable incidents, including theft, exterior building/parking lot/property damage and problems with loiterers/visitors/patients, etc., are communicated to the Safety Committee on a bi-monthly basis.

Summary of the reportable security incidents for 2012 is shown below. No employees sustained an injury due to a security incident in 2012.

2012 SUMMARY OF SECURITY INCIDENTS

	Reported Theft of Hospital Equipment	Thefts from individuals	Reported exterior building graffiti parking lot damage to property	Reported problems w/visitors/ loitering public/ patients/employees	Total # of reportable security incidents
2012 Total	1	1	0	10	12
Nov-Dec 12				2	2
Sept.- Oct 12				1	1
July – Aug 12	1			1	2
May – June 12		1		2	3
Mar – Apr 12				2	2
Jan – Feb 12				2	2

CC: Tom Jones, Joan Powell-Espicha, RN

Alameda Hospital

Alameda Hospital
2012 Annual Evaluation of the Environment of Care Program
Security Management

1. Summary of Effectiveness

The Safety Program continues to be diligent and successful with an active Security Committee and support from Administration.

A. Security officers' post orders were reviewed to ensure they meet current needs.
B. The Hospital began a "stacked parking" program in October, 2003 after an in-depth evaluation of the effective means to meet the growing demand for parking spaces with no ability to expand. Parking attendants are on the campus Monday – Friday, 11:00am – 4:00pm. This program has provided an additional physical presence that enhances our security.
C. A comprehensive security risk assessment was performed by Securitas Services that showed the area surrounding Alameda Hospital has a very low rating for potentials security incidents.
D. The Security Management Plan and Program was reviewed. A low number of security incidents continued in 2012.
E. There were a total of 12 reportable security incidents in 2012. No employees sustained an injury due to these incidents. Please see Section V., New Unplanned Issues Addressed in 2012, Article B, for the actions taken.

11. Scope

The scope of the Security Management Plan addresses security issues for patients, visitors, personnel, volunteers, physicians, and property. A close working relationship is maintained with Alameda Police Department. Hospital personnel, including the PBX Operator, are trained on how to summon help for emergency and non-emergency situations. Standardized codes facilitate widespread communication and trained security officers provide additional service. All incident reports are reviewed within 72 hours by the Security Subcommittee Chair The Plan is administered by the Subcommittee Chair, Safety Committee, and Safety Officer.

The scope changed in late 2003 with the addition of stacked parking attendants and standardization of emergency codes to facilitate emergency communications. Those security enhancements were communicated and maintained during 2012. The Security Management Program was reviewed by Joint Commission Surveyors in May, 2010. No recommendations were made following their review.

111. Objectives and Goals for 2012

Overall Goals:

- A safe and secure environment for all persons associated with the facility,
- A facility equipped to meet the security needs of employees, patients, visitors, physicians, and volunteers.

- Compliance with state regulations, security standards and policies, procedures, and practices of the Hospital.

2012 Specific Objective and Goals	Status
1. Continue compliance with AB508	The most recent risk assessment showed a low threat level. There were only 12 reportable incidents in 2012.
2. Provide bi-monthly reports to Safety Committee supporting the Information Collection and Evaluation System (I.C.E.S.)	All reports completed and discussed at Safety Committee.
3. Increase employee security awareness via memos to staff and training in Orientation/ Mandatory Annual Training.	All these activities were completed.
4. Reduce total reportable security incidents by 5%.	Total reportable incidents increased from 5 in 2011 to 12 in 2012. While the indicator was not met, security incidents remain low and no injuries by staff were sustained.
5. Reduce "Reported Problems with visitors loitering public/patients" by 5%.	These problems increased from 4 to 10 in 2012. A multidisciplinary meeting was held in January, 2012 to discuss the handling of this issue. A memo was sent out in February, 2012 that provided consistent guidelines for handling problematic loiterers.

IV. Performance

Performance indicators included the following (*Refer to attached graphs).*

A. Increase in total reportable incidents:	C. No change in theft from individuals:
2000 27 incidents	2000 5 incidents
2001 - 14 incidents	2001 – 1 incident
2002 - 10 incidents	2002 – 3 incidents
2003 - 11 incidents	2003 – 1 incident
2004 - 10 incidents	2004 – 4 incidents
2005 - 6 incidents	2005 – 3 incidents
2006 - 10 incidents	2006 - 2 incidents
2007 - 9 incidents	2007 – 1 incident
2008 - 11 incidents	2008 - 3 incidents
2009 - 12 incidents	2009 - 6 incidents
2010 - 5 incidents	2010 - 2 incidents
2011 - 5 incidents	2011 - 1 incident
2012 - 12 incidents	2012 - 1 incident

B. Increase in problems with visitors, public, or patients: 2000 - 20 incidents 2001 - 13 incidents 2002 - 7 incidents 2003 - 6 incidents 2004 - 4 incidents 2005 - 2 incidents 2006 - 3 incidents 2007 - 6 incidents 2008 - 8 incidents 2009 - 6 incidents 2010 - 2 incidents 2011 - 4 incidents 2012 - 10 incidents	D. Increase in theft of hospital equipment: 2000 - 0 incidents 2001 - 0 incidents 2002 - 0 incidents 2003 - 3 incidents 2004 - 1 incident 2005 - 1 incident 2006 - 0 incidents 2007 - 1 incident 2008 - 0 incidents 2009 - 0 incidents 2010 - 1 incident 2011 - 0 incidents 2012 - 1 incident
E. No Exterior/Lot Damage 2000 – 1 incident 2001 – 0 incidents 2002 – 0 incidents 2003 – 1 incident 2004 – 1 incident 2005 – 0 incidents 2006 – 5 incidents 2007 – 1 incident 2008 – 0 incidents 2009 – 0 incidents 2010 – 0 incidents 2011 - 0 incidents 2012 - 0 incidents	

V. New Unplanned Issues Addressed in 2012

New unplanned issues addressed by the Safety Committee in 2012 include:

A. Several reported cases of personnel falsely representing themselves as Joint Commission (JC) representatives were reported to Hospitals. This was discussed at Management Staff meetings. All managers were instructed to contact Hospital Administration and Security should JC representatives appear. Photo identification would then be required and a call to the JC office to verify that an inspection had been authorized would be made before the inspection was begun. Hospital escorts (Administration or designee) would then accompany the surveyors.

In October, 2012, an individual possibly misrepresenting himself to acquire credit card data of patients and staff was prevented from doing so by alert action by our Director of Diagnostic Imaging.

B. The continued decrease in the "Reported Problems with visitors, loitering public, and patients" may have been in part to the following actions being taken:

1. Additional Detex system buttons have been installed in the parking lot. Regular security rounds of the Hospital now include the rear parking lot to the light standard near the lagoon to the parking office kiosk, as well as all floors within the Hospital;
2. Security Officers will be stationed in the main parking lot from 10:30pm - midnight;
3. Alameda Police Department has agreed to more frequently patrol our parking area, and;
4. Employees were asked to be increasingly vigilant regarding suspicious activity in the Parking Lot;
5. Keypad locks installed on the entry doors at 4-East and 5-East, and at the 1-West rear perimeter entry.

C. All elevators in the Hospital are now checked by the Security Officer during their regular rounds by physically calling the individual cars to ensure they are in working order.

D. After meeting with a Radiology outpatient, a new procedure of putting patient valuables in a clear plastic bag that is hung in the view of the patient was instituted in Diagnostic Imaging to better assure patients that their valuables are intact.

VI. Objectives and Goals for 2012

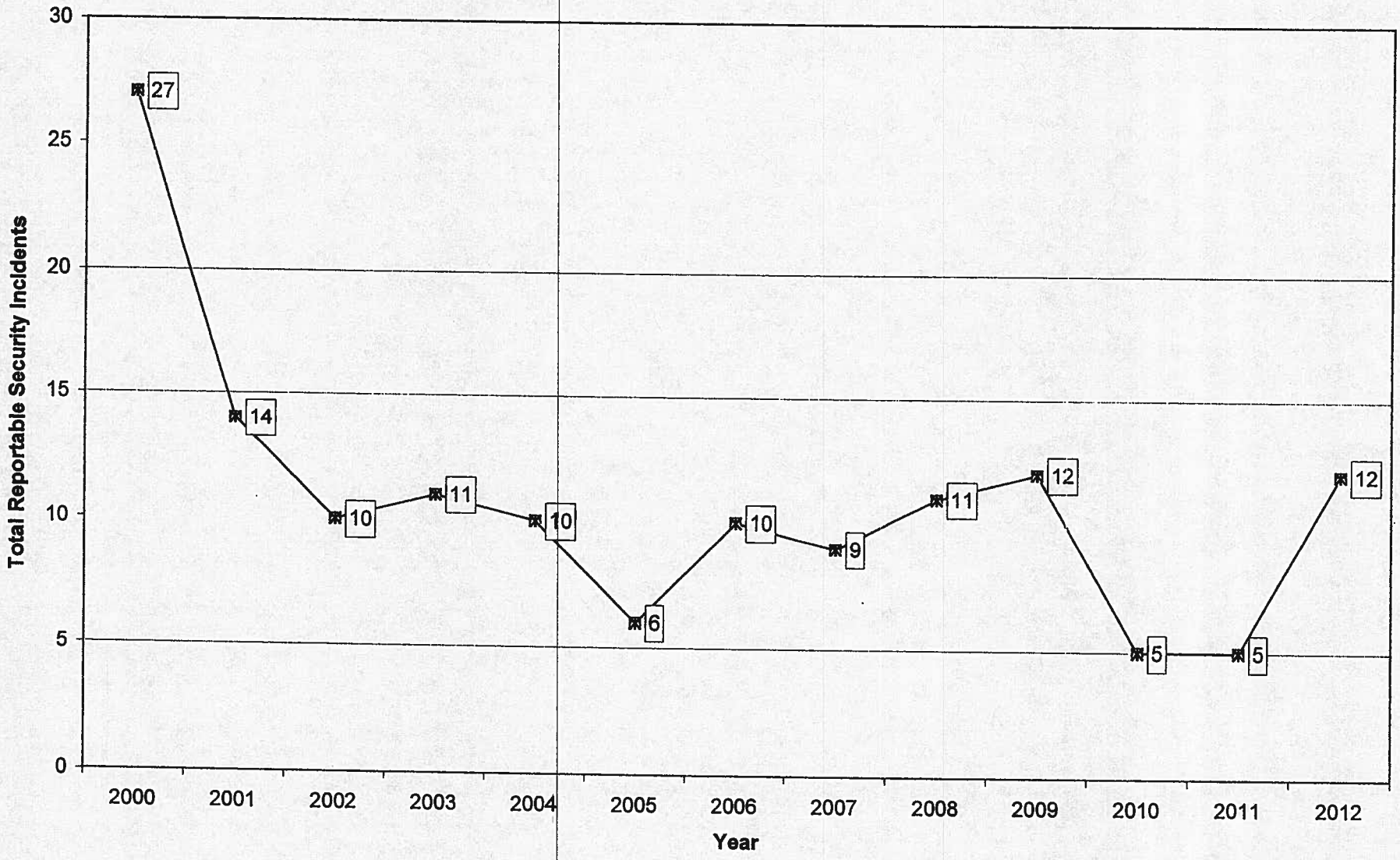
A. Consider implementation of the recommendations of the most recent risk assessment (closed circuit TV recording capabilities).
B. Increase security awareness with staff by utilizing various communication tools (Orientation, MAT).
C. Provide bi-monthly reports to Safety Committee with the objective of effective and timely resolution of security incidents.
D. See improvement in the Performance Indicators identified in IV.

Alameda Hospital

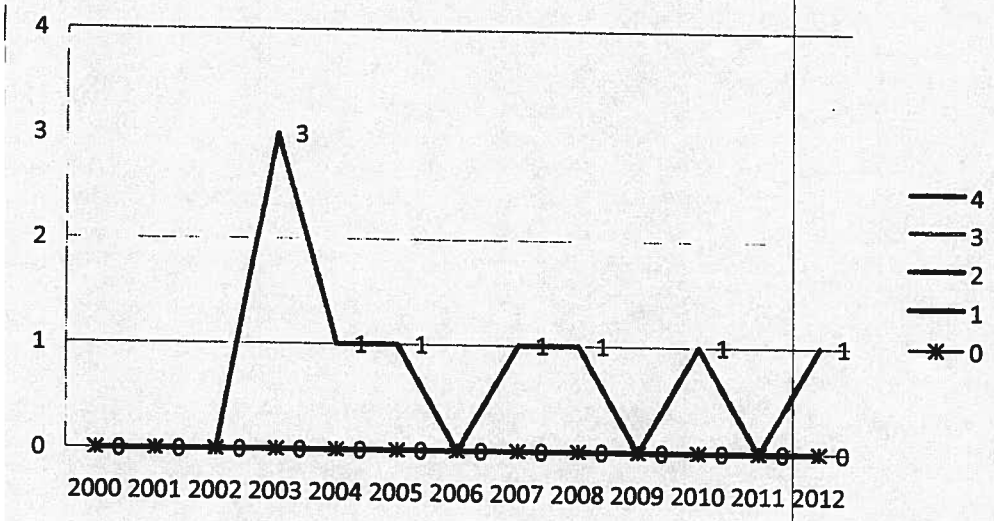
ALAMEDA HOSPITAL
2012 Annual Evaluation of the Environment of Care Program
Security Management

Attachments

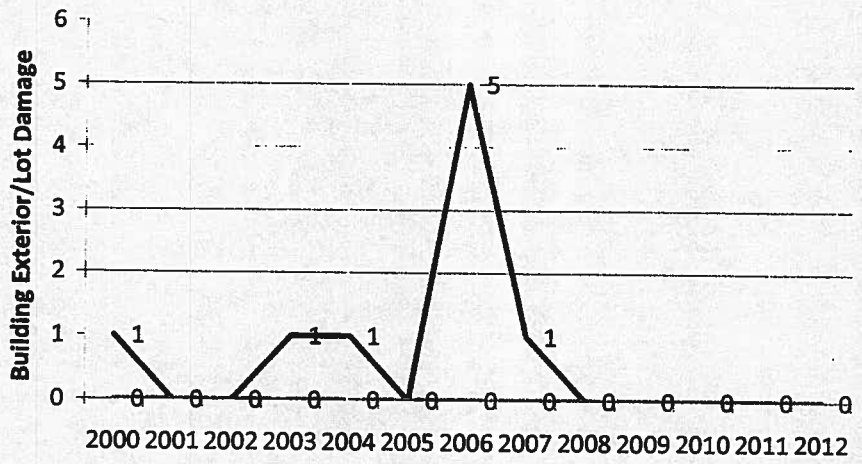
TOTAL REPORTABLE SECURITY INCIDENTS BY YEAR, 2000-2012



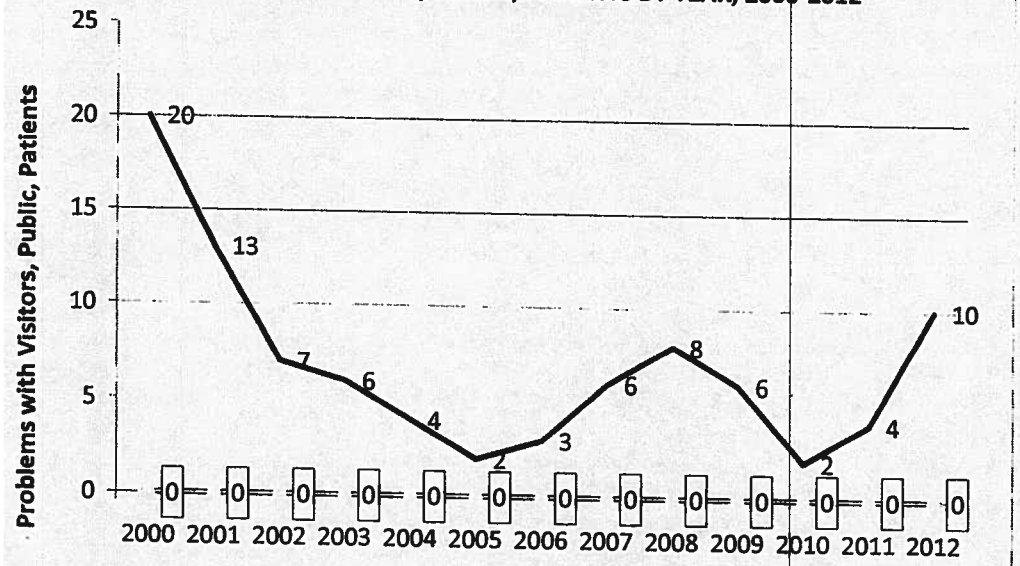
REPORTED THEFT OF HOSPITAL EQUIPMENT BY YEAR, 2000-2012



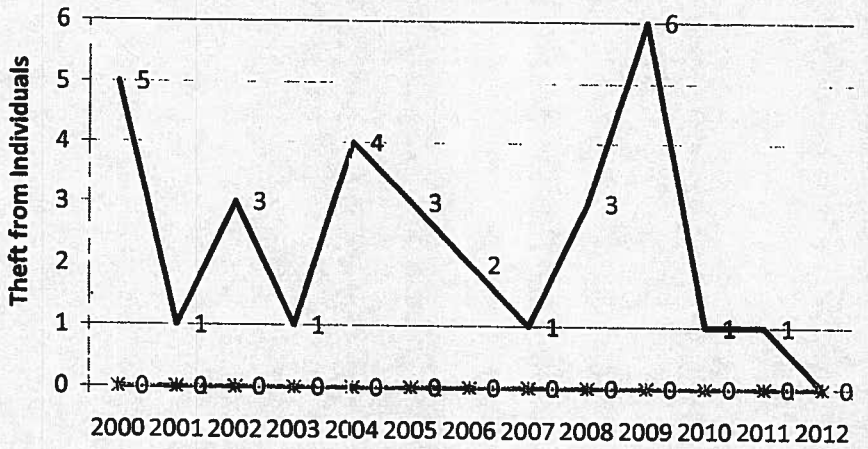
BUILDING EXTERIOR/LOT DAMAGE BY YEAR 2000-2012



PROBLEMS WITH VISITORS, PUBLIC, PATIENTS BY YEAR, 2000-2012



THEFT FROM INDIVIDUALS BY YEAR, 2000-2012



Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: March 21, 2013

To: Kerry Easthope, Safety Officer
Gloria Williams, Chairperson, Safety Committee
Safety Committee Members

From: Irene Pakel, Clinical Education Specialist/Patient Safety Officer

Subject: CY 2012 Education Report

The annual *Education Needs Assessment* for 2012 revealed that *communication* and *teamwork* were the highest priorities for staff. These topics are also cited by The Joint Commission as being key factors not only in decreasing adverse events but also for increasing patient safety and employee/patient satisfaction. Instead of focusing on these topics individually, both *teamwork* and *communication* were incorporated into the hospital-wide and Nursing Dept. education offerings for 2012.

Other topics were chosen or added per staff and/or manager's requests, as needs changed, and in compliance with regulations and standards. Education instructors, as well as participants, were interdisciplinary.

HOSPITAL-WIDE EDUCATION

Mandatory Annual Training (MAT)

Our contracted HCCS computerized education program was discontinued in the fall of 2011, so the Education Specialist developed an online MAT module, test and instructions that were placed on the Intranet for 2012.

The module was divided into three sections (Corporate Compliance; Environment of Care; and Provision of Care, Treatment and Services) and covered mandatory information in compliance with The Joint Commission and state requirements for annual training.

Where the HCCS modules often took 4-5 hours for completion, the online module takes only about an hour to complete - significantly decreasing our expenditure for mandatory annual training.

Clinical News & Views monthly newsletter

The clinical newsletter is distributed to each employee with their paycheck. Topics for 2012 included

- Patient / staff Safety
- Patient/family education
- HCAHPs: handling patient/family complaints; noise reduction
- Infection control & prevention: hand hygiene, flu, healthcare associated infections (HAI), etc.
- Medication safety, including ISMP topics/announcements
- Safe Patient Handling
- Patient Safety: patients with limited English proficiency (LEP)
- Core measures compliance
- The Joint Commission standards and regulatory compliance
- Performance Improvement, etc.

Safety /Joint Commission Fair

On October 30, over 160 people attended the hospital's Safety/Joint Commission Fair in Conference Room A. The all-day Fair had a number of booths, set up by the different hospital departments, and each booth addressed an aspect of Safety of National Patient Safety Goals. Participants completed a post test and received raffle tickets when their test was submitted and corrected.

Stroke Education

To comply with the required four hours of stroke education for staff who care for acute stroke patients, a series of ten *Stroke Update* education classes were developed and presented throughout the year: two in April, July, and September, three sessions in November and one in December.

A total of 155 employees (including nurses, CNAs, PT/OT, Respiratory and Imaging staff) attended the Stroke Update classes and received CE certificates.

Interdisciplinary speakers included:

- Caren Rice, Genentech: Stroke in the 21st Century
- Michaele Baxter, AH Stroke Coordinator: Stroke Center Update
- Carol Brookman, Speech/Language Pathologist: Aphasia & Dysphagia
- Dr. Claudine Dutaret: Stroke and Affects on the Brain

AHA Basic Life Support (BLS) for HealthCare Workers

Alameda hospital continues to provide American Heart Association (AHA) BLS re-certification classes for employees from all disciplines. A total of --- classes were held in 2012 for recertification of 59 employees.

All BLS Instructors are certified by the American Heart Association.
Additionally off-site training continued for required certification in ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support).

National Nurses Week Lunchtime Speaker Series

Three one-hour lunchtime presentations were open to all hospital employees; complimentary lunch provided and CE certificate were given to all participants.

Topics: Cultural Aspects of Patient Communication (Language Line); Religious/Cultural Barriers to Organ Donation (CTDN); Cultural Aspects of Pain Management (Jeanne LaHaie)

DEPARTMENT-SPECIFIC EDUCATION

Education at Alameda Hospital remains de-centralized for department specific initiatives and opportunities to individual departments. Individual department Mangers or Directors provided educational material for their staff.

NURSING

- **Nursing Update**
  A series of twenty (20) Nursing Update full-day sessions were held in 2012. Presenters were interdisciplinary with Respiratory Therapy, Lab, Infection Control & Prevention participating with department-related presentations for the nurses who attended.

Nursing Update, continued

In addition, CORE Measures and documentation were addressed by Donna Marchetti and Deanna Tarnow, Director for Risk management and Patient Safety at BETA Healthcare group, gave a presentation on legal liability and scope of practice.

Videos demonstrating cultural issues, CDC injection safety and use of social media in health care were also part of Nursing Update.

Revisions were made and additional topics below were added during the year as needs changed:

- Chain of Command
- Recognizing and Reporting Abuse & Neglect
- Recognizing, Managing and Communicating Patient Care Issues
- SBAR
- Aseptic Technique/Admixture Competency
- Safe Patient Handling Algorithms

- **Nursing Skills** – Over 70 nurses attended ten different 4-hour Skills Days, where they had hands-on practice to verify their competence with various types of equipment and procedures, including
  - Wound VAC
  - Zoll Defibrillator
  - Admixture Competency
  - Bair Hugger
  - Central Lines
  - PCA/IV Dose Mode
  - Blood warmer
  - Chest tubes
  - tPA Administration Competency
  - Crash cart
  - CA Transplant Donor network
- **Mock Codes** – Throughout 2012, Penny DeLeon, Clinical Nurse Leader, conducted a series of Code Stroke (Mock Code) drills in the acute nursing units.

Unit-Specific: ECC

The following are in addition to ECC participation in housewide and Nursing Dept. education activities:

- Regularly assigned ECC personnel attend the mandatory annual Non-Violent Crisis Intervention (NCI) class.
- Inservices were held on CO2 monitoring and CA Transplant Donor Network (CTDN)
- Staff completed online modules on Preventing Needlesticks, Suicide Risk and Healthcare Associated Infections

Unit-Specific: Perioperative Services (including SDSU, PACU, Sterile Processing, Infusion Therapy, and Surgery) held many department-specific education programs/ inservices for staff members; please refer to attached list for details.

Subacute Units

Claudia Canaveral, RN, manages Staff Development on the Subacute units and presented a comprehensive education program for the Subacute nursing staff in compliance with Title 22 regulations. Please refer to her report (attached) for details.

OTHER EDUCATION

- **Auxiliary members / Volunteers**

  Early in 2012 it was discovered that Auxiliary members had not been receiving the required annual training. By June, Dennis Eloe had achieved full compliance by having the current members complete the *Orientation Booklet* and *Post Test*.

  In order to maintain compliance, new members began attending New Employee Orientation; current Auxiliary members will maintain their yearly compliance by completing the same online MAT module and post test that employees are required to complete annually.

- **Patient / Family Education**

  In April, the *Patient Admission Packet* was finalized and distribution of the packet was initiated. The *Admission Packet* contains a Welcome letter from the CEO as well as information on Valuables/Security, Pain Management, Getting Ready for Discharge, Ethics Committee, Advance Directives, ADA compliance, Organ/tissue Donation, Patient Care & Education, Visitors, Phone use, complaint reporting, phone numbers, and two information sheets: AHRQ *Questions for Your Healthcare Provider* and smoking cessation from Health & Human Services.

- **Intranet Education**

  In addition to MAT, several educational modules and links were posted on the Alameda Hospital Intranet in 2012. Some examples:
  When a Loved One Dies (sheet for patients/family); Using Lexicomp to access & print Patient Education Materials; Abuse & Neglect module & Post Test; RN Required Competencies by Unit; etc.

- **Student Nurses/Faculty**
  - The clinical agreements (contracts) with seven Schools of Nursing were revised to include the BRN mandatory requirements.
  - Student/faculty orientation forms, materials and policies were updated and placed on a CD for the Schools of Nursing to distribute to their faculty and students.
  - The *Quick Chart Check* form was sent to faculty so that their students could learn how to evaluate medical records for completeness; the form also gives feedback to staff on their documentation.

Educational summaries containing detailed information on the 2012 Education Needs Assessment and Plan, Nursing Forums, and inservice programs as well as specific programs provided to our Sub Acute and South Shore SNF employees are available for review in the Nursing Administration office.

Date: February 21, 2013
To: Alameda Hospital Safety Committee

From: Rosemarie Delahaye, RN, Infection Preventionist

Subject: 2012 Annual Evaluation – Blood Borne Pathogen Exposure
Summary of Effectiveness

Number of blood borne pathogen exposures per quarter – 2012. Total of 3

Q-1	0
Q-2	1
Q-3	2
Q-4	0

There was a decrease this year as compared to 2011. Managers and directors continue to remind their staff about this issue.
This issue is addressed actively through use of safety needles throughout the hospital, as well as personal protective equipment. Ongoing vigilance and monitoring continues for all staff that has exposure to blood borne pathogens. There has been education about Hepatitis C as one of the needlesticks occurred from a patient with Hepatitis C.

Benchmarks – previous years

2011	8
2010	2
2009	8
2008	13
2007	5

Goals for 2013
Speak at staff meetings about this issue when requested by the manager or director. This topic is addressed in MAT and periodically in the Clinical Nurse and Views distributed monthly.

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING APRIL 30, 2013

CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
APRIL 30, 2013

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ALAMEDA HOSPITAL
MANAGEMENT DISCUSSION AND ANALYSIS
APRIL, 2013

The management of Alameda Hospital (the "Hospital") has prepared this discussion and analysis in order to provide an overview of the Hospital's performance for the period ending April 30, 2013 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.

Highlights

Overall for the month of April, the hospital experienced a combined negative net operating loss of $358,000 against a budgeted gain of $196,000. Year to date the hospital shows a loss of $1.7 million compared to a budgeted gain of $62,000. Waters Edge remains steady with a positive net contribution of $143,000 and a year to date contribution of almost $2.8 million. Wound Care had another busy month in April as the number of visits has increased again. The program's net contribution however fell below budget by $53,000 in April.

April discharges were 240, which is 13 or 5.0% below budget, and total patient days were 5,810 or 66 (1.1%)% greater than budget. The acute ALOS increase slightlyfrom prior month to 4.14 in the month, and year to date remains at 4.06. Total patient days for inpatient acute services were down just 0.5%; subacute days were down 7.4%, skilled nursing days were up at South Shore by 4.7% and Waters Edge were up by 3.6%.

Overall outpatient activity was mostly slower this month. Outpatient registrations were down 7.7% and emergency room visits were 65 or 4.7% below budget. Outpatient surgeries were below budget for the month by 25 or 16.0%, which is a little stronger than the trend year-to-date.

The Wound Care program had 460 visits in April compared to a budget of 300, or 53.3% above budget. In April there were 120 HBO treatments compared to 107 in March.

Total gross and net revenue in April was generally in line with activity. The overall inpatient component was below budget by 4.3% and outpatient was below budget 3.1%.

The overall Case Mix Index (CMI) in April was 1.1858; this is lower than it has been all year and below the FY 2013 year-to-date of 1.3298. This appears to be an aberration as the CMI climbed immediately in May and is currently running 1.2302.

Total expenses were just over $7.1 million in April, $324,000 or 4.8% above budget with is over the year to date trend.

Temporary agency fees, benefits, professional fees, supplies, other expenses and rents were over budget while other categories were close to or just under budget. As previously discussed, the FY2013 temporary agency budget was understated by about $40,000 per month. Please see the Expense section for the details behind the expense variances.

Cash and cash equivalents were almost $5.4 million at the end of April, higher than prior month due to timing of payrolls and vendor payment distributions. Cash collections in April were again almost $7.2 million. Net accounts receivable decreased by almost $800,000 to $11.4 million.

Accounts payable and other accrued expenses decreased over $160,000 from $11.3 million to almost $11.2 million.

Lastly, the current ratio dropped slightly to .89 below the required 1.0 of our bank covenants. Net Assets have dropped slightly to approximately $5.5 million.

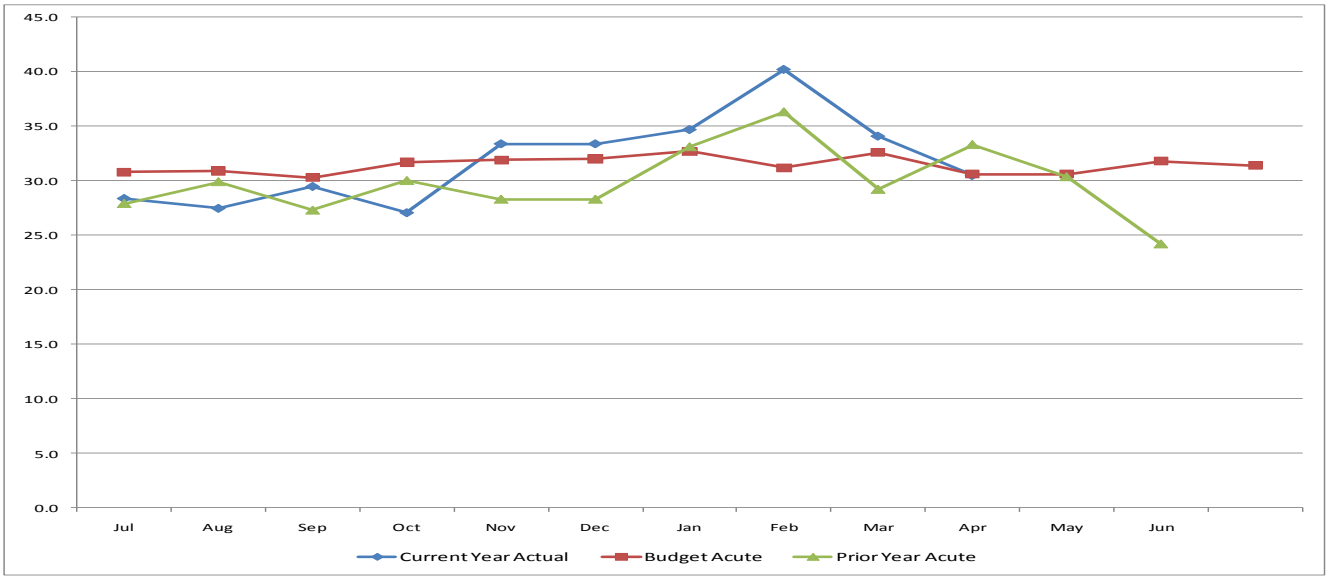
ACTIVITY

ACUTE, SUBACUTE AND SNF SERVICES

Overall, patient days were 1.1% above budget for the month and below April of last year. This month's acute days were below budget by 0.5%, Subacute was down 7.4%, South Shore was up 4.7% and Waters Edge was up 3.6%.

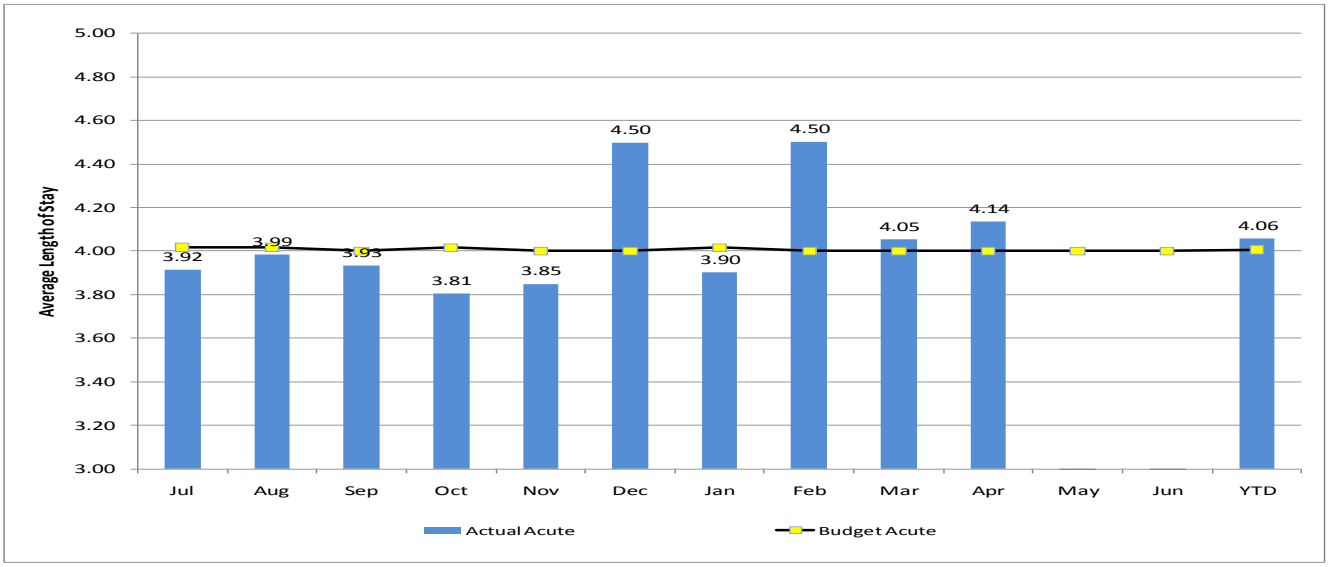
April's acute patient days were 23 days or 19.5% higher than budget for the month but 7.8% lower than April 2012. The acute care program is comprised of the Critical Care Unit (4.7 ADC, 19.5% above budget), Telemetry / Definitive Observation Unit (12.4 ADC, 20.8% above budget) and Med/Surg Unit (13.4 ADC, 18.7% below budget).

Acute Average Daily Census



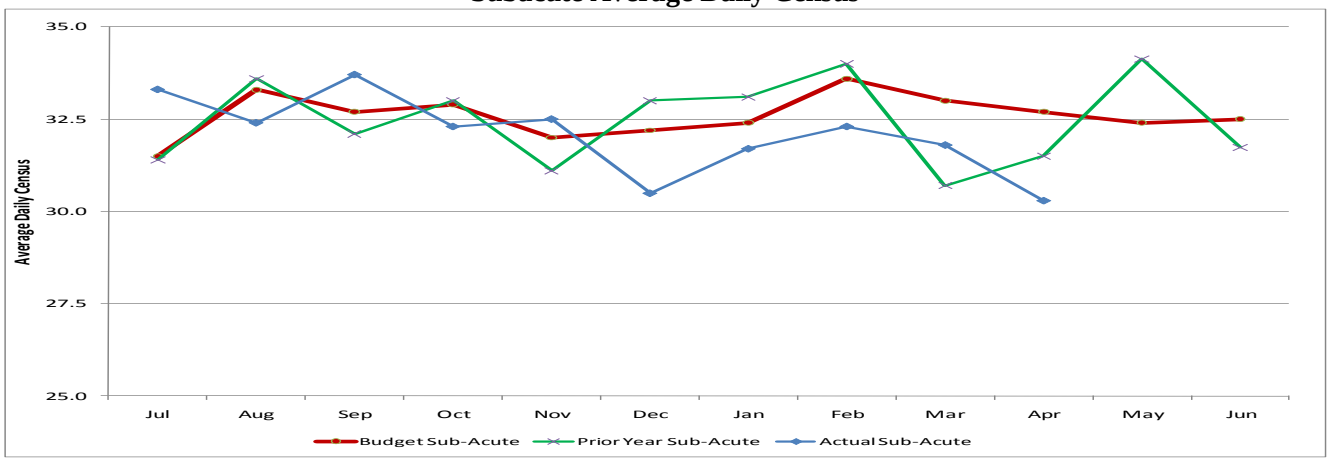
The acute Average Length of Stay (ALOS) increased from 4.05 in March to 4.14 in April and is just above the budget of 4.00. The YTD acute ALOS for FY 2013 is 4.06. The graph below shows the ALOS by month compared to the budget.

Acute Average Length of Stay



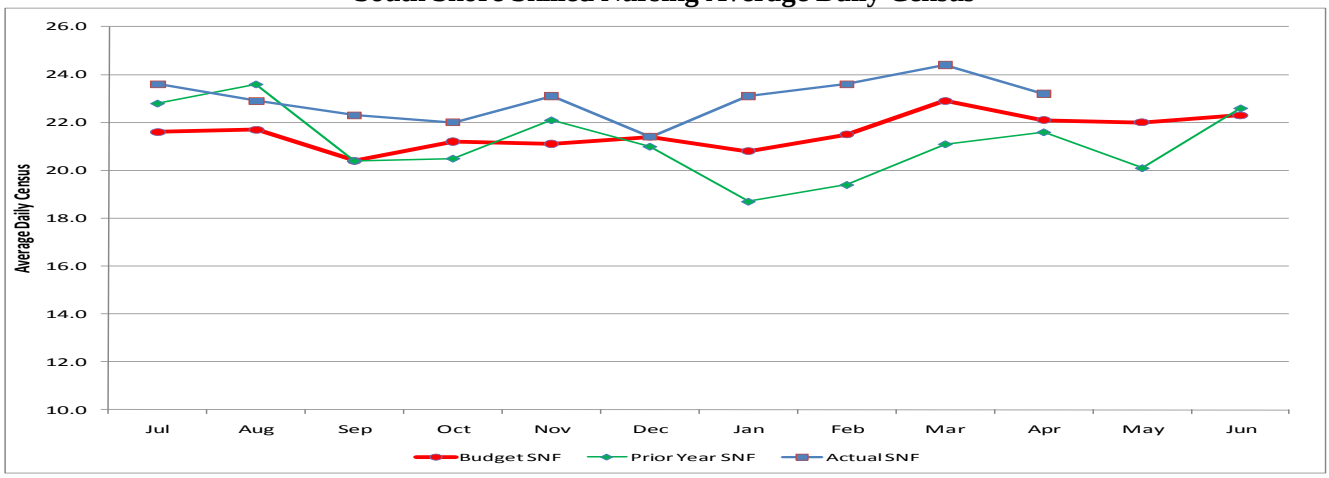
The Subacute program ADC of 30.27 was below budget by 2.43 ADC or 7.4%. Census is back at 33.0 in early May. The graph below shows the Subacute ADC for the current fiscal year as compared to budget and the prior year.

Subacute Average Daily Census



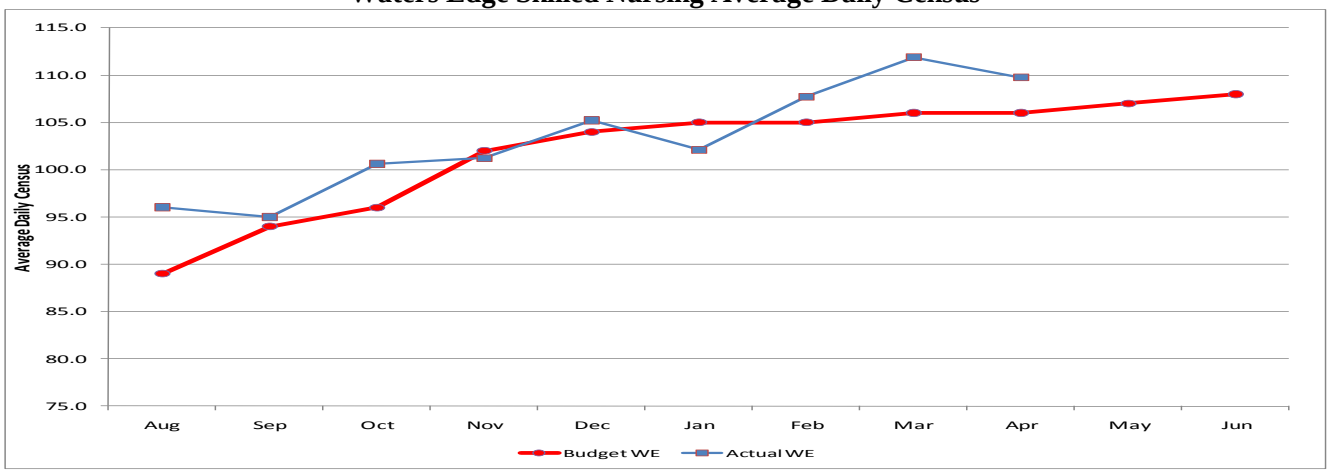
The South Shore ADC was above budget by 31 patient days (4.7%) for the month of April. The graph below shows the South Shore monthly ADC as compared to budget and the prior year. In April the number of Medicare A skilled patients was 4.0 ADC, even with the 3.96 ADC in March and just below the budget of 4.21.

South Shore Skilled Nursing Average Daily Census



Waters Edge census was 109.8 ADC or 3.6% above the budget of 106 in April. The Medicare census was 12.8 ADC down from 17.6 ADC in the prior month, and below the Medicare ADC budget of 16.0.

Waters Edge Skilled Nursing Average Daily Census

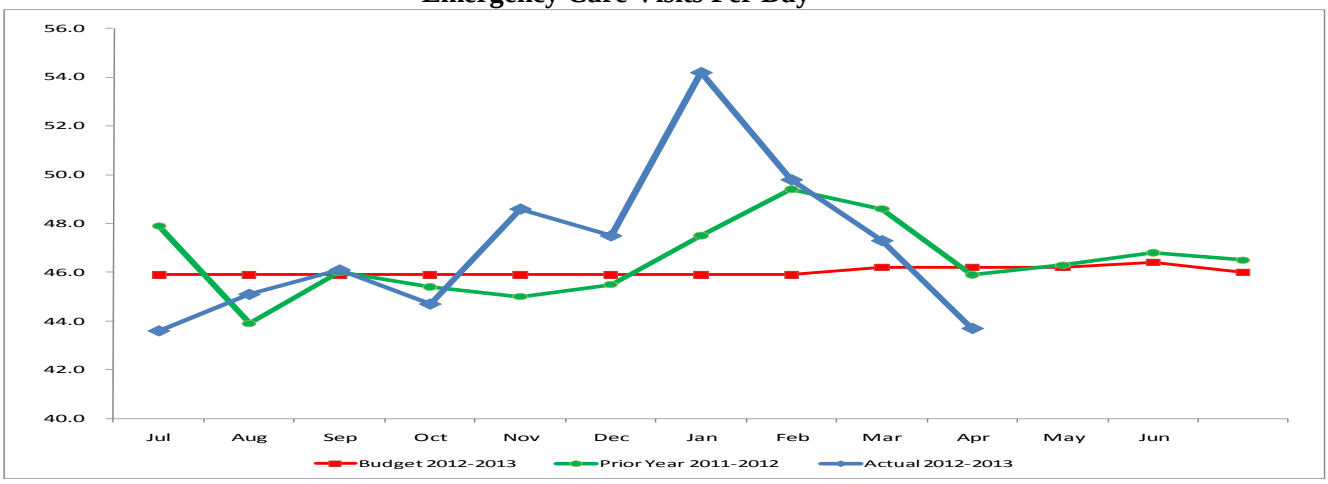


ANCILLARY SERVICES

Outpatient Services

Emergency Care Center (ECC) visits in April were 1,312, or 65 visits (4.7%) below the budget of 1377. The inpatient admission rate from the ECC was 16.3% down from the 17.0% admit rate in March. On a per day basis, the total visits represent a decrease of 7.6% from the prior month daily average. In April, there were 273 ambulance arrivals versus 294 in the prior month. Of the 273 ambulance arrivals in the current month, 189 or 69.2% were from Alameda Fire Department (AFD).

Emergency Care Visits Per Day



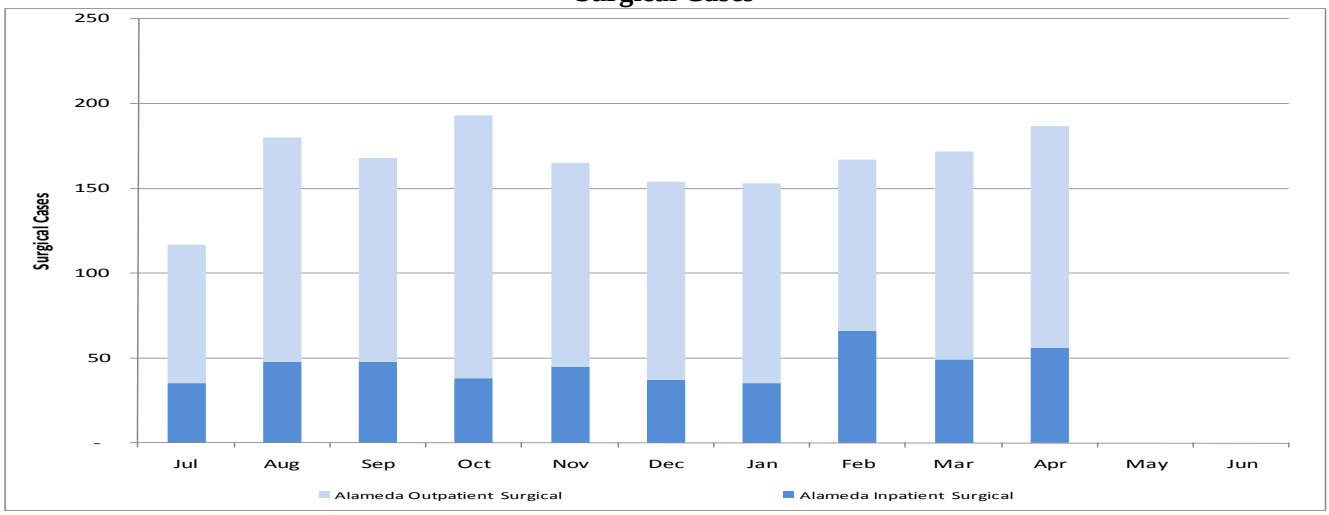
Outpatient registrations totaled 2,110 or 7.7% below budget. This month the number of patient visits were down in Radiology (243), CT Scan (28), MRI (75), Ultrasound (22) and Physical Therapy (167). However, visits were up in Laboratory (11 visits), Occupational Therapy (28) and Wound Care (160 visits). Starting in December and going forward, the budget for Physical Therapy and Radiology Services assumes significant increases from referrals by our two new orthopedic physicians. Work is being done to help streamline the referral and registration process of orthopedic clinic patients needing follow up ancillary services at the hospital. In April there were 220 Therapy visits and 100 Imaging procedures from the new orthopedic clinic, compared to 189 and 116 respectively in March. MRI was budgeted to increase the number of service days from 2 days per week to 3 days per week and this did not begin until mid March.

In April, Wound Care again exceeded the budget of 300 with 460 visits, or 53.3% over budget. Hyperbaric Oxygen treatments accounted for 120 of those visits, compared to 107 in March.

Surgery

The total number of surgery cases in April were 187 or 9.7% below the budget of 207 but above last year's case volume of 153. Inpatient cases at 56 were above budget by 5 (9.8%) and outpatient was below budget by 25 (16.0%) at 131 cases.

Surgical Cases



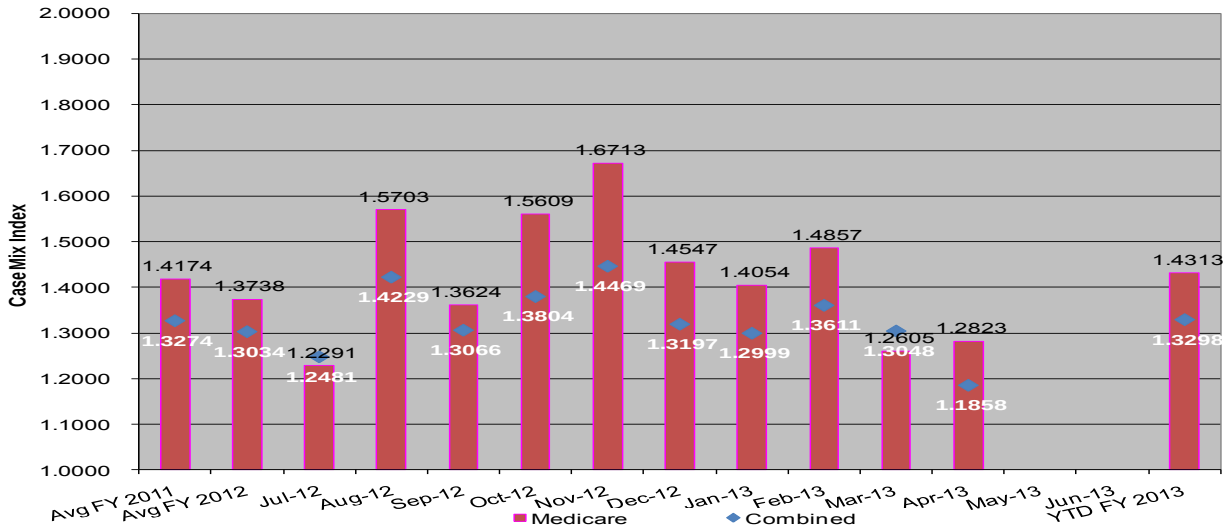
Payer Mix

The Hospital's overall payer mix compared to budget is illustrated below. This is inclusive of the Waters Edge revenue.

	April Actual	April Budget
Medicare	47.2%	46.0%
Medi-Cal	28.5%	27.4%
Managed Care	14.0%	16.3%
Other	3.8%	3.0%
Commerical	1.7%	3.0%
Self-Pay	4.9%	4.4%
Total	100.0%	100.0%

Case Mix Index

The Hospital's overall Case Mix Index (CMI) for April was 1.1858, down from the prior month of 1.3048 (9%) and lower than it has been all year. However, May started strong with CMI currently back up to 1.2302 The Medicare CMI was 1.2823 in April, above prior month. The graph below shows the Medicare CMI for the Hospital during the current fiscal year as compared to the prior two years.



Revenue

Gross patient charges in April were below budget by $1 million or 3.9%. Inpatient gross revenues were $800,000 below budget and outpatient gross revenues were down $264,000. Acute inpatient days were just .5% below budget and acute gross revenue was down 2.7%. Inpatient ancillary service charges below budget in Emergency, Surgery, Laboratory, Imaging and Respiratory, but were up in Supplies. Lower utilization in these revenue centers does coincide with the lower acutity.

Waters Edge gross and net revenue were above budget in April consistent with the volume. The ancillary revenue was very close to budget and the routine daily room and board revenue was above budget by 1.8%. Medicare A patient was about 20% lower than budget, contributing to the relatively lower Net Revenue in the month.

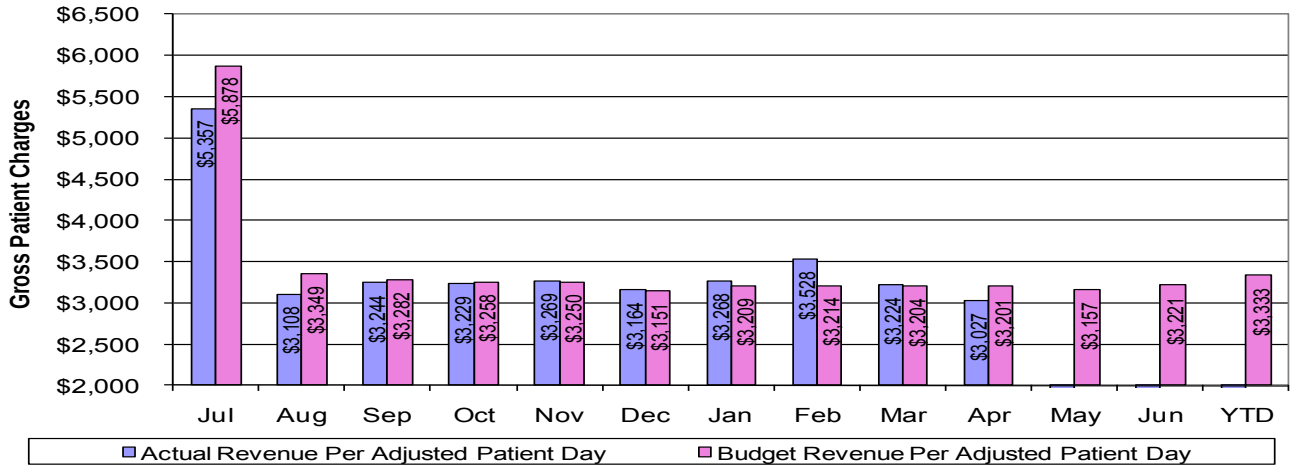
Outpatient gross revenues were lower than budget by $264,000 (3.1%). Emergency and Imaging were the largest contributor to this being below budget while the clinics (Wound Care in particular) and Surgery were above budget. The new orthopedic practice anticipated increases in Imaging, Rehab Services and Surgery, these volumes and referral patterns are increasing. However, these areas have started a little slower than we have projected in the budget, but they are growing steadily as the year progresses. Outpatient MRI volumes were lower than expected giventhat we added a third MRI day in March. We do know that Emergecny and Inpatient MRI utilization was higher, but overall numbers lower than expected. We are meeting with Alliance Imaging in May to

discuss further marketing efforts of if this third day should be cancelled.

Wound Care volume was above budget with the gross revenue exceeding budget by $178,000 due to another busy month, resulting in Net Revenue coming in again better than budget by almost $25,000 for the month, and $232,000 year to date.

On an adjusted patient day basis, total patient revenue was $3,027 below the budget of $3,201 for the month of April. The table below shows the Hospital's monthly gross revenue per adjusted patient day by month and year-to-date for Fiscal Year 2013 compared to budget. Note the overall revenue per day dropped in August with the addition of Waters Edge days and revenue in the mix. Waters Edge provides a significant amount of days (almost double) yet these patients have primarily room and board charges and very little ancillary services compared to acute patients.

Gross Charges per Adjusted Patient



Contractual Allowances and Net 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 payers such as Blue Cross. A Net Revenue percentage of 23.8% was budgeted and 23.9% was realized. Year to date net revenue percentage is 23.3% of gross versus a budget of 23.4%. Medi-Cal reimbursement at both South Shore and Waters Edge were calculated at a per diem rate of $316 which is consistent with budget and AB97 rate reduction.

Overall, Net Revenue was $6.3 million, $201,000 below the budget of $6.5 million. The sharp decline in patient acutity, as measured by the CMI, lower inpatient ancillary revenue, ands the lower than budgeted outpatient visits and revenues are all key drivers to the lower Net Revenue. In addition, beginning April 1, 2013, the Federal budget sequestration goes into effect. This is a 2% reduction in all Medicare reimbursements which equate to about $40,000 per month for Alameda.

Waters Edge had Net Revenues of approximately $1.2 million, almost right on the budget. Higher than budgeted overall census are driving this positive variance. Year to date, Waters Edge Net Revenue is $226,000 (2.3%) above budget, and consistent with patient census (2.5%) above budget.

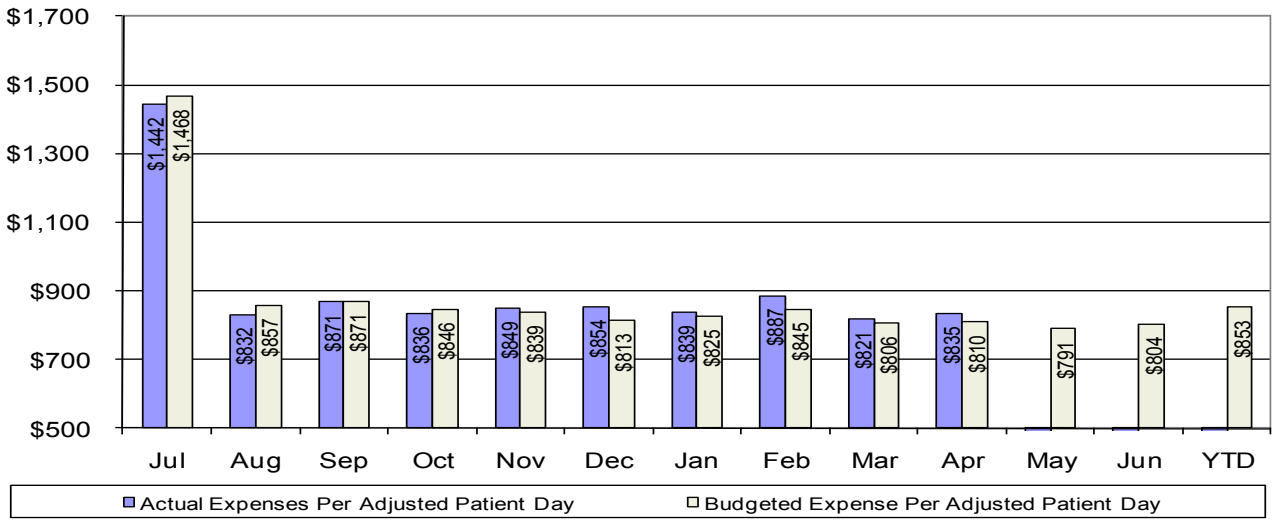
The Wound Care program also resulted in a positive net revenue contribution of almost $25,000 for the month. However there are additional expenses associated with providing this additional revenue.

Expenses

Total Operating Expenses

Total operating expenses were $7.1 million which was higher than the fixed budget by $324,000 or 4.8%. Temporary agency fees, benefits, professional fees, supplies and rents and leases were all above budget while purchased services were under budget. All other expense categories were reasonably close to budget. As mentioned at the July meeting the temporary agency budget is understated by $40,000 per month.
The graph on the below shows the actual Hospital operating expenses on an adjusted patient day basis for the fiscal year by month as compared to budget. Note that expenses per patient day were very close to budget this month and last.

Expenses per Adjusted Patient Day



The following are explanations of the significant areas of variance that were experienced in the current month.

Salary and Temporary Agency Expenses

Salary and temporary agency costs combined were unfavorable to the fixed budget by $111,000 (3%). Most of this variance was in Registry (temporary agency services).

While the temporary agency expenses were budgeted lower than they should have been, there are still several areas using temporary staff to replace vacant positions. The departments still utilizing temporary staff to replace budgeted vacant positions are Respiratory Therapy ($14,000), Laboratory ($20,000), Rehab Services ($8,000), and Waters Edge ($42,000). In addition again the acute inpatient volume was high in CCU (19.5% above budget) and DOU (20.8% above budget) requiring more staffing including registry staffing, yet $30,000 lower than the year to date average.

Staffing also needs to be better managed. Total paid and productive FTE's were about 16 over budget. FTE's per adjusted occupied bed about 1.5% over budget. Given the high amount of registry useage, employed staff salary and wages should be lower givent he census and outpatient registration variance. The exectuvie team has been discussing staffing and is taking steps to get this back in line.

On a positive note, the use of overtime and double time premium pay improved in April, down $50,000 and $25,000 respectively from prior month.

We did have additional salary expense in pharmacy, as we have hired and are training new pharmacists. We have also expanded the pharmacy service hours so there could be some additional salary expense in pharmacy going forward. However, this change will reduce the amount paid for our contracted after hour pharmacy service.

Benefits

Benefits were above the fixed budget by $21,000. Year to date is also above budget by $158,000. These numbers fluctuate from month to month and this month is over budget due to our health comp IBNR actuarial calculation..

Professional Fees

Professional fees were over budget by $74,000 or 20.4% are due to the fees associated with the Interim Director in Information Systems, patient accounting, higher management fees associated with the busier than expected Wound Care program, Legal fees were also again higher in April as we engage legal council in various business matters. In additiona, there two were prior period invoices needing recording for Environmental Services that had been missed totaling $16,000).

Supplies
Supplies expense was $80,000 over budget and year to date supply expense is $503,000 higher than budget. Departments using more supplies than anticipated were Surgery (prosthetics), Wound Care (skin graft prosthetics), Primary Clinic (some prior period pharmaceuticals), Subacute, Blood Bank, and Waters Edge.

Purchased Services
Purchased services were $31,000 under budget for the month of April and year to date is $106,000 over budget. Most departments were very close to budget in April, but a few including South Shore, had accrual reversals that help to contribute to the positive variance this month.

Rents and Leases
Rents and lease expense was $37,000 over budget in the month. A big portion of this variance is due to missing Xerox invoices for two prior months ($16,000) and one month missing accrual for the Primary Care Clinic (one month Jamestown rent). We also have additional unbudgeted rent for the new Orthopedic clinic space and an office building on Willow totaling about $7,000.

Other Operating Expense
Other operating expenses were over budget this month by $19,000. This was made up of expenses in Plant Maintenance and QRM use of ambulance invoices and Waters Edge maintentance. However, year to date other expenses are under budget by $81,000; about half from Waters Edge and half from hospital based travel and training budget.

Interest Expense
Interest Expense was $34,000 in April, $26,000 higher than budget. We did accrue additional expense for intereste charges assed by Cardinal Health on past due payments. We are working with them to have half of these charges waived.

Balance Sheet

Total assets decreased by just over $1 million from the prior month. The following items make up the decrease in assets:

- Total unrestricted cash and cash equivalents for April increased by almost $2.2 million and days cash on hand including restricted use funds also increased to 23.6 days cash on hand in April from the 14.6 days cash on hand in March. Patient collections in March averaged almost $240,000 per day, considerably higher than prior month. In April we also received about $2.6 million in Parcel Tax proceeds; this is the second installment for fiscal year 2013. Note there is cash that is being held for repayment of LTC over payments since August 2012 and the addition of Waters Edge. Year to date, this overpayment amount is estimated at $2.2 million.

- Net patient accounts receivable was $11.4 million, down more than $700,000 from $12.2 million at the end of March. This has finally come back down due to high cash collections in April. We know that there is an additional $600,000 from prior periods to be collected on 6 subacute patients that are pending TAR approvals as of the end of April.

- Days in outstanding receivables were 57.4 at April month end, a decrease from the March number of 61.6 days. Cash collections in March were almost $7.2 million compared to $6 million in March. Collections per day were almost $240,000 which was above the prior month.

Overall, total liabilities decreased by almost $700,000 as well from prior month.

- Accounts payable decreased by $162,000 in April to approximately $11.2 million which equates to 147 AP Days, down from the 157 days in March.

- Payroll related accruals decreased by $316,000 due to the timing the the pay periods in the month.

- Deferred revenues decreased by $477,000 due to the recognition of one-twelfth of the 2012/2013 parcel tax revenues.

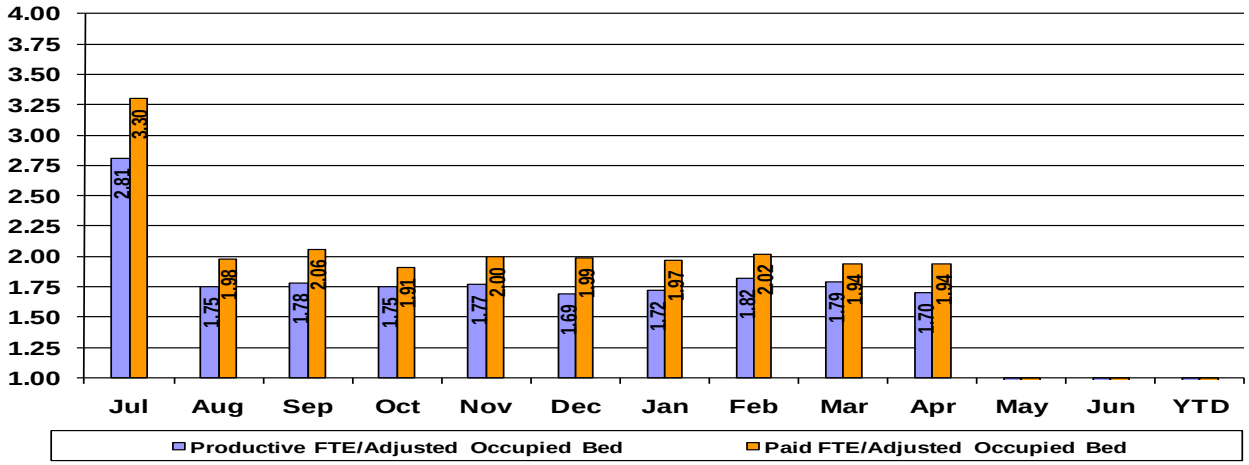
- Current Portion of Long Term Debt in the month of April decreased by about $27,000 as we continue to reduce short term liability to the State that ends this year.

- Third Party Settlement increased by $260,000 associated with recording of the Medi-Cal overpayment reserve.

Key Statistics

FTE's Per Adjusted Occupied Bed

For the month of April Productive FTE's per Adjusted Occupied Bed were 1.70, above the budget of 1.67 FTE's by 1.8%. Paid FTE's per Adjusted Occupied Bed were 1.94 or 1.5% above the budget. The graph below shows the productive and paid FTE's per Adjusted Occupied Bed for FY 2013 by month.



Current Ratio

The current ratio for April is 0.89, down again from .92 in March. We have met with representatives from the Bank of Alameda regarding these loan covenant ratios and other matters. We will be providing them with a loan covenant waiver request along with fiscal year end projections.

A/R days

Net days in accounts receivable (A/R) are currently at 57.4. This is down from the prior month of 61.6. Net A/R days are up as the result of lower than normal cash collections in the month. We are taking actions to help ensure that A/R balances and cash flows to remain more constant and in fact decrease to the mid 50's during the next two months.

Days Cash on Hand

Days cash on hand for April were 23.6, a increase from prior month of 14.6. While cash collections have improved, cash is also needed to pay down vendor balances as the property tax proceeds will be used to subsidize operations over the course of the fiscal year as well as other capital project commitments.

The following pages include the detailed financial statements for the ten (10) months ended April 30, 2013, of Fiscal Year 2013.

ALAMEDA HOSPITAL
KEY STATISTICS
APRIL 2013

	ACTUAL APRIL 2013	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	APRIL 2012	YTD APRIL 2013	YTD FIXED BUDGET	VARIANCE	%	YTD APRIL 2012
Discharges:										
Total Acute	221	230	(9)	-3.8%	252	2,383	2,390	(7)	-0.3%	2,377
Total Sub-Acute	3	2	1	50.0%	2	26	24	2	8.3%	22
Total South Shore	7	8	(1)	-12.5%	17	55	85	(30)	-35.3%	96
Total Waters Edge	9	13	(4)	-30.8%	-	138	113	25	22.1%	-
	240	253	(13)	-5.0%	271	2,602	2,612	(10)	-0.4%	2,495
Patient Days:										
Total Acute	914	919	(5)	-0.5%	998	9,669	9,573	96	1.0%	9,213
Total Sub-Acute	908	981	(73)	-7.4%	945	9,743	9,919	(176)	-1.8%	9,832
Total South Shore	695	664	31	4.7%	649	6,975	6,529	446	6.8%	6,427
Total Waters Edge	3,293	3,180	113	3.6%	-	28,188	27,500	688	2.5%	-
	5,810	5,744	66	1.1%	2,592	54,575	53,521	1,054	2.0%	25,472
Average Length of Stay										
Total Acute	4.14	4.00	0.14	3.4%	3.96	4.06	4.01	0.05	1.3%	3.88
Average Daily Census										
Total Acute	30.47	30.63	(0.17)	-0.5%	33.27	31.81	31.49	0.32	1.0%	30.31
Total Sub-Acute	30.27	32.70	(2.43)	-7.4%	31.50	32.05	32.63	(0.58)	-1.8%	32.34
Total South Shore	23.17	22.13	1.03	4.7%	21.63	22.94	21.48	1.47	6.8%	21.14
Total Waters Edge	109.77	106.00	3.77	3.6%	-	103.25	100.73	2.52	2.5%	-
	193.67	191.47	2.20	1.1%	86.40	190.05	186.33	(0.26)	-0.1%	83.79
Emergency Room Visits	1,312	1,377	(65)	-4.7%	1,375	14,299	13,954	345	2.5%	14,127
Wound Care Clinic Visits	460	300	160	53.3%	-	2,716	1,750	966	55.2%	-
Outpatient Registrations	2,110	2,285	(175)	-7.7%	1,889	19,315	20,558	(1,243)	-6.0%	18,510
Surgery Cases:										
Inpatient	56	51	5	9.8%	39	466	457	9	2.0%	406
Outpatient	131	156	(25)	-16.0%	114	1,202	1,561	(359)	-23.0%	1,436
	187	207	(20)	-9.7%	153	1,668	2,018	(350)	-17.3%	1,842
Adjusted Occupied Bed (AOB)	284.28	279.92	4.36	1.6%	125.54	256.47	254.97	1.51	0.6%	122.76
Productive FTE	484.27	468.23	16.04	3.4%	360.75	463.51	454.18	9.33	2.1%	346.11
Total FTE	550.59	534.05	16.55	3.1%	406.29	524.76	518.33	6.43	1.2%	397.73
Productive FTE/Adj. Occ. Bed	1.70	1.67	0.03	1.8%	2.87	1.81	1.78	0.03	1.5%	2.82
Total FTE/ Adj. Occ. Bed	1.94	1.91	0.03	1.5%	3.24	2.05	2.03	0.01	0.6%	3.24

City of Alameda Health Care District
Statements of Financial Position
April 30, 2013

	Current Month	Prior Month	Prior Year End
Assets			
Current Assets:			
Cash and Cash Equivalents	$ 5,396,612	$ 3,218,998	$ 3,327,884
Patient Accounts Receivable, net	11,417,224	12,208,612	8,835,256
Other Receivables	788,192	3,317,066	6,488,283
Third-Party Payer Settlement Receivables	-	-	-
Inventories	1,103,949	1,035,894	1,045,311
Prepaids and Other	619,668	661,724	416,371
Total Current Assets	19,325,645	20,442,294	20,113,105
Assets Limited as to Use, net	175,370	165,718	64,183
Fixed Assets			
Land	877,945	877,945	877,945
Depreciable capital assets	44,614,621	44,608,450	43,470,520
Construction in progress	4,062,290	3,958,726	4,102,468
Depreciation	(40,397,533)	(40,319,418)	(39,670,499)
Property, Plant and Equipment, net	9,157,322	9,125,704	8,780,434
Total Assets	**$ 28,658,338**	**$ 29,733,715**	**$ 28,957,722**
Liabilities and Net Assets			
Current Liabilities:			
Current Portion of Long Term Debt	$ 974,364	$ 1,001,213	$ 1,724,249
Accounts Payable and Accrued Expenses	11,199,578	11,361,533	7,848,673
Payroll Related Accruals	4,671,969	4,987,669	4,307,924
Deferred Revenue	959,061	1,436,180	5,726,305
Employee Health Related Accruals	690,577	654,246	691,942
Third-Party Payer Settlement Payable	3,150,602	2,889,982	601,233
Total Current Liabilities	21,646,151	22,330,823	20,900,326
Long Term Debt, net	1,570,004	1,626,092	1,022,152
Total Liabilities	23,216,155	23,956,915	21,922,478
Net Assets:			
Unrestricted	5,056,812	5,401,083	6,761,061
Temporarily Restricted	385,370	375,718	274,183
Total Net Assets	5,442,182	5,776,801	7,035,244
Total Liabilities and Net Assets	**$ 28,658,338**	**$ 29,733,716**	**$ 28,957,722**

City of Alameda Health Care District

Statements of Operations

April 30, 2013

$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Patient Days	5,810	5,744	66	1.1%	2,592	54,575	53,521	1,054	2.0%	25,472
Discharges	240	253	(13)	-5.0%	271	2,602	2,612	(10)	-0.4%	2,495
ALOS (Average Length of Stay)	24.21	22.73	1.48	6.5%	9.56	20.97	20.49	0.48	2.4%	10.21
ADC (Average Daily Census)	187.4	185.3	2.13	1.1%	83.6	178.9	175.5	3.46	2.0%	83.5
CMI (Case Mix Index)	1.1858				1.1636	1.3298				1.3399
Revenues										
Gross Inpatient Revenues	$ 17,587	$ 18,384	$ (797)	-4.3%	$ 14,984	$ 181,931	$ 179,957	$ 1,974	1.1%	$ 146,508
Gross Outpatient Revenues	8,229	8,493	(264)	-3.1%	6,787	78,264	77,980	285	0.4%	69,314
Total Gross Revenues	25,816	26,877	(1,061)	-3.9%	21,771	260,195	257,936	2,259	0.9%	215,822
Contractual Deductions	18,628	19,603	975	5.0%	16,652	187,939	188,701	761	0.4%	162,066
Bad Debts	912	708	(204)	-28.7%	(9)	10,479	7,113	(3,366)	-47.3%	3,357
Charity and Other Adjustments	97	170	73	42.8%	-	1,255	1,719	464	27.0%	1,505
Net Patient Revenues	6,179	6,396	(216)	-3.4%	5,128	60,522	60,403	119	0.2%	48,894
Net Patient Revenue %	23.9%	23.8%			23.6%	23.3%	23.4%			22.7%
Net Clinic Revenue	98	42	56	135.0%	38	498	417	80	19.3%	374
Other Operating Revenue	9	50	(41)	-81.4%	(31)	467	503	(36)	-7.1%	208
Total Revenues	**6,287**	**6,488**	**(201)**	-3.1%	**5,135**	**61,487**	**61,324**	**163**	0.3%	**49,476**
Expenses										
Salaries	3,433	3,436	3	0.1%	2,881	33,959	34,209	250	0.7%	28,495
Temporary Agency	177	64	(114)	-179.0%	156	1,867	657	(1,210)	-184.1%	1,207
Benefits	1,133	1,112	(21)	-1.8%	974	9,979	9,821	(158)	-1.6%	8,671
Professional Fees	438	364	(74)	-20.4%	354	4,221	3,926	(295)	-7.5%	3,727
Supplies	824	744	(80)	-10.7%	729	7,797	7,294	(503)	-6.9%	6,249
Purchased Services	533	564	31	5.5%	588	5,476	5,370	(106)	-2.0%	3,785
Rents and Leases	242	205	(37)	-17.9%	156	2,054	1,965	(89)	-4.5%	1,003
Utilities and Telephone	92	87	(5)	-5.3%	66	805	855	51	6.0%	654
Insurance	41	42	1	2.4%	25	372	399	27	6.8%	271
Depreciation and amortization	78	68	(10)	-14.9%	67	730	680	(50)	-7.4%	712
Other Opertaing Expenses	132	113	(19)	-16.7%	98	1,072	1,153	81	7.1%	921
Total Expenses	**7,122**	**6,799**	**(324)**	-4.8%	**6,092**	**68,332**	**66,330**	**(2,002)**	-3.0%	**55,695**
Operating gain (loss)	**(835)**	**(311)**	**(524)**	-168.8%	**(957)**	**(6,845)**	**(5,006)**	**(1,838)**	36.7%	**(6,218)**
Non-Operating Income / (Expense)										
Parcel Taxes	481	500	(19)	-3.7%	490	4,796	4,999	(203)	-4.1%	4,813
Investment Income	1	-	1	0.0%	0	10	-	10	0.0%	5
Interest Expense	(34)	(8)	(26)	-319.0%	(23)	(156)	(80)	(75)	93.6%	(161)
Other Income / (Expense)	28	15	14	90.6%	28	483	149	333	223.0%	261
Net Non-Operating Income / (Expense)	**477**	**507**	**(30)**	**-5.9%**	**495**	**5,133**	**5,068**	**65**	**1.3%**	**4,918**
Excess of Revenues Over Expenses	**$ (358)**	**$ 196**	**$ (554)**	**-282.6%**	**$ (462)**	**$ (1,712)**	**$ 62**	**$ (1,773)**	**-2882.5%**	**$ (1,300)**

City of Alameda Health Care District

Statements of Operations - Per Adjusted Patient Day

April 30, 2013

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	$ 2,062	$ 2,189	$ (127)	-5.8%	$ 3,979	$ 2,331	$ 2,346	$ (15)	-0.6%	$ 3,904
Gross Outpatient Revenues	965	1,011	(46)	-4.6%	1,802	1,003	1,017	(14)	-1.4%	1,847
Total Gross Revenues	3,027	3,201	(173)	-5.4%	5,781	3,334	3,362	(29)	-0.9%	5,752
Contractual Deductions	2,184	2,334	150	6.4%	4,422	2,408	2,460	52	2.1%	4,319
Bad Debts	107	84	(23)	-26.8%	(2)	134	93	(42)	-44.8%	89
Charity and Other Adjustments	11	20	9	43.6%	-	16	22	6	28.2%	40
Net Patient Revenues	725	762	(37)	-4.9%	1,362	775	787	(12)	-1.5%	1,303
Net Patient Revenue %	23.9%	23.8%			23.6%	23.3%	23.4%			22.7%
Net Clinic Revenue	11	5	7	131.4%	10	6	5	1	17.2%	10
Other Operating Revenue	1	6	(5)	-81.6%	(8)	6	7	(1)	-8.7%	6
Total Revenues	**737**	**773**	**(35)**	-4.6%	**1,363**	**788**	**800**	**(12)**	-1.5%	**1,319**
Expenses										
Salaries	403	409	7	1.6%	765	435	446	11	2.4%	759
Temporary Agency	21	8	(13)	-174.7%	41	24	9	(15)	-179.2%	32
Benefits	133	132	(0)	-0.3%	259	121	128	7	5.2%	231
Professional Fees	51	43	(8)	-18.6%	94	54	51	(3)	-5.7%	99
Supplies	97	89	(8)	-9.0%	194	100	95	(5)	-5.1%	167
Purchased Services	62	67	5	6.9%	156	70	70	(0)	-0.2%	101
Rents and Leases	28	24	(4)	-16.1%	41	26	26	(1)	-2.7%	27
Utilities and Telephone	11	10	(0)	-3.7%	17	10	11	1	7.6%	17
Insurance	5	5	0	3.9%	7	5	5	0	8.4%	7
Depreciation and Amortization	9	8	(1)	-13.1%	18	9	9	(0)	-5.5%	19
Other Operating Expenses	15	13	(2)	-14.9%	26	14	15	1	8.6%	25
Total Expenses	**835**	**810**	**(26)**	-3.2%	**1,617**	**869**	**865**	**(4)**	-0.5%	**1,484**
Operating Gain / (Loss)	**(98)**	**(37)**	**(61)**	-164.7%	**(254)**	**(81)**	**(65)**	**(16)**	24.5%	**(166)**
Non-Operating Income / (Expense)										
Parcel Taxes	56	60	(3)	-5.2%	130	61	65	(4)	-5.7%	128
Investment Income	0	-	0	0.0%	0	0	-	0	0.0%	0
Interest Expense	(4)	(1)	(3)	-312.6%	(6)	(2)	(1)	(1)	90.3%	(4)
Other Income / (Expense)	3	2	2	87.7%	7	6	2	4	217.5%	7
Net Non-Operating Income / (Expense)	**56**	**60**	**(4)**	**-7.3%**	**131**	**66**	**66**	**(0)**	**-0.5%**	**131**
Excess of Revenues Over Expenses	**$ (42)**	**$ 23**	**$ (65)**	-279.8%	**$ (123)**	**$ (15)**	**$ 1**	**$ (16)**	-1564.8%	**$ (35)**

Wound Care - Statement of Operations
April 30, 2013

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	460	300	160	53.3%	2,716	1,750	966	55.2%
Revenue								
Gross Revenue	809,443	631,176	178,267	28.2%	5,056,718	3,681,860	1,374,858	37.3%
Deductions from Revenue	639,460	486,258	153,202		3,979,260	2,836,505	1,142,755	
Net Revenue	169,983	144,918	25,065		1,077,457	845,355	232,102	
Expenses								
Salaries	18,403	15,232	(3,171)	-20.8%	138,961	150,396	11,435	7.6%
Benefits	5,263	4,311	(953)	-22.1%	37,932	42,562	4,630	10.9%
Professional Fees	101,239	73,055	(28,184)	-38.6%	594,936	438,651	(156,285)	-35.6%
Supplies	42,603	7,532	(35,071)	-465.6%	195,662	75,320	(120,342)	-159.8%
Purchased Services	11,272	2,083	(9,189)	-441.1%	44,609	20,831	(23,778)	-114.1%
Rents and Leases	5,686	5,080	(606)	-11.9%	55,236	50,800	(4,436)	-8.7%
Depreciation	8,685	4,900	(3,785)	-77.2%	69,960	49,000	(20,960)	-42.8%
Other	2,895	5,916	3,021	51.1%	21,709	59,169	37,460	63.3%
Total Expenses	196,046	118,109	(77,938)	-66.0%	1,159,005	886,729	(272,276)	-30.7%
Excess of Revenue over Expenses	(26,063)	26,809	(52,873)	-197.2%	(81,548)	(41,374)	(40,174)	97.1%

Note: Of the 379 visits, 95were hyberbaric oxygen treatment visits.

City of Alameda Health Care District
Waters Edge Skilled Nursing - Statement of Operations
April 30, 2013

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Patient Days								
Medicare	384	480	(96)	-20.0%	3,222	3,451	(229)	-6.6%
Medi-Cal	2,667	2,340	327	14.0%	22,554	20,927	1,627	7.8%
Managed Care	39	90	(51)	-56.7%	413	1,063	(650)	-61.1%
Self Pay/Other	203	270	(67)	-24.8%	1,999	2,059	(60)	-2.9%
Total	3,293	3,180	113	3.6%	28,188	27,500	688	2.5%
Revenue								
Routine Revenue	2,608,925	2,562,991	45,934	1.8%	22,054,101	21,588,915	465,186	2.2%
Ancillary Revenue	428,621	422,663	5,958	1.4%	2,972,889	3,847,268	(874,379)	-22.7%
Total Gross Revenue	3,037,546	2,985,654	51,892	1.7%	25,026,990	25,436,183	(409,193)	-1.6%
Deductions from Revenue	1,797,727	1,755,565	(42,163)	-2.4%	14,808,334	15,443,251	634,917	4.1%
Net Revenue	1,239,819	1,230,089	9,729	0.8%	10,218,656	9,992,932	225,724	2.3%
Expenses								
Salaries	416,012	509,276	93,264	18.3%	3,837,362	4,466,099	628,737	14.1%
Temporary Agency	42,140	-	(42,140)	-100.0%	106,145	-	(106,145)	-100.0%
Benefits	103,955	152,783	48,828	32.0%	872,403	1,353,789	481,386	35.6%
Professional Fees	(1,135)	8,999	10,134	112.6%	50,396	100,991	50,595	50.1%
Supplies	80,663	97,320	16,657	17.1%	603,083	878,631	275,548	31.4%
Purchased Services	126,096	136,009	9,913	7.3%	999,519	1,192,534	193,015	16.2%
Rents and Leases	77,029	76,552	(477)	-0.6%	693,531	688,968	(4,563)	-0.7%
Utilities	17,609	14,999	(2,610)	-17.4%	122,872	134,990	12,118	9.0%
Insurance	5,000	12,165	7,165	58.9%	26,598	109,485	82,887	75.7%
Other	27,908	20,032	(7,876)	-39.3%	145,910	184,993	39,083	21.1%
Total Expenses	895,277	1,028,135	132,858	12.9%	7,457,819	9,110,480	1,652,661	18.1%
Excess of Revenue over Expenses	344,542	201,954	142,587		2,760,837	882,452	1,878,385	

City of Alameda Health Care District
Orthopedic Clinic - Statement of Operations
April 30, 2013

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	198	248	(50)	-20.2%	856	1,059	(203)	-19.2%
Revenue								
Gross Revenue	80,696	108,890	(28,194)	-25.9%	324,692	1,088,900	(764,208)	-70.2%
Deductions from Revenue	50,137	76,223	(26,086)		216,564	762,230	(545,666)	
Net Revenue	30,559	32,667	(2,108)		108,128	326,670	(218,542)	
Expenses								
Salaries	32,011	32,874	863	2.6%	215,892	247,311	31,419	12.7%
Benefits	9,155	9,303	148	1.6%	61,694	69,989	8,295	11.9%
Professional Fees	24,577	25,000	423	1.7%	176,225	204,500	28,275	13.8%
Supplies	2,510	2,105	(405)	-19.2%	42,297	15,790	(26,507)	-167.9%
Purchased Services	1,326	3,895	2,569	66.0%	40,666	29,210	(11,456)	-39.2%
Rents and Leases	4,529	2,632	(1,897)	-72.1%	29,012	19,736	(9,276)	-47.0%
Depreciation	-	-	-	0.0%	-	-	-	0.0%
Other	1,867	3,263	1,396	42.8%	30,785	64,474	33,689	52.3%
Total Expenses	75,975	79,072	3,097	3.9%	596,571	651,010	54,439	8.4%
Excess of Revenue over Expenses	(45,416)	(46,405)	989	2.1%	(488,442)	(324,340)	(164,102)	-50.6%
Hospital Based Activity:								
Inpatient Days	22	44	(22)	-50.0%	64	220	(156)	-70.9%
Inpatient Surgeries	4	10	(6)	-60.0%	13	50	(37)	-74.0%
Outpatient Surgeries	6	5	1	20.0%	41	31	10	32.3%
							-	
Therapy Referred Visits	220	450	(230)	-51.1%	724	2,050	(1,326)	-64.7%
Imaging Referred Procedures	100	250	(150)	-60.0%	517	1,070	(553)	-51.7%
Inpatient Gross Charges	354,427	619,000	(264,573)	-42.7%	1,241,106	3,095,000	(1,853,894)	-59.9%
Inpatient Net Revenue	64,501	139,000	(74,499)	-53.6%	230,538	695,000	(464,462)	-66.8%
Outpatient Gross Charges	265,471	413,800	(148,329)	-35.8%	1,620,523	1,995,050	(374,527)	-18.8%
Outpatient Net Revenue	45,130	93,210	(48,080)	-51.6%	292,208	446,832	(154,624)	-34.6%
Total Gross Charges	619,898	1,032,800	(412,902)	-40.0%	2,861,629	5,090,050	(2,228,421)	-43.8%
Total Net Revenue	109,631	232,210	(122,579)	-52.8%	522,746	1,141,832	(619,086)	-54.2%

City of Alameda Health Care District
1206b Clinic - Statement of Operations
April 30, 2013

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits								
Primary Care	111				1,235			
Surgery	53				505			
Neurology	34				277			
Total Visits	198				2,017			
Revenue								
Gross Revenue	178,138	142,006	36,132	25.4%	1,086,699	1,420,059	(333,360)	-23.5%
Deductions from Revenue	110,677	93,724	16,953		703,714	937,239	(233,525)	
Net Revenue	67,461	48,282	19,179		382,985	482,820	(99,835)	
Expenses								
Salaries	29,106	19,089	(10,017)	-52.5%	309,012	182,164	(126,848)	-69.6%
Benefits	8,324	5,402	(2,922)	-54.1%	72,705	51,552	(21,152)	-41.0%
Professional Fees	20,792	21,708	916	4.2%	223,998	217,082	(6,916)	-3.2%
Supplies	13,755	954	(12,801)	-1341.8%	22,952	9,539	(13,413)	-140.6%
Purchased Services	7,309	4,783	(2,526)	-52.8%	92,590	47,832	(44,758)	-93.6%
Rents and Leases	26,589	11,606	(14,983)	-129.1%	127,358	116,063	(11,295)	-9.7%
Depreciation	494	207	(287)	-138.6%	2,932	2,071	(861)	-41.6%
Other	1,628	2,292	664	29.0%	31,264	22,918	(8,346)	-36.4%
Total Expenses	107,997	66,041	(41,956)	-63.5%	882,811	649,221	(233,589)	-36.0%
Excess of Revenue over Expenses	(40,536)	(17,759)	(22,777)	128.3%	(499,826)	(166,401)	(333,424)	200.4%

Note:
Clinic Hours by Physician
Dr. Celada - M,W,F Mornings only
Dr. Brimer - M & Th full days, plus T Mornings
Dr. Dutaret - T & W full days

City of Alameda Health Care District
Statement of Cash Flows
For the Ten Months Ended April 30, 2013

	Current Month	Year-to-Date
Cash flows from operating activities		
Net Income / (Loss)	$ (358,089)	$ (1,711,669)
Items not requiring the use of cash:		
Depreciation and amortization	78,116	$ 730,313
Write-off of Kaiser liability	-	$ -
Changes in certain assets and liabilities:		
Patient accounts receivable, net	791,388	(2,581,968)
Other Receivables	2,528,874	5,700,091
Third-Party Payer Settlements Receivable	260,620	2,549,369
Inventories	(68,055)	(58,638)
Prepaids and Other	42,056	(203,297)
Accounts payable and accrued liabilities	(161,955)	3,350,905
Payroll Related Accruals	(315,700)	364,045
Employee Health Plan Accruals	36,332	(1,365)
Deferred Revenues	(477,119)	(4,767,244)
Cash provided by (used in) operating activities	2,356,467	3,370,542
Cash flows from investing activities		
(Increase) Decrease in Assets Limited As to Use	(9,652)	(111,187)
Additions to Property, Plant and Equipment	(109,735)	(1,107,202)
Other	13,818	7,420
Cash provided by (used in) investing activities	(105,569)	(1,210,969)
Cash flows from financing activities		
Net Change in Long-Term Debt	(82,936)	(202,033)
Net Change in Restricted Funds	9,652	111,187
Cash provided by (used in) financing and fundraising activities	(73,284)	(90,845)
Net increase (decrease) in cash and cash equivalents	2,177,614	2,068,728
Cash and cash equivalents at beginning of period	3,218,998	3,327,884
Cash and cash equivalents at end of period	$ 5,396,614	$ 5,396,613

City of Alameda Health Care District
Ratio's Comparison

Financial Ratios	Audited Results FY 2009	FY 2010	FY 2011	FY 2012	YTD 4/30/2013
Profitability Ratios					
Net Patient Revenue (%)	22.69%	24.16%	23.58%	22.90%	23.26%
Earnings Before Depreciation, Interest, Taxes and Amortization (EBITA)	3.62%	4.82%	-1.01%	-1.48%	-1.48%
EBIDAP[Note 5]	-5.49%	-3.66%	-13.41%	-11.22%	-9.14%
Total Margin	1.03%	2.74%	-2.61%	-3.21%	-2.78%
Liquidity Ratios					
Current Ratio	1.15	1.23	1.05	0.96	0.89
Days in accounts receivable ,net	57.26	51.83	46.03	55.21	57.35
Days cash on hand (with restricted)	13.6	21.6	14.1	17.7	23.6
Debt Ratios					
Cash to Debt	115.3%	249.0%	123.3%	123.56%	218.99%
Average pay period (includes payroll)	58.03	57.11	62.68	72.94	74.31
Debt service coverage	3.87	5.98	(0.70)	(0.53)	(0.73)
Long-term debt to fund balance	0.20	0.14	0.18	0.28	0.32
Return on fund balance	8.42%	18.87%	-19.21%	-27.35%	-31.45%
Debt to number of beds	13,481	10,482	11,515	16,978	9,728

City of Alameda Health Care District
Ratio's Comparison

Financial Ratios	Audited Results FY 2009	FY 2010	FY 2011	FY 2012	YTD 4/30/2013
Patient Care Information					
Bed Capacity	161	161	161	161	281
Patient days(all services)	30,463	30,607	30,270	30,448	54,575
Patient days (acute only)	11,787	10,579	10,443	10,880	9,669
Discharges(acute only)	2,812	2,802	2,527	2,799	2,383
Average length of stay (acute only)	4.19	3.78	4.13	3.89	4.06
Average daily patients (all sources)	83.46	83.85	82.93	83.19	179.52
Occupancy rate (all sources)	52.94%	52.08%	51.51%	51.67%	63.89%
Average length of stay	4.19	3.78	4.13	3.89	4.06
Emergency Visits	17,337	17,624	16,816	16,964	14,299
Emergency visits per day	47.50	48.28	46.07	46.35	47.04
Outpatient registrations per day[Note 1]	82.05	79.67	65.19	60.67	63.54
Surgeries per day - Total	16.12	13.46	6.12	6.12	5.49
Surgeries per day - excludes Kaiser	5.14	5.32	6.12	6.12	5.49

Notes:

1. Includes Kaiser Outpatient Sugercial volume in Fiscal Years 2008, 2009 and through March 31, 2010.
2. In addition to these general requirements a feasibility report will be required.
3. Based upon Moody's FY 2008 preliminary single-state provider medians.
4. EBIDA - Earnings before Interest, Depreciation and Amoritzation
5. EBIDAP - Earnings before Interest, Depreciation and Amortization and Parcel Tax Proceeds

Glossary of Financial Ratios

Term	What is it? Why is it Important?	How is it calculated?
EBIDA	A measure of the organization's cash flow	Earnings before interest, depreciation, and amortization (EBIDA)
Operating Margin	Income derived from patient care operations	Total operating revenue less total operating expense divided by total operating revenue
Current Ratio	The number of dollars held in current assets per dollar of liabilities. A widely used measure of liquidity. An increase in this ratio is a positive trend.	Current assets divided by current liabilities
Days cash on hand	Measures the number of days of average cash expenses that the hospital maintains in cash or marketable securities. It is a measure of total liquidity, both short-term and long-term. An increasing trend is positive.	Cash plus short-term investments plus unrestricted long-term investments over total expenses less depreciation divided by 365.
Cash to debt	Measures the amount of cash available to service debt.	Cash plus investments plus limited use investments divided by the current portion and long-term portion of the organization's debt insruments.
Debt service coverage	Measures total debt service coverage (interest plus principal) against annual funds available to pay debt service. Does not take into account positive or negative cash flow associated with balance sheet changes (e.g. work down of accounts receivable). Higher values indicate better debt repayment ability.	Excess of revenues over expenses plus depreciation plus interest expense over principal payments plus interest expense.
Long-term debt to fund balance	Higher values for this ratio imply a greater reliance on debt financing and may imply a reduced ability to carry additional debt. A declining trend is positive.	Long-term debt divided by long-term debt plus unrestricted net assets.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

RESOLUTION NO. 2013-2K

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

*** * ***

EXTENSION OF SPENDING AUTHORITY

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

WHEREAS, on July 25, 2012, the District Board of Directors approved the Fiscal Year 2012-2013 Operating and Capital Budget; and

WHEREAS, at the May 29, 2013 Finance and Management Committee, the committee deferred the action item to recommend the Fiscal year 2013-2014 Operating and Capital budget until the June 25, 2013 Finance and Management Committee meeting;

WHEREAS, it is anticipated that the Board of Directors will review, for approval, the Fiscal Year 2013-2014 Operating and Capital Budget at its July 3, 2013 regular meeting;

WHEREAS, it was recommended by the Finance and Management Committee that the Board of Directors authorize an extension of spending authority through July 2013,

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District, that the District hereby authorizes that, until further action is taken specifying otherwise, the City of Alameda Health Care District (Alameda Hospital) will continue to utilize its spending authority approved by the District Board on July 25, 2012 until an approved Budget for Fiscal Year 2013-2014 can be adopted by the Board of Directors, which shall occur no later than July 31, 2013.

PASSED AND ADOPTED on June 5, 2013 by the following vote:

AYES: _____ NOES: _____ ABSTAIN: _____ ABSENT: _____

_____
J. Michael McCormick
President

_____
Tracy Jensen
Secretary

RESOLUTION NO. 2013-1K

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 2013-2014

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 June 5, 2013 by the following vote:

AYES: _____ NOES: _____

ABSTENTION: _____

ABSENT: _____

_____
J. Michael McCormick
President

ATTEST:

_____
Tracy Jensen
Secretary

DATE: May 28, 2012

FOR: June 5, 2012 District Board Meeting

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

FROM: Thomas Driscoll, Legal Counsel
Kristen Thorson, District Clerk

SUBJECT: Approval of Certification and Mutual Indemnification Agreement

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RECOMMENDATION:

It is recommended that the District Board approve the Certification and Mutual Indemnification Agreement and authorize District Legal Counsel to sign the documents.

BACKGROUND:

Attached is the cover letter for this year's Certification of Taxes, Assessments and Fees and a copy of the Certification and Mutual Indemnification Agreement from the Alameda County Auditor-Controller Agency. This agreement needs to be executed and returned to the Office of Auditor-Controller by August 10, 2013

In 2002, both hospital counsel at the time of the Asset Transfer (Hansen Bridgett) and County Counsel confirmed that the District's Special Assessment does meet the requirements of Proposition 218, which is an updated version of Proposition 13, and that this matter had been thoroughly researched during the due diligence process before Measure A was placed on the April 2002 ballot.

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

May 24, 2013

CITY OF ALAMEDA HEALTH CARE DISTRICT
2070 Clinton Avenue
Alameda, CA 94501
ATTN: Kristen Thorson District Clerk

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 12, 2013.** It is important to note that no assessments can be processed without the certification statements.

If you have any questions, please call me at (510) 272-6557.

Sincerely,

Trina M. Caballero, Principal Auditor
Tax Analysis

Assistant Controller
Carol Gloria
1221 Oak St., Rm 220
Oakland, CA 94612
Tel. (510) 272-6565
Fax (510) 208-4977

Office of the Auditor-Controller
Steve Manning, Chief Deputy Auditor
1221 Oak St., Rm 249
Oakland, CA 94612
Tel. (510) 272-6565
Fax (510) 272-6502

Assistant Controller
Malinda Jones-Williams
1221 Oak St., Rm 238
Oakland, CA 94612
Tel. (510) 272-6565
Fax (510) 267-9415

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 2013/14 Secured Property Tax bill by the public agency met the requirements of Proposition 218 that added Articles XIIIC and XIIID 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

Dated: _____

By: _____
(Signature)

_____
(Print Name)

_____
(Print Title)

COUNTY OF ALAMEDA

Dated: _____

By: _____
(Signature)

_____
(Print Name)

_____
(Print Title)

Approved as to form:

_____
John Thomas Seyman,
Deputy County Counsel

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

DATE: May 31, 2013

FOR: June 5, 2013 District Board Meeting

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

FROM: Deborah E. Stebbins, Chief Executive Officer

SUBJECT: CEO Report to the Board of Directors

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1. **Medi-Cal Rate Reductions and State Budget**

a) Medi-Cal Rate Reductions

The en banc review (review by the full Court rather than the 3-judge panel) of the Medi-Cal rate reductions contained in 2011's AB 97 (including the DP/NF reduction) was not granted (see article below). Unfortunately, this en banc action is what the state was waiting for prior to implementing the reductions.

The following is a quote from the Court's ruling:

Federal appeals court upholds California's Medi-Cal rate cut

The full 9th Circuit Court of Appeals Friday upheld Gov. Jerry Brown's 10 percent cut in payments to hospitals, doctors, pharmacists and other providers of medical care to the poor under the state Medi-Cal program.

The cut, adopted by Brown and the Legislature two years ago to help balance the state budget, was nullified by federal Judge Christina A. Snyder, but a three-judge appellate panel reversed the rejection. That decision was upheld Friday by the full appeals court. The cut had been suspended by court order while the appeal was under way.

The case was in federal court because of a series of suits challenging the federal government's approval of the state action. Friday's ruling upheld the right of the federal government to approve the reduction. Attorneys for the providers and health care advocacy groups said they may seek a rehearing of the case and/or appeal to the U.S. Supreme Court.

The provider rate reduction was aimed at saving the state several hundred million dollars a year and is included in Brown's latest budget, which is now undergoing scrutiny in the Legislature. It's the centerpiece of a larger conflict over reductions of "safety net" health and welfare services that pits Brown against their advocates, with Democratic legislators caught in the middle.

On the legislative front, AB 900 (Alejo), the bill designed to overturn AB 97 cuts was amended this week to only address the reductions to DP/NFs and it passed out of the Assembly Appropriations Committee. On the negative side for Alameda Hospital, it was also amended to not overturn any of the retroactive adjustments included in AB 97, which amounts to $450,000 for us. This liability has been reserved for in our profit and loss statement; however, it will be a cash hit. CHA is in the process of trying to negotiate a reasonable repayment plan with the State for the affected hospitals. The two other Medi-Cal rate reduction bills (SB 646, which eliminated the reduction for rural hospital DP/NFs and SB 640, which eliminated the reduction for all Medi-Cal providers) were held on the Senate Appropriations suspense file meaning they will not advance this year without significant changes and effort.

b) State Budget

On the district/municipal hospital state budget item to reverse the transition to CPEs and withdraw the amendments to obtain additional waiver funding for these hospitals, the Assembly Budget Committee proposed legislative language directing DHCS to continue to work with district/municipal hospitals to obtain additional federal funds (the Department indicated a willingness to do so in Committee). The Senate Budget Committee adopted the Administration's proposal to not move forward on the CPE transition. Therefore, this item will go to the Budget Conference Committee. We will be requesting contacts from you next week of conferees and also determining our next steps relative to advocacy on this issue. There will be additional communication from the Forum next week on this important issue.

Relative to the process, the Budget Conference Committee will begin meeting soon to address items without consensus between the Assembly and Senate (such as the district/municipal CPE issue). The deadline for passage of the state budget is June 15. Please let me know if you have any questions on any of the above (or on other budget items).

2. **DSRIP Report**

The District Hospital Leadership Forum reports that the state has determined that due to the lack of federal approval and challenges with CMS approval related to the Delivery System Reform Incentive Program (DSRIP), they are withdrawing the proposed certified public expenditure (CPE) methodology change for inpatient, fee-for-service Medi-Cal reimbursement for district/municipal hospitals. Instead, DHCS proposes that district/municipal hospitals will maintain their current reimbursement (including the AB 113, inpatient IGT, program) until January 2014, when they propose district/municipal hospitals transition to DRGs (as the private hospitals are doing in July 2013).

Despite challenges related specifically to the DSRIP program for district/municipals, the state is also withdrawing all waiver/state plan amendment proposals, including the waiver amendment that allows district/municipals to draw down federal funding for care provided to the uninsured.

3. **Information Technology Update and Meaningful Use**

a) Meaningful Use

The Information Technology Department is in the final testing phase toward the attainment of Meaningful Use Stage I. We are on tract to begin attestation in June.

a) Replacement of Existing NetFax System

We have completed the transition to our new auto-faxing system for both Lab and Radiology reports; Medical Records reports are due to be transitioned during June.

b) New Electronic Medication Administration Record

We are currently training nursing staff for implementation of the electronic medication administration record, scheduled to go live on June 18. This will allow nursing to document medication administration real time and provide query capabilities regarding timing of medication doses that are now only available through manual chart reviews.

c) Waters Edge Infrastructure

The wiring at Water's Edge has been completed and the network team from IT is finishing installation of switches and new PC's. They will now be part of the hospital network infrastructure.

d) Network Issues

IT is still working to resolve some network issues but is making improvements especially in shortening back-up times.

e) IT Rounds
There has been positive feedback regarding the new weekly "IT Rounds" which takes place in the doctor's lounge on Wednesday afternoons and provides a forum for physicians to discuss IT issues with the Director of IT.

4. **Key Statistics**

Due to the timing and disribution of the District board packet, the key statistics for the month of April, 2013 will be distributed at the June 5, 2013 District Board meeting.

5. **Auxiliary Update**

The Hospital Auxiliary will be having their annual "In and Out" luncheon on Thursday, May 13 at Pier 29. This event recognizes the outgoing Officers of the Auxiliary and the incoming Officers. We will be thanking Emmy Cervani for her

service as President, 2012-2013 and acknowledging Kathryn Rush who will be serving as President for the 2013-2014 year.

6. **Bay Area Bone and Joint Center**

There were 236 orthopedic visits at the Bay Area Bone & Joint Center during the month of May, which represents a 20% increase over the previous month. The monthly variance to pro forma levels was 5% unfavorable, however year-to-date orthopedic visits remain 8% greater than pro forma expectations. Thirteen surgeries were performed in May, which is 117% more than the previous month and 1 surgery more than pro forma expectations this month. Total surgeries year-to-date are currently 19% below pro forma levels In an effort to more fully understand the financial status and contribution of the orthopedic service line, management is in the process of performing a net income analysis, including the impact of both the clinic operations as well as associated ancillary services.

Drs. DiStefano and Pirnia continue to be active in the community. The Hospital distributed information about the Bay Area Bone and Joint Center at the Asian Pacific Cultural Faire at South Shore Shopping Center and at the Spring Festival on Park Street in May. Their fourth community lecture on 'Common Shoulder Pain" was well attended. Community lectures have been scheduled at the Hospital monthly through July. The June topic will be on "Neck Pain." They continue to meet with Alameda physicians and are beginning to schedule meetings with primary care physicians outside of Alameda. A meeting with Practice Consultant Debra Phairas will be held in June to evaluate the progress of the Center and practice.

7. **Capital Projects**

a) Seismic Anchoring

The physical site review of construction on the NPC-2 compliance of emergency lighting in the original hospital is complete and , with sign-off approval from OSHPD secured..

Construction of the emergency communications NPC-2 compliance project, which entailed anchoring of existing systems is 100% complete with an OSHPD sign-off approval during the first week in June.

b) Bulk Oxygen Tank

OSHPD has approved structural plans for the bulk oxygen tank replacement, and management has applied for the requisite building permits. A public bid process to select a construction vendor is underway, with advertisements for pre-qualification submissions anticipated to be published the second week of June. Construction is expected to begin in early July.

c) SB90/SB499 Extension Report

The Hospital completed its application to extend the deadline to become SPC2 compliant beyond the current deadline of December 31, 2012 and while an administrative extension was granted for the time being, OSHPD confirmed that a number of issues need to be addressed before a longer term extension can be granted. One such condition includes completion of material testing of core samples of the affected building. Construction for this is scheduled to begin on June 3.

d) CMS Sprinkler Mandate Report

This project is on schedule to be completed before the August 13, 2013 deadline. The State of California Department of Public Health has granted a temporary license to permit relocation of 6 sub-acute patients to the 2 South Wing, and the affected patients have been successfully moved. OSHPD has granted the building permit and management has filed with them our Notice To Proceed, enabling Signature Construction to schedule commencement of work on June 3.

8. **Quality Update**

a) Patient Transports

All patient transports are now handled by Alameda Fire Department beginning May 22, 2013 from the hospital, Sub Acute Unit, Water's Edge, South Shore and Wound Care Centers. Monthly meetings with the AFD will be held to ensure a smooth transition for our patients.

b) Staffing

Alameda Hospital HIM Department has created a plan to ensure compliance with CMS requirements for ICD 10 in 2014. A Health information Mangament (HIM) Director & Privacy Officer was hired and will begin in June 2013. A Utilization Review Manager was hired in May 2013

9. **Joint Commission Update**

I am very pleased to report that on Thursday, May 23, the unannounced follow-up Joint Commission Survey took place. All of the conditional deficiencies that resulted in today's survey were determined by the surveyor to be in full compliance with the Joint Commission standards. The deficiencies were cleared and no additional findings identified. As a result and pending the acceptance of our 45 and 60 day Evidence of Standards Compliance, we expect a full, three year accreditation.

Our revised Infection Control Plan and Risk Assessment tools were highlighted by the surveyor and she requested copies of the documents to use as examples of a "superior plan" to show to other facilities.

Satisfying the conditional deficiencies was of paramount importance to our accreditation status. It took the dedication and hard work of the Joint Commission

Task Force to attain the final results in a short amount of time. I want to extend my appreciation and thanks to everyone who worked on the Joint Commission follow-up. In particular, I want to compliment and thank JoEllen Palshis, Mary Bond and Karen Taylor for their efforts in coordinating much of the preparatory work for the follow-up survey.

10. **Association of California Health Care District (ACHD) April 2013 Update**

his monthly update (see attached) from the ACHD regarding activities of the Association will be provided as information to the Board each month. As a reminder, the District is a member of ACHD.

A·C·H·D
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

ACHD Update for April 2013

Legislative Day
A record number of 41 individuals representing 23 Districts participated in this year's Legislative Day. David Panush, Director of External Affairs for Covered California, the State's Health Benefit Exchange, provided an overview of the insurance benefits of the Exchange, the implementation schedule, the federal subsidies and the income qualifications associated with the subsidies. Barry Jantz, Chief Executive Officer of Grossmont Healthcare District facilitated a discussion with Senator Joel Anderson on issues relating to the Affordable Care Act, Covered California, the political landscape of California and how constituents can most effectively communicate with their Legislators. Following Senator Anderson's interview, Mr. Jantz facilitated a panel discussion with Kyle Packham, Advocacy & Public Affairs Director for the California Special District Association, Janus Norman, Political and Legislative Advocate for the American Federation of State, County and Municipal Employees, Samuel Chung, Legislative Director for Assemblymember Jeff Gorell, and Rony Berdugo, Legislative Aide for Senator Ed Hernandez. Panel members provided a behind the scenes look at the legislative process, the value of coalitions in influencing legislation and the key role that staff plays in the legislative process.

A copy of the Legislative Day power point presentations may be found here.

Dr. Don Parazo, Chair of ACHD's Advocacy Committee, presented Senator Steve Knight with the Association's 2012 Legislator of the Year Award.

DP/SNF Reimbursement
There are now three bills in play to prevent the reimbursement reductions called for by AB 97 (2011); these bills are SB 640, SB 646 and AB 900. Both Senate Bills were passed out of Senate Health Committee on April 24 with votes of 8 Yes, 0 No and 1 abstention. AB 900 passed out of Assembly Health Committee on April 29 with votes of 19 Yes, 0 No. These bills have been referred to their respective Appropriations Committees.

The Democrat Central Committee has joined the coalition in support of AB 900. Thanks go to Mike McCreary, ACHD Board Member and Trustee of the John C. Fremont Healthcare District Board for facilitating the Committee's adoption of a Resolution to support AB 900.

PO Box 619084 • ROSEVILLE, CA 95661 • Tel (916) 266-5200 • Fax (916) 266-5201 • www.achd.org

Media/Message Training

The first regional educational program on developing and delivering key District messages and managing the media was conducted April 17 at the Petaluma Healthcare District offices. 8 participants representing 5 Healthcare Districts were in attendance. Palomar Health has volunteered to host a program for the San Diego area Healthcare Districts on June 14. Sequoia Healthcare District has also volunteered to host a program for Bay Area Districts in late June and Coalinga has volunteered to host a program for the Central Valley Districts in July. Questions about program content and offers to provide meeting space can be directed to tom.petersen@achd.org.

CEO Evaluation Support

In response to requests for assistance in conducting CEO evaluations, we have asked The Walker Group to draft a CEO evaluation tool for review with the Governance Committee; a first draft has been received. The survey will be available as a Member benefit similar to the Board Self-Assessment tool.

Annual Meeting

Final preparations for ACHD's 61st Annual Meeting are underway, as of May 6th, we have 115 registered attendees. The schedule of events and speaker information can be found here.

= Quarterly Goal (from budget or proforma)

June 5, 2013 District Board Meeting

City of Alameda Health Care District

2009-2013 Goals and Objectives

FY 2013 Third Quarter Update

(January – February –March) Update

= Quarterly Goal (from budget or proforma)

Financial Strength					
Achieve long-term financial viability					
Initiatives		**Status**			
(A) STRATEGY:	Meet or exceed budgeted Net Income of $613,695 by end of FY 2013	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Achieve Orthopedic Proforma Annual Net Income: **$596,000**		N/A	$116,000	$179,000	$301,000
	Actual	N/A	($179,112)	$149,201	
Achieve Wound Care Proforma Annual Net Income(Direct Only): **$46,000**		($51,000)	($19,000)	$30,000	$86,000
	Actual	($63,317)	$8,744	($912)	
Achieve Waters Edge Proforma Annual Net Income: **$1.34 M (August 1, 2012)**		$4,000	$196,000	$500,000	$642,000
	Actual	403,952	$1,046,067	$966,276	
NOTES	**Q1 (Wound Care): variance to goal a result of budget assumptions that began in July and patient care that began in late July.**				
(B) STRATEGY:	Cash Collections at or above actual Net Revenue	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Baseline: $73.6 M (FY2013)		$16.5 M	$18.4 M	$19.0 M	$19.7 M
	Actual	$12.9 M	$21.6M	$17.4M	
NOTES	**Q1: Medical billing issues. P&L to Cash Lag omitted.**				
(C) STRATEGY:	Achieve three (3) financial thresholds necessary to consider and present an employee wage increase or one-time bonuses to the Board of Directors by end of FY2013.				
Positive Net Margin for six (6) consecutive months		Not achieved			
Reduction in AP days to 90 days or less		Not achieved			
Minimum of 15 days cash on hand for four (4) consecutive months		Not achieved			
(D) STRATEGY:	Secure financing options and/or grants to cover $940,000 in short term capital needs (i.e. compliance with NPC2 seismic requirements, CMS regulatory requirements, boiler project) by end of 2nd Quarter FY 2013.				
		The amount of short term capital needs has increased since the beginning of the FY to $1.090.000. $200,000 secured from AHF in			

= Quarterly Goal (from budget or proforma)

		2012, with an additional $400,000 anticipated in the form of an AHF loan. The remainder is in process.			
(E) STRATEGY:	Define longer term financing needs to cover major capital projects over next three (3) years: seismic upgrades, physician relocation, 1925 building remediation and meaningful use by end of FY 2013.				
		In process			
(F) STRATEGY:	Increase specific areas of Net Revenue	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Increase annual acute commercial net revenue by 5% through volume growth and improved third party payor contract rates by end of FY 2013 **Baseline: $16.2 M (27.6% of Total Net A/R)**		$4.2 M 28.9%	$4.5 M 29%	4.13 M 27.2 % (excl. WE)	
Increase Long Term Care Medicare A - Net Revenue by 25% **Baseline: $485 per Medicare A Day**		$654/day 35% increase	$667/day 38% increase	$626/day 29% increase	

Growth					
Pursue fiscally responsible growth in services that target the most pressing acute and non-acute healthcare needs of the community.					
Initiatives		**Status**			
(A) STRATEGY:	Successful implementation of Comprehensive Orthopedic Program	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Achieve increase of 0.9 ADC attributable to Ortho Program by end of FY 2013		N/A	.08	.54	
Achieve increase of 2,110 outpatient registrations attributable to Ortho Program		N/A	412	633	1,065
	Actual	N/A	72	302	
(B) STRATEGY:	Successful implementation of Kate Creedon Center for Advanced Wound Care	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Achieve increase of 0.1 ADC attributable to Wound Care Program by end of FY 2013		.37	.23	.58	
Achieve increase of 696 OP registrations attributable to Wound Care Program		83	160	195	258
	Actual	55	107	168	

= Quarterly Goal (from budget or proforma)

(C) STRATEGY:	Partnership Discussions Advance at least two collaborative initiatives with a partner which brings financial and community benefit to both parties by end of FY 2013, through one or more of the following:				
1) New Volume		Secured PIMMS, Inc contract for access to commercial maritime patient market at 66% reimbursement rate. Established ongoing relationship with the United States Coast Guard clinic to bring new orthopedic patient base to the hospital. Discussions initiated with La Clinica de Raza and the Center for Elder Independence to augment their current service offerings with hospital-based medical/surgical care.			
2) Access to Capital		Discussions initiated with Capital Partners Program at SEIU and other potential partners to secure funding for seismic retrofit			
3) Improved negotiating leverage in commercial market		Completed two revisions in commercial contracting			
4) Use for unused space on and off campus		Converting former Cardiofit area in 1 South, currently used for storage, to revenue-generating space for new and existing programs (i.e., Stroke Rehab, Speech/Occupational Therapy). Evaluating Willow Street annex and 2 South space for potential programs, including hand/plastic surgery, integrative medicine, and others.			
(D) STRATEGY:	Increase market share penetration in Asian residents originating from on and off island of Alameda by 5%	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Baseline Asian Pacific Islander Volume: IP (522) | OP Registrations (4,900)		IP: 120 OP: 1,284	IP = 122 OP = 1,227	IP = 162 OP = 1,336	
NOTES	**Q1: Initiated hospital signage program in Chinese. Developing Asian alternative meal menu. Initiated exploratory discussions with Asian Health Services. Asian greens vendors at Farmers Market. Q2: Continued development of hospital signage program in Chinese, including completion of Asian alternative menu, with recipe development in process. Evaluating potential Integrative Medicine program combining Eastern and Western practices for both in-patient and out-patient settings. Also evaluating potential partnership opportunity with day program for elderly Chinese.**				
(E) STRATEGY:	Successful transition of Waters Edge operation	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Achieve average 101.1 ADC as outlined in the pro forma to be measured at the end of each quarter following transfer of operation. (Start August 1, 2012)		91.5	100.7	105.3	107
	Actual	96.28	102.4	107.2	

= Quarterly Goal (from budget or proforma)

Achieve payor mix targets as outlined in proforma / budget for FY2013	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Medi-Cal ADC	73.5	77	78	78
Actual	77.23	82.2	84.6	
Medicare ADC	9	11.3	15.3	17
Actual	9.0	10.5	14.7	

Facilities and Technology	
Enhance our facility and technological capabilities to foster the achievement of our goals.	
Initiatives	**Status**
(A) STRATEGY: Make sufficient progress by end of CY 2012 on the following seismic and regulatory projects to receive necessary extensions under SB90:	
1) NPC2 Projects	Bulk oxygen tank construction and design plans approved by OSHPD with start of construction anticipated Q2 2013. Emergency lighting and emergency communication anchoring completed and respectively approved and pending approval (Q2 2013) by OSHPD.
2) Sprinkler Project LTC	Construction and design plans completed and approved by OSHPD. Bid process completed with construction anticipated to commence in Q2 and be completedin August.
3) Boiler Replacement	Construction and design plans in process.
(B) STRATEGY: Develop a master use plan for the remaining leased space at Marina Village by October, 2012.	
Rehabilitation and Orthopedic Program	Architectural, mechanical, and electrical design plans completed and approved by the City of Alameda and OSHPD. Building permit has been secured with public bidding process for construction vendor to commence upon completion of financing mechanism. $200K in capital was secured with a loan from the AHF, with the remaining balance (approximately $350K) requested in the form of a grant from the Valley Foundation. An application has been submitted and the decision is in process. Currently, the space is being used as a staging area until build out construction begins.

= Quarterly Goal (from budget or proforma)

(C) STRATEGY:	Complete an assessment of meaningful use status by end of 2nd Quarter FY 2013 that includes an action and implementation plan to meet Stage One requirements.
	Status completed and reported to the Board in January, on track for attestation in mid-2013, update on milestones to be provided to board each month.
(D) STRATEGY:	Update the facility master plan options for compliance with 2020 and/or 2030 seismic requirements by end of FY 2013.
	Collapse strength core testing initiated to maintain "active" status of SB1953 construction retrofit building permit. Construction vendor has been selected and work anticipated to begin Q2 2013.
(E) STRATEGY:	Each departmental director / manager to establish goals for improvement in their technological proficiency both personally and for their departments by September 30, 2012.
	In progress. Goals identified and reported for 36 out of 40 departments and/or directors &managers. Examples: Establish proficiency with HealthshareIQ database (CBDO), MedAssets/Alliance budgeting software proficiency (complete for all Nursing departments, Respiratory, Pharmacy, 1206b Clinic and the Kate Creedon Center for Wound Care), build and become proficient in the ECHO program (QRM), Meditech Bed Board, Excel (advanced and basic), Crystal Reports, ICD-10, .

Physicians						
Ensure that the Hospital attracts qualified and capable physicians through collaboration and alignment.						
Initiatives			**Status**			
(A) STRATEGY: 1206 (b) Clinic Operations						
Complete assessment / audit regarding the efficiency and profitability of clinic operations by end of Q1 FY2013			Completed and presented to District Board in Closed Session in January 2013.			
Increase WRVU's by specialty by 5%			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
a) Baseline (Primary Care): 2,457/Yr	**Goal: 2,580/Yr or 655/Qtr**	Actual:	585	676	595	
b) Baseline (Neurology): 2,256/Yr	**Goal: 2,369/Yr or 592/Qtr**	Actual:	680	495	552	
c) Baseline(Gen. Surgery): 3,529/Yr	**Goal: 3,705/Yr or 929/Qtr**	Actual:	979	1,429	786	
NOTES	**Q1: 1 Primary Care Physician on vacation for 2 weeks. Q2: Neurologist on vacation for 2 weeks**					

= Quarterly Goal (from budget or proforma)

(B) STRATEGY: Comprehensive Orthopedic Program				
Achieve office visit volumes as projected in Ortho pro formas	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Spine Baseline (9 months, Start Oct 1): 715	N/A	129	222	364
Actual	N/A	59 (Nov-Dec)	299	
Sport Baseline (9 months, Start Oct 1): 921	N/A	146	314	461
Actual	N/A	66 (Nov-Dec)	234	

(C) STRATEGY:	Conduct physician satisfaction survey by September 1, 2012 to establish a baseline for measuring future change in satisfaction and targeting areas for improvement in hospital-physician relationships.
	Physician Survey was conducted by NRC Picker in late 4th quarter of 2012. Results to be analyzed in Q2 2013.

(D) STRATEGY:	Explore opportunities to collaborate with the Alameda County Medical Center and other East Bay physicians for coverage of selected specialties by end of Q3 FY 2013.
Recruit new physicians in two needed specialties which may include: Urology, ENT, General Surgery	Golden Gate Urology has joined our Medical Staff and opened an Alameda office in October, 2012. Plastic Surgeon Kyle Belek, M.D., has joined the Medical Staff, is seeing patients at the Wound Care Center, and will do surgical procedures at Alameda Hospital. Orthopedists Pirnia & DiStefano began their Alameda practice on October 29, 2012. Alameda Oral Surgeon Wendy Liao has joined our Medical Staff and will do her maxillofacial surgeries at Alameda Hospital. Discussions are ongoing to recruit a General Surgeon to join our Medical Staff. Actively seeking another Primary Care physician for the 1206(b) clinic.

Quality/Service	
Achieve superior clinical and service results on a consistent basis.	
Initiatives	**Status**
(A) STRATEGY: Conduct formal review of the effectiveness of our current Performance Improvement Committee (PIC) and Board Quality Committee (BQC) structure and process: Focus on the right problems and make modifications in structure as necessary.	

= Quarterly Goal (from budget or proforma)

Develop one-page dashboard of key quality indicators to minimize discussion of "routine" items and focus on outlier items for in-depth discussion.	One page dashboard developed and in use with the Board of Directors (November 2012). Format well received by the District Board with the addition of a brief summary on outlier items identified. Dashboard to be updated every year based on CMS focus. Improve the flow of information from PIC to MEC to BQC to GB in FY 2014
Incorporate service and system issues identified as problematic for physicians to be discussed in more depth at BQC.	Two status update meetings held with physician leadership. System issues are identified and resolved as they are recognized.

(B) STRATEGY: Reduce top 5 DRG Readmission Diagnoses by 20% to coincide with CMS guidelines by end of FY 2014 (UM Committee is reviewing this strategy to focus on top five reasons for readmissions)

Baseline (FY 2013): Under Review **Goal: Under Review to focus on top 5 diagnoses for readmission**	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)

(C) STRATEGY: Continue to use Core Measures data for all "Best Practice" indicators as an improvement tool to reach benchmarks as set by CMS.

Improve compliance scores for three (3) of the ten (10) Value Base Purchasing Indicators that are substantially below the National/CMS averages		Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)		Q4 (Apr-Jun)
Discharge Instructions for Patients with Heart Failure	**AH Baseline: 56% (Q4-11 Data)** **CMS Average: 92%**	Q1-12 AH: 69% CMS: 93%	Q2- 12 AH: 73% CMS: 93%	Q3-12 AH: 85.7% CMS: 93%	Q4-12 AH: 86.3% CMS:93%	
Antibiotic discontinued within 24 hours of surgery end time	**Baseline: 73% (Q4-11 Data)** **CMS Average: 97%**	Q1-12 AH: 88% CMS: 97%	Q2-12 AH: 88% CMS: 97%	Q3- 12 AH: 87.5% CMS: 97%	Q4-12 AH: 94.1% CMS: 97%	
Venous Thrombosis Prophylaxis given within 24 hours prior to or after surgery	**Baseline: 80% (Q4-11 Data)** **CMS Average: 97%**	Q1-12 AH: 84% CMS: 97%	Q2-12 AH: 86% CMS: 97%	Q3-12 AH: 100% CMS:97%	Q4-12 AH: 92% CMS:92%	

(D) STRATEGY: Introduce new websites that are program specific which are linked to general Hospital website.

Kate Creedon Center for Advanced Wound Care by July 31, 2012	www.creedonwoundcenter.com launched and linked to www.alamedahospital.org 7/18/2012
Comprehensive Orthopedic Program by October 31, 2012	www.bayareabonejoint.com went live in mid October as scheduled.
Long Term Care (Waters Edge, South Shore Skilled Nursing, and Subacute) - TBD	TBD

= Quarterly Goal (from budget or proforma)

People	
Foster a culture of exemplary performance through recruitment and retention practices that are founded on adherence to core performance standards and the continual development and celebration of our employees.	
Initiatives	**Status**
(A) STRATEGY: Develop a communications plan directed at staff, physicians and community regarding the rationale for Alameda Hospital pursuing "partnerships" and "affiliation" with other health care organizations.	
	Under development.
(B) STRATEGY: Activate an Employee Relations Committee to discuss best mechanisms for recognition of individual employees and special achievement by departments.	
Develop and implement one (1) annual special employee event	New meeting date scheduled for the week of 5/20/13. Active participation for special ticket price for Oakland A's game on May 14.
Develop and implement one (1) hospital-wide recognition program	New meeting date scheduled for the week of 5/20/13.
(C) STRATEGY: Evaluate feasibility of holding weekly farmer's market on or near Hospital to enrich staff environment and bring community to Hospital for outreach activities. Special focus on tailoring vendors for outreach to Asian community.	
	Pacific Farmers' Market Association brought "trial" farmer's market to 2012 AH Health Fair Day on 10/20/12, including 2 asian greens vendors. Plans for a permanent market have been postponed until a resolution to the problem of insufficient parking space can be achieved.
(D) STRATEGY: Develop an organization-wide focus to foster and encourage transformation to a culture of accountability.	
Examine and clarify the role and responsibilities of departmental managers in fostering critical thinking and problem resolution	Held management team-wide exercise in developing customized action plans around key manager core responsibilities: 1) 6 critical areas of focus identified, 2) individual action plans initiated
Revise format of monthly management meetings to incorporate projects and achievements at the individual department level and relationship to overall success of hospital	New format started in October 2012. Format has been well received. Have also included positive feedback patients/community roundtable as a standing agenda item to allow group to share positive feedback from patients/community.