



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

REGULAR MEETING AGENDA

WEDNESDAY, MARCH 5, 2014

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

***PLEASE NOTE START TIME FOR OPEN SESSION**

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. February 5, 2014 (Regular)
 - 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
 - I. Adjourn into Open Session
- V. **Reconvene to Public Session (Expected to start at 7:00 p.m. – Dal Cielo Conference Room)**
 - A. Announcements from Closed Session J. Michael McCormick

VI. General Public Comment

VII. Regular Agenda

A. Consent Agenda

ACTION ITEMS

- ✓ 1) Approval of February 5, 2014 Minutes (Regular)
[enclosure] (pages 3-9)
- ✓ 2) Acceptance of January 2014 Unaudited Financial Statements
[enclosure] (pages 10-33)

B. Special Presentation

- 1) Acute Inpatient - Hospital Acquired Pressure Ulcers (HAPU) Follow-Up Presentation Gloria Williams, RN

- D. District Board President's Report **INFORMATIONAL** J. Michael McCormick

- E. Community Relations and Outreach Committee Report **INFORMATIONAL** Jordan Battani

- F. Medical Staff President Report **INFORMATIONAL** Emmons Collins, MD

- G. Chief Executive Officer Report **INFORMATIONAL** Deborah E. Stebbins

- ✓ 1) Affiliation Updates & Monthly CEO Report
[enclosure] (pages34-37)
 - Affiliation Update, Quality Management Update, Bay Area Bone & Joint Center, Community Relations and Foundation Update, Kate Creedon Center for Advance Wound Care, Long Term Care, February Key Statistics

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, February 5, 2014 Regular Meeting

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Lynn Bratchett, RN Robert Deutsch, MD J. Michael McCormick, President	Deborah E. Stebbins Kerry Easthope	Thomas Driscoll, Esq.	
		Medical Staff Present	Excused
			Tracy Jensen Emmons Collins
Submitted by: Kristen Thorson, District Clerk and Heather Reyes, Administrative Secretary			

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 6:05 p.m.	
II. Roll Call	Ms. Thorson called roll noting a quorum of Directors was present.	
III. Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 6:06 p.m.	
IV. Closed Session Agenda		
V. Reconvene to Public Session	The meeting was reconvened into public session at 7:16 p.m. Director Jenson and Dr. Collins where absent from Public Session.	
<p>A. Announcements from Closed Session</p> <p>Director McCormick announced that the Board Quality Control Report was approved; the January Minutes were approved as well. Also discussed was the Medical Executive Committee Report which was approved with one exception, which will be discussed during next month's meeting.</p>		

Initial Appointments – Medical Staff

Name	Specialty	Affiliation	Appointment Period
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Topic	Discussion			Action / Follow-Up
	• Deborah Chong, MD	OB/GYN	AHS	
	• Michael Jacobson, MD	Urology	AHS	
	• Kiran Kapila, MD	Internal Medicine	Private Practice	
	• Yahya Kapila, MD	Gastroenterology	Private Practice	
	• Kenneth Kim, MD	Pain Management	Private Practice (IPM)	
	• Rachna Krishan, MD	OB/GYN	AHS	
	• Lan Na Lee, MD	OB/GYN	AHS	
	• John Lennox, MD	OB/GYN	AHS	
	• David McCall	Orthopedics	AHS	
	• Lasha Pierce, MD	OB/GYN	AHS	
	• Vincent Ray, MD	Ophthalmology	AHS	
	• Namita Sigh, MD	OB/GYN	AHS	
	• Denise Tukenmez, MD	OB/GYN	AHS	
	• Cord Valentine, MD	OB/GYN	AHS	
	• Lawrence Well, MD	Pain Management	Private Practice (IPM)	
<u>Reappointments – Medical Staff</u>				
	Name	Specialty	Staff Status	Appointment Period
	• Prabha Bhatnagar, MD	General Practice	Active	03/01/14 – 02/29/16
	• Robert Binder, MD	Radiology	Courtesy	03/01/14 – 02/29/16
	• David Bonovich, MD	Neurology	Courtesy	03/01/14 – 02/29/16
	• John Carper , MD	Family Medicine	Active	03/01/14 – 02/29/16
	• Barry Gustin, MD	Emergency	Courtesy	03/01/14 – 02/29/16
	• Michael Ingegno, MD	Vascular Surgery	Active	03/01/14 – 02/29/16
	• Michael Knoll, DDS, MD	Oral/Maxillofacial Surgery	Courtesy	03/01/14 – 02/29/16
	• David Levin, MD	Pathology	Courtesy	03/01/14 – 02/29/16

Topic		Discussion		Action / Follow-Up
	• Joseph Marzouk, MD	Infectious Disease	Active	03/01/14 – 02/29/16
	• James McDonald, DPM	Podiatric Surgery (Assist)	Courtesy	03/01/14 – 02/29/16
	• Jacob Rosenberg, MD	Pain Management	Courtesy	03/01/14 – 02/29/16
	• William West, MD	Ortho Surgery (Assist)	Courtesy	03/01/14 – 02/29/16
	• Robert Wu, MD	Internal Med/Hospitalist	Active	03/01/14 – 02/29/16
	• James Yeh, MD	Teleradiology	Courtesy	03/01/14 – 02/29/16
<u>Appointment – Allied Health Professional Status</u>				
	Name	Specialty	Appointment Period	
	• Melissa Allen, RN, MP	Nurse Practitioner	02/06/14 – 01/31/16	
	• Nerissa Barreto, RN, NP	Nurse Practitioner	02/06/14 – 01/31/16	
	• Nicholas Collins, PA-C	Physicians Assistant	02/06/14 – 01/31/16	
	• Sylvester Pasilla, PA	Physicians Assistant/Orthopedics	02/06/14 – 01/31/16	
<u>Resignations</u>				
	Name	Specialty		
	• Diane Kwan, MD	General Surgery		
	• Richard Olson, MD	Teleradiology		
	• Megan Palsa, PA-C	Physician Assistant		
	• Jeffrey Stern, MD	Oncologic Surgery		
VI. <u>General Public Comments</u>				
There were no public comments				
VII. <u>Regular Agenda</u>				
A.	<u>Consent Agenda</u> Ms. Stebbins thanked Carolyn Bowden, our Business Representative whom was present at the meeting from can, for her assistance with the negotiations with union contract (Reference Consent Agenda Item #3).			Director Battani made a motion to approve the consent agenda as presented. Director Bratchett seconded the motion. The motion

Topic	Discussion	Action / Follow-Up
		carried.
	1) Approval of January 8, 2014 Minutes (Regular)	
	2) Acceptance of December 2013 Unaudited Financial Statements	
	3) Approval of the renewal of the California Nurses Association Memorandum of Understanding, July 1, 2012 – June 30, 2015	
B.	<u>Action Items.</u>	
	<p>1) Approval of FY 2014 Six Month (January – June 2014) Operating Budget</p> <p>Mr. Easthope noted page 29-47 of the Board packet while narrating a presentation entitled “Alameda Hospital Fiscal Year 2014 January – June 2014 Operating Budget”. The following key areas were reviewed:</p> <ul style="list-style-type: none"> • January- June 2014 Budget Process • Base Budget Programs & Initiatives • Strategic Initiatives – AHS Volume Impact • January - June Volume Assumptions - Acute Inpatient • January - June Volume Assumptions - Long Term Care • January - June Volume Assumptions - Outpatient • Combined Net Revenue - January to June 2014 • Combined Labor & Benefit Expenses • Non-Productive Wage Analysis • Combined Non-Wage Expenses • Combined Six Month Budget Comparison • Combined Six Month Trend <p>Mr. Easthope stated that based on the recent Finance Integration Team meeting, feedback was positive in preparing the “January - June 2014 Operating Budget”. With the upcoming affiliation with AHS, Mr. Easthope noted their finance committee is interested in the financial plan, as they will be operating and controlling the majority of the organization over the next six months. AHS has tentatively approved our current 6 month budget.</p> <p>Noting in the budget process that there were some one time variances, as well as seasonal trends that needed to be incorporated into the budget. Mr. Easthope also stated that since</p>	<p>Director Battani made a motion to approve the FY 2014 Six Month (January-June 2014) Operating Budget as presented. Director Bratchett seconded the motion. The motion carried.</p>

Topic	Discussion	Action / Follow-Up
	<p>meeting with the managers on a bi-weekly basis he has noticed more attention to staffing issues, which has reflected positively on the budget, with the hiring of new staff and less use of outside agencies.</p> <p>In reviewing the overall Base Budget Programs & Initiatives, the Wound Care center is averaging 427 patients per month, and Water's Edge ADC of 110.9. The Ortho Clinic is averaging 248 per month which is slightly lower than expectations. We are looking at increased growth in the near future the 1206b clinic has increased volume by 22 visits this past month. PTO and vacation time utilization resulted in a decrease in our benefit expenses, as well as overtime and double-time.</p> <p>Mr. Easthope stated that we have begun outpatient surgeries from AHS in the beginning of January, with 23 cases, and a ramp up to 200 cases by June in the budget. Currently we are reviewing the staffing needs for the anticipated increase in outpatient surgeries.</p> <p>The payor mix for the AHS outpatient surgeries is budgeted to be – 62% HPAC/Medi-Cal Managed Care, 24% Medi-Cal, 5% Medicare, 9% Self/Other. As for the inpatient admissions that will be transferred from Highland's Emergency Department the payor mix is budgeted to be— 51% Medi-Cal, 17% Medicare, 13% HPAC/Medi-Cal Managed Care, 7.5% Insurance, 11.5% Self/Other.</p> <p>Combined patient revenue is budgeted for \$41.7 M. Mr. Easthope noted that it is an increase of \$4.1 M over the current projection. He did also note that the combined physician clinic revenue increased by \$76k with the new general surgeon, orthopedic surgeons, and the 1206(b) clinic in place.</p> <p>Director Battani made statements on the budget assumptions over the last several years, current fiscal year and proposed budget volumes for the second half of fiscal year 2014. She commented that the Hospital has had difficulty meeting budgeted assumptions and was concerned that the budget assumptions would not be met again this fiscal year. Mr. Easthope noted that assumptions are based on a 3 year historical data as well as projections based on current volumes. He also noted that in the current fiscal year, the variance in the acute volumes is only 2.5% below budget. Ms. Stebbins noted that where the Hospital had been off, in terms of bottom line performance was the expenses over the last few fiscal years. Net Revenue was primarily on target as budgeted.</p> <p>Another concern that she had was in regards to the payor mix associated with new volume coming from AHS and that we should carefully track the payor mix, as well as the patient census with the new affiliation.</p>	
<p>C.</p>	<p><u>District Board President's Report</u> President McCormick reported that the annual CEO evaluation for 2013 has been completed.</p>	

Topic	Discussion	Action / Follow-Up
	<p>He also noted that the Temple Israel on Harbor Bay will be holding a Senior Fraud Workshop February 6 at 11:00 am with a light lunch.</p>	
<p>D.</p>	<p><u>Community Relations and Outreach Committee Report</u></p> <p>Director Battani stated that she has been in communication with Louise Nakada in regards to the upcoming Community Relations meeting in March. She also noted that she would like to further discuss with the Board what they would like to see in the future, with the Community Relations Committee as the affiliation moves forward.</p> <p>Alameda Health System is holding their Annual Community Meeting on February 18 at the Scottish Rite Center in Oakland and Director Battani encouraged everyone to attend as it has been very informative on the past.</p>	
<p>E.</p>	<p><u>Medical Staff President Report</u></p> <p>In the absence of Dr. Collins, there was no report given.</p>	
<p>F.</p>	<p><u>Chief Executive Officer Report</u></p>	
	<p>1) Monthly CEO Report</p> <p>Ms. Stebbins thanked the Medical Staff for hosting the successful holiday party on January 10 at the O' Club.</p> <p>Ms. Stebbins also noted that a meeting has taken place with Director Battani, Director Jensen, in regards to the District's role and how it will evolve as the affiliation takes place. She expects to have more definitive information for consideration on the agenda for the March Board meeting.</p> <p>She then proceeded to the CEO Report that was distributed at the meeting noting that we are currently stepping up on communications in regards to the affiliation with AHS. Integration teams continue to meet weekly at Alameda Hospital. She also noted that the projected closure date is now anticipated for the end of March.</p> <p>Ms. Stebbins reviewed the Key Statistics for January 2014, noting that the Average Daily Census numbers were strong and near budgeted predictions. The Emergency Department visits were above budgeted volumes, considering the unusually pleasant weather conditions at this time of year. There was a significant increase with inpatient surgeries (71.8%), which is thought to be due to the fact that we have two new physicians (general surgeon and gastroenterologist) here at Alameda Hospital.</p> <p>A Frequently Asked Questions document has been distributed to Alameda Hospital staff that outlines questions and concerns that they may have in regards to the upcoming affiliation.</p>	
<p>VIII. General Public Comments</p> <p>No public comments</p>		

Topic	Discussion	Action / Follow-Up
IX. Board Comments No comments		
X. Adjournment	Being no further business the meeting was adjourned at 8:13 p.m.	

Attest:

J. Michael McCormick
President

Tracy Jensen
Secretary

DRAFT

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING JANUARY 31, 2014

**CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
JANUARY 31, 2014**

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ALAMEDA HOSPITAL MANAGEMENT DISCUSSION AND ANALYSIS JANUARY 2014

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 January 31, 2014 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

For the month of January, the Hospital experienced a combined net operating loss of \$706,000 against a budgeted loss of \$256,000. The major contributor to this loss is the lower acute discharges, higher than budget length of stay and higher health benefits claims as January was the last month in the plan year.

Net Patient Revenue was below budget as were acute discharges. Total expenses were \$7.6 million in January, which is \$70,000 or 0.9% above budget.

January had 209 acute discharges, which was 51 or 19.7% below budget of 260 and lower than January 2013 which had 276 acute discharges. Total acute patient days were 899 or 142 (13.6%) below budget. The acute ALOS was 4.3 compared to a budget of 4.0 resulting in higher patient days relative to discharges. Much of our inpatient reimbursement is now based on DRG or discharge based reimbursement. Subacute days were up 0.7%, skilled nursing days were up at South Shore by 7.6% and Waters Edge were up by 5.8%.

Overall outpatient activity was mixed again this month. Outpatient registrations were up 4.0%, Emergency Room visits were 151 or 10.0% above budget. The Wound Care program had 391 visits in January compared to a budget of 400, or 2.3% below budget, and outpatient surgeries were 15.6% below budget.

The overall Case Mix Index (CMI) in January was 1.4107, higher than prior month and also above the FY 2014 average of 1.3423.

Cash and cash equivalents were \$3.4 million at the end of January, down from prior month of \$6 million. Total cash collections in January were just over \$5.7 million down from the prior month of \$6.1 million.

Year to Date:

The net YTD loss is \$1,262,000 versus a budgeted net loss of \$1,348,000. The positive YTD results are due to EHR monies received last month.

Acute discharges are 169 under budget equal with the total discharges variance. Acute patient days were 291 under budget and Long Term Care patient days are 1,112 above budget. Emergency and Wound Care visits are 554 under and 418 above budget respectively. Outpatient registrations are 42 below budget and total surgeries are 53 (4.2%) below budget with the majority of this coming from outpatient cases.

Both inpatient and outpatient gross revenue are under budget (1.1%) mostly occurring in the last few months, and total net patient revenue is \$886,000 under budget (2.0%) with net clinic revenue is running \$103,000 under budget.

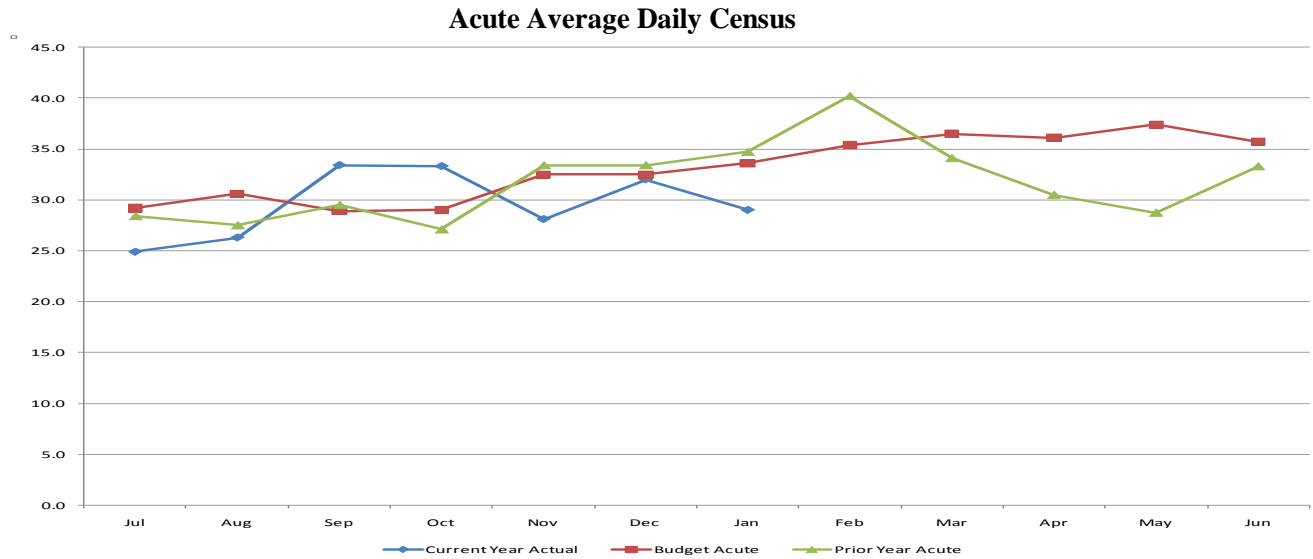
Total Operating Expenses are over budget by \$251,000 or (0.5%) with the most significant variance being Salaries \$699,000 above budget offset by Benefits expense being \$450,000 below budget.

ACTIVITY

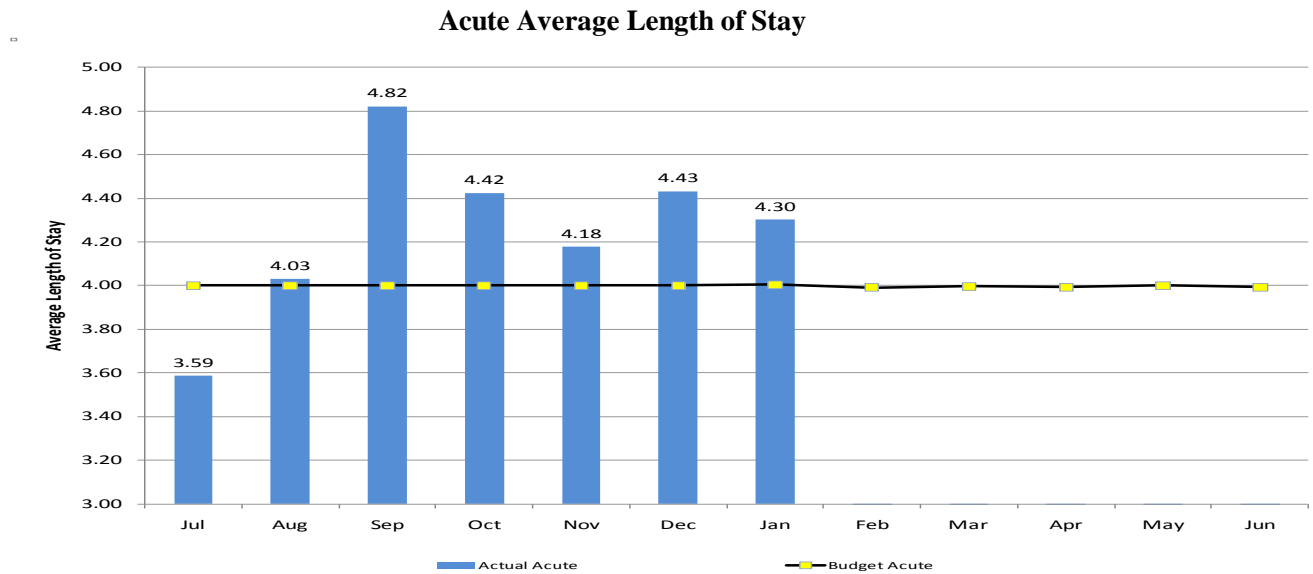
ACUTE, SUBACUTE AND SNF SERVICES

Overall, patient days were above budget this month by 1.9%, but above January of last year by 4.4%. This month's acute days were below budget by 13.6%, Subacute was up 0.7%, South Shore was up 7.6% and Waters Edge was up 5.8%.

January's acute patient days were 142 days or 13.6% lower than budget for the month and 16.2% lower than January 2013. The acute care program is comprised of the Critical Care Unit (4.5 ADC, 8.6% below budget), Telemetry / Definitive Observation Unit (12.0 ADC, 1.3% below budget) and Med/Surg Unit (12.5 ADC, 24.3% below budget).

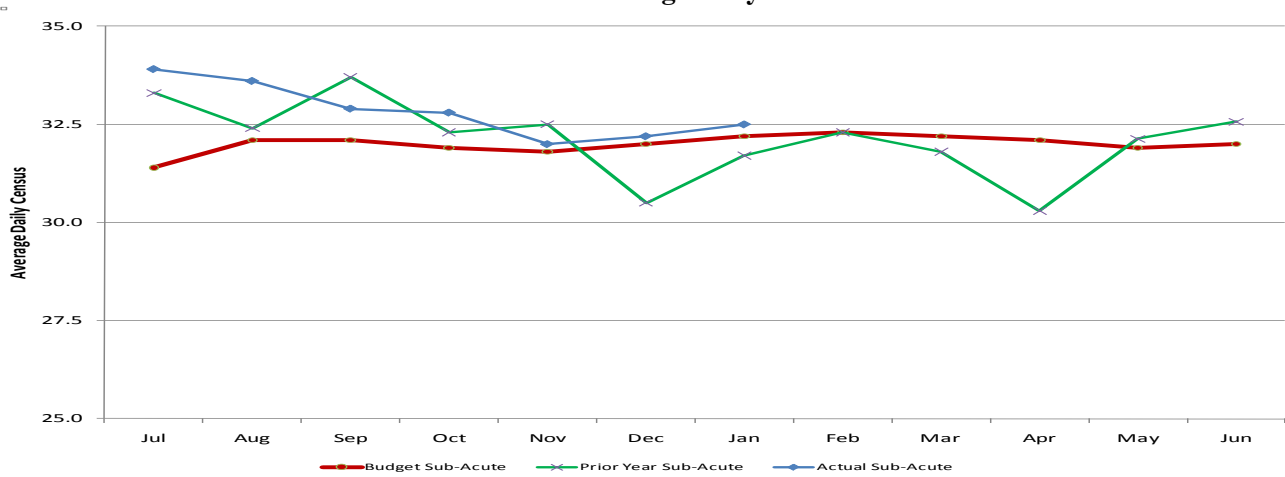


The acute Average Length of Stay (ALOS) decreased from last month of 4.43 to 4.30 in January and is above the budget of 4.00. Management receives daily report updates on those patients with length of stays greater than five and continues to work with case management and members of the medical staff, including discussions at the UM Committee to try and better manage these and other utilization concerns. Managing length of stay has become more critical as beginning in January acute Medi-Cal patients in the acute hospital begin getting paid on Medi-Cal DRG's. The graph below shows the ALOS by month compared to the budget.



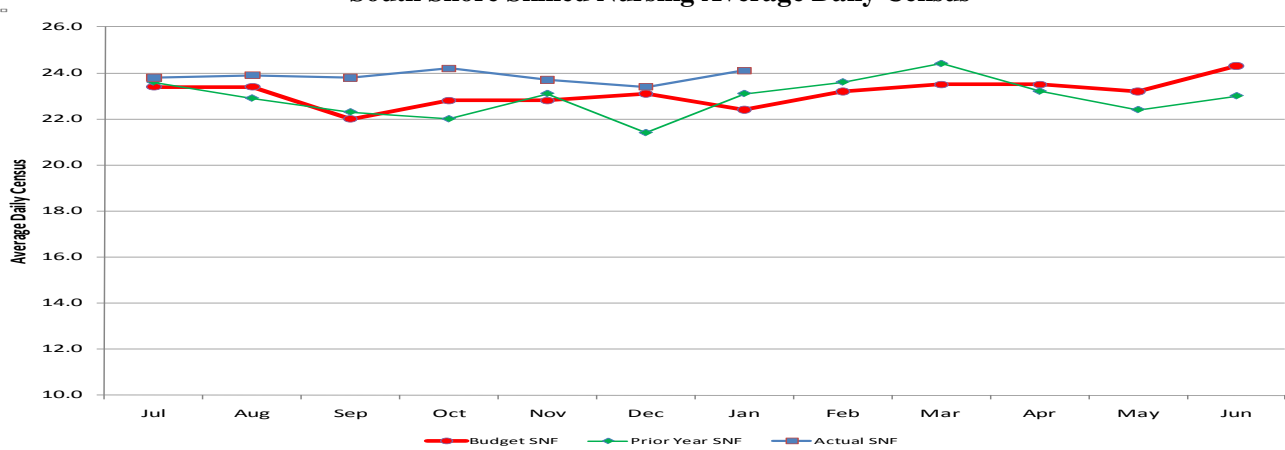
The Subacute program ADC of 32.45 was just above the budget by 0.23 ADC or 0.7%. The graph below shows the Subacute ADC for the current fiscal year as compared to budget and the prior year.

Subacute Average Daily Census



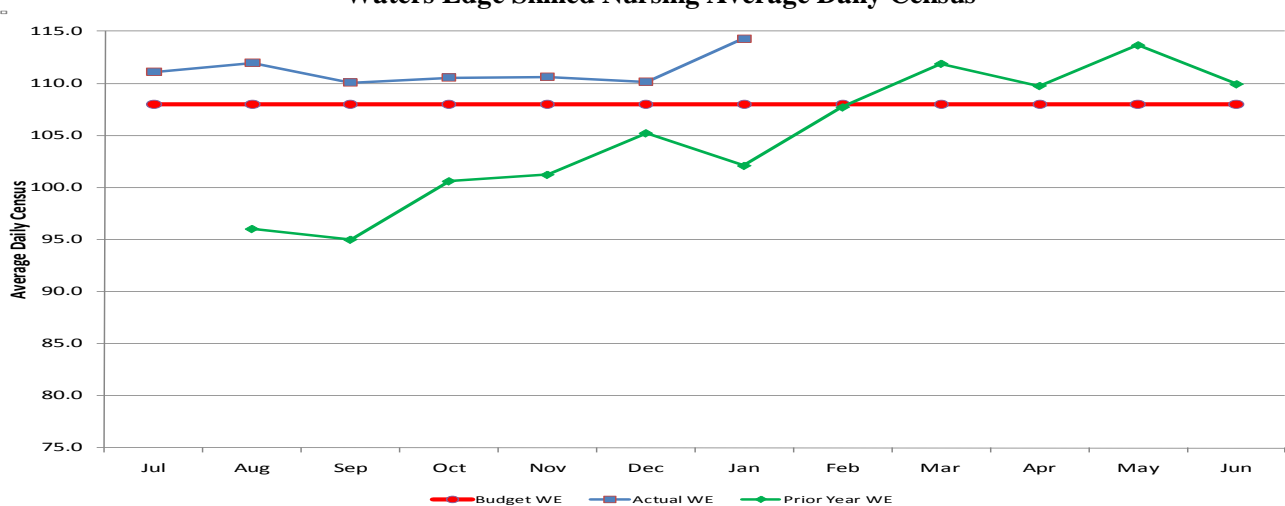
The South Shore ADC was above budget by 53 patient days (7.6%) for the month of January. The graph below shows the South Shore monthly ADC as compared to budget and the prior year. In January the number of Medicare A skilled patients was 3.26 ADC, above the 2.1 ADC in December but slightly below budget of 3.95.

South Shore Skilled Nursing Average Daily Census



Waters Edge census was 114.3 ADC or 5.8% above the budget of 108.0 in January. The Medicare census was 11.2 ADC above the 9.7 ADC in the prior month, and below the Medicare ADC budget of 16.2.

Waters Edge Skilled Nursing Average Daily Census

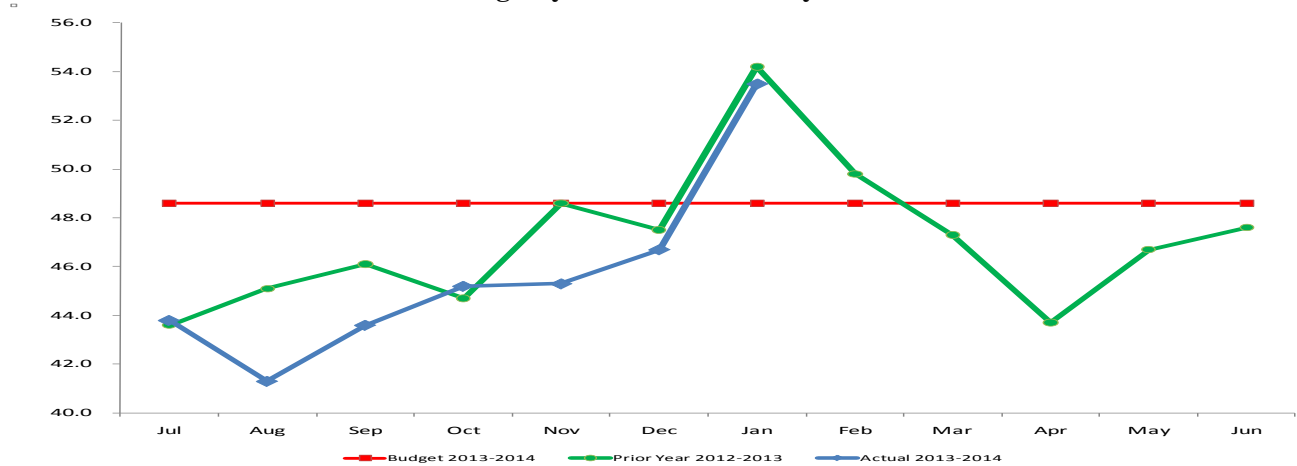


ANCILLARY SERVICES

Outpatient Services

Emergency Care Center (ECC) visits in January were 1,658, or 151 visits (10.0%) above the budget of 1,507. The inpatient admission rate from the ECC was 14.9% below the 17.4% in December as the acuity level of these higher visits did not require hospital admission. On a per day basis, the total visits represent an increase of 14.6% from the prior month daily average. In January, there were 296 ambulance arrivals versus 301 in the prior month. Of the 296 ambulance arrivals in the current month, 212 or 71.6% were from Alameda Fire Department (AFD).

Emergency Care Visits Per Day



Outpatient registrations totaled 2,143 or 4.0% above the budget. In January the number of patient visits were down in Occupational Therapy (25) and MRI (8). Visits were up in Laboratory (134), Physical Therapy (90), IV Therapy (38), Radiology (25) and Ultrasound (13). In January there were 130 Therapy visits and 134 Imaging procedures referred from the new orthopedic clinic, compared to 115 and 96 respectively in December.

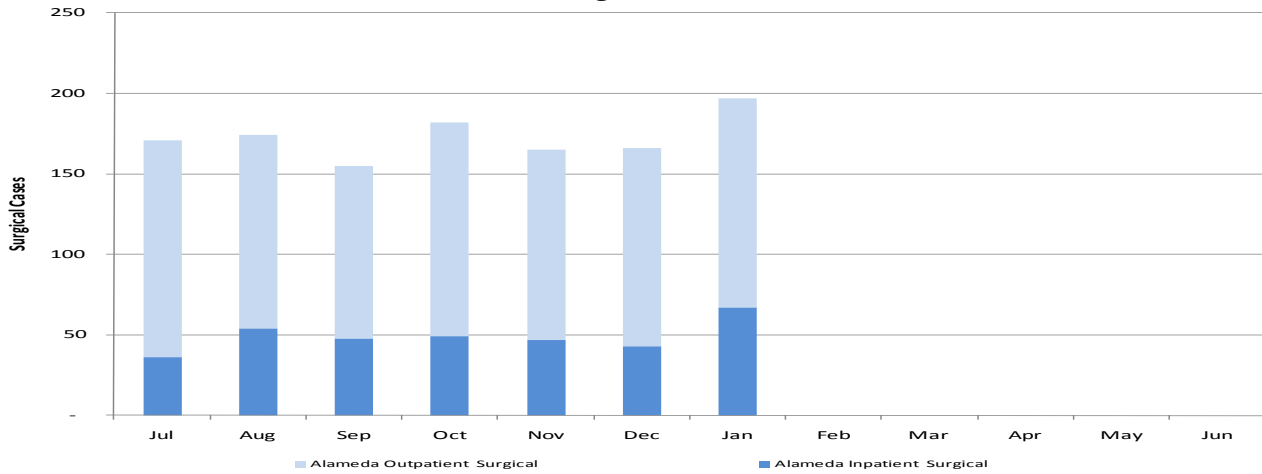
In January, Wound Care was just below the budget of 400 with 391 visits, or 2.3% under budget. Hyperbaric Oxygen treatments accounted for 28 of those visits, compared to 54 in December. In the early part of January, the clinic saw many patients heal their chronic wounds and no longer need the services of the Wound Care Clinic. However, later in the month a new group of patients started treatment and we are seeing the visits very close to budget in February.

Surgery

The total number of surgery cases in January were 197 or 2.1% above the budget of 193 and above last year's case volume of 157. Inpatient cases of 67 were above the budget of 39 and outpatient was below budget by 24 (15.6%) at 130 cases. Included in the inpatient cases are a number of colonoscopies by our new physician - Dr. Kapila. Included in the total cases are 11 surgeries for our new general surgeon, Dr. Lee. In addition, Dr. Celada performed 13 surgeries compared to the 10 he performed in January 2013. Lastly, starting in January, we performed 24 outpatient surgeries from Alameda Health System hospital – 5 Orthopedic and 19 Pain Management. Below is the payer mix of these new cases.

AHS Surgeries	<u>Quantity</u>	<u>Percent</u>	<u>Budget %</u>
Medicare	3	12.5%	4.8%
Medicare Mgd	1	4.2%	0.0%
Medi-Cal	1	4.2%	24.2%
Medi-Cal Mgd/HPAC	18	75.0%	62.3%
Mgd Care	0	0.0%	1.7%
Self Pay	1	4.2%	7.0%
	24	100.0%	100.0%

Surgical Cases



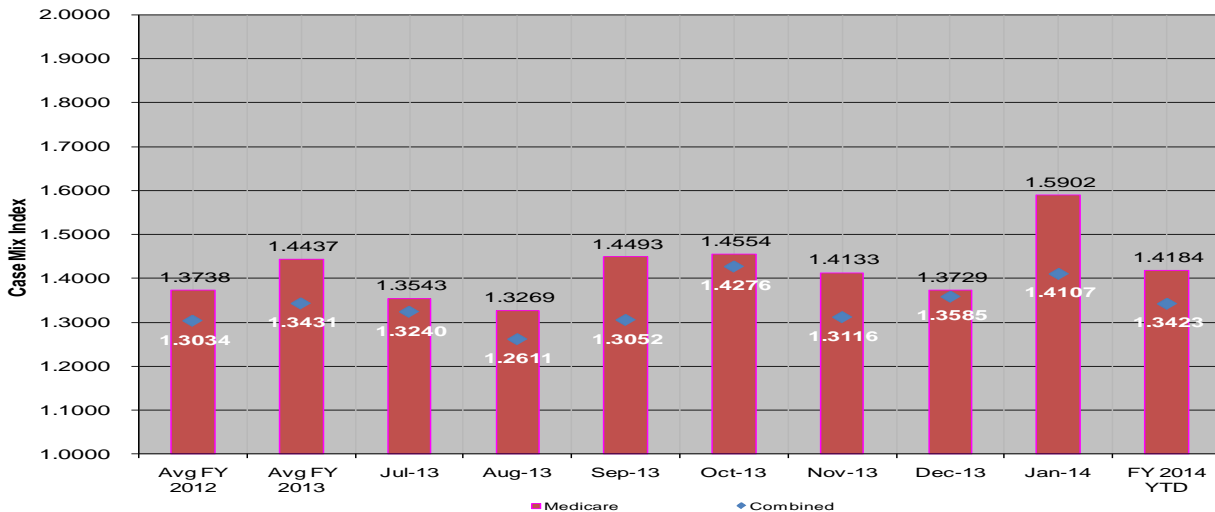
Payer Mix

The Hospital's overall payer mix compared to budget is illustrated below. This is inclusive of the Waters Edge revenue. Also shown are the acute hospital reimbursement percents by payer.

	Total Payer Mix		Acute Reimb Percent	
	Jan Actual	Jan Budget	Inpatient	Outpatient
Medicare	47.8%	47.1%	22.3%	14.4%
Medi-Cal	29.8%	26.9%	22.1%	4.8%
Managed Care	13.3%	16.6%	24.5%	21.9%
Other	4.2%	3.0%	20.6%	7.9%
Commerical	0.6%	1.3%	29.3%	15.8%
Self-Pay	4.4%	5.1%	3.7%	4.7%
Total	100.0%	100.0%		
Skilled Nursing			41.0%	

Case Mix Index

The Hospital's overall Case Mix Index (CMI) for January was 1.4107, up from the prior month of 1.3585 (3.84%). The Medicare CMI was 1.5902 in January, well above the prior month of 1.3729 (15.8%). 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 January were below the budget by \$158,000 or 0.5%. Inpatient gross revenues were \$228,000 below budget and outpatient gross revenues were above budget \$70,000. Acute inpatient days were 142 (13.6%) below budget and acute gross revenue was down 10%. Inpatient ancillary service charges were below budget in Imaging, Pharmacy and Respiratory Therapy yet Medical Supplies and Rehabilitation were above budget.

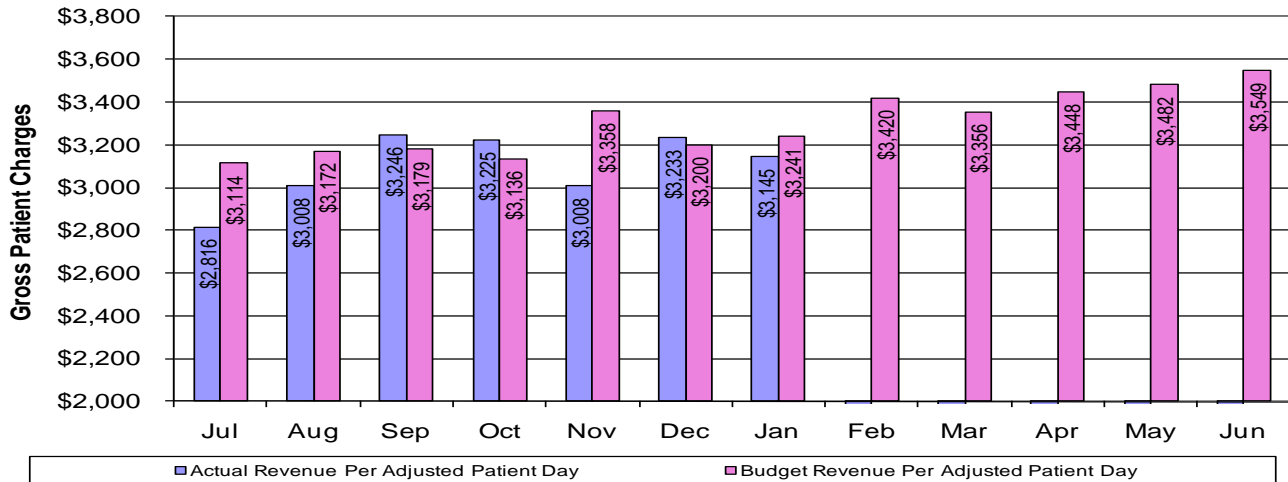
Waters Edge gross and net revenue were above budget in January consistent with the volume. The ancillary revenue was above budget 89.9% (mostly attributed to therapy services) and the routine daily room and board revenue was above budget by 7.3%.

Outpatient gross revenues were higher than budget by \$70,000 (0.8%). Surgery, Medical Supplies, Laboratory, and Pharmacy were below budget while Emergency, IVT, Imaging and Rehab were above budget.

Wound Care volume was below budget 2.3% but the gross revenue was above budget by \$33,200 (4.2%), resulting in Net Revenue coming in \$8,000 (4.4%) above budget for the month. HBOT activity was down again from prior month. Much of the increase in Gross and Net Revenue was associated with the mix of patients.

On an adjusted patient day basis, total patient revenue was \$3,145 below the budget of \$3,241 for the month of January. The table below shows the Hospital's monthly gross revenue per adjusted patient day by month and year-to-date for Fiscal Year 2014 compared to budget.

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 23.2% was budgeted and 21.9% was realized. The higher acute length of stay results in higher Gross Charges relative to the expected reimbursement for medicare, medical and medicare managed care. In estimating monthly net revenue we do look at historical net to gross revenue by major financial class but also take into consideration the current month payor mix, discharges, and overall patient volumes.

Total Net Operating Revenue was just over \$6.4 million, \$383,000 under budget, or 5.6%. Most of this negative variance is due to acute discharges and acute patient days being under budget.

Waters Edge had Net Revenues of over \$1.3 million, \$141,000 or 11.9% above budget. Although the overall census was higher than budgeted, we again had fewer Medicare patients which was offset by a higher number of Medi-Cal days. The Medicare census is increasing.

Wound Care net revenue was \$8,000 (4.4%) above budget. While overall volume was just below budget, gross and net revenues were slightly higher than budget.

Expenses

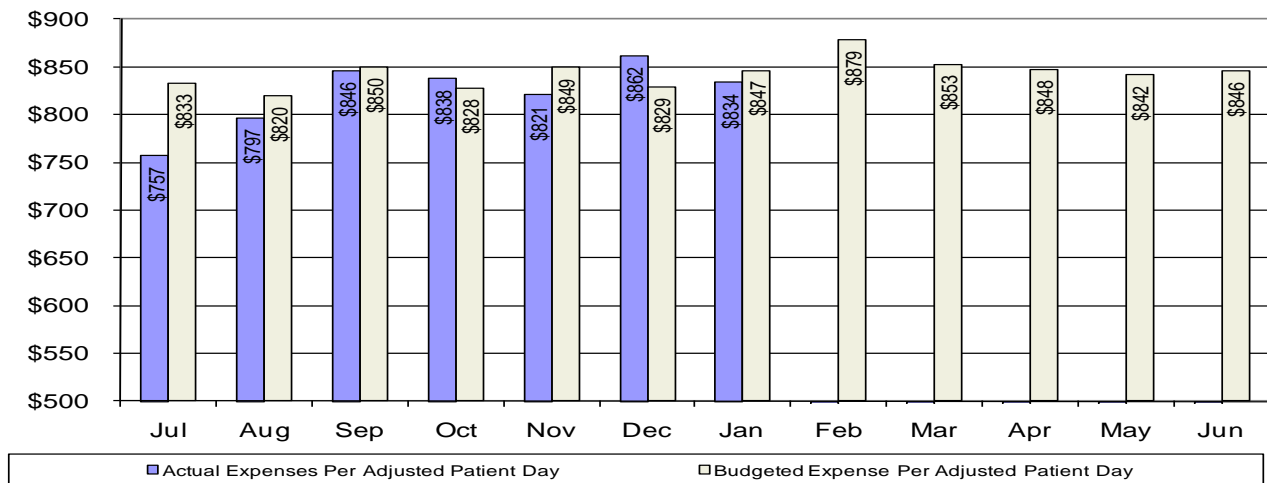
Total Operating Expenses

Total operating expenses were \$7.6 million which was higher than the fixed budget by \$70,000 or 0.9%. We will discuss the variances of each major expense category in the following section.

Benefits, purchased services, rents and utilities were above budget while salaries, registry, supplies and other expenses were under budget. All other expense categories were reasonably close to budget.

The graph below shows the actual Hospital operating expenses on an adjusted patient day basis for the fiscal year by month as compared to budget.

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 favorable to the fixed budget by \$66,000 (1.6%). Total salaries are below budget \$57,000 and Registry (Temporary Agency Services) is below budget \$9,000.

The \$57,000 favorable salary expense variance is comprised of productive salaries being \$157,000 (4.8%) under budget and non-productive salaries were \$100,000 (19.1%) over budget.

Productive Salaries: Overall productive salaries were below budget, specifically in acute nursing (10.7%) due to lower census, surgical services (11.8%) which contributed to higher non-productive Stand-by pay, and other departments with vacant positions such as Nursing Admin, Quality and Pharmacy.

The use of overtime and double time premium pay is lower in January by approximately \$20,000 from the prior six month average, however, this is offset by the holiday pay, also paid at a premium, for the two holidays in January.

The productive salaries per adjusted patient day (APD) were \$344 compared to a budget of \$370. Total salaries per APD were \$412 compared to a budget of \$429 per APD.

Non-productive salaries being over budget due to higher sick time utilization (\$45,000) which is expenses when used, higher orientation expense (\$19,000) in the Lab, Case Mangement, Nuarsing, Surgery and Respiratory Therapy and higher Standby Pay (\$29,000) most of this coming from surgery as the department was closed or had reduced staffing on the two holidays. Partially off setting this variance, productive salaries for surgery were under budget by \$18,000 as a result of higher standby hours and pay. Although payroll expenses in these non-productive caetories was high in January, we do anticipate these expenses will normalize throughout the remainder of the fiscal year and will continue to monitor each month.

Registry expense was under budget \$9,000. While there was extra usage of temporary help in Waters Edge, Rehab, Respiratory Therapy to replace vacant positions, registry usage in surgery, the emergency care center and acute nursing were all under budget.

Benefits

Benefits were above the fixed budget by \$174,000. While these numbers fluctuate from month to month, health claim expense was much higher this month (\$164,000). In addition to a greater number of high cost claims, January is the last month of the plan year and there was exerted efforts by out Third Party Administrator to process all outstanding claims. This expense has been running under budget year to date and we did anticipate that this would normalize over the remainder of the fiscal year. PTO / Vacation utilization accrual was in line with budget.

Professional Fees

Professional fees were under budget by \$8,000 or 1.7%. Emergency department on-call fees were slightly highet than budget as were fees related to pharmacy night hawk services. However, consulting and professional fees in Administration were less than anticipated resulting in an overall positive variance to budget.

Supplies

Supplies expense were \$63,000 under budget. While many departments were close to budget, the negative variance in the Laboratory was offset by positive variances in Medical Supplies, Wound Care Clinic and Pharmacy.

Purchased Services

Purchased services were above budget for the month of January by \$18,000 or 3.2%. While the Business Office and Engineering were below budget, EVs and Dietary had higher invoices from Sodexo which included a fifth week of service rather than the usual four weeks. Also the Cintas expense of document shredding was high and they are looking into alternate vendors for this service as this expense has increased over the past couple of months. In addition, the collection fees in the clinics were higher than normal as three months of expense were recorded in January. We had a glich in our internal processing of these invoices which has now been worked out.

Rents and Leases

Rents and lease expense was \$20,000 over budget in the month. The primary variances are in Central Supply (mattress/bed rentals per physician orders), as well as rentals in the Laboratory, Respiratory Therapy and Nursing Administration. We will be purchase about 6 mattresses to eliminate the sustained need to rent. This will reduce our buedget variance going forward.

Other Operating Expense

Other Operating Expenses were under budget this month by \$14,000 made up of many small positive variances throughout the hospital departments.

Depreciation Expense

Depreciation Expenses was \$5,000 under budget. Overall depreciation was adjusted for the second half of the fiscal year for the projects that were completed and came "on line". It was anticipated that the Bulk Oxygen project would be complete in January, however, given unforeseen delays in completing this project, depreciation associated with this project will not begin until March.

Balance Sheet

Total assets decreased by \$2.3 million from the prior month. The following items make up the decrease in assets:

- Total unrestricted cash and cash equivalents for January decreased by \$2.6 million and days cash on hand including restricted use funds also decreased to 15.0 days cash on hand in January down from 26.1 days cash on hand in December.
- Net patient accounts receivable was \$11.2 million, just above the prior month of \$10.9 million

- Days in outstanding receivables were up to 54.8 at January month end, an increase from the December number of 53.04 days. Cash collections in January were \$5.7 million, lower than expected also contributing to the increase in patient accounts receivable. We anticipate collections to get caught up in February.
- Other Receivables remained consistent with the prior month.

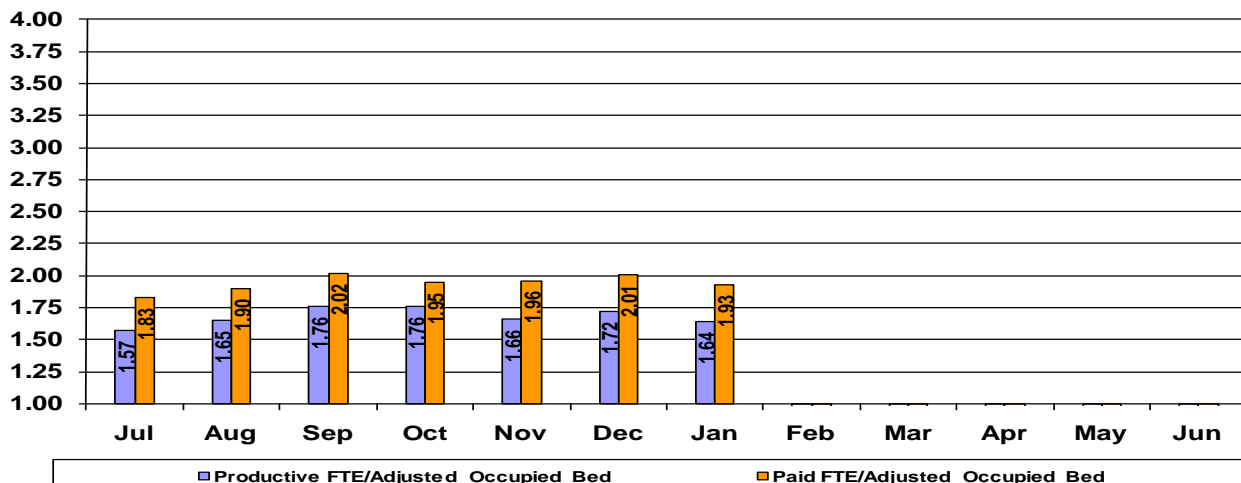
Overall, total liabilities decreased by \$1.6 million from the prior month:

- Accounts payable remained constant at \$11.9 million which equates to 157 AP Days, consistent with 157 days in December.
- Payroll related accruals decreased almost \$900,000 due to the timing the the pay periods in the month.
- Deferred revenues decreased by \$482,000 due to the recognition of one-twelfth of the 2013/2014 parcel tax revenues, which will be realized over the course of the fiscal year.
- Current Portion of Long Term Debt in the month of January decreased by \$42,000 as we continue to pay down current debt obligations.
- Third Party Payer Settlements decreased \$97,000 related to payment of the tentative FY 2013 medicare cost report settlement (\$76,000) and true-up for the FY 2009 medicare liability reserve which has been audited and closed.

Key Statistics

FTE's Per Adjusted Occupied Bed

For the month of January Productive FTE's per Adjusted Occupied Bed were 1.64, below the budget of 1.75 FTE's. Paid FTE's per Adjusted Occupied Bed were 1.93 or 2.8% below the budget. The graph below shows the productive and paid FTE's per Adjusted Occupied Bed for FY 2014 by month.



Current Ratio

The current ratio for January is 0.91 down from 0.96 in December.

A/R days

Net days in accounts receivable (A/R) are currently at 54.8. This is above the prior month of 53.04.

Days Cash on Hand

Days cash on hand for January were 15.0, a decrease from prior month of 26.1 due to reasons explained in prior sections.

The following pages include the detailed financial statements for the seven (7) months ended January 31, 2014, of Fiscal Year 2014.

**ALAMEDA HOSPITAL
KEY STATISTICS
JANUARY 2014**

	<u>ACTUAL JANUARY 2014</u>	<u>CURRENT FIXED BUDGET</u>	<u>VARIANCE (UNDER) OVER</u>	<u>%</u>	<u>JANUARY 2013</u>	<u>YTD JANUARY 2014</u>	<u>YTD FIXED BUDGET</u>	<u>VARIANCE</u>	<u>%</u>	<u>YTD JANUARY 2013</u>
Discharges:										
Total Acute	209	260	(51)	-19.7%	276	1,493	1,662	(169)	-10.1%	1,651
Total Sub-Acute	5	2	3	150.0%	3	12	19	(7)	-36.8%	18
Total South Shore	5	6	(1)	-16.7%	6	43	40	3	7.5%	41
Total Waters Edge	<u>20</u>	<u>15</u>	<u>5</u>	<u>33.3%</u>	<u>16</u>	<u>109</u>	<u>105</u>	<u>4</u>	<u>3.8%</u>	<u>86</u>
	239	283	(44)	-15.6%	301	1,657	1,826	(169)	-9.2%	1,796
Patient Days:										
Total Acute	899	1,041	(142)	-13.6%	1,077	6,355	6,646	(291)	-4.4%	6,572
Total Sub-Acute	1,006	999	7	0.7%	982	7,059	6,863	196	2.9%	6,947
Total South Shore	748	695	53	7.6%	716	5,126	4,911	215	4.4%	4,863
Total Waters Edge	<u>3,543</u>	<u>3,348</u>	<u>195</u>	<u>5.8%</u>	<u>3,165</u>	<u>23,921</u>	<u>23,220</u>	<u>701</u>	<u>3.0%</u>	<u>18,410</u>
	6,196	6,083	113	1.9%	5,940	42,461	41,640	821	2.0%	36,792
Average Length of Stay										
Total Acute	4.30	4.00	0.30	7.5%	3.90	4.26	4.00	0.26	6.4%	3.98
Average Daily Census										
Total Acute	29.00	33.58	(4.58)	-13.6%	34.74	29.56	30.91	(1.35)	-4.4%	30.57
Total Sub-Acute	32.45	32.23	0.23	0.7%	31.68	32.83	31.92	0.91	2.9%	32.31
Total South Shore	24.13	22.42	1.71	7.6%	23.10	23.84	22.84	1.00	4.4%	22.62
Total Waters Edge	<u>114.29</u>	<u>108.00</u>	<u>6.29</u>	<u>5.8%</u>	<u>102.10</u>	<u>111.26</u>	<u>108.00</u>	<u>3.26</u>	<u>3.0%</u>	<u>100.05</u>
	199.87	196.23	3.65	1.9%	191.61	197.49	193.67	(0.44)	-0.2%	185.55
Emergency Room Visits	1,658	1,507	151	10.0%	1,679	9,813	10,367	(554)	-5.3%	10,127
Wound Care Clinic Visits	391	400	(9)	-2.3%	356	2,918	2,500	418	16.7%	1,445
Outpatient Registrations	2,143	2,060	83	4.0%	2,040	14,342	14,384	(42)	-0.3%	13,220
Surgery Cases:										
Inpatient	67	39	28	71.8%	36	344	325	19	5.8%	287
Outpatient	<u>130</u>	<u>154</u>	<u>(24)</u>	<u>-15.6%</u>	<u>121</u>	<u>866</u>	<u>938</u>	<u>(72)</u>	<u>-7.7%</u>	<u>847</u>
	197	193	4	2.1%	157	1,210	1,263	(53)	-4.2%	1,134
Adjusted Occupied Bed (AOB)	295.28	288.85	6.43	2.2%	275.37	287.71	281.52	6.18	2.2%	245.68
Productive FTE	485.15	504.37	(19.22)	-3.8%	575.47	484.86	482.35	2.51	0.5%	449.70
Total FTE	570.37	574.19	(3.81)	-0.7%	543.21	559.83	553.75	6.08	1.1%	513.47
Productive FTE/Adj. Occ. Bed	1.64	1.75	(0.10)	-5.9%	2.09	1.69	1.71	(0.03)	-1.6%	1.83
Total FTE/ Adj. Occ. Bed	1.93	1.99	(0.06)	-2.8%	1.97	1.95	1.97	(0.02)	-1.1%	2.09

City of Alameda Health Care District
Statements of Financial Position
January 31, 2014

	Current Month	Prior Month	Prior Year End
Assets			
Current Assets:			
Cash and Cash Equivalents	\$ 3,397,429	\$ 6,030,658	\$ 4,861,959
Patient Accounts Receivable, net	11,232,028	10,888,119	12,041,516
Other Receivables	3,329,270	3,336,615	6,301,762
Third-Party Payer Settlement Receivables	-	-	-
Inventories	1,294,059	1,257,435	1,266,892
Prepays and Other	458,159	497,093	450,309
Total Current Assets	19,710,945	22,009,920	24,922,439
Assets Limited as to Use, net	264,920	255,946	189,755
Fixed Assets			
Land	877,945	877,945	877,945
Depreciable capital assets	47,792,361	46,072,101	45,422,895
Construction in progress	2,224,497	3,844,597	3,583,725
Depreciation	(41,213,797)	(41,106,374)	(40,581,813)
Property, Plant and Equipment, net	9,681,006	9,688,270	9,302,752
Total Assets	\$ 29,656,871	\$ 31,954,136	\$ 34,414,946
Liabilities and Net Assets			
Current Liabilities:			
Current Portion of Long Term Debt	\$ 2,001,630	\$ 2,043,741	\$ 826,007
Accounts Payable and Accrued Expenses	11,961,519	12,046,412	11,823,357
Payroll Related Accruals	4,718,959	5,605,565	5,195,271
Deferred Revenue	2,408,286	2,890,489	5,731,269
Employee Health Related Accruals	685,648	677,474	714,297
Third-Party Payer Settlement Payable	2,397,029	2,493,785	3,796,593
Total Current Liabilities	24,173,071	25,757,466	28,086,794
Long Term Debt, net	1,870,145	1,886,323	1,578,289
Total Liabilities	26,043,215	27,643,789	29,665,083
Net Assets:			
Unrestricted	3,348,736	4,054,401	4,350,108
Temporarily Restricted	264,920	255,946	399,755
Total Net Assets	3,613,656	4,310,347	4,749,863
Total Liabilities and Net Assets	\$ 29,656,871	\$ 31,954,136	\$ 34,414,946

City of Alameda Health Care District

Statements of Operations

January 31, 2014

\$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Patient Days	6,196	6,083	113	1.9%	5,940	42,461	41,640	821	2.0%	36,792
Discharges	239	283	(44)	-15.6%	301	1,657	1,825	(168)	-9.2%	1,796
ALOS (Average Length of Stay)	25.92	21.48	4.45	20.7%	19.73	25.63	22.82	2.80	12.3%	20.49
ADC (Average Daily Census)	199.9	196.2	3.65	1.9%	191.6	197.5	193.7	3.82	2.0%	171.1
CMI (Case Mix Index)	1.4107				1.2999	1.3423				1.3464
Revenues										
Gross Inpatient Revenues	\$ 19,484	\$ 19,712	\$ (228)	-1.2%	\$ 19,413	\$ 131,580	\$ 133,240	\$ (1,660)	-1.2%	\$ 123,920
Gross Outpatient Revenues	9,301	9,231	70	0.8%	8,496	59,901	60,369	(468)	-0.8%	54,106
Total Gross Revenues	28,785	28,943	(158)	-0.5%	27,910	191,481	193,609	(2,128)	-1.1%	178,025
Contractual Deductions	21,625	20,997	(627)	-3.0%	21,208	142,551	139,988	(2,562)	-1.8%	127,558
Bad Debts	798	1,102	304	27.6%	675	3,846	7,713	3,867	50.1%	8,200
Charity and Other Adjustments	45	133	88	66.3%	159	997	933	(64)	-6.8%	684
Net Patient Revenues	6,318	6,711	(393)	-5.9%	5,868	44,088	44,975	(886)	-2.0%	41,584
Net Patient Revenue %	21.9%	23.2%			21.0%	23.0%	23.2%			23.4%
Net Clinic Revenue	73	87	(15)	-17.1%	27	510	613	(103)	-16.8%	275
Other Operating Revenue	37	12	25	203.4%	383	1,511	85	1,427	1686.8%	440
Total Revenues	6,427	6,810	(383)	-5.6%	6,278	46,109	45,672	437	1.0%	42,298
Expenses										
Salaries	3,775	3,832	57	1.5%	3,626	25,754	25,038	(715)	-2.9%	23,581
Temporary Agency	148	157	9	5.8%	157	1,142	1,158	16	1.4%	1,251
Benefits	1,231	1,058	(174)	-16.4%	1,113	6,941	7,391	450	6.1%	6,398
Professional Fees	456	464	8	1.7%	443	3,336	3,472	136	3.9%	2,910
Supplies	854	917	63	6.9%	717	5,889	5,732	(156)	-2.7%	5,362
Purchased Services	569	552	(18)	-3.2%	861	3,896	3,979	84	2.1%	3,831
Rents and Leases	249	229	(20)	-8.7%	205	1,660	1,554	(106)	-6.8%	1,357
Utilities and Telephone	96	79	(16)	-20.8%	95	567	580	13	2.2%	537
Insurance	37	40	2	5.4%	35	249	268	19	7.1%	263
Depreciation and amortization	107	112	5	4.4%	72	633	608	(25)	-4.1%	508
Other Operating Expenses	106	120	14	11.6%	124	782	815	33	4.1%	719
Total Expenses	7,630	7,561	(70)	-0.9%	7,448	50,848	50,597	(251)	-0.5%	46,716
Operating gain (loss)	(1,203)	(750)	(453)	-60.4%	(1,170)	(4,739)	(4,925)	187	-3.8%	(4,418)
Non-Operating Income / (Expense)										
Parcel Taxes	482	482	-	0.0%	477	3,374	3,404	(29)	-0.9%	3,360
Investment Income	1	-	1	0.0%	1	12	-	12	0.0%	8
Interest Expense	(15)	(16)	0	2.2%	(16)	(106)	(109)	3	-2.8%	(78)
Other Income / (Expense)	30	28	2	7.0%	28	196	283	(87)	-30.7%	394
Net Non-Operating Income / (Expense)	498	495	3	0.7%	490	3,477	3,578	(101)	-2.8%	3,684
Excess of Revenues Over Expenses	\$ (706)	\$ (256)	\$ (450)	175.9%	\$ (680)	\$ (1,262)	\$ (1,348)	\$ 86	-6.4%	\$ (734)

City of Alameda Health Care District
Statements of Operations - Per Adjusted Patient Day
January 31, 2014

	Current Month					Year-to-Date				
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 2,129	\$ 2,207	\$ (79)	-3.6%	\$ 2,273	\$ 2,129	\$ 2,202	\$ (73)	-3.3%	\$ 2,344
Gross Outpatient Revenues	1,016	1,033	(17)	-1.7%	995	969	998	(28)	-2.8%	1,024
Total Gross Revenues	3,145	3,241	(96)	-3.0%	3,268	3,099	3,200	(101)	-3.2%	3,368
Contractual Deductions	2,362	2,351	(11)	-0.5%	2,483	2,307	2,314	7	0.3%	2,413
Bad Debts	87	123	36	29.4%	79	62	127	65	51.2%	155
Charity and Other Adjustments	5	15	10	67.2%	19	16	15	(1)	-4.6%	13
Net Patient Revenues	690	751	(61)	-8.1%	687	714	743	(30)	-4.0%	787
Net Patient Revenue %	21.9%	23.2%			21.0%	23.0%	23.2%			23.4%
Net Clinic Revenue	8	10	(2)	-19.1%	3	8	10	(2)	-18.5%	5
Other Operating Revenue	4	1	3	196.1%	45	24	1	23	1649.7%	8
Total Revenues	702	763	(60)	-7.9%	735	746	755	(9)	-1.1%	800
Expenses										
Salaries	412	429	17	3.9%	425	417	414	(3)	-0.7%	446
Temporary Agency	16	18	1	8.1%	18	18	19	1	3.4%	24
Benefits	135	118	(16)	-13.6%	130	105	122	17	13.7%	121
Professional Fees	50	52	2	4.1%	52	54	57	3	5.9%	55
Supplies	93	103	9	9.1%	84	95	95	(1)	-0.6%	101
Purchased Services	62	62	(0)	-0.7%	101	63	66	3	4.1%	72
Rents and Leases	27	26	(2)	-6.1%	24	27	26	(1)	-4.6%	26
Utilities and Telephone	10	9	(2)	-17.9%	11	9	10	0	4.3%	10
Insurance	4	4	0	7.7%	4	4	4	0	9.0%	5
Depreciation and Amortization	12	13	1	6.7%	8	10	10	(0)	-1.9%	10
Other Operating Expenses	12	13	2	13.7%	15	13	13	1	6.1%	14
Total Expenses	834	847	13	1.5%	872	816	836	20	2.4%	884
Operating Gain / (Loss)	(131)	(84)	(47)	-56.5%	(137)	(70)	(81)	12	-14.3%	(84)
Non-Operating Income / (Expense)										
Parcel Taxes	53	54	(1)	-2.4%	56	55	56	(2)	-2.9%	64
Investment Income	0	-	0	0.0%	0	0	-	0	0.0%	0
Interest Expense	(2)	(2)	0	4.6%	(2)	(2)	(2)	0	-4.8%	(1)
Other Income / (Expense)	3	3	0	4.4%	3	3	5	(2)	-32.1%	7
Net Non-Operating Income / (Expense)	54	55	(1)	-1.8%	57	56	59	(3)	-4.8%	70
Excess of Revenues Over Expenses	\$ (77)	\$ (29)	\$ (48)	169.2%	\$ (80)	\$ (13)	\$ (22)	\$ 9	-39.9%	\$ (14)

Wound Care - Statement of Operations
January 31, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	391	400	(9)	-2.3%	2,918	2,500	418	16.7%
Revenue								
Gross Revenue	821,537	836,400	(14,863)	-1.8%	6,105,504	4,974,966	1,130,538	22.7%
Deductions from Revenue	<u>632,583</u>	<u>644,363</u>	<u>(11,779)</u>		<u>4,718,706</u>	<u>3,832,714</u>	<u>885,992</u>	
Net Revenue	<u>188,954</u>	<u>192,037</u>	<u>(3,084)</u>	-1.6%	<u>1,386,798</u>	<u>1,142,252</u>	<u>244,546</u>	
Expenses								
Salaries	19,575	19,632	57	0.3%	142,428	119,458	(22,970)	-19.2%
Benefits	4,921	5,864	943	16.1%	39,206	35,682	(3,524)	-9.9%
Professional Fees	91,782	95,178	3,396	3.6%	611,005	535,014	(75,991)	-14.2%
Supplies	25,100	41,184	16,084	39.1%	285,288	210,618	(74,670)	-35.5%
Purchased Services	5,412	6,500	1,088	16.7%	37,719	30,500	(7,219)	-23.7%
Rents and Leases	5,898	5,686	(212)	-3.7%	41,056	39,802	(1,254)	-3.2%
Depreciation	8,834	8,834	-	0.0%	61,838	60,944	(894)	-1.5%
Other	1,640	2,079	439	21.1%	14,327	14,553	226	1.6%
Total Expenses	<u>163,162</u>	<u>184,957</u>	<u>21,795</u>	11.8%	<u>1,232,867</u>	<u>1,046,571</u>	<u>(186,296)</u>	-17.8%
Excess of Revenue over Expenses	<u>25,791</u>	<u>7,080</u>	<u>18,711</u>	264.3%	<u>153,931</u>	<u>95,681</u>	<u>58,250</u>	60.9%

City of Alameda Health Care District
Waters Edge Skilled Nursing - Statement of Operations
January 31, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Patient Days								
Medicare	346	502	(156)	-31.1%	2,124	3,482	(1,358)	-39.0%
Medi-Cal	3,005	2,576	429	16.7%	20,723	17,866	2,857	16.0%
Managed Care	70	68	2	2.9%	211	472	(261)	-55.3%
Self Pay/Other	<u>122</u>	<u>202</u>	<u>(80)</u>	<u>-39.6%</u>	<u>863</u>	<u>1,400</u>	<u>(537)</u>	<u>-38.4%</u>
Total	3,543	3,348	195	5.8%	23,921	23,220	701	3.0%
Revenue								
Routine Revenue	2,804,492	2,613,836	190,656	7.3%	19,041,298	18,128,218	913,080	5.0%
Ancillary Revenue	<u>368,513</u>	<u>194,082</u>	<u>174,431</u>	<u>89.9%</u>	<u>2,612,332</u>	<u>1,932,059</u>	<u>680,273</u>	<u>35.2%</u>
Total Gross Revenue	3,173,005	2,807,918	365,087	13.0%	21,653,630	20,060,277	1,593,353	7.9%
Deductions from Revenue	<u>1,841,361</u>	<u>1,617,361</u>	<u>(224,000)</u>	<u>-13.8%</u>	<u>12,741,248</u>	<u>11,534,384</u>	<u>(1,206,864)</u>	<u>-10.5%</u>
Net Revenue	<u>1,331,644</u>	<u>1,190,557</u>	<u>141,087</u>	<u>11.9%</u>	<u>8,912,382</u>	<u>8,525,893</u>	<u>386,489</u>	<u>4.5%</u>
Expenses								
Salaries	504,555	479,306	(25,249)	-5.3%	3,321,620	3,312,121	(9,499)	-0.3%
Temporary Agency	45,080	16,667	(28,413)	-100.0%	225,937	117,081	(108,856)	-100.0%
Benefits	102,258	97,670	(4,589)	-4.7%	682,589	680,398	(2,191)	-0.3%
Professional Fees	8,147	5,200	(2,947)	-56.7%	35,679	36,400	721	2.0%
Supplies	61,183	63,381	2,198	3.5%	502,923	440,465	(62,458)	-14.2%
Purchased Services	114,636	115,133	497	0.4%	802,374	890,933	88,559	9.9%
Rents and Leases	78,843	78,300	(543)	-0.7%	548,020	530,700	(17,320)	-3.3%
Utilities	16,323	11,766	(4,557)	-38.7%	69,913	82,366	12,453	15.1%
Insurance	-	2,392	2,392	100.0%	-	16,744	16,744	100.0%
Other	<u>13,990</u>	<u>16,308</u>	<u>2,318</u>	<u>14.2%</u>	<u>110,290</u>	<u>115,157</u>	<u>4,867</u>	<u>4.2%</u>
Total Expenses	<u>945,015</u>	<u>886,123</u>	<u>(58,893)</u>	<u>-6.6%</u>	<u>6,299,345</u>	<u>6,222,365</u>	<u>(76,980)</u>	<u>-1.2%</u>
Excess of Revenue over Expenses	<u>386,629</u>	<u>304,434</u>	<u>82,195</u>		<u>2,613,037</u>	<u>2,303,528</u>	<u>309,509</u>	

City of Alameda Health Care District
Orthopedic Clinic - Statement of Operations
January 31, 2014

	Current Month				Year-to-Date			
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>
Clinic Visits	311	302	9	3.0%	1,734	2,114	(380)	-18.0%
Revenue								
Gross Revenue	74,029	128,652	(54,623)	-42.5%	519,459	900,564	(381,105)	-42.3%
Deductions from Revenue	<u>49,870</u>	<u>90,069</u>	<u>(40,199)</u>		<u>302,252</u>	<u>630,483</u>	<u>(328,231)</u>	
Net Revenue	<u>24,159</u>	<u>38,583</u>	<u>(14,424)</u>		<u>217,207</u>	<u>270,081</u>	<u>(52,874)</u>	
Expenses								
Salaries	25,718	25,591	(127)	-0.5%	203,325	223,015	19,690	8.8%
Benefits	6,466	7,644	1,179	15.4%	51,116	66,615	15,499	23.3%
Professional Fees	17,654	19,000	1,346	7.1%	159,347	169,000	9,653	5.7%
Supplies	1,868	1,083	(785)	-72.5%	7,772	21,885	14,113	64.5%
Purchased Services	10,081	5,000	(5,081)	-101.6%	26,870	41,498	14,628	35.2%
Rents and Leases	4,781	4,667	(114)	-2.4%	33,244	32,669	(575)	-1.8%
Depreciation	-	-	-	0.0%	-	-	-	0.0%
Other	757	1,983	1,226	61.8%	13,662	17,631	3,969	22.5%
Total Expenses	<u>67,325</u>	<u>64,968</u>	<u>(2,356)</u>	<u>-3.6%</u>	<u>495,336</u>	<u>572,313</u>	<u>76,977</u>	<u>13.5%</u>
Excess of Revenue over Expenses	<u>(43,166)</u>	<u>(26,385)</u>	<u>(16,780)</u>	<u>-63.6%</u>	<u>(278,129)</u>	<u>(302,232)</u>	<u>24,103</u>	<u>8.0%</u>
<u>Hospital Based Activity:</u>								
Inpatient Days	26	22	4	18.2%	222	154	68	44.2%
Inpatient Surgeries	7	5	2	40.0%	38	35	3	8.6%
Outpatient Surgeries	5	10	(5)	-50.0%	44	69	(25)	-36.2%
Therapy Referred Visits	130	175	(45)	-25.7%	1,036	1,225	(189)	-15.4%
Imaging Referred Procedures	134	110	24	21.8%	815	770	45	5.8%
Inpatient Gross Charges	563,585	309,500	254,085	82.1%	4,160,849	2,166,500	1,994,349	92.1%
Inpatient Net Revenue	<u>97,493</u>	<u>69,500</u>	<u>27,993</u>	<u>40.3%</u>	<u>723,522</u>	<u>486,500</u>	<u>237,022</u>	<u>48.7%</u>
Outpatient Gross Charges	328,098	324,775	3,323	1.0%	2,650,422	2,254,405	396,017	17.6%
Outpatient Net Revenue	<u>55,777</u>	<u>70,885</u>	<u>(15,108)</u>	<u>-21.3%</u>	<u>435,517</u>	<u>492,203</u>	<u>(56,686)</u>	<u>-11.5%</u>
Total Gross Charges	891,683	634,275	257,408	40.6%	6,811,271	4,420,905	2,390,366	54.1%
Total Net Revenue	<u>153,270</u>	<u>140,385</u>	<u>12,885</u>	<u>9.2%</u>	<u>1,159,039</u>	<u>978,703</u>	<u>180,336</u>	<u>18.4%</u>

City of Alameda Health Care District
1206b Clinic - Statement of Operations
January 31, 2014

	Current Month				Year-to-Date			
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>
Clinic Visits								
Primary Care	128	138	(10)		652	964	(312)	
Surgery	126	53	73		547	373	174	
Neurology	22	31	(9)		197	217	(20)	
Total Visits	<u>276</u>	<u>222</u>	<u>54</u>	24.3%	<u>1,396</u>	<u>1,554</u>	<u>(158)</u>	-10.2%
Revenue								
Gross Revenue	149,634	129,400	20,234	15.6%	691,433	905,800	(214,367)	-23.7%
Deductions from Revenue	<u>101,251</u>	<u>77,650</u>	<u>23,601</u>		<u>406,894</u>	<u>543,550</u>	<u>(136,656)</u>	
Net Revenue	<u>48,383</u>	<u>51,750</u>	<u>(3,367)</u>		<u>284,539</u>	<u>362,250</u>	<u>(77,711)</u>	
Expenses								
Salaries	31,009	32,581	1,572	4.8%	210,758	236,954	26,196	11.1%
Temporary Agency	(65)	-	65	-100.0%	1,864	-	(1,864)	-100.0%
Benefits	7,796	9,732	1,936	19.9%	61,437	68,986	7,550	10.9%
Professional Fees	14,362	18,000	3,638	20.2%	96,526	126,000	29,474	23.4%
Supplies	2,150	1,840	(310)	-16.8%	36,312	9,976	(26,336)	-264.0%
Purchased Services	16,837	6,468	(10,369)	-160.3%	55,828	45,276	(10,552)	-23.3%
Rents and Leases	15,194	15,194	-	0.0%	106,358	91,160	(15,198)	-16.7%
Depreciation	494	207	(287)	-138.6%	3,458	1,299	(2,159)	-166.2%
Other	5,343	3,500	(1,843)	-52.7%	43,690	34,503	(9,187)	-26.6%
Total Expenses	<u>93,120</u>	<u>87,522</u>	<u>(5,598)</u>	-6.4%	<u>616,231</u>	<u>614,154</u>	<u>(2,076)</u>	-0.3%
Excess of Revenue over Expenses	<u>(44,737)</u>	<u>(35,772)</u>	<u>(8,965)</u>	25.1%	<u>(331,691)</u>	<u>(251,904)</u>	<u>(79,787)</u>	31.7%
Clinic Rental Income	<u>13,619</u>	<u>13,100</u>	<u>519</u>	4.0%	<u>95,068</u>	<u>91,700</u>	<u>3,368</u>	3.7%
Net 1206b Clinic	<u>(31,118)</u>	<u>(22,672)</u>	<u>(8,446)</u>	37.3%	<u>(236,623)</u>	<u>(160,204)</u>	<u>(76,419)</u>	47.7%

Note:

Clinic Hours by Physician

Dr. Celada (General Surgery) - M,W,F Mornings only

Dr. Lee (General Surgery) - T, Th Mornings only

Dr. Brimmer (Primary Care) - M & Th full days, plus T Mornings

Dr. Dutaret (Neurology) - W full days

City of Alameda Health Care District
Statement of Cash Flows
For the Seven Months Ended January 31, 2014

	Current Month	Year-to-Date
Cash flows from operating activities		
Net Income / (Loss)	\$ (705,663)	\$ (1,261,929)
Items not requiring the use of cash:		
Depreciation and amortization	107,422	\$ 632,957
Write-off of Kaiser liability	-	\$ -
Changes in certain assets and liabilities:		
Patient accounts receivable, net	(343,909)	809,488
Other Receivables	7,345	2,972,492
Third-Party Payer Settlements Receivable	(96,756)	(1,399,564)
Inventories	(36,625)	(27,167)
Prepays and Other	38,935	(7,849)
Accounts payable and accrued liabilities	(84,893)	138,162
Payroll Related Accruals	(886,606)	(476,312)
Employee Health Plan Accruals	8,174	(28,649)
Deferred Revenues	(482,203)	(3,322,983)
Cash provided by (used in) operating activities	(2,474,779)	(1,971,354)
Cash flows from investing activities		
(Increase) Decrease in Assets Limited As to Use	(8,974)	(75,165)
Additions to Property, Plant and Equipment	(100,158)	(1,011,211)
Other	(2)	260,557
Cash provided by (used in) investing activities	(109,134)	(825,819)
Cash flows from financing activities		
Net Change in Long-Term Debt	(58,290)	1,467,478
Net Change in Restricted Funds	8,974	(134,835)
Cash provided by (used in) financing and fundraising activities	(49,316)	1,332,643
Net increase (decrease) in cash and cash equivalents	(2,633,229)	(1,464,530)
Cash and cash equivalents at beginning of period	6,030,658	4,861,959
Cash and cash equivalents at end of period	\$ 3,397,431	\$ 3,397,430

**City of Alameda Health Care District
Ratio's Comparison**

Financial Ratios	<u>Audited Results</u>				<u>YTD</u>
	FY 2010	FY 2011	FY 2012	FY 2013	1/31/2014
<u>Profitability Ratios</u>					
Net Patient Revenue (%)	24.16%	23.58%	22.90%	23.34%	23.02%
Earnings Before Depreciation, Interest, Taxes and Amortization (EBITA)	4.82%	-1.01%	-1.48%	-1.48%	-1.48%
EBIDAP ^{Note 5}	-3.66%	-13.41%	-11.22%	-9.39%	-8.45%
Total Margin	2.74%	-2.61%	-3.21%	-3.13%	-2.74%
<u>Liquidity Ratios</u>					
Current Ratio	1.23	1.05	0.96	0.89	0.91
Days in accounts receivable ,net	51.83	46.03	55.21	60.35	54.77
Days cash on hand (with restricted)	21.6	14.1	17.7	21.8	15.0
<u>Debt Ratios</u>					
Cash to Debt	249.0%	123.3%	123.56%	210.11%	94.59%
Average pay period (includes payroll)	57.11	62.68	72.94	78.69	74.20
Debt service coverage	5.98	(0.70)	(0.53)	(1.21)	(0.25)
Long-term debt to fund balance	0.14	0.18	0.28	0.33	0.52
Return on fund balance	18.87%	-19.21%	-27.35%	-48.16%	-34.92%
Debt to number of beds	10,482	11,515	16,978	9,728	9,728

**City of Alameda Health Care District
Ratio's Comparison**

Financial Ratios	Audited Results				YTD
	FY 2010	FY 2011	FY 2012	FY 2013	1/31/2014
Patient Care Information					
Bed Capacity	161	161	161	281	281
Patient days(all services)	30,607	30,270	30,448	66,645	42,461
Patient days (acute only)	10,579	10,443	10,880	11,559	6,355
Discharges(acute only)	2,802	2,527	2,799	2,838	1,493
Average length of stay (acute only)	3.78	4.13	3.89	4.07	4.26
Average daily patients (all sources)	83.85	82.93	83.19	182.59	197.49
Occupancy rate (all sources)	52.08%	51.51%	51.67%	64.98%	70.28%
Average length of stay	3.78	4.13	3.89	4.07	4.26
Emergency Visits	17,624	16,816	16,964	17,175	9,813
Emergency visits per day	48.28	46.07	46.35	47.05	45.64
Outpatient registrations per day ^{Note 1}	79.67	65.19	60.67	64.07	66.71
Surgeries per day - Total	13.46	6.12	6.12	5.52	5.63
Surgeries per day - excludes Kaiser	5.32	6.12	6.12	5.52	5.63

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 instruments.
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.

DATE: February 27, 2014

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 March, 2014

1. Affiliation Update

At the Joint Steering Committee meeting this week, Alameda Health System (AHS) confirmed they plan to close on the affiliation with Alameda Hospital on April 30, 2014 with the transfer of licensure taking place at that time. The target date for the transition in employees from the District to AHS is still slated to occur on June 30, 2014.

The Integration Team leaders continue to meet weekly as a group on implementation of the transition. Approximately 75% of our vendor contracts have been reviewed by AHS in conjunction with Alameda Hospital management and a determination on disposition of those contracts has been made. Notification to transition these contracts will be forthcoming now that the close date has been determined. We will also be sending out letters requesting approval to sublet any leaseholds we have for off-site property. AHS is making contact with physicians under contract with Alameda Hospital to transition their contracts to the AHS.

Meetings have been held in the last week with the leadership of all of our unions and with the management team to explain the structure of the health care plan options and the AHS pension plans. Individual meetings are being scheduled to negotiate terms of new contracts between AHS and each of the unions individually.

While we have done about 40 outpatient surgeries since referrals from the AHS began, we have not yet received a transfer of any medical admissions from the Highland Emergency Department (ED) as of this writing. The reason for this is twofold: the Emergency Department was scheduled to go live on Soarian this month, a plan which had to be discontinued due to early conversion problems but it nevertheless diverted the priorities of ED leadership. On a favorable note, Highland has been able to reduce patient waiting time in the ED by over 50% through process improvement and enhanced case management. Nevertheless the demand for additional inpatient beds continues and we expect to receive transfers in the near future. The delay in volume has negatively impacted performance against budget in the last two months at Alameda Hospital.

2. Quality Management Update

The Quality/Risk & Resource Management Department has hired an experienced Case Management Manager to work with the case management (CM) and utilization management (UM) functions for Alameda Hospital. Carol Ravanera, RN will be starting in April, 2014 and brings over 18 years of experience in UM & CM.

The Quality Management focus for 2014 will be to improve on public reporting of indicators including Leapfrog, CMS Core Measures, reducing readmissions, and identifying opportunities to improve customer satisfaction including noise reduction at night and communication with the patients.

Communication in Patient Safety will be the focus of an education fair for employees being held on March 7 at Alameda Hospital. All the topics identified as high risk by The Joint Commission, CMS and internal monitoring will be discussed in poster and live presentations throughout the day. All employees are being encouraged to attend.

3. Bay Area Bone & Joint Center

For January, 2014, there were 311 orthopedic visits at the Bay Area Bone and Joint Center (BABJC) and 11 surgeries performed by Drs. DiStefano and Pirnia. The 311 office visits are the most since the Center opened in November, 2012.

In affiliation talks between Alameda Hospital and Alameda Health System (AHS), outpatient orthopedic surgery was projected to be our first joint venture. Discussions with Drs. DiStefano and Pirnia, the Orthopedists at AHS, and executives at both facilities took place on December 18, 2013. There have been 25 AHS patients that received outpatient surgery from AHS physicians at Alameda Hospital for chronic pain and hand disorders in January, 2014. General orthopedic cases have been added in February, 2014. Opportunities to explore additional synergies between the BABJC surgeons and physicians in the orthopedic service at AHS are being explored.

4. Community Relations and Foundation Update

Alameda Hospital will be hosting a Chamber of Commerce Mixer on Wednesday, March 12, 2014 at 5:30 p.m. in the Dal Cielo Conference Room. This will be an opportunity to introduce Alameda Health System leadership to the local business community.

The February Community Blood Drive, co-sponsored by the American Red Cross, was extremely successful and exceeded the blood collection goal by nearly 75%. Blood Drives are regularly scheduled throughout the year.

The Annual Harbor Bay Lunar New Year Spring Festival will be held on March 8, 2014 at the Harbor Bay Landing Shopping Center. The Hospital's Asian Health Outreach representatives will be offering health screenings and information about Alameda Hospital services.

The Alameda Hospital Foundation is determining fundraising goals for the next year. Both the Finance/Investment/Audit Committee and the Development Committee are reviewing the Foundation's financial performance, future growth and fundraising goals, and capital needs of Alameda Hospital.

In addition, Alameda Hospital is supporting the following community events:

- Alameda Chamber of Commerce City Manager's Annual Luncheon – March 7, 2014
- Girl's Inc. of the Island City Women Who Dare – March 22, 2014

5. Kate Creedon Center for Advance Wound Care

Clinical Statistics

In the month of February the wound care center had: 28 new admissions; 431 patients visits and 86 HBOT visits. The healing rate of 100% healed chronic wounds within 16 weeks of treatment at the wound care center is 87.89%. 76% of current patients are from off-island.

Business Development

In February there were meetings with contract managers for both Center for Elder's Independence and Community Health Center Network. Nothing formal has been established as of yet but both organizations are extremely interested in being able to provide appropriate wound care for their clients.

Timothy Dutra, DPM, an Assistant Professor in Applied Biomechanics and Clinical Investigator at the California School of Podiatric Medicine at Samuel Merritt University is touring the center on February 27 with hopes of potentially referring his patients with non-healing wounds for advanced care at the Center.

For internal marketing and education, Beth Brizee, Program Director, presented to the Emergency Department physicians, case managers and social workers in February.

Miscellaneous

This month, the wound care center started a new cutting-edge therapy, Cellutome, an epidermal harvesting out- patient procedure. This will allow for additional advanced treatment options and stave off competitive pressures from other AWC's currently using this therapy. The clinical outcomes and reimbursement will be audited at 100% / procedure for first quarter of utilization of Cellutome.

6. Long Term Care

In the last two months, our Sub Acute Unit had a very rewarding achievement where 4 residents, through excellent physician, nursing, respiratory, rehabilitation services and family involvement, were decannulated and able to be transferred to lower levels of care. They regained their independence in breathing, eating, and some mobility function. This is a testament to the interdisciplinary team's dedication to our residents and reminder of the great value provided by this unique service.

7. February Key Statistics

Due to the timing of distribution of the Board packets, February preliminary statistics will be distributed at the Board meeting.