



BOARD OF TRUSTEES MEETING
THURSDAY, May 11, 2017
5:00PM – 7:00PM

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Vikki Brown, Interim Clerk of the Board
(510) 535-7515

LOCATION:

Open Session: HCP Conference Center

MEMBERS

Michele Lawrence, *President*
Joe DeVries, *Vice President*
Maria Hernandez, *Secretary*
Kinkini Banerjee
Gary Charland
Anthony Thompson
Tracy Jensen
Barry Zorthian, M.D.

MINUTES

THE MEETING WAS CALLED TO ORDER AT 5:03 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Michele Lawrence, Kinkini Banerjee, Gary Charland, Tracy Jensen, Anthony Thompson, Barry Zorthian, M.D.

ABSENT: Joe DeVries and Maria Hernandez

DIALED IN: Gary Charland

A Quorum was established.

Open Session / Roll Call

OPEN SESSION PUBLIC COMMENT (1st opportunity) – The Board received public comment from Jon Pearson, Emergency Department Nurse at Highland Hospital; Karen Lee, Emergency Department Medical Clerical; Veronica Palacios, Emergency Department Eligibility Specialist III; Evangeline Kinsey, Room Service Coordinator at San Leandro Hospital; Margaret Copi, Psychiatrist at Highland Hospital Outpatient Psychiatric Services; Dawn Del Monte, Marriage & Family Therapist.

A. BOARD PRESIDENT REPORT

Michele Lawrence, President

Nothing to report

B. ACTION: CONSENT AGENDA

Michele Lawrence, President

1. Approval of the Following Policies:

The Quality and Professional Services Committee recommends approval of the following policies:

Alameda Health System Policies

- Housestaff Supervision
- Ordering of Medical Nutritional Therapies

Highland Hospital/Fairmont/JGPH/Ambulatory Policies

- ACS/TQIP Massive Transfusion in Trauma
- GME Policy for Interruption of Care
- Housestaff Corrective Action
- Medication Reconciliation in an Ambulatory Setting

Action: A motion was made and seconded to approve the policies recommended by the Quality and Professional Services Committee.

The motion passed.

AYES: Trustees Banerjee, Charland, Jensen, Lawrence, Thompson, and Zorthian.

NAYS: None

Abstention: None

2. Approval of Contracts and Authorization for the CEO Or His Delegate to Execute the Following Operating Contracts:

The Finance Committee recommends approval of the following policies:

- A.** Nine (9) Agreements with GE Healthcare to purchase necessary medical equipment and maintenance and support services for purchased equipment. The term of the proposed agreements in May 15, 2017 through April 30, 2023. The estimated impact of the proposed purchase and service agreements is \$2,297,902.84. Inclusive if these contracts and prior contractual commitments (July 1, 2016 – April 30, 2023), the overall obligation to this vendor is estimated at \$7,755,948.34.

Luis Fonseca, Chief Operating Officer

- B.** Statement of Work 2 ("SOW 2") for Eldridge Construction, Inc. provides for roof replacement services at Alameda Hospital. The term of the proposed SOW 2 is May 15, 2017 through December 31, 2017. Estimated impact of the proposed SOW 2 is \$1,200,000.00. Inclusive of this statement of work and prior contractual commitments (July 1, 2016 – December 31, 2017), the overall obligation to this vendor is estimated at \$1,330,000.00.

Luis Fonseca, Chief Operating Officer

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- C. Third Amendment with the Regents of the University of California, on behalf of the UCSF Department of Surgery (“UCSF”) to provide professional surgery and trauma surgery services. The term of the proposed extension is July 1, 2017 through September 30, 2017. The estimated impact of the proposed extension is \$1,470,000.00. Inclusive of this contract and prior contractual commitments (July 1, 2014 – September 30, 2017), the overall obligation to this vendor is estimated at \$19,429,287.00.

Ghassan Jamaledine, M.D., Chief Medical Officer

Action: A motion was made and seconded to approve the contracts recommended for approval by the Finance Committee.

The motion passed.

AYES: Trustees Banerjee, Charland, Jensen, Lawrence, Thompson, and Zorthian.

NAYS: None

Abstention: None

C. COMMITTEE REPORTS (Written)

1. Finance

Anthony Thompson, Chair

2. QPSC

Barry Zorthian, MD, Chair

QPSC report was postponed until the next meeting.

D. ACTION ITEM

1. Adoption of a Board Resolution Regarding Proposals for Universal Health Care

Terry Lightfoot, Director, Public Affairs and Community Engagement

Action: A motion was made and seconded to approve the Resolution Delegating Authority for Administration of Investment Plans and Appointment of Investment Committee.

The motion passed.

AYES: Trustees Banerjee, Charland, Jensen, Lawrence, Thompson, and Zorthian.

NAYS: None

Abstention: None

E. CEO REPORT

Delvecchio Finley, Chief Executive Officer

The CEO noted that the second scheduled vote for the Affordable Healthcare Act was delayed but it was passed. The implications for Medi-Caid remained the same although there was a revised effort to preserve protection for pre-existing conditions and certain health benefits. The CEO explained that the proposed legislation continues to present problems because of its extreme negative impact on funding for Medi-Caid nationwide.

A. Updates for the System-Wide Dashboard and Other Pillar-based Updates

The CEO noted the following regarding Access:

- Visit Performance increased in the month of February.
- AHS is ahead of last year's performance for visits but year to date at 10 percent below budget.
- There is growth in telephone visits.
- Year to date for traditional visit such as outpatient visits and ambulatory visits are 234,823. The budget is 260,000 visits which give a difference of 25,000 for the year to date.
- Telephone visits provided 7,000 visits for March and the year to date is 49, 500.
- Other alternative visits such as E-consults, pharmacy and prior visits are captured in the actual visits but the telephonic visits are not included. A template will be used for telephonic visits to track what kind of visit was done telephonically.

B. PRIME Update

The CEO reported the following:

- DY12 Mid-year report was submitted by the deadline of March 31, 2017. The state accepted our report and the interim payment is in progress. We are working with the state to update and revise our plan as required.
- The number of PRIME Projects was reduced from 10 to 9; 6 required and 3 optional projects. We are replacing Project 1.4 Patient Safety in the Ambulatory Setting as the 57 targets under this project overlap with targets that we are already responsible for in other areas (i.e., reducing readmissions). These are 57 quality metrics that are based in ambulatory measures and patient services are called core measures. We will replace 1.4 with Project 1.5 Million Hearts Initiative for cardiology and vascular care and will remove Project 1.6 Cancer Screening and Follow-up. This project has metrics for breast cancer screening, colon cancer screening and pap smears. These screenings are an essential priority for primary care and the metric will include the entire Medi-Cal Population that's assigned to us.

C. Patient Experience

The CEO noted that the year to date patient satisfaction score for JGPH is 80.8 versus a target of 87.10 and year to date results are 80.8. The CEO explained the differences between how the survey is conducted at JGPH as compared to other settings. Typically the survey is mailed out to or taken by phone from discharged patients. Because of the nature of the population at JGPH, the survey is given to the patient discharge and is filled out on the premises. After they have completed the survey, it's placed in a locked and then collected to be tallied and processed. A recent change in procedure to limit staff involvement with patients completing the survey appears to have resulted patient confusion as to filling out the surveys and the scores given didn't match the survey responses (good comments with low numerical scores). Feedback from the survey is being used by the Director of Nursing to improve interaction with patients and greater focus on therapeutic intervention and developing patient relationships. The CEO explained that the nursing staff will be required to chart each interaction and nursing managers will randomly review and audit notes of nurses on each shift to determine if the interaction is taking place. After this process is completed, nursing managers will report back during the leadership meeting.

The CEO reported that patient satisfaction scores in Ambulatory Care month to date is 74.4% and year to date is 67% percent against a goal of 66%.. This is close to 3.5 percent increase verses a 2.5 goal. The CEO also reported on an increase in the overall hospital ratings in the areas of “recommend the hospital,” pain management, and responsiveness.

The CEO announced and welcomed the arrival in June of Tangerine Brigham to lead Alameda Health System population health management efforts as the new CAO of Population Health.

F. WRITTEN REPORTS

1. Chief Financial Officer Report

David Cox, Chief Financial Officer

- *March 2017 Financial Report*

The CFO reported that a potential event of noncompliance with the Permanent Agreement between the County and AHS was reported at the Finance Committee meeting. The CFO noted that county officials have been notified (including during the joint meeting with the Board of Supervisors) and that he met with County Auditor-Controller regarding potential ways to address this issue. A contingent plan has been developed with Alameda Alliance, involving securing an advance of anticipated payments that have been delayed. Alameda Alliance staff has indicated support for this plan, but must take it to their Board.

2. FY2017-2018 Draft Budget Review

David Cox, Chief Financial Officer

Delvecchio Finley, Chief Executive Officer

- *Staff Memorandum*

3. Chief Information Officer Report

Dave Gravender, Chief Information Officer

- *Electronic Health Record Selection Process*

CLOSED SESSION

A. Public Employee Performance Evaluation

[Government Code Section 54957(b)]

Title: Alameda Health System, Chief Executive Officer

(Announcement as to Purpose of Closed Session)

G. Report on Action Taken in Closed Session

The Board met in closed session as indicated in the agenda and took no action.

OPEN SESSION PUBLIC COMMENT (2nd opportunity) – None

Trustee Comments – None

Adjournment – 7:05 pm

Respectfully submitted by:

Vikki Brown
Interim, Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


M.D. Moye
General Counsel