



CITY OF ALAMEDA HEALTH CARE DISTRICT

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

REGULAR MEETING AGENDA

WEDNESDAY, MAY 7, 2014

7:00 P.M. (OPEN SESSION ONLY)

(PLEASE NOTE START TIME)

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 (7:00 p.m. – Dal Cielo Conference Room)** J. Michael McCormick
- II. **Roll Call** Kristen Thorson
- III. **General Public Comment**
- IV. **Regular Agenda**
 - A. **Consent Agenda** **ACTION ITEMS**
 - ✓ 1) Acceptance of March 2014 Unaudited Financial Statements [enclosure] (pages 2-24)
 - B. **Action Items**
 - ✓ 1) Approval of Revisions to Community Relations and Outreach Committee Structure and Purpose [enclosure] (pages 25-28) Jordan Battani
 - 2) Recommendation for Formation of a District Sub-Committee to Discuss Financial And Quality Reporting from Alameda Health System J. Michael McCormick
 - ✓ 3) Nomination to Alameda Health System Board of Trustees and Committees [enclosure] (pages 29-35) J. Michael McCormick
 - ✓ 4) Approval of Revision to Policy 2008-0b: Signature Authority [enclosure] (pages 35-36) Kristen Thorson
 - D. District Board President’s Report **INFORMATIONAL** J. Michael McCormick
 - E. Community Relations and Outreach Committee Report **INFORMATIONAL** Jordan Battani
 - D. Medical Staff President’s Report **INFORMATIONAL** Emmons Collins, MD
 - G. Alameda Health System and Alameda Hospital Update **INFORMATIONAL** Deborah E. Stebbins, CAO
- VIII. **General Public Comments**
- IX. **Board Comments**
- X. **Adjournment**

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING MARCH 31, 2014

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

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ALAMEDA HOSPITAL MANAGEMENT DISCUSSION AND ANALYSIS MARCH 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 March 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 March, the Hospital experienced a combined net operating loss of \$849,000 against a budgeted loss of \$221,000. The major contributor to this loss is the lower acute discharges and patient days and low inpatient and outpatient surgery. Total operating expenses were under budget by \$291,000 which includes a \$55,000 one time expense for the annual Alpha Fund workers compensation true up for calendar year 2013. Interest Expense also had a YTD true up accrual of \$65,000 for interest on the AHS and Foundation loans. Interest on these two loans will be accrue monthly going forward.

March had 216 acute discharges, which was 67 or 23.6% below budget of 283 and lower than March 2013 which had 261 acute discharges. Total acute patient days were 826 or 305 (27.0%) below budget. The acute ALOS was 3.82 compared to a budget of 4.0. Much of our inpatient reimbursement is now based on DRG or discharge based reimbursement. Subacute days were also under budget by 53 days 5.3%, skilled nursing days were up at South Shore 5.1% and Waters Edge were under budget by 34 days (1.0%).

Overall outpatient activity was mixed again this month. Outpatient registrations were down 2.2%, Emergency Room visits were over budget 2.3%, the Wound Care program was very busy exceeding budget by 32.3%. Inpatient and outpatient surgery cases were under budget 15.1% and 27.1% respectively.

The overall Case Mix Index (CMI) in was 1.26, slightly lower than prior month and lower than the FY 2014 average of 1.32.

Cash and cash equivalents were \$1.8 million at the end of March, down from prior month of \$2.9 million. Total cash collections in March were just over \$6.4 million an increase from the prior month of \$5.9 million.

Year to Date:

The net YTD loss is \$2.8 million versus a budgeted net loss of \$1.7 million. Helping to mitigate the YTD operating loss was receipt and recognition of the EHR incentive monies received in December 2013.

YTD Acute discharges are 278 under budget and total discharges are 288 under budget. Acute patient days were 797 under budget and Long Term Care patient days are 1,064 above budget. Emergency and Wound Care visits are 529 under and 589 above budget respectively. Outpatient registrations are 149 under budget and total surgeries are 203 (11.4%) under budget with the majority of this coming from outpatient cases.

Total inpatient and outpatient gross revenues are under budget (2.4%) mostly occurring in the last couple of months, and total net patient revenue is under budget (3.2%) with net clinic revenue is running \$155,000 under budget.

Total Operating Expenses are under budget by \$237,000 or (0.4%) with the most significant variance being Salaries \$329,000 above budget offset by Benefits expense being \$271,000 (2.8%) under budget.

ACTIVITY

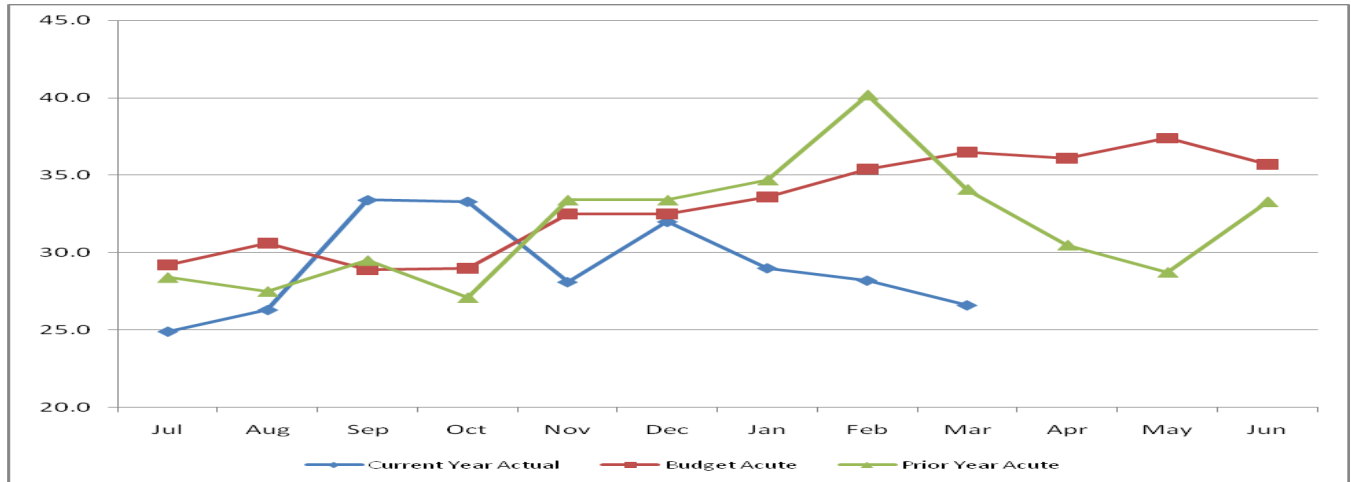
ACUTE, SUBACUTE AND SNF SERVICES

Overall, patient days were under budget this month by 5.7%, and below March 2013 by 7.0%. Acute patient days were under budget by 305 days (27.0%), Subacute was under 53 days (5.3%), South Shore was above 37 days (5.1%) and Waters Edge was under by 34 days (1.0%).

The acute ADC was 26.6, 9.8 ADC below budget of 36.5ADC. The acute care program is comprised of the Critical Care Unit (3.7 ADC, 14.2% under budget), Telemetry / Definitive Observation Unit (10.9 ADC, 30.9% under budget) and Med/Surg Unit (12.1 ADC, 26.5% below budget).

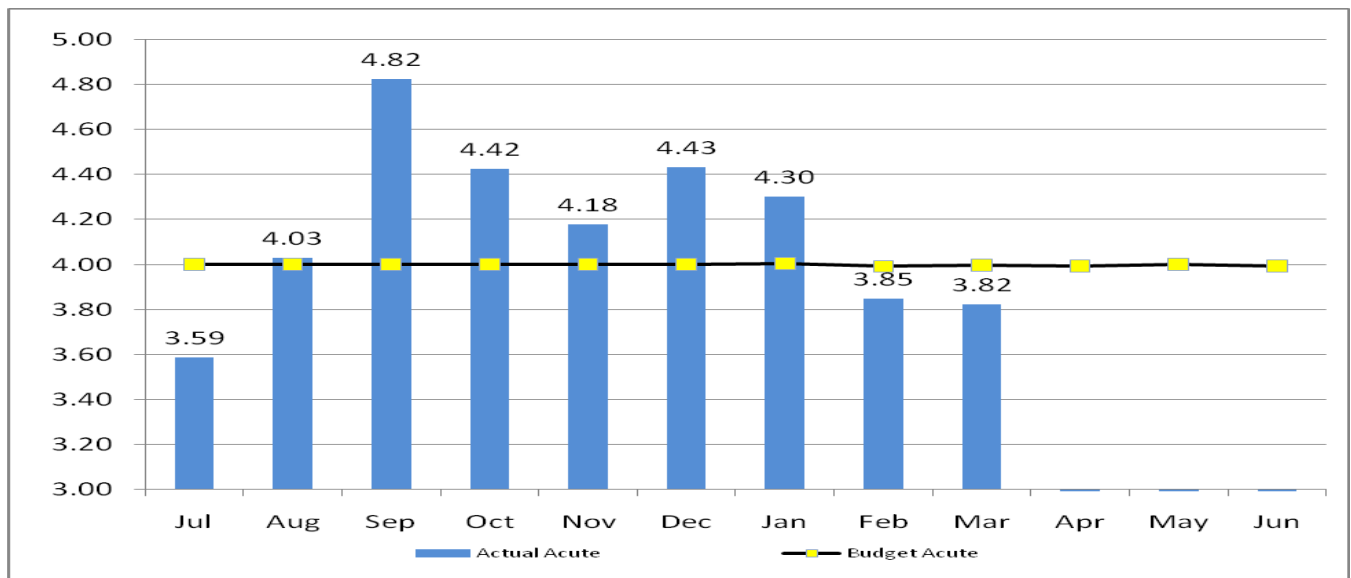
March acute census budget of 36.5 included a 3.5 ADC increase for referrals from AHS and we only had two AHS admissions. The acute ADC was under budget by 6.4 ADC without the AHS assumed volumes. Comparatively, the acute ADC in March 2013 was 34.1. It is our understanding in speaking with other area hospitals that acute discharges / ADC are lower at their facilities as well over the past four to six months.

Acute Average Daily Census



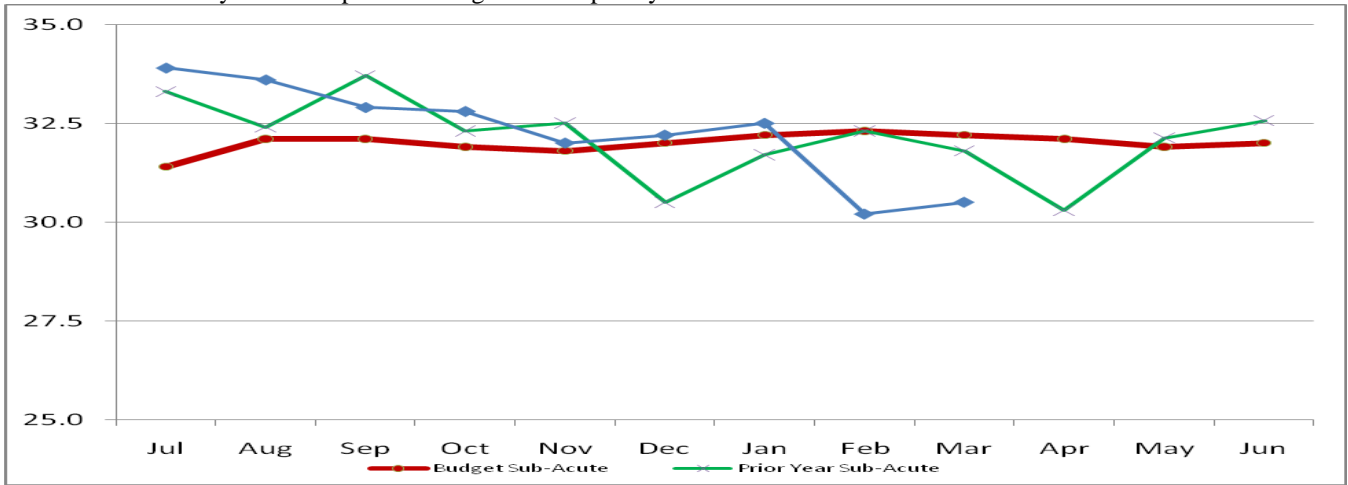
Average Length of Stay (ALOS)

The acute Average Length of Stay (ALOS) decreased from last month of 4.85 to 3.82 in March and is below 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.



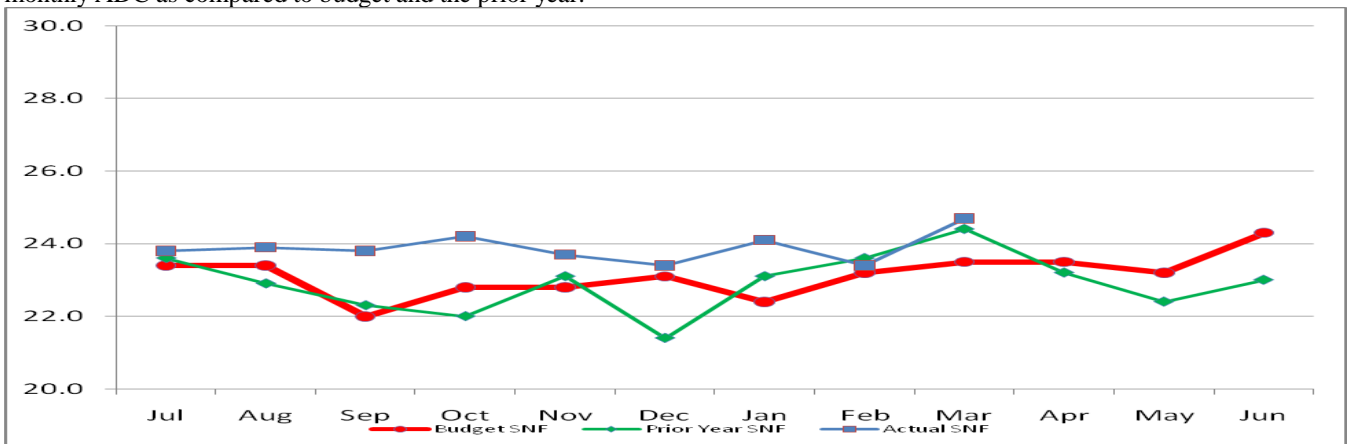
Subacute Average Daily Census

The Subacute program ADC of 30.5 was under budget of 32.2 by 1.7 ADC or 5.3%. The graph below shows the Subacute ADC for the current fiscal year as compared to budget and the prior year.



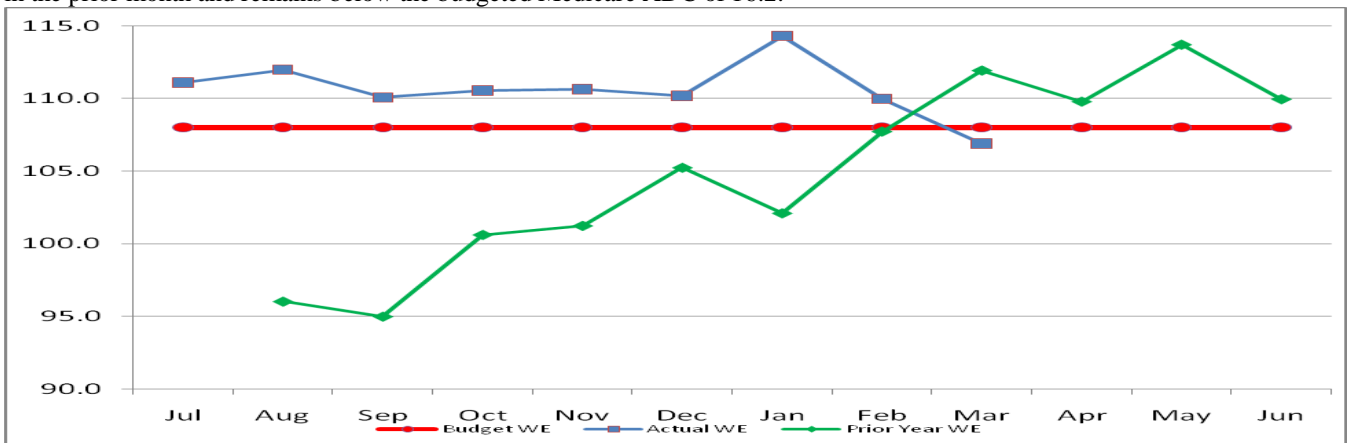
South Shore Skilled Nursing Average Daily Census

The South Shore ADC was above budget by 1.19 ADC (5.1) for the month of March. The graph below shows the South Shore monthly ADC as compared to budget and the prior year.



Waters Edge Skilled Nursing Average Daily Census

Waters Edge census was 106.9 ADC or 1.0% under the budget of 108.0. The Medicare census was 8.2 ADC below the 9.6 ADC in the prior month and remains below the budgeted Medicare ADC of 16.2.

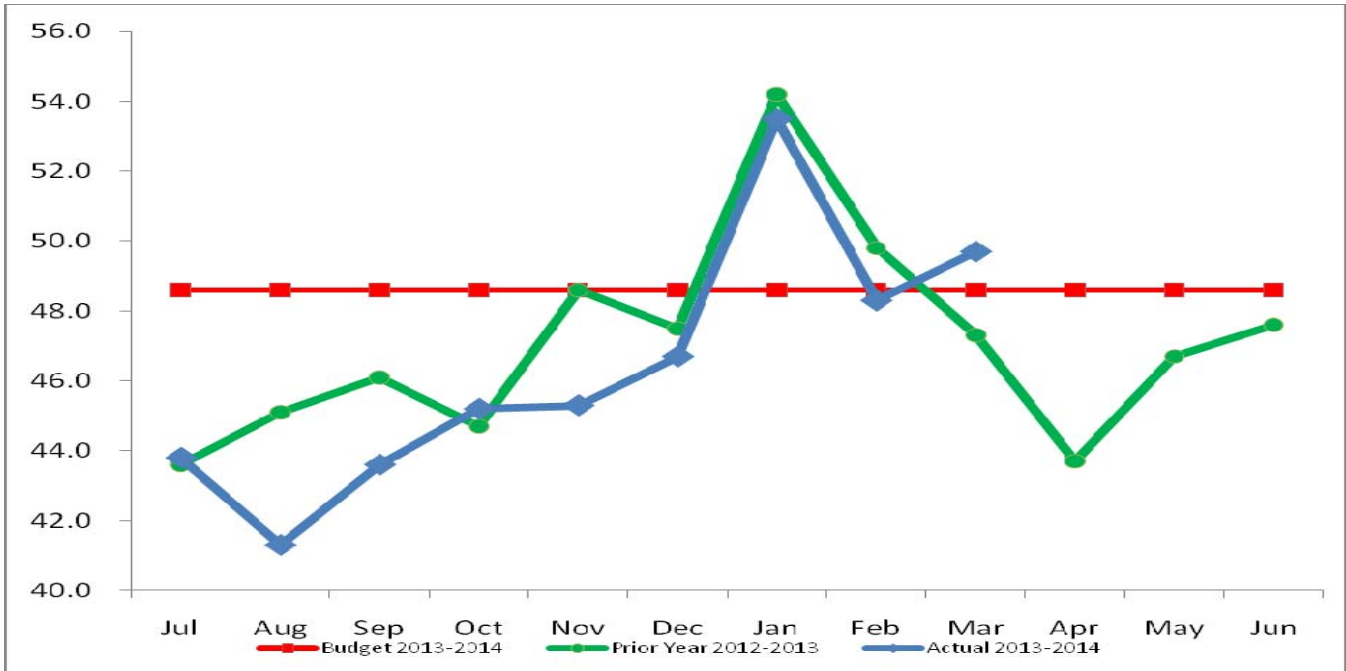


ANCILLARY SERVICES

Outpatient Services

Emergency Care Center (ECC) had 1,542 visits, 35 visits (2.3%) above the budget of 1,507. The inpatient admission rate from the ECC was 15.7% below the 17% in February. On a per day basis, the total visits represent an increase of 2.0% from the prior month daily average.

Emergency Care Visits Per Day



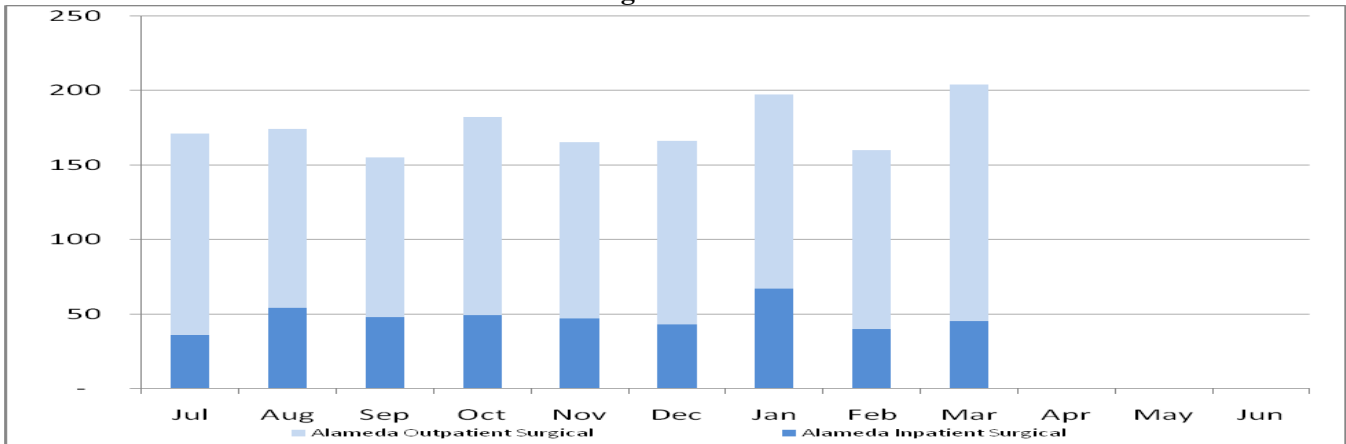
Outpatient registrations totaled 2,147 or 2.2% under budget. In March the number of patient visits were above budget in Wound Care (129), Ultrasound (20) Occupational Therapy (20). Visits were down in Laboratory (37), Radiology (108) and IV Therapy (24).

Surgery

March had 204 total surgery cases which is 24.7% below the budget of 271 but higher than last year's case volume of 172. Inpatient cases were 8 below the budget of 53 and outpatient cases were 59 below the budget of 218. There were 28 cases performed by AHS surgeons versus a budget of 90. For the first two months they have completed 74 surgeries versus a budget of 177. Below is the payor mix of these new cases.

AHS Surgeries	YTD Quantity	Percent	Budget %
Medicare	5	6.7%	4.8%
Medicare Mgd	3	4.0%	0.0%
Medi-Cal	6	8.0%	24.2%
Medi-Cal Mgd/HPAC	60	80.0%	62.3%
Mgd Care	0	0.0%	1.7%
Self Pay	1	1.3%	7.0%
	75	100.0%	100.0%

Surgical Cases



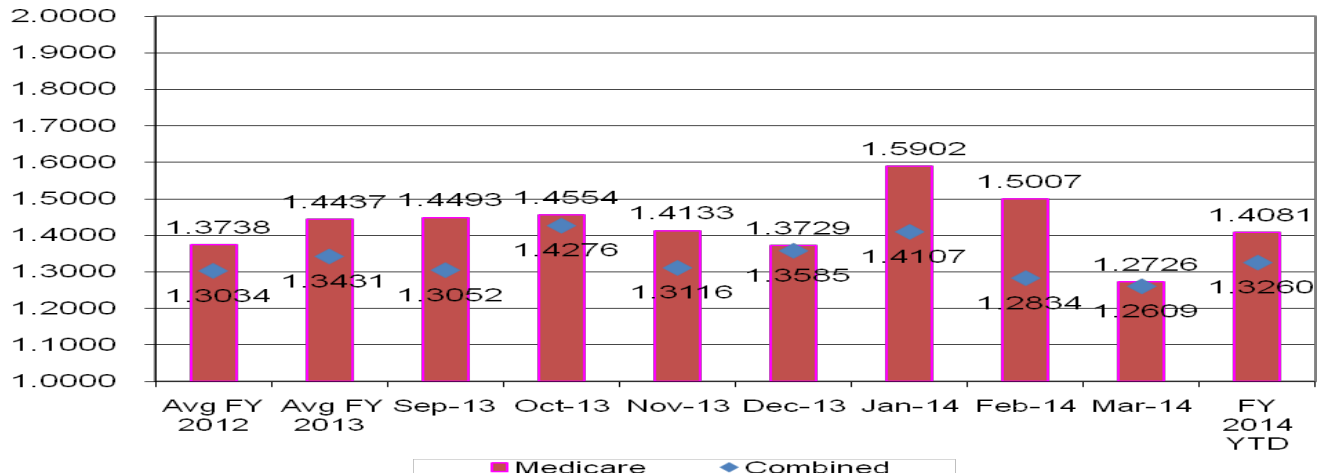
Payer Mix

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

Total Payer Mix		
	<u>Mar Actual</u>	<u>Mar Budget</u>
Medicare	48.8%	46.4%
Medi-Cal	27.4%	27.1%
Managed Care	14.6%	16.1%
Other	3.2%	3.0%
Commerical	1.4%	2.9%
Self-Pay	4.6%	4.4%
Total	100.0%	100.0%

Case Mix Index

The Hospital's overall Case Mix Index (CMI) for February was 1.26, down from the prior month of 1.28. The Medicare CMI was 1.27 in March, below the prior month of 1.50 and under YTD average of 1.41. 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 March were below the budget by \$4 million or 13.1%. Inpatient gross revenues were \$3.5 million under budget and outpatient gross revenues were \$542,000 under budget. Acute inpatient days were 305 (27%) below budget and acute routine gross revenue was down 23.9%. Inpatient ancillary service charges were also under budget in almost every area including Laboratory, Imaging, Pharmacy, Respiratory Therapy Rehab Services and Central Supply.

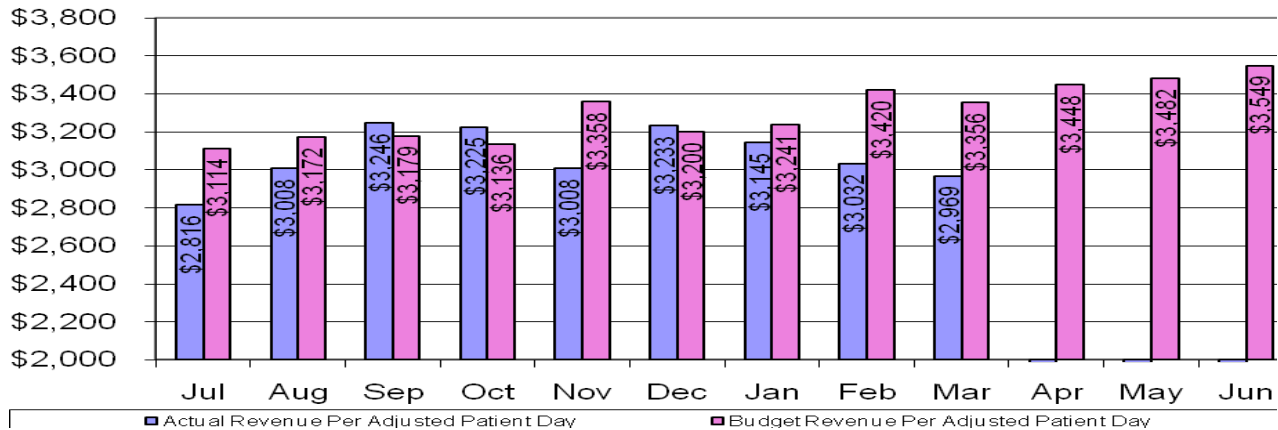
Waters Edge gross and net revenue were slightly over budget in March consistent with volumes. The ancillary revenue was above budget 30.7% (mostly attributed to therapy services) and the routine daily room and board revenue was at budget.

Outpatient gross revenues were under budget by \$542,000 (5.5%). Surgery, Medical Supplies, Laboratory, and Pharmacy were below budget while Emergency, Imaging and Rehab were above budget.

Wound Care volume was above budget 32.3%, gross revenue was above budget by \$257,849 (30.8%), resulting in Net Revenue coming in \$48,697(25.2%) above budget for the month.

On an adjusted patient day basis, total patient revenue was \$2,969 and below the budget of \$3,358. The lower acuity and lower acute IP volumes have contributed to this variance. 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 22.8% was budgeted and 23.0% was realized. 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, case mix and overall patient volumes.

Total Net Operating Revenue was just over \$6.2 million, \$857,000 (12.1%) under the budget of \$7.07million. Most of this negative variance is due to acute inpatient volumes (discharges and patient days) and surgery cases being under budget as previously discussed.

Waters Edge had Net Revenues of over \$1.13 million, \$67,714 or 5.7% under budget budget. Although the overall census was higher than budgeted, we again had fewer Medicare patients. In addition, there are several aging accounts working through the RAC review process and accounts pending Medi-cal approval that are being reserved for at a higher rate.

Wound Care net revenue was \$48,697 (25.4%) above budget, consistent with volume and gross charges.

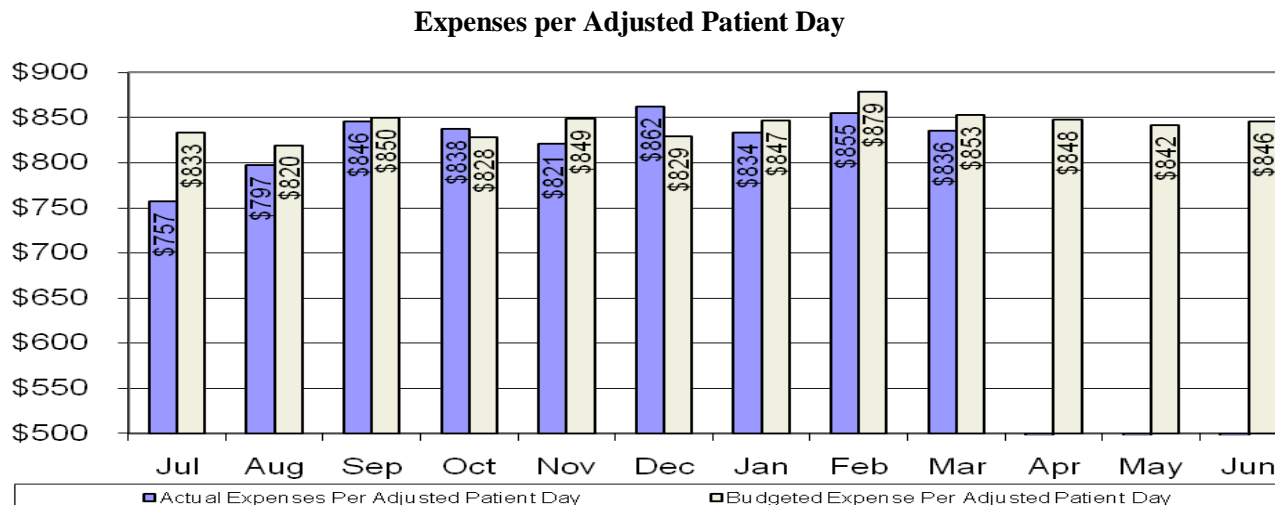
Expenses

Total Operating Expenses

Total operating expenses were just under \$7.5 million which was below the fixed budget by \$291,000 or 3.7%. We will discuss the variances of each major expense category in the following section.

Most expense categories were materially close to budget, with Salary and Supply expense under budget by \$281,000 and 228,000 respectively and accounting for most the positive expense variance. Benefits expense was over budget by \$204,000.

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.



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 \$258,000 (7.0%). Total salaries are below budget \$281,000 and Registry (Temporary Agency Services) was above budget \$23,000.

The \$281,000 favorable salary expense variance is comprised of productive salaries being \$202,000 (5.9%) under budget and non-productive salaries were \$79,000 (14.5%) under budget.

Productive Salaries: Overall productive salaries were under budget, specifically in acute nursing (19%) due to lower census. Subacute, Surgical services and Pharmacy were 7%, 25% and 23% under budget while Waters Edge and South Shore were over budget 5.8% and 16.7% respectively. Most other departments were materially close to budget in terms of absolute dollars.

The productive salaries per adjusted patient day (APD) were \$372 compared to a budget of \$443. Total salaries per APD were \$409 compared to a budget of \$433 per APD.

Non-productive salaries were under budget by \$79,000. Surgery was over budget \$5,000 (higher standby pay with lower case load). Most acute Nursing Departments were under budget \$12,000 and Waters Edge Pharmacy and IT under budget \$14,000, \$9,000 and \$4,700 respectively. Many other departments had minor actual to budget variances.

Registry expense was over budget \$23,000. Acute nursing areas were under budget by about \$25,000 as expected with lower census. In addition, Surgery was under budget by \$12,000 in the month. Waters edge was over budget \$23,000, ECC was over \$10,000 and Orhto clinic over \$9,000 to replace open positions.

Benefits

Benefits were over budget by \$204,000. Overall PTO / Vacation / Holiday utilization over budget \$29,000 as less non productive time was taken in many departments. Employee health benefits expense was over budget \$123,000 as a result of higher health claims activity as a self insured entity. Lastly in March we received the annual workers compensation premium calculation true-up from Alpha Fund. This resulted in a one time expense of \$55,000. In prior years, we had a slight credit as a result of these audits, however, with a full calendar year with Waters Edge added to payroll expense there was an increase in required premium for CY 2013.

Professional Fees

Professional fees overall were at budget in March.

Supplies

Supplies expense were \$204,000 under budget. The largest positive variances were in Central Supply (\$47,000) and Pharmacy \$84,000) related to the lower Acute volumes and lower outpatient surgery cases. Other departments including Wound Care, Waters Edge, Laboratory, Blood Bank were also under budget in the month.

Purchased Services

Purchased services were over budget by \$38,000 . Although Rehab Services expense was under budgt \$15,000 at Waters Edge, the following departments were over budget in the month: Clinical Engineering \$11,000 for uncontracted equipment repairs and service, QRM \$14,000 transportation expense and quanim fees, HIM \$7,000 new coding firm with higher monthly fees, EVS \$15,000 (five week invoice vs usual four week), IT \$7,000 various several equipment and software support fees and Radiology \$5,000 for PACS equipment maintenance / enhancements.

Other Operating Expenses

Other operating expenses were under budget \$27,000. Those departments with key positive variances include Administration (\$10,000), Surgery (\$11,000), QRM (\$4,500)

Interest Expense:

In March interest expense of \$60,000 was recorded for YTD accrual of the AHS \$1.5 million loan and \$5,000 for the \$405,000 loan which began to accrue interest beginning January 2014.

Balance Sheet

Total assets decreased by \$1.4 million from the prior month. The following items make up the decrease in assets:

- Total unrestricted cash and cash equivalents for March was \$1.8 million a decrease of \$1.1 million from prior month of 3.4million.
- Net patient accounts receivable was \$10.57 million, down the prior month of \$10.85 million. Successive months of lower acute inpatient volumes and associated gross and net revenues have resulted in lower net accounts receivable.
- Days in outstanding receivables were up to 51.8 at month end, a decrease from the January number of 54.8 days. Cash collections in March were \$6.4 million. Collections per day were \$206,000 down slightly from \$210,000 in prior month.
- Other Receivables decreased by \$54,000 and prepaids & Other decreased by \$51,000.

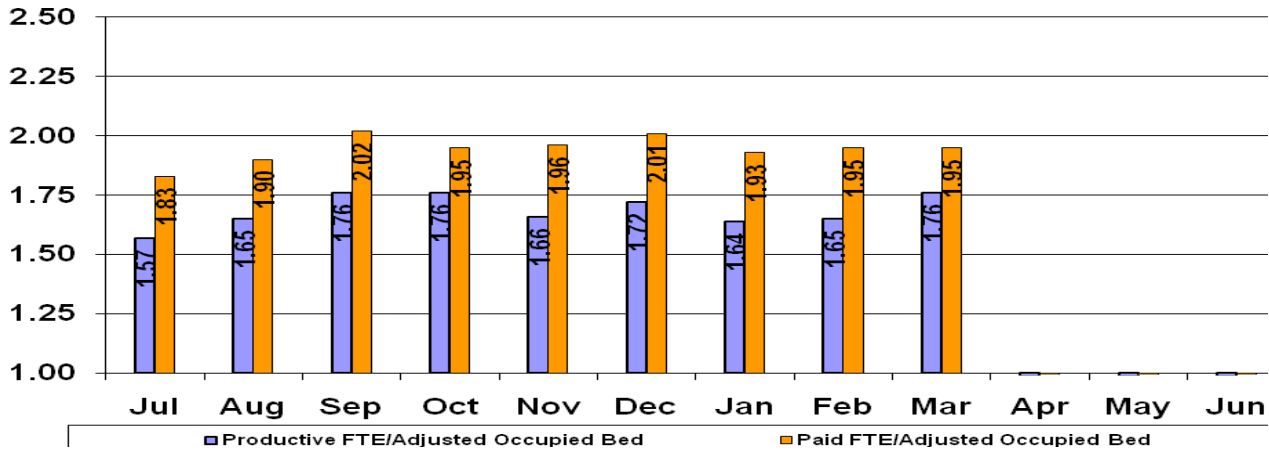
Overall, total liabilities decreased by \$551,000 from the prior month

- Accounts payable decreased by \$18,000 to just under \$12.1 million.
- Payroll related accruals decreased by \$92,00.
- Deferred revenues decreased by \$481,000 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.

Key Statistics

FTE's Per Adjusted Occupied Bed

For the month of March Productive FTE's per Adjusted Occupied Bed were 1.76, on target with budget of 1.76 FTE's. Paid FTE's per Adjusted Occupied Bed were 1.95 or 2.3% below the budget of 2.0. 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 March is 0.79 down from 0.85 in February.

A/R days

Net days in accounts receivable (A/R) are currently at 51.5. This is above the prior month of 52.3.

Days Cash on Hand

Days cash on hand for February were 8.9, a decrease from prior month of 13.7.

The following pages include the detailed financial statements for the nine (9) months ended March 31, 2014, of Fiscal Year 2014.

**ALAMEDA HOSPITAL
KEY STATISTICS
MARCH 2013**

	<u>ACTUAL MARCH 2013</u>	<u>CURRENT FIXED BUDGET</u>	<u>VARIANCE (UNDER) OVER</u>	<u>%</u>	<u>MARCH 2013</u>	<u>YTD MARCH 2013</u>	<u>YTD FIXED BUDGET</u>	<u>VARIANCE</u>	<u>%</u>	<u>YTD MARCH 2013</u>
Discharges:										
Total Acute	216	283	(67)	-23.6%	261	1,914	2,192	(278)	-12.7%	2,162
Total Sub-Acute	1	3	(2)	-66.7%	2	16	25	(9)	-36.0%	23
Total South Shore	1	6	(5)	-83.3%	3	48	51	(3)	-5.9%	48
Total Waters Edge	10	15	(5)	-33.3%	25	137	135	2	1.5%	129
	<u>228</u>	<u>307</u>	<u>(79)</u>	<u>-25.7%</u>	<u>291</u>	<u>2,115</u>	<u>2,403</u>	<u>(288)</u>	<u>-12.0%</u>	<u>2,362</u>
Patient Days:										
Total Acute	826	1,131	(305)	-27.0%	1,058	7,970	8,767	(797)	-9.1%	8,755
Total Sub-Acute	945	998	(53)	-5.3%	985	8,850	8,766	84	1.0%	8,835
Total South Shore	766	729	37	5.1%	757	6,548	6,290	258	4.1%	6,280
Total Waters Edge	3,314	3,348	(34)	-1.0%	3,469	30,314	29,592	722	2.4%	24,895
	<u>5,851</u>	<u>6,206</u>	<u>(355)</u>	<u>-5.7%</u>	<u>6,269</u>	<u>53,682</u>	<u>53,415</u>	<u>267</u>	<u>0.5%</u>	<u>48,765</u>
Average Length of Stay										
Total Acute	3.82	4.00	(0.18)	-4.4%	4.05	4.16	4.00	0.16	4.1%	4.05
Average Daily Census										
Total Acute	26.65	36.48	(9.84)	-27.0%	34.13	29.09	32.00	(2.91)	-9.1%	31.95
Total Sub-Acute	30.48	32.19	(1.71)	-5.3%	31.77	32.30	31.99	0.31	1.0%	32.24
Total South Shore	24.71	23.52	1.19	5.1%	24.42	23.90	22.96	0.94	4.1%	22.92
Total Waters Edge	106.90	108.00	(1.10)	-1.0%	111.90	124.75	121.78	2.97	2.4%	102.45
	<u>188.74</u>	<u>200.19</u>	<u>(11.45)</u>	<u>-5.7%</u>	<u>202.23</u>	<u>210.03</u>	<u>208.72</u>	<u>(2.60)</u>	<u>-1.2%</u>	<u>189.57</u>
Emergency Room Visits	1,542	1,507	35	2.3%	1,466	12,714	13,235	(521)	-3.9%	12,987
Wound Care Clinic Visits	529	400	129	32.3%	432	3,865	3,276	589	18.0%	2,256
Outpatient Registrations	2,147	2,195	(48)	-2.2%	2,179	18,467	18,411	56	0.3%	17,205
Surgery Cases:										
Inpatient	45	53	(8)	-15.1%	49	429	447	(18)	-4.0%	402
Outpatient	159	218	(59)	-27.1%	123	1,145	1,330	(185)	-13.9%	1,071
	<u>204</u>	<u>271</u>	<u>(67)</u>	<u>-24.7%</u>	<u>172</u>	<u>1,574</u>	<u>1,777</u>	<u>(203)</u>	<u>-11.4%</u>	<u>1,473</u>
Adjusted Occupied Bed (AOB)	285.16	294.39	(9.23)	-3.1%	285.06	287.61	283.98	3.63	1.3%	253.43
Productive FTE	507.79	516.96	(9.17)	-1.8%	508.41	487.57	482.35	5.22	1.1%	461.00
Total FTE	564.28	588.81	(24.53)	-4.2%	553.45	559.18	558.69	0.49	0.1%	521.66
Productive FTE/Adj. Occ. Bed	1.78	1.76	0.02	1.4%	1.78	1.70	1.70	(0.00)	-0.2%	1.82
Total FTE/ Adj. Occ. Bed	1.98	2.00	(0.02)	-1.1%	1.94	1.94	1.97	(0.02)	-1.2%	2.06

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

	Current Month	Prior Month	Prior Year End
Assets			
Current Assets:			
Cash and Cash Equivalents	\$ 1,818,624	\$ 2,935,919	\$ 4,861,959
Patient Accounts Receivable, net	10,575,128	10,846,999	12,041,516
Other Receivables	3,104,768	3,051,414	6,301,762
Third-Party Payer Settlement Receivables	-	-	-
Inventories	1,284,098	1,284,238	1,266,892
Prepays and Other	370,705	421,730	450,309
Total Current Assets	17,153,321	18,540,300	24,922,439
Assets Limited as to Use, net	289,241	277,147	189,755
Fixed Assets			
Land	877,945	877,945	877,945
Depreciable capital assets	47,850,027	47,850,027	45,422,895
Construction in progress	2,409,900	2,314,228	3,583,725
Depreciation	(41,430,750)	(41,322,827)	(40,581,813)
Property, Plant and Equipment, net	9,707,122	9,719,373	9,302,752
Total Assets	\$ 27,149,684	\$ 28,536,820	\$ 34,414,946
Liabilities and Net Assets			
Current Liabilities:			
Current Portion of Long Term Debt	\$ 2,019,470	\$ 1,960,408	\$ 826,007
Accounts Payable and Accrued Expenses	12,082,359	12,100,081	11,823,357
Payroll Related Accruals	4,680,460	4,772,617	5,195,271
Deferred Revenue	1,447,888	1,928,443	5,731,269
Employee Health Related Accruals	716,136	703,138	714,297
Third-Party Payer Settlement Payable	2,235,335	2,255,398	3,796,593
Total Current Liabilities	23,181,648	23,720,084	28,086,794
Long Term Debt, net	1,841,912	1,853,891	1,578,289
Total Liabilities	25,023,560	25,573,975	29,665,083
Net Assets:			
Unrestricted	1,836,883	2,685,698	4,350,108
Temporarily Restricted	289,241	277,148	399,755
Total Net Assets	2,126,124	2,962,846	4,749,863
Total Liabilities and Net Assets	\$ 27,149,684	\$ 28,536,821	\$ 34,414,946

City of Alameda Health Care District

Statements of Operations

March 31, 2014

\$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Patient Days	5,851	6,206	(355)	-5.7%	6,269	53,683	53,415	268	0.5%	48,765
Discharges	228	307	(79)	-25.7%	291	2,115	2,402	(287)	-11.9%	2,362
ALOS (Average Length of Stay)	25.66	20.23	5.43	26.8%	21.54	25.38	22.24	3.14	14.1%	20.65
ADC (Average Daily Census)	188.7	200.2	(11.45)	-5.7%	202.2	195.9	194.9	0.98	0.5%	178.0
CMI (Case Mix Index)	1.2834				1.3048	1.3423				1.3434
Revenues										
Gross Inpatient Revenues	\$ 17,370	\$ 20,838	\$ (3,468)	-16.6%	\$ 20,208	\$ 165,232	\$ 173,154	\$ (7,922)	-4.6%	\$ 164,344
Gross Outpatient Revenues	9,243	9,785	(542)	-5.5%	8,227	77,591	78,975	(1,383)	-1.8%	69,822
Total Gross Revenues	26,613	30,623	(4,010)	-13.1%	28,436	242,824	252,128	(9,305)	-3.7%	234,167
Contractual Deductions	18,896	22,418	3,522	15.7%	21,059	179,595	182,642	3,048	1.7%	169,099
Bad Debts	1,522	1,102	(420)	-38.1%	792	6,219	9,917	3,698	37.3%	9,567
Charity and Other Adjustments	76	133	58	43.3%	113	1,073	1,200	127	10.6%	1,158
Net Patient Revenues	6,120	6,970	(850)	-12.2%	6,472	55,936	58,369	(2,433)	-4.2%	54,343
Net Patient Revenue %	23.0%	22.8%			22.8%	23.0%	23.2%			23.2%
Net Clinic Revenue	67	87	(21)	-23.5%	50	612	787	(175)	-22.3%	400
Other Operating Revenue	25	12	13	109.3%	10	1,577	109	1,468	1350.1%	458
Total Revenues	6,212	7,069	(857)	-12.1%	6,532	58,126	59,265	(1,140)	-1.9%	55,200
Expenses										
Salaries	3,669	3,950	281	7.1%	3,576	32,843	32,514	(329)	-1.0%	30,526
Temporary Agency	179	156	(23)	-14.5%	205	1,478	1,456	(22)	-1.5%	1,690
Benefits	1,297	1,093	(204)	-18.7%	1,124	9,262	9,533	271	2.8%	8,401
Professional Fees	462	464	2	0.5%	435	4,269	4,396	127	2.9%	3,783
Supplies	738	966	228	23.7%	814	7,420	7,557	137	1.8%	6,973
Purchased Services	602	564	(38)	-6.7%	562	5,026	5,096	70	1.4%	4,943
Rents and Leases	220	229	9	4.0%	224	2,113	2,012	(101)	-5.0%	1,813
Utilities and Telephone	78	79	2	2.3%	85	727	739	12	1.7%	713
Insurance	38	40	2	4.4%	28	318	348	30	8.6%	332
Depreciation and amortization	108	112	4	3.6%	72	850	832	(18)	-2.1%	652
Other Operating Expenses	104	132	27	20.8%	125	1,009	1,068	59	5.6%	939
Total Expenses	7,494	7,785	291	3.7%	7,249	65,314	65,551	237	0.4%	60,765
Operating gain (loss)	(1,282)	(716)	(566)	-79.0%	(717)	(7,189)	(6,286)	(903)	14.4%	(5,565)
Non-Operating Income / (Expense)										
Parcel Taxes	482	482	-	0.0%	478	4,338	4,368	(29)	-0.7%	4,315
Investment Income	0	-	0	0.0%	1	13	-	13	0.0%	9
Interest Expense	(77)	(16)	(61)	-392.5%	(23)	(197)	(140)	(57)	40.3%	(122)
Other Income / (Expense)	28	28	(0)	-1.7%	32	252	339	(87)	-25.8%	454
Net Non-Operating Income / (Expense)	433	495	(61)	-12.4%	487	4,406	4,567	(160)	-3.5%	4,656
Excess of Revenues Over Expenses	\$ (849)	\$ (221)	\$ (627)	283.3%	\$ (230)	\$ (2,782)	\$ (1,719)	\$ (1,063)	61.8%	\$ (909)

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

	Current Month					Year-to-Date				
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 1,938	\$ 2,285	\$ (347)	-15.2%	\$ 2,291	\$ 2,094	\$ 2,226	\$ (132)	-5.9%	\$ 2,365
Gross Outpatient Revenues	1,031	1,073	(42)	-3.9%	933	984	1,015	(32)	-3.1%	1,005
Total Gross Revenues	2,969	3,358	(389)	-11.6%	3,224	3,078	3,242	(164)	-5.1%	3,370
Contractual Deductions	2,108	2,458	350	14.2%	2,387	2,276	2,348	72	3.1%	2,434
Bad Debts	170	121	(49)	-40.5%	90	79	128	49	38.2%	138
Charity and Other Adjustments	8	15	6	42.3%	13	14	15	2	11.8%	17
Net Patient Revenues	683	764	(82)	-10.7%	734	709	750	(41)	-5.5%	782
Net Patient Revenue %	23.0%	22.8%			22.8%	23.0%	23.2%			23.2%
Net Clinic Revenue	7	10	(2)	-22.1%	6	8	10	(2)	-23.4%	6
Other Operating Revenue	3	1	1	113.0%	1	20	1	19	1329.6%	7
Total Revenues	693	775	(82)	-10.6%	741	737	762	(25)	-3.3%	794
Expenses										
Salaries	409	433	24	5.5%	405	416	418	2	0.4%	439
Temporary Agency	20	17	(3)	-16.5%	23	19	19	(0)	-0.1%	24
Benefits	145	120	(25)	-20.8%	127	110	123	12	10.1%	121
Professional Fees	52	51	(1)	-1.2%	49	54	57	2	4.3%	54
Supplies	82	106	24	22.3%	92	94	97	3	3.2%	100
Purchased Services	67	62	(5)	-8.6%	64	64	66	2	2.8%	71
Rents and Leases	25	25	1	2.3%	25	27	26	(1)	-3.5%	26
Utilities and Telephone	9	9	0	0.6%	10	9	10	0	3.1%	10
Insurance	4	4	0	2.8%	3	4	4	0	9.9%	5
Depreciation and Amortization	12	12	0	2.0%	8	11	11	(0)	-0.7%	9
Other Operating Expenses	12	14	3	19.4%	14	13	14	1	6.9%	14
Total Expenses	836	854	18	2.1%	822	821	843	22	2.6%	875
Operating Gain / (Loss)	(143)	(78)	(64)	-82.2%	(81)	(84)	(81)	(3)	3.8%	(80)
Non-Operating Income / (Expense)										
Parcel Taxes	54	53	1	1.7%	54	55	56	(1)	-2.1%	62
Investment Income	0	-	0	0.0%	0	0	-	0	0.0%	0
Interest Expense	(9)	(2)	(7)	-401.0%	(3)	(2)	(2)	(1)	38.3%	(2)
Other Income / (Expense)	3	3	(0)	0.0%	4	3	4	(1)	-26.8%	7
Net Non-Operating Income / (Expense)	48	54	(6)	-10.9%	55	56	59	(3)	-4.9%	67
Excess of Revenues Over Expenses	\$ (95)	\$ (24)	\$ (70)	290.0%	\$ (26)	\$ (28)	\$ (22)	\$ (6)	27.2%	\$ (13)

Wound Care - Statement of Operations
March 31, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	529	400	129	32.3%	3,865	3,276	589	18.0%
Revenue								
Gross Revenue	1,094,248	836,400	257,849	30.8%	8,084,124	6,597,581	1,486,542	22.5%
Deductions from Revenue	<u>853,514</u>	<u>644,362</u>	<u>209,152</u>		<u>6,257,607</u>	<u>5,082,777</u>	<u>1,174,831</u>	
Net Revenue	<u>240,735</u>	<u>192,037</u>	<u>48,697</u>	25.4%	<u>1,826,517</u>	<u>1,514,805</u>	<u>311,712</u>	
Expenses								
Salaries	22,195	19,632	(2,563)	-13.1%	182,224	157,426	(24,798)	-15.8%
Benefits	6,630	5,864	(766)	-13.1%	50,261	47,023	(3,238)	-6.9%
Professional Fees	115,967	95,178	(20,789)	-21.8%	824,787	719,838	(104,949)	-14.6%
Supplies	33,172	41,184	8,012	19.5%	340,736	288,588	(52,148)	-18.1%
Purchased Services	6,069	6,500	431	6.6%	49,682	43,500	(6,182)	-14.2%
Rents and Leases	4,845	5,686	841	14.8%	50,725	51,174	449	0.9%
Depreciation	8,834	8,834	-	0.0%	79,507	78,613	(894)	-1.1%
Other	798	2,079	1,281	61.6%	15,952	20,636	4,685	22.7%
Total Expenses	<u>198,509</u>	<u>184,957</u>	<u>(13,553)</u>	-7.3%	<u>1,593,874</u>	<u>1,406,799</u>	<u>(187,074)</u>	-13.3%
Excess of Revenue over Expenses	<u>42,225</u>	<u>7,081</u>	<u>35,145</u>	496.3%	<u>232,643</u>	<u>108,006</u>	<u>124,637</u>	115.4%

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

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Patient Days								
Medicare	253	503	(250)	-49.7%	2,656	4,445	(1,789)	-40.2%
Medi-Cal	2,837	2,575	262	10.2%	26,259	22,764	3,495	15.4%
Managed Care	69	68	1	1.5%	297	601	(304)	-50.6%
Self Pay/Other	<u>155</u>	<u>202</u>	<u>(47)</u>	<u>-23.3%</u>	<u>1,102</u>	<u>1,782</u>	<u>(680)</u>	<u>-38.2%</u>
Total	3,314	3,348	(34)	-1.0%	30,314	29,592	722	2.4%
Revenue								
Routine Revenue	2,617,882	2,613,836	4,046	0.2%	24,093,972	23,102,938	991,034	4.3%
Ancillary Revenue	<u>277,624</u>	<u>212,480</u>	<u>65,144</u>	<u>30.7%</u>	<u>3,182,379</u>	<u>2,357,019</u>	<u>825,360</u>	<u>35.0%</u>
Total Gross Revenue	2,895,506	2,826,316	69,190	2.4%	27,276,351	25,459,957	1,816,394	7.1%
Deductions from Revenue	<u>1,764,862</u>	<u>1,627,958</u>	<u>(136,904)</u>	<u>-8.4%</u>	<u>16,102,681</u>	<u>14,644,600</u>	<u>(1,458,081)</u>	<u>-10.0%</u>
Net Revenue	<u>1,130,644</u>	<u>1,198,358</u>	<u>(67,714)</u>	<u>-5.7%</u>	<u>11,173,670</u>	<u>10,815,357</u>	<u>358,313</u>	<u>3.3%</u>
Expenses								
Salaries	479,031	479,235	204	0.0%	4,238,817	4,226,353	(12,464)	-0.3%
Temporary Agency	40,342	16,667	(23,675)	-100.0%	298,597	150,415	(148,182)	-100.0%
Benefits	101,773	97,664	(4,108)	-4.2%	883,009	872,343	(10,665)	-1.2%
Professional Fees	5,428	5,200	(228)	-4.4%	47,657	46,800	(857)	-1.8%
Supplies	53,079	63,381	10,301	16.3%	640,085	563,928	(76,157)	-13.5%
Purchased Services	100,085	115,133	15,048	13.1%	1,000,597	1,121,200	120,603	10.8%
Rents and Leases	78,398	78,300	(98)	-0.1%	704,816	687,300	(17,516)	-2.5%
Utilities	9,875	11,767	1,892	16.1%	88,542	105,899	17,357	16.4%
Insurance	-	2,392	2,392	100.0%	-	21,527	21,527	100.0%
Other	<u>12,557</u>	<u>16,308</u>	<u>3,751</u>	<u>23.0%</u>	<u>150,714</u>	<u>147,774</u>	<u>(2,940)</u>	<u>-2.0%</u>
Total Expenses	<u>880,568</u>	<u>886,047</u>	<u>5,479</u>	<u>0.6%</u>	<u>8,052,834</u>	<u>7,943,539</u>	<u>(109,294)</u>	<u>-1.4%</u>
Excess of Revenue over Expenses	<u>250,076</u>	<u>312,311</u>	<u>(62,235)</u>		<u>3,120,837</u>	<u>2,871,818</u>	<u>249,019</u>	

City of Alameda Health Care District
Orthopedic Clinic - Statement of Operations
March 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	247	302	(55)	-18.2%	2,164	2,718	(554)	-20.4%
Revenue								
Gross Revenue	63,580	128,652	(65,072)	-50.6%	642,916	1,157,868	(514,952)	-44.5%
Deductions from Revenue	<u>39,254</u>	<u>90,069</u>	<u>(50,815)</u>		<u>387,253</u>	<u>810,620</u>	<u>(423,367)</u>	
Net Revenue	<u>24,326</u>	<u>38,583</u>	<u>(14,257)</u>		<u>255,663</u>	<u>347,248</u>	<u>(91,585)</u>	
Expenses								
Salaries	30,886	25,591	(5,295)	-20.7%	263,469	273,054	9,584	3.5%
Benefits	9,226	7,644	(1,582)	-20.7%	67,697	81,561	13,864	17.0%
Professional Fees	17,654	19,000	1,346	7.1%	194,655	207,000	12,345	6.0%
Supplies	1,403	967	(436)	-45.1%	10,089	22,977	12,888	56.1%
Purchased Services	5,952	5,000	(952)	-19.0%	35,755	51,498	15,743	30.6%
Rents and Leases	4,818	4,667	(151)	-3.2%	42,843	42,002	(841)	-2.0%
Depreciation	-	-	-	0.0%	-	-	-	0.0%
Other	<u>2,327</u>	<u>1,725</u>	<u>(602)</u>	<u>-34.9%</u>	<u>17,530</u>	<u>22,298</u>	<u>4,768</u>	<u>21.4%</u>
Total Expenses	<u>72,264</u>	<u>64,593</u>	<u>(7,671)</u>	<u>-11.9%</u>	<u>632,037</u>	<u>700,389</u>	<u>68,352</u>	<u>9.8%</u>
Excess of Revenue over Expenses	<u>(47,938)</u>	<u>(26,009)</u>	<u>(21,929)</u>	<u>-84.3%</u>	<u>(376,374)</u>	<u>(353,142)</u>	<u>(23,233)</u>	<u>-6.6%</u>
	Updated for March 14							
<u>Hospital Based Activity:</u>								
Inpatient Days	22	22	-	0.0%	268	198	70	35.4%
Inpatient Surgeries	6	5	1	20.0%	47	45	2	4.4%
Outpatient Surgeries	8	11	(3)	-27.3%	56	91	(35)	-38.5%
Therapy Referred Visits	203	175	28	16.0%	1,450	1,575	(125)	-7.9%
Imaging Referred Procedures	129	110	19	17.3%	1,042	990	52	5.3%
Inpatient Gross Charges	476,879	0	476,879	#DIV/0!	5,019,256	2,166,500	2,852,756	131.7%
Inpatient Net Revenue	<u>123,487</u>	<u>0</u>	<u>123,487</u>	<u>#DIV/0!</u>	<u>910,035</u>	<u>486,500</u>	<u>423,535</u>	<u>87.1%</u>
Outpatient Gross Charges	494,299	0	494,299	#DIV/0!	3,421,193	2,254,405	1,166,788	51.8%
Outpatient Net Revenue	<u>84,031</u>	<u>0</u>	<u>84,031</u>	<u>#DIV/0!</u>	<u>566,548</u>	<u>492,203</u>	<u>74,345</u>	<u>15.1%</u>
Total Gross Charges	971,178	0	971,178	#DIV/0!	8,440,449	4,420,905	4,019,544	90.9%
Total Net Revenue	<u>207,518</u>	<u>0</u>	<u>207,518</u>	<u>#DIV/0!</u>	<u>1,476,583</u>	<u>978,703</u>	<u>497,880</u>	<u>50.9%</u>

City of Alameda Health Care District
1206b Clinic - Statement of Operations
March 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	92	138	(46)		814	1,239	(425)	
Surgery	90	53	37		680	479	201	
Neurology	22	31	(9)		237	280	(43)	
Total Visits	<u>204</u>	<u>222</u>	<u>(18)</u>	-8.1%	<u>1,731</u>	<u>1,998</u>	<u>(267)</u>	-13.4%
Revenue								
Gross Revenue	86,643	129,400	(42,757)	-33.0%	864,720	1,164,600	(299,880)	-25.7%
Deductions from Revenue	<u>43,993</u>	<u>77,650</u>	<u>(33,657)</u>		<u>489,147</u>	<u>698,850</u>	<u>(209,703)</u>	
Net Revenue	<u>42,651</u>	<u>51,750</u>	<u>(9,099)</u>		<u>375,573</u>	<u>465,750</u>	<u>(90,177)</u>	
Expenses								
Salaries	32,844	32,649	(195)	-0.6%	272,051	298,919	26,869	9.0%
Temporary Agency		-	-	-100.0%	1,864	-	(1,864)	-100.0%
Benefits	8,257	9,752	1,495	15.3%	76,846	87,495	10,650	12.2%
Professional Fees	19,598	18,000	(1,598)	-8.9%	137,510	162,000	24,490	15.1%
Supplies	215	1,840	1,624	88.3%	35,442	12,139	(23,304)	-192.0%
Purchased Services	6,852	6,468	(383)	-5.9%	71,627	58,212	(13,415)	-23.0%
Rents and Leases	15,194	15,194	0	0.0%	136,746	121,548	(15,198)	-12.5%
Depreciation	494	207	(287)	-138.5%	4,446	1,713	(2,733)	-159.5%
Other	4,256	3,500	(756)	-21.6%	50,697	43,021	(7,676)	-17.8%
Total Expenses	<u>87,710</u>	<u>87,610</u>	<u>(99)</u>	-0.1%	<u>787,229</u>	<u>785,047</u>	<u>(2,181)</u>	-0.3%
Excess of Revenue over Expenses	<u>(45,059)</u>	<u>(35,860)</u>	<u>(9,199)</u>	25.7%	<u>(411,656)</u>	<u>(319,297)</u>	<u>(92,358)</u>	28.9%
Clinic Rental Income	<u>13,619</u>	<u>13,100</u>	<u>519</u>	4.0%	<u>122,306</u>	<u>117,900</u>	<u>4,406</u>	3.7%
Net 1206b Clinic	<u>(31,440)</u>	<u>(22,760)</u>	<u>(8,680)</u>	38.1%	<u>(289,350)</u>	<u>(201,397)</u>	<u>(87,952)</u>	43.7%

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 Nine Months Ended March 31, 2014

	<u>Current Month</u>	<u>Year-to-Date</u>
Cash flows from operating activities		
Net Income / (Loss)	\$ (848,816)	\$ (2,782,147)
Items not requiring the use of cash:		
Depreciation and amortization	107,923	\$ 850,113
Write-off of Kaiser liability	-	\$ -
Changes in certain assets and liabilities:		
Patient accounts receivable, net	271,871	1,466,389
Other Receivables	(53,354)	3,196,994
Third-Party Payer Settlements Receivable	(20,063)	(1,561,258)
Inventories	140	(17,206)
Prepays and Other	51,025	79,605
Accounts payable and accrued liabilities	(17,721)	259,002
Payroll Related Accruals	(92,156)	(514,811)
Employee Health Plan Accruals	12,998	1,839
Deferred Revenues	(480,556)	(4,283,381)
Cash provided by (used in) operating activities	<u>(1,068,708)</u>	<u>(3,304,860)</u>
Cash flows from investing activities		
(Increase) Decrease in Assets Limited As to Use	(12,094)	(99,486)
Additions to Property, Plant and Equipment	(95,672)	(1,254,483)
Other	1	268,922
Cash provided by (used in) investing activities	<u>(107,764)</u>	<u>(1,085,047)</u>
Cash flows from financing activities		
Net Change in Long-Term Debt	47,084	1,457,086
Net Change in Restricted Funds	12,093	(110,514)
Cash provided by (used in) financing and fundraising activities	<u>59,176</u>	<u>1,346,572</u>
Net increase (decrease) in cash and cash equivalents	(1,117,296)	(3,043,335)
Cash and cash equivalents at beginning of period	2,935,919	4,861,959
Cash and cash equivalents at end of period	<u>\$ 1,818,625</u>	<u>\$ 1,818,625</u>

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

Financial Ratios	Audited Results				YTD
	FY 2010	FY 2011	FY 2012	FY 2013	3/31/2014
<u>Profitability Ratios</u>					
Net Patient Revenue (%)	24.16%	23.58%	22.90%	23.34%	23.04%
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%	-10.45%
Total Margin	2.74%	-2.61%	-3.21%	-3.13%	-4.79%
<u>Liquidity Ratios</u>					
Current Ratio	1.23	1.05	0.96	0.89	0.79
Days in accounts receivable ,net	51.83	46.03	55.21	60.35	51.80
Days cash on hand (with restricted)	21.6	14.1	17.7	21.8	8.9
<u>Debt Ratios</u>					
Cash to Debt	249.0%	123.3%	123.56%	210.11%	54.59%
Average pay period (includes payroll)	57.11	62.68	72.94	78.69	74.07
Debt service coverage	5.98	(0.70)	(0.53)	(1.21)	(0.78)
Long-term debt to fund balance	0.14	0.18	0.28	0.33	0.64
Return on fund balance	18.87%	-19.21%	-27.35%	-48.16%	-130.86%
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	3/31/2014
Patient Care Information					
Bed Capacity	161	161	161	281	281
Patient days(all services)	30,607	30,270	30,448	66,645	53,682
Patient days (acute only)	10,579	10,443	10,880	11,559	7,970
Discharges(acute only)	2,802	2,527	2,799	2,838	1,914
Average length of stay (acute only)	3.78	4.13	3.89	4.07	4.16
Average daily patients (all sources)	83.85	82.93	83.19	182.59	195.92
Occupancy rate (all sources)	52.08%	51.51%	51.67%	64.98%	69.72%
Average length of stay	3.78	4.13	3.89	4.07	4.16
Emergency Visits	17,624	16,816	16,964	17,175	12,706
Emergency visits per day	48.28	46.07	46.35	47.05	46.37
Outpatient registrations per day ^{Note 1}	79.67	65.19	60.67	64.07	66.65
Surgeries per day - Total	13.46	6.12	6.12	5.52	5.74
Surgeries per day - excludes Kaiser	5.32	6.12	6.12	5.52	5.74

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: May 2, 2014
For: May 7, 2014 Board Meeting
To: City of Alameda Health Care District, Board of Directors
From: Jordan Battani, Committee Chair
Subject: Approval of the Revisions to the Community Relations and Outreach Committee Structure and Purpose

Recommendation:

Approval of revisions to the standing committee structure as outlined below. A redline version from the 2011 approved committee structure and purpose is attached for reference.

STRUCTURE AND PURPOSE:

1. Community Relations and Outreach Committee:
 - a. Primary Purpose: The primary purpose of the Community Relations and Outreach Committee is to advise the City of Alameda Health Care District Board of Directors on strategies and programs to enhance health care services to the community. The Community Relations and Outreach Committee will also provide a forum for periodic review, identification and assessment of community healthcare preferences and priorities, specifically as these relate to the operations of Alameda Hospital and other services within the healthcare district.
 - b. Committee Composition and Voting Rights: The committee shall be comprised of the following members:
 - i. At least two members of the City of Alameda Health Care District Board of Directors both of whom shall be voting members of the committee.
 - ii. The President of the City of Alameda Health Care District Board of Directors shall be an ex-officio, non-voting member, unless the President is serving as a voting member of the committee.

- iii. One member of the Alameda Hospital Medical Staff who shall be a voting member of the committee.
 - iv. One member of the Alameda Hospital Foundation Board who shall also be a voting member.
 - v. Up to eleven at large members chosen by the Committee for expertise needed by the District all of whom shall be voting members of the committee.
 - vi. At least one member of Alameda Hospital management as delegated who shall not be a voting member of the committee.
- c. Committee Leadership: The Committee shall have Co-Chairs; one of whom shall be a member of the City of Alameda Healthcare District Board, and the other of whom will be selected from the “at-large” community members appointed to the committee.
- d. Terms: The committee shall be appointed annually.
- e. Meeting Frequency: The committee shall meet at least quarterly.

Date: May 9, 2011

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

Through: Community Relations and Outreach Committee

From: Stewart Chen, DC, Committee Co-Chair / District Board Member
Terrie Kurrasch, Committee Co-Chair

Subject: Approval of the Revisions to the Community Relations and Outreach Committee Structure and Purpose

Recommendation:

To approve the revisions to the standing committee structure as outlined below.

STRUCTURE AND PURPOSE:

1. Community Relations and Outreach Committee:
 - a. Primary Purpose: The primary purpose of the Community Relations and Outreach Committee is to ~~develop a community engagement and outreach plan that supports the hospital's strategic plan and annual goals. The Committee advises the board on strategies and programs to enhance health care services to the community, increase the district's (hospital's) market share, effectively position the hospital for success based on information flow with the community and elected officials and support the fund-raising objectives of the Alameda Hospital Foundation.~~ advise the City of Alameda Health District Board of Directors on strategies and programs to enhance health care services to the community. The Community Relations and Outreach Committee will also provide a forum for periodic review, identification and assessment of community healthcare preferences and priorities, specifically as these relate to the operations of Alameda Hospital and other services within the healthcare district.
 - b. Committee Composition and Voting Rights: The committee shall be comprised of the following members:
 - i. At least two members of the City of Alameda Health Care District Board of Directors, all both of whom shall be voting members of the committee. ~~One of these members also shall be appointed to serve as the committee co-chair. The other co-chair will be an at large member from the community who will be elected each year.~~

ii. The President of the City of Alameda Health Care District Board of Directors shall be an ex-officio, non-noting member, unless the President is serving as a voting member of the committee.

iii. ~~Up to three members~~One member of the Alameda Hospital Medical Staff ~~all of whom who~~ shall be ~~voting members~~a voting member of the committee.

iv. One member of the Alameda Hospital Foundation Board who shall also be a voting member.

~~iv.v.~~ Up to eleven at large members chosen by the Committee for expertise needed by the district all of whom shall be voting members of the committee. ~~At least one member at large shall also be a member of the Alameda Hospital Foundation Board.~~

~~v.~~ ~~The City of Alameda Health Care District Chief Executive Officer, and other hospital~~At least one member of Alameda Hospital management as delegated, who shall not be ~~voting members~~a voting member of the committee.;

~~vi.~~

~~vii.vi.~~ ~~The Executive Director of the Alameda Hospital Foundation and the Director of Community Relations shall serve as staff to the Committee and collaborate with the Committee co chairs on the preparation of agenda.~~

c. Committee Leadership: The Committee shall have Co-Chairs; one of whom shall be a member of the City of Alameda Health Care District Board, and the other of whom will be selected from the “at-large” community members appointed to the committee.

~~e.d.~~ Terms: The committee shall be appointed annually.

~~d.e.~~ Meeting Frequency: The committee shall meet at least quarterly.

Date: May 2, 2014

For: May 7, 2014 District Board Meeting

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

From: J. Michael McCormick, President
Kristen Thorson, District Clerk

Subject: Nominations to Alameda Health System Board of Trustees and Major Committees

Recommendation:

It is recommended that the District Board of Directors nominate one of its members to serve on the Board of Trustees of Alameda Health System subject to approval of the Alameda County Board of Supervisors.

It is also recommended that the District Board of Directors nominate a District Board member to serve on each of the major AHS Board Committees, including Strategic Planning, Finance and Quality Professional Services subject to approval by the Board of Trustees.

Discussion:

For reference only, an excerpt from the AHS Bylaws defining Qualification for membership on the AHS Board is attached. Also attached, is a list of AHS Board Committees and their meeting schedules. For purposes of determining District representation, the following committees have been identified (also reference attached Board of Trustees Committee Matrix).

Regular Board Series – Committee Meetings

1. Board of Trustees Meeting – Regular Board
2. Audit and Compliance Committee
3. Executive Committee
4. Finance Committee
5. Governance Committee
6. Human Resources Committee
7. Quality Professional Services Committee
8. Strategic Planning Committee

Adhoc Committee Meetings

1. Adhoc Long Range Planning Committee

External Committee Meetings (with BOS)

1. Joint BOS/BOT Committee
2. Adhoc BOS/AHS Committee

It is recommended that the District Board identify a representative for nomination to the AHS Board of Trustees first. If there are one or more members interested in the Board of Trustees position each interested member will be given an opportunity to provide a three (3) minute statement indicating why they are interested in and why they feel they are qualified to serve on the AHS Board of Trustees. Following these statements, the other members of the Board may ask the interested candidates questions about their statements of interest.

All Board members will be provided a voting sheet on which they will rank the candidates in order of preference ("1" being highest, "2" being second highest, etc). These rankings will be presented verbally to the entire Board.

Following selection of the nominee to the AHS Board of Trustees, Board members will have an opportunity to discuss their interest in serving on one of the AHS Committees. In the event one person is interested in a given committee, the Board will affirm the nomination of that member to the AHS Board of Trustees. In the event more than one member is interested in a given committee, the same process for statement of interest and ranking as described above for the Board representative will be conducted to determine nomination to that committee.

Upon all Board members voting, the District Clerk will tally the scores and report to the Board. The Board member with the lowest number of points will be nominated to any such position.

Background:

As reported in the April 8, 2014 Board meeting, the following outlined the relationships between District Board and AHS Board and Committees:

The Affiliation Definitive Agreement calls for the District Board to have seat on the AHS Board. The District "representative" is selected by District Board and must be approved by the Board of Supervisors, as are all members of the AHS Board. In addition, there will be one District Board member on each of the major AHS Committees. The complete list of committees is attached; for purposes of the affiliation, management suggests that the "major" committees include the Quality Professional Services Committee, Strategic Planning and Finance.

In addition, the President of the Medical Staff at Alameda Hospital will attend the AHS Board of Trustees as a non-voting participant. Each Medical Staff President also sits on the Quality Professional Services Committee.

The Task Force recommends that (1) each member of the District Board express their preference for AHS Committee assignments, and (2) Members of the District Board who have an interest in serving as the representative to the AHS submit a one-page statement outlining their reasons for interest and why they

feel they would be qualified. These statements will be presented to the Board of Directors for discussion in public session and selection of the representative to the AHS Board.

The term of AHS Board members is three years, with a term limit of three terms. However, Trustees can be appointed to a less than three year term, which does allow District Board members who do not have a full three term remaining on the District Board to serve a partial term on the AHS Board. Partial terms on the AHS Board do not count toward the three term limit.

Appointments to AHS Committees are generally for one year each with opportunities to serve multiple terms. Leadership roles on the Board and on the Committees do not have tenure-related criteria defined in the AHS Bylaws.

Excerpts from the AHS bylaws are attached which outline Board member qualifications and the more specific composition of the committees.

Section 1. Qualifications

A. General Qualifications

The Board of Trustees should, to the extent possible, reflect both the expertise necessary to maximize the quality and scope of care of AHS in a fiscally responsible manner and the diverse interests that AHS serves. Desirable skills include, but are not limited to, business management, public health, health care administration, personnel management and labor relations, medical services, managed care, consensus building, finance, fund raising, and cultural sensitivity.

B. Specific Qualifications

Qualifications that are desirable in Trustees include the following:

- (1) A familiarity with the health care delivery systems;
- (2) A working knowledge of the existing health care funding sources;
- (3) An understanding of the multitude of issues relating to participating in managed care programs;
- (4) Experience with employee organizations;
- (5) A strong business management, legal, finance and/or program management background;
- (6) Experience with managing hospital services;
- (7) Experience with, or understanding of, the delivery health (sic) care services by non-profit entities;
- (8) An interest in or experience with the health care needs of the AHS patient populations;
- (9) Experience in advocating for safety net institutions including, but not limited to , the pursuit of public funding for the delivery of health care services;
- (10) Reside in Alameda County

C. Disqualified Persons

- (1) Persons who are providers of medical care, or are employed by a provider of medical care, who are or, in the view of the Board of Supervisors, may be in competition with AHS;
- (2) With the exception of the representative of the Medical Staff and/or the Chief Executive Officer, persons employed by or who are contractors/vendors of AHS or who are employed by a vendor/contractor of AHS.

Except where prohibited by law, any disqualification may be waived by majority vote of the Board of Supervisors.



BOARD OF TRUSTEES – 2013 COMMITTEE MATRIX

Regular Board Series—Committee Meetings	Members	Chair	Liaison
Board of Trustees Meeting—Regular Board <i>NOTE: This meeting takes place on the 4th Tuesday every other month.</i>	Kinkini Banerjee Joe DeVries Daniel Boggan, Jr. Michele Lawrence Valerie D. Lewis, Esq. Kirk E. Miller Ronald D. Nelson Stanley M. Schiffman J. Bennett Tate Anthony B. Varni Barry Zorthian, MD Medical Staff Member: Taft Bhuket, MD	Kirk E. Miller	Wright Lassiter, III CEO
Audit and Compliance Committee <i>NOTE: This meeting takes place Quarterly</i>	Daniel Boggan, Jr. Valerie D. Lewis, Esq. Kirk E. Miller	Kirk E. Miller	Jim Strong, Interim CFO Douglas B. Habig, GC Rick Kibler
Executive Committee <i>NOTE: This meeting takes place AS NEEDED</i>	Daniel Boggan, Jr. Valerie D. Lewis, Esq. Kirk E. Miller Ronald D. Nelson	Kirk E. Miller	Wright Lassiter, III CEO
Finance Committee <i>NOTE: This meeting takes place on the 3rd Tuesday every other month.</i>	Daniel Boggan, Jr. Michele Lawrence Valerie D. Lewis, Esq. Ronald D. Nelson Stanley M. Schiffman	Daniel Boggan, Jr.	Jim Strong, Interim CFO
Governance Committee <i>NOTE: This meeting takes place bi-monthly.</i>	Valerie D. Lewis, Esq. Ronald D. Nelson J. Bennett Tate	Valerie D. Lewis, Esq.	Douglas B. Habig, GC
Human Resources Committee <i>NOTE: This meeting takes place on the 3rd Wednesday of the first month of each quarter.</i>	Daniel Boggan, Jr. Ronald D. Nelson J. Bennett Tate	Ronald D. Nelson	Jeanette Loudon-Corbett, CHRO



BOARD OF TRUSTEES – 2013 COMMITTEE MATRIX

Regular Board Series—Committee Meetings	Members	Chair	Liaison
Quality Professional Services Committee <i>NOTE: This meeting takes place on the 3rd Thursday monthly.</i>	Daniel Boggan, Jr. Michele Lawrence Barry Zorthian, MD Medical Staff Members: Taft Bhuket, MD Joe Walker, MD	Barry Zorthian, MD	Kerin Bashaw, VP Quality
Strategic Planning Committee <i>NOTE: This meeting takes place on the 3rd Monday every other month.</i>	Michele Lawrence Stanley M. Schiffman J. Bennett Tate Barry Zorthian, MD	Stanley M. Schiffman	Carladenise Edwards, CSO

Adhoc Committee Meetings – NOTICE IS NOT REQUIRED FOR ADHOC MEETINGS – CLOSED & NO MINUTES	Members	Chair	Liaison
Adhoc Long Range Planning Committee	Stanley M. Schiffman Daniel Boggan, Jr. Kirk E. Miller	Stanley M. Schiffman	Wright Lassiter, III, CEO
External Committee Meetings (with BOS)	Members	Chair	Liaison
Joint BOS/BOT Committee	Daniel Boggan, Jr. Michele Lawrence Valerie D. Lewis, Esq. Kirk E. Miller Ronald D. Nelson Stanley M. Schiffman J. Bennett Tate Anthony B. Varni Barry Zorthian, MD	Kirk E. Miller	Wright Lassiter, III, CEO
Adhoc BOS/AHS Committee	Daniel Boggan, Jr. Kirk E. Miller	Daniel Boggan, Jr.	Wright Lassiter, III, CEO Douglas B. Habig, GC



City of Alameda Health Care District
Policy 2008-0b
SIGNATURE AUTHORITY

I. PURPOSE

The District maintains a number of bank accounts for business purposes that require checks to be written and monies to be deposited and withdrawn in the normal course of business. This policy defines the responsibility and authorization limits for the disbursement of funds by the District to its vendors and employees by check during an interim period of May 1, 2014 – June 30, 2014. This policy will be revised after the interim period as the District evolves in its new role due to the affiliation with Alameda Health System.

II. POLICY

a. The Board of Directors authorizes the following officers and management positions to serve as the organizations check signors:

i. Board Members

- 1. President
- 2. ~~Treasurer~~ 2nd Vice President

ii. Management

- 1. Director of Human Resources and Ancillary Services
- ~~1. Chief Executive Officer~~
- ~~2. Chief Financial Officer~~
- ~~3. Chief Nursing Officer~~
- ~~4. Director of Physician Relations~~
- ~~5. Director of Quality and Resource Management~~
- ~~6. Long Term Care Administrator~~

iii. Vendors

Comment [LU1]: Director Battani has been a authorized signer with the Bank of Marin and for ease of administration and during this transition period, it is recommended that she remain on the account.

1. HealthComp Designee – Self insured health & dental claims payments

- b. The Board of Directors authorizes the preparation and use of a facsimile signature of the ~~Board President-Chief Executive Officer~~, in lieu of a manual signature which can be affixed to all ~~hospital-District~~ generated accounts payable and payroll related disbursements. A facsimile signature is defined to include, but is not limited to, the reproduction of any authorized signature by a photographic, photo static, or mechanical device. Facsimile signature does not include the use of a rubber stamp signature.
- c. The Board of Directors authorizes the following signature requirements with regard to the dollar value of all disbursements:
 - i. Disbursements of \$9,999 or less require the authorized facsimile signature or in the case of a manually prepared check the manual signature of one of the authorized officers or management positions of the organization.
 - ii. Disbursements of \$10,000.00 or more requires the authorized facsimile signature and the manual signature of one of the authorized officers or management positions of the organization or in the case of a manually prepared check the manual signature of two of the authorized officers or management positions of the organization.
 - iii. A log of all disbursements executed by facsimile signature will be reviewed once a month by the ~~Chief Executive Officer-District Board President or Long Term Care Administrator~~.