



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

**Monday, January 10, 2011 – 7:30 p.m.**

**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)** Jordan Battani
- II. Roll Call** Kristen Thorson
- VIII. Closed Session Agenda**
  - A. Call to Order
  - B. Approval of Closed Session Minutes – November 8, 2010
  - C. Board Quality Committee Report (BQC) H & S Code Sec. 32155
  - D. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions Gov't Code Sec. 54957.6
  - E. Consultation with Legal Counsel Regarding Pending Litigation Gov't Code Sec. 54956.9(a)
  - F. Discussion of Pooled Insurance Claims Gov't Code Sec. 54956.95
  - G. Discussion of Report Involving Trade Secrets H & S Code Sec. 32106
    - 1. Discussion of Hospital Trade Secrets applicable to development of new hospital services, programs and facilities. No action will be taken
    - 2. Discussion of Hospital Trade Secrets applicable to development of new hospital services, programs and facilities. No action will be taken
    - 3. Discussion of Hospital Trade Secrets applicable to development of new hospital services, programs and facilities. No action will be taken
    - 4. Discussion of Hospital Trade Secrets applicable to development of new hospital services, programs and facilities. No action will be taken
  - H. Adjourn into Open Session
- IX. Reconvene to Public Session (Expected to start at 7:30 p.m. – Dal Cielo Conference Room)**
  - A. Announcements from Closed Session Jordan Battani

### III. Consent Agenda

- A. Approval of December 13, 2010 Regular Meeting Minutes **ACTION ITEM** [enclosure] (PAGES 4-19)
- B. Approval of Administrative Policies and Procedures **ACTION ITEM** [enclosure] (PAGE 20 )
- C. Approval of Human Resources Policy – Performance Evaluation **ACTION ITEM** [enclosure] (PAGES 21-24)
- D. Approval of Board Quality Committee Structure and Purpose **ACTION ITEM** [enclosure] (PAGES 25-26)
- E. Approval Of Union Bank Signing Authorization / Resolution **ACTION ITEM** [enclosure] (PAGES 27-30)

### IV. Regular Agenda

#### A. Action Items

- 1) Election of District Officers Kristen Thorson  
**ACTION ITEM** [ENCLOSURE] (PAGES 31-34)
- 2) Approval of 2011 District Board Meeting Dates Deborah E. Stebbins  
**ACTION ITEM** [ENCLOSURE] (PAGES 35-36)
- 3) 2011 Appointment to Board Committees Jordan Battani  
**ACTION ITEM** [ENCLOSURE] (PAGES 37-39)
- 4) Consideration of Primary Stroke Certification Jordan Battani  
**ACTION ITEM**

#### B. President's Report

Jordan Battani

- 1) Update on Compensation Survey Process  
**INFORMATIONAL** [ENCLOSURE] (PAGES 40-48)
- 2) Use of Electronic Devices During Board Meetings  
**DISCUSSION**

#### C. Chief Executive Officer's Report

Deborah E. Stebbins

- 1) Stroke Certification Update  
**INFORMATIONAL PRESENTATION**
- 2) Monthly Statistics
- 3) IT Projects Update
- 4) 401(a) Pension Plan Contributions  
**INFORMATIONAL** [ENCLOSURE] (PAGE 49)

D. Facilities Report

Kerry Easthope

1) SB 1953 Seismic Compliance Update

INFORMATIONAL PRESENTATION [ENCLOSURE] (PAGES 50-72)

2) Marina Village Space Planning

INFORMATIONAL [ENCLOSURE] (PAGES)

E. Medical Staff President Report

James Yeh, DO

INFORMATIONAL

F. Finance and Management Committee Report

1) Summary of November 2010 Financials

Deborah E. Stebbins

INFORMATIONAL PRESENTATION

**X. General Public Comments**

**XI. Board Comments**

**XIII. Adjournment**



**Directors Present:**

Jordan Battani            J. Michael McCormick  
 Robert Deutsch, MD     Elliott Gorelick  
                                          Stewart Chen, DC

**Management Present:**

Deborah E. Stebbins  
 Kerry J. Easthope  
 David A. Neapolitan

**Legal Counsel Present:**

Thomas Driscoll, Esq.

**Excused:**

Alka Sharma, MD

**Submitted by:** Kristen Thorson

Topic	Discussion	Action / Follow-Up
I. Swearing-In of Elected Board Members	Swearing-In of Elected Board Members by the Honorable Beverly Johnson, Mayor of the City of Alameda.  Mayor Johnson extended her warm regards to Alameda Hospital.  Mayor Johnson administered the Oath of Office to the newly elected Board Members, Stewart Chen, DC, Robert Deutsch, MD, and Elliott Gorelick.	
II. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 6:10 p.m.	
III. Roll Call	Kristen Thorson called roll, noting that a quorum of Directors were present.	
IV. Special Recognition	Director Battani gave special recognition to Rob Bonta, Leah Williams, and Alka Sharma, MD for serving on the Board of Directors.  Director Sharma extended her appreciation for the opportunity to serve as a representative of the Medical Staff with the Board of Directors.  Rob Bonta thanked the Board for the privilege to serve with each one of them. He referred to Alameda Hospital as an amazing asset and critically important to the community. He voiced that it has been a pleasure to work on a Board that works together so effectively and that is the Board Members duty to face challenges and help Alameda Hospital to become and remain the Hospital that the community voted to support. Ms. Williams was not able to attend the meeting.	

	<p>Public Comment</p> <p>Jim Oddie, Alameda Citizen, spoke on behalf of Council Member Lena Tam. He relayed her congratulations on the election to all Board Members and to Robert Bonta being elected to the City Council.</p> <p>Jim Oddie also commented that he helped Robert Bonta in his campaign and was honored to speak to members of the community. He stated that it would be a serious misunderstanding to think that the community would like to have the Hospital close its doors. He feels from personal experience that the community supports the Hospital.</p>
<p>V. District Board Orientation</p>	<p>A. Overview of Hospital – Deborah Stebbins gave an overview of the Hospital outlining the number of licensed beds, key services provided by the Hospital and new services in development such as a wound care program and advances in diagnostic imaging.</p> <p>B. History of Hospital – Ms. Stebbins reviewed the history of the Hospital, noting the 2002 Election and formation of the District.</p> <p>C. Structure of District / Entities – Legal Counsel Thomas Driscoll reviewed the structure of the District and related entities listed below.</p> <ol style="list-style-type: none"> <li>1. District / Hospital</li> <li>2. Health Care Corporation</li> <li>3. CW&amp;S Investment Company</li> <li>4. Jaber Estate</li> </ol> <p>D. Ralph M. Brown Act</p> <p>Mr. Driscoll reviewed the general provisions of the Ralph M. Brown Act stating that it is the law that governs public meetings and contains exceptions to public disclosure such as patient health protections, quality improvement, and medical staff credentialing.</p> <p>Mr. Driscoll commented that a meeting is defined as when there is a majority of Board of Directors discussing District business. Most meetings, including committee meetings, are open to the public. The District posts agendas and meeting notices according to the Brown Act requirements.</p> <p>Mr. Driscoll indicated that Closed Session discussions contain items such as</p>

personnel disciplinary actions, physician credentialing recommendations, medical staff concerns, instructions to bargaining representatives regarding salaries, fringe benefits and working conditions, counsel regarding litigation, and Hospital trade secrets (i.e. new programs or services in development).

Mr. Driscoll also reviewed the California Public Records Act, which allows public access to all paper records or electronic documents unless it follows one of the exceptions, such as a Hospital trade secrets or attorney-client privileged information.

E. Confidentiality

Mr. Driscoll reaffirmed that the confidentiality of the District Closed Session materials and discussions are of a serious nature and can result in a criminal violation if not followed properly. Confidentiality of closed session materials is to remain with each Board Member and should not be shared with anyone including spouse or family. District Board Members have the privilege to view any confidential Hospital documents. If patient records are requested by a Board Member, they must follow strict HIPPA guidelines.

Director Chen asked what the procedure was for communicating with Hospital staff and if it was appropriate for Board Members to contact them directly.

Mr. Driscoll stated that the Board functions as a whole Board and individual Board Members do not have the authority to act on behalf of the District. Mr. Driscoll and Ms. Stebbins recommended communicating through the CEO and then be forwarded to department managers as appropriate or needed.

Ms. Battami stated that in very few instances, has the board had to review individual patient records. Processes have been developed to keep patient names confidential, by the use of medical record numbers or other identifiers when cases are reported to the Board. Ms. Stebbins recommended that the first step for any District Board Member requesting records is to contact the CEO and in general there must be a really good reason to request a patient specific record. Ms. Stebbins would like to stay as transparent as possible to increase communication with fellow Board Members.

F. Roberts Rules of Order

Mr. Driscoll reviewed Robert's Rules of Order indicating that when the District was formed, the Board adopted to use it as a valuable guide to conducting meetings. The Robert's Rules contain information regarding who chairs the meeting, acceptable behavior, making motions, etc.

Director Gorelick stated that as a Board Member he understands that he is

obligated not to disclose any information that is discussed in Closed Session. He asked if he is in a Closed Session meeting and feels as if the item is not appropriate for Closed Session, how he should address that. Mr. Driscoll replied that the District Board President and CEO with guidance by Legal Counsel determine whether the nature of the subject is to be in Closed or Open Session.

Director Deutsch asked how many Board Members can speak on a particular issue simultaneously outside of a public meeting and what the guidelines were for use of email.

Mr. Driscoll replied that Board Members, in general, should not speak to each other regarding District business in a setting where the majority of the governing body may be in attendance as it is then considered a public meeting. Board Members are also not allowed to have serial meetings as outlined in the Brown Act. In terms of email, never use the “reply all” as this indicates that deliberation is taking place.

Mr. Driscoll referenced legislation AB 1234 Ethics Training that requires all Board Members to participate in Ethics Training, initially and every two years thereafter.

G. Board Member “Obligations”

Ms. Stebbins reviewed general obligations of a District Board Member, including attendance in monthly Board meetings, attendance at Board designated committee meetings (Finance and Management Committee, Board Quality Committee and Community Relations and Outreach Committee), participation on the Administrative Pension Plan Oversight Committee, participation at community events representing the District / Hospital and supporting the Alameda Hospital Foundation through their two major events a year.

H. Finance

David Neapolitan, CFO presented the operating budget. The planning cycle for the operating budget begins in February of each year and ends in early June, prior to the beginning of the fiscal year. The operating budget is developed taking in account for changes in health laws, strategic planning, current and past volumes, influences on revenues and expenses, and new program needs. The operating budget is brought to the Finance & Management Committee for approval in May before it is approved by the District Board in June. Director Gorelick asked if it is legally required for the annual operating budget to be balanced and how it works with challenges. Mr.

Neapolitan replied that the minimum goal of the budget is to reach a zero balance. The executive management team, through the budget process, identifies actions to keep the budget balanced throughout the fiscal year.

Mr. Neapolitan reported the capital budget is developed by input from each department. Consideration of capital requests are evaluated based on safety requirements, new volume opportunities, and replacement of outdated equipment.

Mr. Neapolitan advised that the audited financial statements contain auditor reports, volumes, statistics, revenues, and expenses for the current fiscal year. The Hospital uses an outside firm, TCA Partners to conduct the annual audit. The audited financial statements are brought to the Finance & Management Committee in October for review and then to the Board of Directors for acceptance. Mr. Neapolitan referenced the monthly unaudited financials were similar in structure as the annual statements.

Director Battani mentioned that the capital budget is a relatively new process for the District / Hospital and was implemented due to the considerable degree of demand, deferred maintenance, and deferred investment in technology. It is used as a planning and directional document for the Hospital. Director Chen asked if there is always a balanced budget and how often the goals of the budget are met. Mr. Neapolitan responded that it has been balanced for the last three years. Ms. Stebbins replied that we have exceeded the budget for the last three years. With the loss of the Kaiser volume in this last fiscal year, we had to look at new contractual relationship programs or new services to make up for the deficit.

#### I. Medical Staff

Dr. Sharma reviewed the structure of the Medical Staff noting that there were 3 main departments/committees (Medical Executive Committee, Medical Committee, Surgical Committee) that meet monthly to address quality of care, medical staff matters and processes.

Ms. Stebbins noted there are approximately eighty active Medical Staff, in which many are double board certified. Mr. Driscoll stated the Medical Staff is an independent self-governing body in which operates within the District / Hospital. The responsibility of the District / Hospital is to credential the physician allowing them to treat patients within our organization.

Director Gorelick extended his appreciation to Dr. Sharma for serving as the Medical Staff President with the Board and asked who her replacement will be and when they will take office. Dr. Sharma replied that Dr. Jim Yeh will be



	<p>her replacement beginning in January 2011.</p> <p>Director Gorelick asked Dr. Sharma the primary reason for physicians resigning from the Medical Staff. Director Sharma replied that a physician may choose to retire, move to another institution, or change their type of practice.</p> <p>Director Chen asked if physicians are paid staff. Ms. Stebbins replied that according to the State of California, hospitals cannot employ physicians unless they fall under certain exemptions such as Kaiser Permanente's HMO. Mr. Driscoll noted that Physicians are not paid to be on any Medical Staff.</p> <p>J. Physical Plant Overview</p> <p>Kerry Easthope, Associate Administrator stated that the Hospital consists of the following buildings: 1925 Building, Stevens Wing, 2<sup>nd</sup> floor of Stevens Wing added in 1950's, 3<sup>rd</sup> floor of the Stevens Wing was added in the 1960's, West Building, South Building built in 1983, Radiology &amp; Laboratory, and the Emergency Room.</p> <p>Mr. Easthope reviewed the progress of the development of a complete Electronic Health Record (EHR) and the PACS system that will be used in the Diagnostic Imaging Department. Mr. Easthope also discussed new program development and off site building space that will potentially be used to house these new programs and the expansion of existing Hospital programs.</p> <p>Mr. Easthope stated that the majority of employees are represented by unions within the Hospital: SEIU, Local 29, Local 6, and Local 39. There approximately 130 employees that are not represented by a union. Director Chen asked how many are employed by Alameda Hospital. Mr. Easthope stated that there approximately 600 full-time and part-time employees.</p>	
<p>VI. Consent Agenda 1</p>	<p>A. Approval of November 8, 2010 Regular Meeting Minutes.</p>	<p>Director McCormick made a motion to approve the Regular Meeting Minutes of November 8, 2010 as presented. Director Deutsch seconded the motion. The motion carried. Directors Chen and Gorelick abstained from voting as they were not members of Board on November 8, 2010.</p>

<p>VII. Consent Agenda 2</p>	<p>B. Acceptance of October 2010 Financial Statements</p> <p>Director Gorelick asked about the delay of payment from Alameda Alliance, that Mr. Neapolitan reported on at the last Board meeting and when the payment was received. Mr. Neapolitan stated that the delay in payment was due to the lack of a State budget and that payment was received on or around November 6, 2010.</p> <p>Director Gorelick expressed concern regarding the low levels of cash on hand (\$72,000) and asked if there is a triage plan in place. Mr. Neapolitan stated that the Hospital has a \$1,250,000 line of credit with the Bank of Alameda but it has not been needed in the past. In addition, the first installment of the parcel tax is due on December 14, 2010. Director Battani reminded the Board that use of the line of credit requires Board approval. Director Deutsch asked if we pay particular attention to vendors needed for critical services when cash is low. Ms. Stebbins replied that we pay vendors in a timely manner with a special focus on local vendors or small business vendors. Director Chen asked if we have ever needed to use the line of credit. Director Battani answered that is has not been needed with the current management team (i.e. CFO, CEO). Ms. Stebbins commented that the line of credit is only to be used as a last resort.</p> <p>C. Approval of 403(b) Tax Deferred Annuity Retirement Plan compliance Amendments (HEART and EESA)</p> <p>D. Approval of Revisions to Medical Staff By-Laws, Podiatry Privilege Delineation</p>	<p>Director Gorelick pulled Consent Agenda Item VII.B for further discussion.</p> <p>Director Gorelick made a motion to approve the remainder of the Consent Agenda, Items VII.C and VII.D, as presented. Director Chen seconded the motion. The motion carried unanimously.</p> <p>With no further discussion, Director Deutsch made a motion to accept the October 2010 Financial Statements. Director McCormick seconded the motion. The motion carried unanimously.</p>
<p>VIII. Regular Agenda</p>	<p>A. Action Items</p> <p>1. Approval of District Resolution No. 2010-4H – 2011 Statement of Director Duties and Responsibilities</p> <p>Director Battani stated that the ACHD developed these standards to demonstrate to the public that the Board understands their responsibilities and duties and standards of behavior.</p> <p>Director Gorelick voiced concern regarding the last paragraph on page 46 that states, “not legally binding”. He referred to the statement as a typically “good feeling” type of statement and should not be what we are spending our time on. He mentioned that the resolution was not appropriate given the diversity of opinions of the Board.</p>	<p>Director Deutsch made a motion to approve the District Resolution No. 2010-4H Statement of Director Duties and Responsibilities. Director McCormick seconded the motion. Director Gorelick opposed the motion. The motion passed 4 to 1.</p>

Director Chen stated that we are members of the ACHD. He referred to the mission statement as a way to encourage the Board to behave in such a way. Mr. Chen asked if there is a penalty clause expelling one from the Board if they do not behave in a certain manner. Director Battani replied that there are Codes of Conduct that include sanctions. Director McCormick asked if it is possible to expel a public official for misconduct. Mr. Driscoll replied that it is a serious challenge to remove a public official from office.

Director McCormick advised there are two corrections on page 47 in reference to the Resolution. The errors will be corrected.

2. Approval of Lease Terms for 815 Atlantic Avenue

Mr. Easthope presented the Lease Terms for 815 Atlantic Avenue for approval by the Board of Directors. He stated that there is a lack of medical office space available within Alameda. We have engaged a commercial real estate broker to negotiate the terms of the lease. The location for the Wound Care Center has been reviewed for several months. The advantages of the location are that the Hospital will have a presence on the west side of the island and that the high vacancy rate has pushed rent rates down.

Mr. Easthope stated that the property at Marina Village is zoned for mixed-use. The terms of the lease includes a clause that if we cannot secure financing for the project, we may terminate the contract with no penalty.

Mr. Easthope described that the lease is a ten year lease with two, five year terms. The cost of the location is approximately \$0.70 per square foot compared to the \$1.90 per square foot cost at the Alameda Towne Center location.

Mr. Easthope discussed expansion rights and sublet responsibilities. If Alameda Hospital would like to expand into the rest of the building within one year, then the rent rate will be assessed according to our current contract. If expansion is made after eighteen months, then the rent will be based on current market value. Subletting to any affiliate of the Hospital will be allowed.

Mr. Easthope clarified that once the terms of the Letter of Intent are approved by the Board, then the contract will be developed and submitted to the Board of Directors for final approval.

Director Battani made a motion to authorize management to move forward on the development of a non-binding agreement and use the construction build out budget proposed to pursue financing options Director Deutsch made a motion to approve as stated by Director Battani. Director McCormick seconded the motion. The motion carried unanimously.

Director McCormick asked about parking available. Mr. Easthope replied that there are 3.4 stalls per 1,000 square feet.

Director McCormick asked how the residential area is separated from the commercial area. Ms. Stebbins replied that there is a concern regarding the view that may be available from the top floor of the homes adjacent to the property but that there is a cement wall that separates the residential properties from the commercial property. Mr. Easthope suggested that we may need an additional separation wall around the oxygen tank. Mr. Easthope stated the one of the most difficult challenges will be approval for the oxygen tank on-site by the City and the Fire Marshall

Director Chen mentioned he is familiar with the area and stated that there may be a need for additional evening lighting for safety.

Director Gorelick asked if the financing is contingent upon the approval of the lease. Mr. Easthope replied that once the terms of the lease are approved, the contract will be developed, the contract will go before the Board for approval and financing will also be reviewed for Board approval.

Director Gorelick asked if the Board approves the Letter of Intent tonight and do not go ahead with the contract, will we owe Cushman & Wakefield a fee. Mr. Easthope replied that Cushman & Wakefield only get paid if we enter into a contract and that fee is paid by the landlord of the property.

Director Gorelick inquired as to why the depreciation was not calculated in the financial proforma. Mr. Easthope verified the depreciation is not included in the proforma.

Director Gorelick asked about insurance costs related to the on-site oxygen tank. Mr. Easthope replied that the Hospital, as the primary tenant, would be responsible for the majority of any increase in insurance costs related to the oxygen tank.

Ms. Stebbins stated that the cash contribution of the program does not reflect depreciation in the initial proforma. Director Gorelick disagreed with Ms. Stebbins, stating that you must calculate the upfront cost in the payback period to determine if this is a worthwhile investment.

Director Battani asked Director Gorelick what he would suggest as it related to his concerns over the Letter of Intent and financial proforma presented. Director Gorelick stated that he was uncomfortable making a

decision on the terms of the lease until more accurate financial proformas are in place.

Ms. Stebbins stated that Management was not asking for a decision regarding the financial proforma. But asking for the Board to approve the terms of the lease in order to move the contract process forward to the next step.

Director Deutsch stated that it is important for management to have some kind of guidance for the Board to move program development forward.

Director Gorelick expressed his concern about the financial proforma and the overall financing for the program, but agreed that the terms of the lease were good terms.

Director Battani made a motion to combine action items A2 and A3 for voting purposes.

3. Approval of Wound Care Construction Build-Out Budget

Mr. Easthope presented a recommendation to approve the Wound Care Construction Build-out budget as presented. Mr. Easthope stated that the budget is only for the Wound Care space (approximately 3,800 square feet), and not for any other services. Total cost for the build out is \$870,698.

Director Gorelick asked if the Hospital was locked into an agreement with Acelecare. Director Battani replied that we are not locked into an agreement with Acelecare and that there are terms in the agreement with Acelecare that are contingent on obtaining financing for the overall project. Mr. Easthope mentioned that the only numbers that have been updated in the financial proforma were the rent costs.

Director McCormick requested more detail of what was included in the in the construction costs. Mr. Easthope replied that the construction costs are higher due in part to cutting through cement slab floors to run plumbing, electrical wiring , HVAC systems, and running oxygen to the hyperbaric oxygen chambers.

Director Gorelick asked if we are prohibited to move the project to an off island site. Director Battani replied that we are to operate all District projects within the boundaries of the District. Director Gorelick asked if the V.A. would work with us on a clinic like this. Director Battani stated her concern that the V.A. has not broken ground at Alameda Point and the

length of time it make take to initiate the idea.

Director Battani suggested making a motion to combine the two action items into one motion for approval. The motion she suggested was to authorize management to move forward on the development of a non-binding agreement and using the construction build out budget proposed to pursue financing options and the complete business case.

**B. President's Report**

**1. District Board Committees Background Materials**

Director Battani informed the Board that committee assignments will take place at the January meeting. She asked the Board to begin thinking about what committees they would like to serve on and in what capacity.

**2. Draft 2011 District Board Meeting Dates**

Director Battani requested that all Board Members coordinate with District Clerk, Kristen Thorson if there are any conflicts in their schedule that will prevent them from attending a District Board meetings and/or board designated committee meetings. Final approval of the 2011 schedule will be at the January 10, 2011 Board meeting.

**C. Chief Executive Officer's Report**

**1. Monthly Statistics**

Ms. Stebbins reported on the statistics for the month of November, noting that the census was up from prior months for acute care program. Emergency Room volumes were down 5% from the budget, and surgery cases were also down for the month.

	November Preliminary	November Budget	% Δ compared to Budget	% Δ compared to November	October Actual
Average Daily Census	85.7	82.7	3.7%	7.8%	79.5
Acute	31.6	26.2	20.5%	28.6%	24.5
Subacute	32.3	33.5	-3.7%	-1.0%	32.6
South Shore	21.9	23	-4.8%	-2.2%	22.4
Patient Days	2,572	2,481	3.7%	4.3%	2,465
ER Visits	1,397	1,470	-5.0%	7.0%	1,306
OP Registrations	1,929	2,078	-7.2%	-5.1%	2,032



Total Surgeries*	178	182	-2.2%	-17.2%	215
Inpatient Surgeries	38	31	22.6%	0.0%	38
Outpatient Surgeries	140	151	-7.3%	-20.9%	177

2. Stroke Certification Update

Ms. Stebbins updated the Board on the status of the Hospital achieving stroke certification through the Joint Commission.

Ms. Stebbins added there is a need for a Public Awareness Campaign for stroke education and awareness and that Alameda County EMS has indicated that they will assist the Hospital financially in the implementation of such a campaign.

Director Battani suggested the need for public education in terms of recognizing stroke symptoms and intervening early. Director Battani asked what the timeline was for the start of the of the public awareness campaign. Mary Bond, RN, Executive Director of Nursing Services and Louise Nakada, Director of Community Relations indicated that it would start in January/February 2011.

Director Chen asked how much revenue is lost due to stroke patients being routed off-island. Ms. Stebbins replied it has not been a large financial impact on the Hospital.

Director Gorelick asked if there is a checklist of things to do in the stroke certification process. Ms. Stebbins replied that she would provide that information to Director Gorelick.

Ms. Bond added that the Joint Commission will allow Alameda Hospital to see stroke patients as soon as we receive our survey date from the Joint Commission.

Director Battani added the Stroke Certification topic will be a standing item on the agenda for future Board Meetings.

3. IT Projects Update

Ms. Stebbins stated that the PACS system that is scheduled to go live in early 2011. Ms. Stebbins stated that there have been recent changes in the IT department leadership and currently the IT Department reports directly to her. She is working with a consulting firm to assess

	<p>the department and recruit a new Director.</p> <p>D. Finance and Management Committee Report</p> <p>1. Committee Report – November 24, 2010</p> <p>Director Battani stated that the efforts to implement a new system for time and attendance have been abandoned. The Hospital is exploring new options and will seek some financial recovery for software and equipment from the company.</p> <p>Director Battani stated that based on initial financial feasibility results that alternate options for seismic financing will need to be discussed.</p> <p>Director Gorelick stated that he had questions regarding recent email communications between Director Battani and Ms. Stebbins. His question related to extension options for seismic compliance based on Medi-Cal case mix. Director Battani made a recommendation that management provided an overview of seismic status at the next Board meeting, including extension options available to Hospitals and where the Hospital stands as it relates to seismic compliance and related extension options.</p>
	<p>E. Community Relations and Outreach Report</p> <p>1. Committee Report – November 16, 2010</p> <p>Director McCormick recognized Dennis Elor for his new affiliation with the Chamber of Commerce as President and for his efforts connecting businesses in the community.</p> <p>Director McCormick recognized Louise Nakada for her dedicated work with the community, newsletters, website, and outreach.</p> <p>Director McCormick recognized Tony Corica for his involvement with recruitment of new Physicians.</p> <p>Director McCormick mentioned the contacts that have been made with the Business Associations and the Boys and Girls Club.</p> <p>Louise Nakada stated that a large initiative for the future is to work with Alameda youth and educate the public about childhood obesity.</p>



	<p><b>F. Medical Staff President Report</b></p> <p>Director Sharma invited all members to the post-holiday event hosted by the Medical Staff on January, 14<sup>th</sup>, 2011.</p>
<p><b>IX. General Public Comments</b></p>	<p>None</p>
<p><b>X. Board Comments</b></p>	<p>Ms. Stebbins extended her gratitude to the Medical Staff for their rapid action in reference to stroke protocols.</p> <p>Director Sharma thanked the members of the Board for the opportunity to serve with them.</p>
<p><b>XI. Adjourn into Executive Closed Session</b></p>	<p>A motion was made to Adjourn the meeting into Executive Closed Session at 9:45 PM.</p>
<p><b>XII. Regular Agenda</b></p>	<p><b>B. Announcements from Closed Session</b></p> <p>The meeting was reconvened into Open Session at 10:17 p.m. Director Battani reported that the following actions were taken in Closed Session.</p> <ol style="list-style-type: none"> <li>1. Closed Session Minutes – November 8, 2010 (Regular)</li> <li>2. Medical Executive Committee Report and Approval of Credentialing Recommendations</li> <li>3. Board Quality Committee (BQC) Report – September 2010</li> </ol> <p>The Closed Session Minutes were approved.</p> <p>The Medical Executive Committee Report and Credentialing Recommendations were approved as presented below.</p> <p>The BQC report was accepted as presented.</p>
<p><b>Initial Appointments – Medical Staff</b></p>	
<p><b>Name</b></p> <ul style="list-style-type: none"> <li>○ Ronald Chen, MD</li> <li>○ Royce Chrys, MD</li> <li>○ Angela Crudale, MD</li> <li>○ Stephen Hesseline, MD</li> <li>○ William Hoddick, MD</li> </ul>	<p><b>Specialty</b></p> <p>Teleradiology</p> <p>Teleradiology</p> <p>Teleradiology</p> <p>Teleradiology</p> <p>Teleradiology</p> <p><b>Affiliation</b></p> <p>Bay Imaging Consultants</p> <p>Bay Imaging Consultants</p> <p>Bay Imaging Consultants</p> <p>Bay Imaging Consultants</p> <p>Bay Imaging Consultants</p>

○ David Howard, MD	Teleradiology	Bay Imaging Consultants
○ Roneesha Knight, MD	Emergency Medicine	Emergency Department
○ Bailey Lee, MD	Teleradiology	Bay Imaging Consultants
○ Sundeeep Nayak, MD	Teleradiology	Bay Imaging Consultants
○ Saurabh Patel, MD	Teleradiology	Bay Imaging Consultants
○ Wendy Patton, MD	Teleradiology	Bay Imaging Consultants
○ Jonathan Posin, MD	Teleradiology	Bay Imaging Consultants
○ Aseem Rawal, MD	Teleradiology	Bay Imaging Consultants
○ Joan Reynolds, MD	Teleradiology	Bay Imaging Consultants
○ Eric Saldinger, MD	Teleradiology	Bay Imaging Consultants
○ Robert Schick, MD	Teleradiology	Bay Imaging Consultants
○ Eric Tao, MD	Teleradiology	Bay Imaging Consultants
○ Keith Tao, MD	Teleradiology	Bay Imaging Consultants

#### Reappointments – Medical Staff

Name	Specialty	Staff Status	Appointment Period
○ Hasseeb Al-Mufti, MD	Nephrology	Courtesy	01/01/11 – 12/31/12
○ Jimmy Cardoza, MD	Radiology	Courtesy	02/01/11 – 01/31/13
○ Edward Chan, MD	Family Practice	Courtesy	02/01/11 – 01/31/13
○ Kenneth Chang, MD	General Surgery	Courtesy	02/01/11 – 01/31/13
○ Evan Custer, MD	Radiology	Courtesy	02/01/11 – 01/31/13
○ Joanne DePhillips, MD	Internal Medicine	Active	01/01/11 – 12/31/12
○ Susan Eisenberg, MD	Cardiology	Courtesy	02/01/11 – 01/31/13
○ Ying Fung, MD	Radiology	Courtesy	02/01/11 – 01/31/13
○ Robbin Green-Yeh, DO	Internal Medicine	Courtesy	02/01/11 – 01/31/13
○ Donald Kent, DDS	Dentistry	Courtesy	01/01/11 – 12/31/12
○ Susan Lessin, MD	Hematology/Oncology	Courtesy	01/01/11 – 12/31/12
○ Scott Lipson, MD	Radiology	Courtesy	02/01/11 – 01/31/13
○ Amy Matecki, MD	Internal Medicine	Courtesy	01/01/11 – 12/31/12
○ Catherine Pyun, DO	Internal Medicine	Active	02/01/11 – 01/31/13





Date: January 10, 2011  
To: City of Alameda Health Care District Board of Directors  
From: Deborah E. Stebbins, Chief Executive Officer  
Subject: Approval of Administrative Policies and Procedures

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The following Administrative Policies and Procedures have been updated to reflect current practices, regulatory language and information. Policies and Procedures are available for review upon request.

Management requests approval of the Administrative Policies and Procedures listed below.

Policy #	Policy Title & Purpose Statement
No. 28	Procedural Sedation <b>REVISION</b>  PURPOSE: To outline the management of patients receiving sedation for therapeutic and/or diagnostic procedures.
No. 39	Health Record Content <b>REVISION</b>  PURPOSE: To show responsibility for documentation and proper authentication in the medical record.

DATE: January 10, 2010  
TO: City of Alameda Health Care District, Board of Directors  
FROM: Phyllis J. Weiss, Director of Human Resources  
SUBJECT: Approval of Human Resources Policy – *Performance Evaluation*

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**Recommendation:**

Modify the current Human Resources policy to reflect an “end of month” due date for Annual Performance Evaluations.

Also incorporate into the policy the current practice of how the CEO’s performance evaluation is conducted and filed.

**Background:**

Performance Review Timeliness:

The current policy requires a Performance Evaluation at two times:

1. A Probationary Performance Evaluation by the end of the first ninety (90) days of employment.
2. An Annual Performance Evaluation with no more than fourteen (14) months between reviews.

With approximately 575 employees, the task of completing each evaluation with thoughtful and meaningful feedback in a timely manner becomes a challenge for those Managers who have a significant number due during the year.

HR has developed tracking tools to assist the Managers to remain in compliance, including a “last warning” system in an attempt to avoid delinquencies.

In addition to these tools, we feel that moving the evaluation due date to the end of the month in which it is due will relieve the Manager from focusing on a specific date in the month and potentially missing it.

**Documentation of CEO Performance Review process:**

In the past the CEO's review has been completed by the Board Chair with input from the Board members and was filed in a confidential envelope in the HR file. In addition, a summary of the review findings ("Meets" or "Exceeds" expectations was incorporated into the open part of the HR file.

This will continue to be the practice and will now be documented in this policy.

**Discussion:**

Performance Evaluation Timeliness:

During our Joint Commission inspection it was found we were not in compliance with Performance Review timeliness. We took several affirmative steps in order to get in compliance and Managers have responded well. One of the steps was to recommend extending the due date until the end of the month in which a review is due.

As a result of our efforts, by the end of November, 2010, the Hospital exceeded the 95% goal we established for ourselves and are currently at 99.9% timely submissions.

Documentation of CEO Performance Review process:

This is only a policy update to reflect our current practice.

**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**Human Resources Policy**  
*Performance Evaluation*

**TITLE:** Performance Evaluation

**PURPOSE:** To ensure employees are evaluated in writing by the Department Manager on a regular basis.

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**POLICY:**

A performance evaluation will be completed for all employees during the first ninety (90) days of employment and annually thereafter, with no more than fourteen (14) months between evaluations. Performance reviews must be submitted by the last day of the month in which they are due in order to be considered to have been submitted in a timely manner.

**PROCEDURE:**

Department Managers/Directors are responsible for completing a probationary and an annual, written, performance evaluation on each of the employees reporting to them. Performance evaluations provide the employee with an opportunity to discuss their work based on their specific areas of responsibility.

During the evaluation the employee's competency and accomplishments will be discussed, as well as any areas of deficiency and/or opportunity for development.

If the employee feels the performance evaluation does not agree with their perception of their own performance, the employee may request a review by the Human Resources Director.

The finalized performance evaluation, together with any comments the employee wishes to submit, will be included in the employee's personnel file.

The completion rate of performance evaluations by Department Directors is reviewed by the CEO at each Department director's evaluation.

The percentage of performance evaluations completed in a timely manner together with their ratings, are reported to the Board of Directors on an annual basis.

Employees who do not meet expectations may be placed on a Performance Improvement Plan (PIP) during the probationary period, at the time of their annual evaluation, or anytime during the year the employee is not meeting expectations.

This PIP must be reviewed by the Human Resources Director in advance and will include specific areas of non-compliance, expected goals and timelines. The PIP will

also invite the employee to identify any areas of training and/or orientation needs in order to meet with success.

The Department Director/Manager will hold regular meetings with the employee to provide both oral and written feedback on their progress, or lack thereof, through the PIP review period.

Employees who do not successfully complete the PIP goals and timelines may be terminated for lack of performance. This decision must be approved by the Department Administrator in consultation with the Human Resources Director.

**Performance Review submission for the Chief Executive Officer (CEO):**

A Performance Evaluation will be completed during the first ninety (90) days of employment for the CEO and annually thereafter, with no more than fourteen (14) months between reviews.

A Performance review for the CEO must be conducted no later than last day of the month in which it is due in order to be considered to have been submitted in a timely manner

The Performance Evaluation for the CEO will be conducted by the Chair of the Board of Directors with input from the Board members. The review will be filed in the CEO's personnel file in a confidential envelope to be accessed by the Board Chair only.

A summary of the findings ("Meets Expectations" or "Exceeds expectations") will be filed in the personnel file as a memo to document timely and successful completion of the review period.

If the review is rated at the "Does Not Meet" level, either a Performance Improvement Plan will be developed or employment action may be taken in accordance with the employment contract between the CEO and The City of Alameda Health Care District, dba Alameda Hospital. The decision to place the CEO on a PIP or whether to take employment action via the contract will be affirmed by the Chair of the Board of Directors.

City of Alameda Health Care District <i>Performance Evaluation</i>		
<b>Action:</b>	<b>Date:</b>	<b>By:</b>
Created:	1/7/11	Human Resources
Approval:	12/10	Administration
	01/11	District Board



Date: January 10, 2011

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

From: Robert Deutsch, MD, Chair –Board Quality Committee  
Deborah Stebbins, CEO

Subject: Approval of Board Quality Committee Structure and Purpose

---

**Recommendation:**

We are proposing that the following committee structure be approved by the District Board of Directors. Similar committee structures have been developed for other two board designated committees (Finance and Management Committee and Community Relations and Outreach Committee).

1. Board Quality Committee:
  - a. Primary Purpose:
    - i. To review monitoring activity and accept or reject the periodic summary of performance improvement data submitted by the Performance Improvement Committee (PIC).
    - ii. To assure the measurements, assessments and improvements are consistent with the design of the Performance Improvement Program and the hospital's mission, vision and values.
  - b. Committee Composition and Voting Rights: The committee shall be comprised of the following members:
    - i. 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-noting member, unless the President is serving as a voting member of the committee.

- iii. Up to four members of the Alameda Hospital Medical Staff (physicians) all of whom shall be voting members of the committee as designated below. In instances where a physician qualifies as one or more of the following designations, an additional physician will not be needed.
    - 1. Medical Staff President
    - 2. Hospitalist Representative
    - 3. Quality Resource Management Medical Director
    - 4. Medical Staff At-Large Representative
  - iv. The City of Alameda Health Care District Chief Executive Officer, Chief Financial Officer, Associate Administrator, Director of Quality Resource Management, and Executive Director of Nursing Services, and other hospital management as delegated, who shall not be voting members of the committee.
- c. Terms: The committee shall be appointed annually.
  - d. Meeting Frequency: Committee shall meet monthly.

Date: January 10, 2011  
To: City of Alameda Health Care District, Board of Directors  
From: Deborah E. Stebbins, CEO  
Subject: Approval of Union Bank Signing Authorization / Resolution

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**Recommendation:**

Management recommends that the City of Alameda Health Care District approve the *Certificate of Secretary/partner Corporate, Unincorporated Non-business Association Or Partnership Resolution* for the Alameda Hospital Pension Plan and authorize the Secretary of the Board to sign the resolution on behalf of the District.

**Background:**

The authorized signers are being amended to add Karen Hopkins, Benefits Manager at Alameda Hospital. Our pension plans require two signatures to release the retirement funds, so this will make the processing of such requests more expedient.

## SIGNING AUTHORIZATION/RESOLUTION

### Certificate of Secretary/partner Corporate, Unincorporated Non-business Association Or Partnership Resolution

Alameda Hospital Pension Plan ("Client"),  
a  CORPORATION; \_\_\_\_\_ GENERAL/LIMITED/PARTNERSHIP; \_\_\_\_\_ UNINCORPORATED NON-BUSINESS  
ASSOCIATION (Check one)

The undersigned, Secretary or Assistant Secretary or Partner of Client, an entity created and existing under the laws of the State of CALIFORNIA, do hereby certify:

1. Set forth below is a full, true, and correct copy of Resolutions duly passed and adopted by the governing body of Client which Resolutions are now binding on Client and, in effect:
2. All signatures or initials appearing on the Agreements with Union Bank, N.A. ("Union Bank") are those of the persons authorized to act on behalf of Client in accordance with the Resolutions;
3. The provisions of the Agreements with Union Bank are binding obligations of Client.

"RESOLVED, that Client has engaged Union Bank to provide trust, investment management, agency, custody services, or other administrative services ("Services") for the above named Client's account ("Account") and authorizes one or more authorized signer(s) as designated on a separate schedule entitled "Authorized Signers" delivered to Union Bank ("Authorized Signer(s)") to execute the Account Agreement for the Services with Union Bank, binding the Client to the terms and conditions thereof, and

RESOLVED, that instructions pertaining to the Services for the Account at Union Bank shall be signed with the Account name followed by the signature(s) of \_\_\_\_\_ One;  two; \_\_\_\_\_ majority; \_\_\_\_\_ all; \_\_\_\_\_ other( \_\_\_\_\_ )  
*(Please specify)*

of the Authorized Signer(s) designated by Client on Exhibit "B" as the Authorized Signer(s) for the Account. The signature authorizations relating to the Account, upon the form supplied by Union Bank or as otherwise communicated to Union Bank in writing, shall be binding upon the Client, the Account, and all beneficiaries thereof;

RESOLVED, that all instructions issued by persons authorized to direct Union Bank to the Account Agreement or a Trust or Plan document which are issued prior to the date of any amendment to this Resolution are hereby ratified, and signing authorizations shall remain in effect until Union Bank receives written notice to the contrary, signed by a duly authorized representative of Client, which states that previous signing authorizations heretofore given with respect to this Account are revoked or which otherwise modifies or changes the Authorized Signers or their signing authority. The revocation of this, or of previous authorizations, with respect to said Account shall not affect the validity of any action taken pursuant to direction of a person or person who were at that time, authorized to act;

RESOLVED, that if Client is a sponsor of a qualified employee benefit plan ("Plan") for which Union Bank is to provide Services, the provisions of all Union Bank collective investment funds or group trusts maintained for investment by qualified employee benefit plans are incorporated into the Client's Plan document by reference; and

RESOLVED FURTHER, that Client agrees to indemnify and defend Union Bank against any demand, claim or liability, including attorneys' fees and costs it may incur in action in reliance upon this Certification of Resolution and upon instructions of the Authorized Signers, and Client will immediately notify Union Bank of any change in circumstance which affects this Certification."

Signing Authorization /Resolution

4. Attached hereto as Exhibit "A" is a listing of certain officers or partners of Client authorized to execute documents on behalf of Client.

ON TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Corporate Seal of said Corporation the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

<i>By:</i>	<i>By:</i>
<i>Corporate Secretary or Partner</i>	<i>Partner or Other Required Signature</i>
<i>Name</i>	<i>Name</i>
<i>Title</i>	<i>Title</i>

**EXHIBIT "A"**  
**AUTHORIZED SIGNERS**

Alameda Hospital Pension Plan  
6725001132  
Account Name & Number

**NUMBER OF AUTHORIZED SIGNATURES REQUIRED TO DIRECT ACCOUNT ACTIVITY:**  
(Check One)

one:  two:  majority:  all:  other: ( \_\_\_\_\_ )  
(Please specify)

**SPECIMEN SIGNATURES**

TYPED NAME	SIGNATURE	AUTHORIZATION
1. DEBORAH E. STEBBINS		
2. DAVID A. NEAPOLITAN		
3. KERRY EASTHOPE		
4. PHYLLIS WEISS		
5. KAREN HOPKINS		

**FOR SECURITY REASONS, PLEASE CROSS OUT ALL UNUSED LINES**

DATE: January 10, 2011  
TO: City of Alameda Health Care District, Board of Directors  
FROM: Kristen S. Thorson, District Clerk  
SUBJECT: Election of District Officers

---

**Recommendation:**

Approve the proposed slate of officers to serve a term of one (1) year or until such time as a successor is elected.

1. President: Jordan Battani
2. First Vice President: Robert Deutsch, MD
3. Second Vice President: Stewart Chen, DC
4. Treasurer: J. Michael McCormick
5. Secretary: Elliott Gorelick

**Background:**

In preparation for the annual election of officers, I have queried each Board Member as to their preference and based upon the responses, the above slate of officers is proposed. Since there are five (5) offices and five (5) Board of Directors, each Board Member will hold an office.

Article III, Section 1 of the District Bylaws provides for the election of District officers. Section 1.D. reads: "Officers shall hold their office for terms of one (1) year or until such time as a successor is elected.... Officers may serve consecutive terms." A copy of the entirety of Article III is attached for your review.

The following is a current list of District Officers:

1. President: Jordan Battani
2. First Vice President: Robert Deutsch, MD
3. Second Vice President: *Vacant*

4. Treasurer: J. Michael McCormick

5. Secretary: *Vacant*

Section 1. C. “Each officer shall be elected upon receiving a majority vote with each member of the Board of Directors having one vote. In the event that there is no majority for a single office, the candidate with the fewest votes shall be eliminated from candidacy and a runoff election with the remaining candidates shall take place. In the event that more than two candidates have an equal number of votes, the office shall be selected by random lot.”

## ARTICLE I

### OFFICERS

#### Section 1. Officers

A. The officers of this District shall be President, First Vice-President, Second Vice-President, Secretary, Treasurer, and such other officers as the Board of Directors shall determine are necessary and appropriate.

B. The offices of President, First Vice-President, Second Vice-President and Secretary shall be filled by election from the membership of the Board of Directors. The office of Treasurer may or may not be filled by a member of the Board of Directors.

C. Each officer shall be elected upon receiving a majority vote with each member of the Board of Directors having one vote. In the event that there is no majority for a single office, the candidate with the fewest votes shall be eliminated from candidacy and a runoff election with the remaining candidates shall take place. In the event that more than two candidates have an equal number of votes, the office shall be selected by random lot.

D. Officers shall be elected at such regular Board meeting as is specified by the Board.

E. Officers shall hold their office for terms of one ( 1 ) year or until such time as a successor is elected. An officer may be removed from office by a majority of the Board of Directors at any time. Officers may serve consecutive terms.

#### Section 2. President

A. The President shall perform the following duties:

1. Preside over the meetings of the Board of Directors;

2. Sign and execute jointly with the Secretary, in the name of the District, all contracts and conveyances and all other instruments in writing that have been authorized by the Board of Directors;



3. Exercise the power to co-sign, with the Secretary checks drawn on the funds of the District whenever:

a. There is no person authorized by resolution of the Board of Directors to sign checks on behalf of the District regarding a particular matter; or

b. It is appropriate or necessary for the President and Secretary to sign a check drawn on District funds.

4. Have, subject to the advice and control of the Board of Directors, general responsibility for the affairs of the District, and generally discharge all other duties that shall be required of the President by the Bylaws of the District.

B. If at any time, the President is unable to act as President, the Vice Presidents, in the order hereinafter set forth, shall take the President's place and perform the President's duties; and if the Vice Presidents are also unable to act, the Board may appoint someone else to do so, in whom shall be vested, temporarily, all the functions and duties of the office of the President.

#### Section 3. Vice-Presidents

A. In the absence of the President or given the inability of the President to serve, the First Vice-President, or in the First Vice-President's absence, the Second Vice-President, shall perform the duties of the President.

B. Perform such reasonable duties as may be required by the members of the Board of Directors or by the President.

#### Section 4. Secretary

The Secretary shall have the following duties:

A. To act as Secretary of the District and the Board of Directors.

B. To be responsible for the proper keeping of the records of all actions, proceedings, and minutes of meetings of the Board of Directors.

C. To be responsible for the proper recording, and maintaining in a special book or file for such purpose, all ordinances and resolutions of the Board of Directors (other than amendments to these Bylaws) pertaining to policy or administrative matters of the District and its facilities.

D. To serve, or cause to be served, all notices required either by law or these Bylaws, and in the event of the Secretary's absence, inability, refusal or neglect to do so, such notices may be served by any person so directed by the President or Board of Directors.

E. To have custody of the seal of this District and the obligation to use it under the direction of the Board of Directors.

F. To perform such other duties as pertain to the Secretary's office and as are prescribed by the Board of Directors.

Section 5. Treasurer

A. The Board of Directors shall establish its own treasury and shall appoint a Treasurer charged with the safekeeping and disbursement of the funds in the treasury.

B. The Board of Directors shall fix the amount of bond to be given by the Treasurer and shall provide for the payment of the premium therefor.

C. The Treasurer, who may or may not be a member of the Board of Directors, shall be selected by the Board of Directors based upon his or her competence, skill, and expertise.

D. The Treasurer shall be responsible for the general oversight of the financial affairs of the District, including, but not limited to receiving and depositing all funds accruing to the District, coordinating and overseeing the proper levy and collection of the District's annual parcel tax, performance of all duties incident to the office of Treasurer and such other duties as may be delegated or assigned to him or her by the Board of Directors, provided, however, that the Chief Financial Officer of the District shall implement, and carry out the day to day aspects of the District's financial affairs.

E. The Treasurer shall maintain active and regular contact with the administrative staff for the purpose of obtaining that information necessary to carry out his or her duties.

DATE: January 10, 2011  
TO: City of Alameda Health Care District, Board Directors  
FROM: Deborah E. Stebbins, Chief Executive Officer  
SUBJECT: 2011 District Board Meeting / Committee Dates

---

Recommendation:

Management is recommending approval of the attached schedule for 2011.

2011 District Board & Committee Meeting Dates:

1. District Board meetings will be held the first Monday of the month unless otherwise noted.
2. Finance & Management Committee will meet the last Wednesday of the month at 7:30 a.m.
3. Community Relations and Outreach Committee will meet the fourth Tuesday of the month at 7:30 a.m.
4. Board Quality Committee will meet on the 3rd Wednesday of the month at 7:30 a.m.

City of Alameda Health Care District  
2011 Meeting Dates

	District Board	Finance & Management Committee	Community Relations Committee	Board Quality Committee
	First Monday of the Month	Last Wednesday of the month	4th Tuesday of the Month	3rd Wednesday of the month
	Closed Session & Open Session	Open Session	Open Session	Closed Session
	6:00 p.m. / 7:30 p.m.	7:30 a.m.	7:30 a.m.	7:30 a.m.
	Dal Cielo Room / Board Room	Dal Cielo Room	Dal Cielo Room	Board Room
Jan-11	Monday, January 10, 2011	Wednesday, January 26, 2011	Tuesday, January 25, 2011	Wednesday, January 19, 2011
Feb-11	Monday, February 07, 2011	Wednesday, February 23, 2011	Tuesday, February 22, 2011	Wednesday, February 16, 2011
Mar-11	Monday, March 07, 2011	Wednesday, March 30, 2011	Tuesday, March 22, 2011	Wednesday, March 16, 2011
Apr-11	Monday, April 04, 2011	Wednesday, April 27, 2011	Tuesday, April 26, 2011	Wednesday, April 20, 2011
May-11	Monday, May 02, 2011	Wednesday, May 25, 2011	Tuesday, May 24, 2011	Wednesday, May 18, 2011
Jun-11	Monday, June 06, 2011	Wednesday, June 29, 2011	Tuesday, June 28, 2011	Wednesday, June 15, 2011
Jul-11	<b>Monday, July 11, 2011</b>	Wednesday, July 27, 2011	Tuesday, July 26, 2011	Wednesday, July 20, 2011
Aug-11	Monday, August 01, 2011	Wednesday, August 31, 2011	Tuesday, August 23, 2011	Wednesday, August 17, 2011
Sep-11	<b>Monday, September 12, 2011</b>	Wednesday, September 28, 2011	Tuesday, September 27, 2011	Wednesday, September 21, 2011
Oct-11	Monday, October 03, 2011	Wednesday, October 26, 2011	Tuesday, October 25, 2011	Wednesday, October 19, 2011
Nov-11	Monday, November 07, 2011	Wednesday, November 30, 2011	Tuesday, November 22, 2011	Wednesday, November 16, 2011
Dec-11	Monday, December 05, 2011	No Meeting	Tuesday, December 27, 2011	Wednesday, December 21, 2011

Date: January 10, 2011  
 To: City of Alameda Health Care District, Board of Directors  
 From: Kristen S. Thorson, District Clerk  
 Subject: 2011 Appointment to Board Committees

**Recommendation:**

Approve the proposed Board Committee assignments as outlined below.

	Finance and Management Committee	Board Quality Committee	Community Relations and Outreach Committee
Committee Chair	Michael McCormick	Robert Deutsch, MD	Stewart Chen, DC
Voting Member	Robert Deutsch, MD	Elliott Gorelick	Michael McCormick
Ex-Officio	Jordan Battani	Jordan Battani	Jordan Battani

In addition, it is requested that the Board appoint Director Michael McCormick as the Board representative to the Administrative Pension Plan Oversight Committee (APPOC).

**Background:**

In preparation for the 2011 appointment to Board Committees, each Board Member was queried as to their preference of committee assignments and based upon the responses, the committee assignments are proposed as outlined above.

Board Members are encouraged to attend any committee meeting

Each Committee has approved a structure and purpose which designates committee composition including Board Member participation. The current structure as it pertains to the Board of Directors is outlined below. Article V of the Bylaws is also attached for reference.

1. Finance and Management Committee:

Committee Composition and Voting Rights: The committee shall be comprised of the following members:

Two members of the City of Alameda Health Care District Board of Directors both of whom shall be voting members of the committee. The President of the City of Alameda Health Care District Board of Directors shall be an ex-officio, non-voting member of the committee.

2. Community Relations and Outreach Committee:

Committee Composition and Voting Rights: The committee shall be comprised of the following members:

At least two members of the City of Alameda Health Care District Board of Directors all 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.

3. Board Quality Committee:

Committee Composition and Voting Rights: The committee shall be comprised of the following members:

Two members of the City of Alameda Health Care District Board of Directors both of whom shall be voting members of the committee.

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.

**ARTICLE V**  
**COMMITTEES**

Section 1. Committees Generally

A. The Board of Directors may, by resolution, establish one or more committees and delegate to such committees any aspect of the authority of the Board of Directors. Membership and chairmanship of such committees shall be appointed by the Board. The Board of Directors shall have the power to prescribe the manner in which proceedings of any committee shall be conducted. In the absence of any such prescription, such committee shall have the power to prescribe the manner in which its proceedings shall be conducted.

B. A majority of the members of a committee shall constitute a quorum of such committee and the act of a majority of members present at which a quorum is present shall be the act of the committee.

C. Unless the Board of Directors or the committee shall otherwise provide, the regular and special meetings and other actions of any Committee shall be governed by the same requirements set forth in Article II, Sections 7 and 8 applicable to meetings and actions of the Board of Directors.



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**WHO WE ARE,  
GOVERNANCE BEST PRACTICES, &  
TOTAL COMPENSATION REVIEW PROCESS**

**PREPARED FOR  
ALAMEDA HOSPITAL**

**PREPARED BY  
BILL HOPKINS, SENIOR CONSULTANT**

**JANUARY 5, 2011**





INTEGRATED HEALTHCARE  
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# Integrated Healthcare Strategies

# Integrated Healthcare Strategies - Who We Are

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- **Offices in Minneapolis and Kansas City**
- **Nearly 200 associates**
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  - Large, integrated provider networks and systems
  - Academic medical centers
  - Large, multi-specialty group practices
  - Children's hospitals
  - National and state healthcare associations

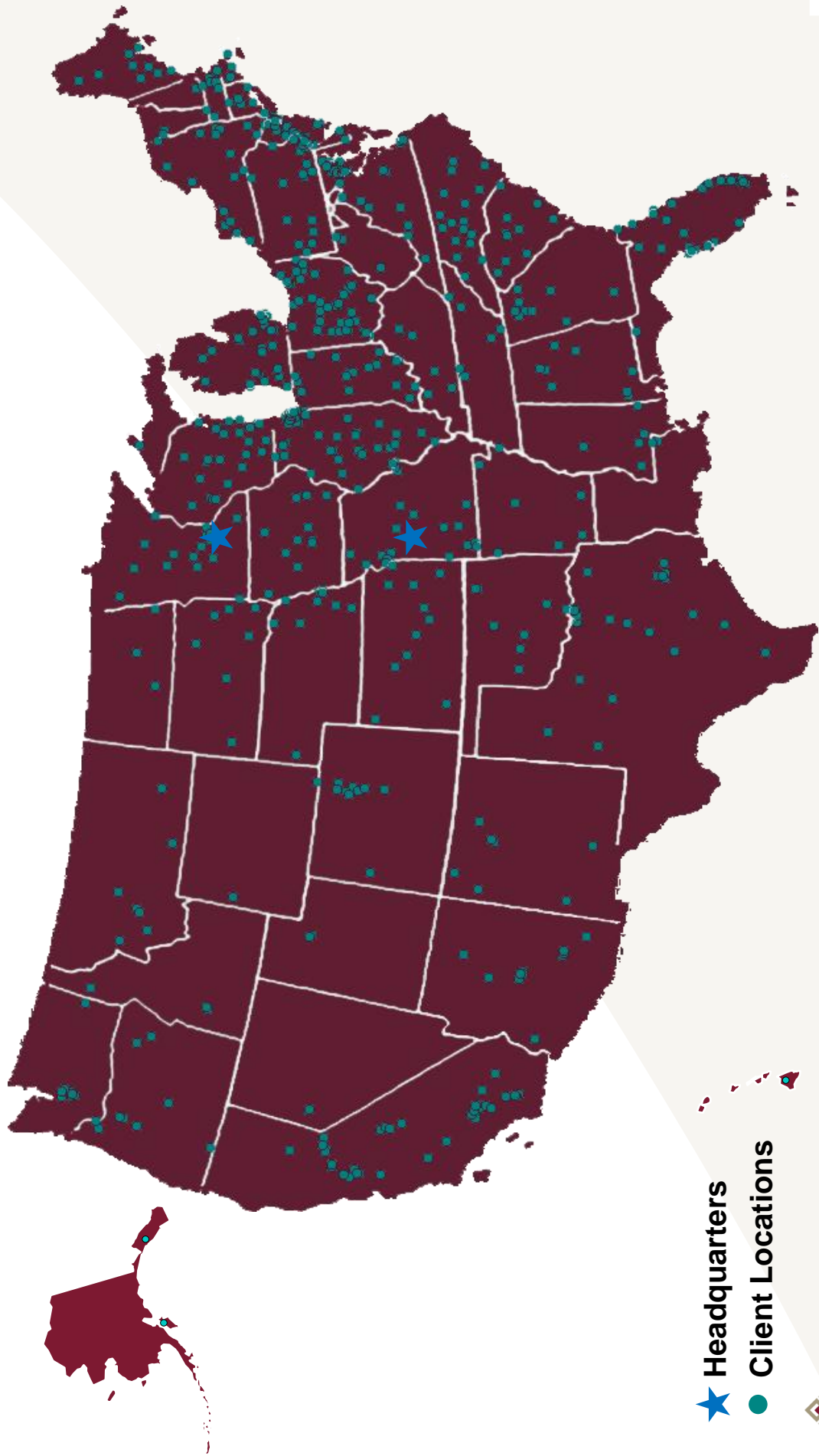
# What We Do

We provide a full suite of strategic human capital consulting services to hospitals and health systems

- **Assess and develop total compensation programs**
  - Leadership
  - Staff
  - Physicians
- **Provide independent advisory services to boards and committees**
  - Governance and best practices
  - Reasonableness opinions
  - Performance appraisal
- **Design of compensation and benefit plans that:**
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<b>Cottage Health System</b>	<b>Santa Barbara, CA</b>
<b>Alameda County Medical Center</b>	<b>Oakland, CA</b>
<b>Community Hospital of the Monterey Peninsula</b>	<b>Monterey, CA</b>
<b>Kaweah Delta Health Care</b>	<b>Visalia, CA</b>
<b>Eisenhower Medical Center</b>	<b>Rancho Mirage, CA</b>



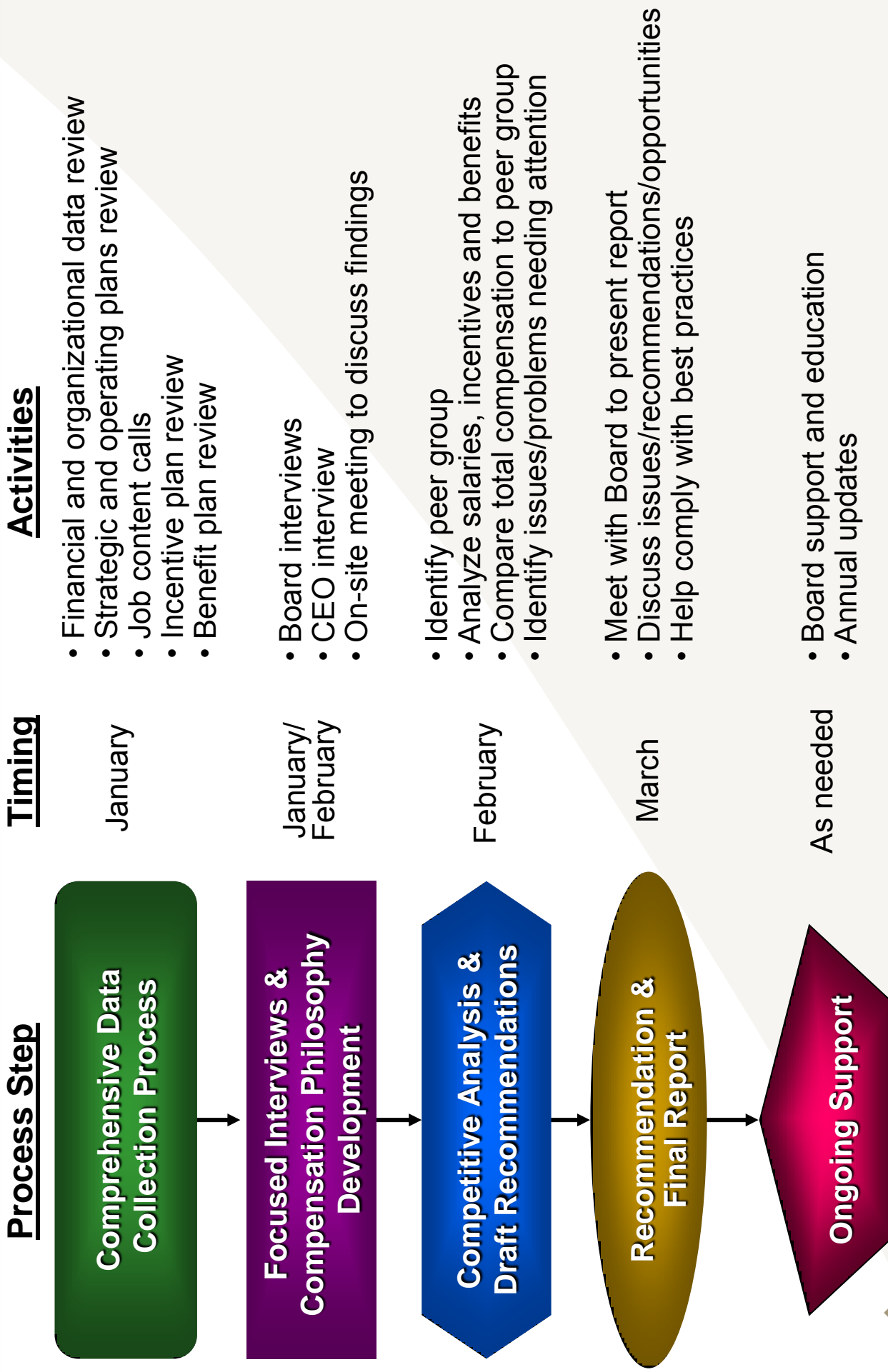


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## INTEGRATED HEALTHCARE STRATEGIES™

Mr. Hopkins is a Senior Consultant at IHStrategies, specializing in Executive Total Compensation. Mr. Hopkins works with healthcare organizations providing executive compensation consulting services, including salary and incentive compensation analyses, governance compliance audits, total compensation evaluations, incentive plan design engagements, and formal reasonableness opinions. Mr. Hopkins routinely works with boards and compensation committees to help them comply with the requirements for establishing a rebuttable presumption of reasonableness, and counsel them regarding the impact of governance reform initiatives and regulations.

# BIO

Mr. Hopkins works with a broad spectrum of healthcare organizations, including small community hospitals, state hospital associations, quality improvement organizations, and some of the country's largest, most prestigious health care systems.

Mr. Hopkins has been with IHStrategies for six years. Before joining IHStrategies, Mr. Hopkins practiced as an attorney with a Minneapolis law firm specializing in collections, clerked for Marshfield Clinic's general counsel, and worked for the Blue Cross Blue Shield of Wisconsin's legal department. Mr. Hopkins received his J.D. from the Marquette University Law School and his B.S.B. in management and insurance from the Carlson School of Management at the University of Minnesota.

If you would like to contact Mr. Hopkins, call 1-800-327-9335 or email [bill.hopkins@ihstrategies.com](mailto:bill.hopkins@ihstrategies.com)



**BILL HOPKINS**

**TITLE:**

Senior Consultant

*Exclusive to Healthcare. Dedicated to People.™*

EXECUTIVE TOTAL COMPENSATION AND GOVERNANCE  
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Date: January 10, 2011  
To: City of Alameda Health Care District, Board of Directors  
From: Deborah E. Stebbins, CEO  
Subject: 401(a) Contribution Limits

---

A recent development surrounding my participation in the Alameda Hospital 401(a) Retirement Plan is being reported to the Board for information only.

Our Human Resources Department, under guidance from our local pension and TDA Broker, has operated the plan on the assumption of making contributions for eligible employees of 6% of their wages up to the maximum wage limit published for Governmental Plans of \$360,000.

However, during a recent audit of our employee wages and contribution limits, it was discovered that this limit was only applicable to Governmental plans in existence before July 1, 1993. Our 401(a) Plan was started in 2002 when the District was established.

Therefore, although we are treated as a governmental agency, our plan limit on wages that are eligible for contributions is \$245,000. This is the maximum for all other nongovernmental organizations and corporations.

I am currently the only employee impacted by the clarification of the appropriate maximum contribution. The required correction involves removing the excess contributions, plus earnings (or minus losses) thereon from my account and crediting this sum to the Alameda Hospital Retirement Plan Forfeiture Account. This forfeiture account is used to offset our future contributions to the plan. There are no adverse tax consequences due to this correction as this money is not taxable at this time and there is no action by the Board required. This is being divulged for informational purposes only.

While this limit only affected my compensation, procedures have been put in place to prevent excess contributions in the future for all employees.

A preliminary estimate of the total amount of the correction is between \$20,000 and \$24,000.

DATE: January 10, 2011  
TO: City of Alameda Health Care District, Board of Directors  
FROM: Kerry Easthope, Associate Administrator  
SUBJECT: SB 1953 Seismic Compliance Update

---

This memo is to serve as a summary of Alameda Hospital’s seismic compliance. I will provide a brief background on what has taken place, where we are today and what are the next planned steps.

*Note: Only the first six (6) pages are memo narrative. The remainder is supporting documentation and information.*

**Introduction:**

The California Seismic Compliance Legislation, SB 1953, was put into place to require all acute care hospitals to ensure that the buildings where acute care services are provided will be safe in the event of a major earthquake. The legislation was first passed in 1994 and provides for hospitals to comply with the prescribed seismic standards by either retrofitting non-conforming existing buildings or replacing them with seismically compliant buildings. The legislation provides a phased in approach to compliance with incremental compliance deadlines. In addition, some legislation has been passed subsequent to SB 1953 which allows for extensions to the deadlines, if certain terms and conditions are met. To further complicate the legislation, there are two main components of seismic compliance: Structural Performance Category (SPC) and Non-Structural Performance Category (NPC), each with their own set of requirements measured on a scale from 1 to 5 for each component and compliance time frames. The higher the rating, the more seismically sound a structure is determined to be. [\(Attachment 1\)](#)

**Background:**

In summary, the following table shows the eight buildings which comprise Alameda Hospital, the year in which they were built and their SPC & NPC status.

	Building	Year Built	NPC Status	SPC Status
1.	Original Hospital	1925	1	1
2.	Stephens Wing	1955 / 1967	1	1
3.	West Building	1967	1	1
4.	Compacter Shed	1983	2	4
5.	South Wing	1983	1	3 pending testing & review
6.	Emergency Room	1986	1	3 pending testing & review
7.	Radiology Addition	1989	1	5 pending testing & review
8.	Medical Gas Storage	1989	1	3 pending testing & review

Unless an extension is granted through existing legislative extension options, which will be discussed later, all hospital buildings need to be at least NPC 3 and SPC 2 by January 1, 2013. Furthermore, hospital buildings needed to be NPC 2 by January 1, 2002.

**SPC Status:**

The attached two letters from the Office of Statewide Health Planning & Development (OSHPD) dated January 13, 2005 ([Attachment 2](#)) and March 24, 2006 ([Attachment 3](#)), summarize the State’s findings on where each of our buildings are with regards to its SPC rating. It is important to note that additional frame joint testing and review will be required for the South Wing. It is also believed that the Emergency Room may require more testing and the Radiology Wing is still pending final review as of January 2005. This additional testing and verification by OSHPD has not yet occurred.

**NPC Status:**

The NPC 2 work which was required by January 2002 includes the following main components, primarily related to anchoring and bracing: bulk medical gas, communications systems, emergency power supply, fire alarm, emergency lights and signs in the means of egress. Although the hospital submitted information to OSHPD indicating OSHPD building projects where each of these items may have been addressed, there was correspondence from OSHPD back in 2002 – 2005, indicating that the documentation is either incomplete or does not completely address the seismic compliance requirement and that additional information and/or work is required. We are meeting with our structural engineer with Thorton Tomassetti to determine what our compliance status is with each of these and what, if any, work is still required to be NPC 2 compliant. In addition, it is required that the Original Hospital (1925), be either delicensed or have NPC 2 anchorage work complete. Since the intent for many years has been to eventually delicense this building, this work has not been done. The OSHPD letter dated April 19, 2005 ([Attachment 4](#)) addresses this matter.

Furthermore, the Hospital has submitted, and received a building permit for its NPC 3 work. NPC 3 includes bracing of equipment in the laboratory, pharmacy and central / sterile supply. In addition, ceilings, pipes and ductwork must be braced in all areas as well as bracing of walls throughout the surgery area. Mechanical equipment must be

braced on the rooftops and in mechanical rooms and elevators also require seismic bracing.

Once again, some of the NPC 1 buildings could change to NPC 2 pending our ability to provide documentation addressing all NPC 2 deficiencies. However, some additional work may need to occur in this area and is currently being discussed with our structural engineers.

It is my understanding that the follow up and continuation of most seismic testing, plan development and work was interrupted for several years in 2001. The delay was primarily the result of a lack of resources to fund this work given the financial position of the hospital during this time and the need to focus on financial viability. Seismic thinking and planning was not actively discussed again until 2008 at which point, we engaged architects & engineers to help us better understand the scope of our seismic retrofit work and master planning for the January 2013 deadline as well as to understand the associated costs. We are one of the only hospitals that is planning to retrofit existing buildings versus rebuilding in order to minimize the cost of retrofit and allow us to comply with the 2013 standards.

#### **Seismic Compliance Extension Options:**

There are four (4) legislative extension options available to those hospitals that meet the criteria outlined for each. In summary, these options are as follows.

1. HAZUS (Extension to 2030): Key factors: proximity to a major fault line, age of buildings, number of floors, ground composition, building composition, construction specifications and attachment to non-compliant building and the need to relocate essential services. We have applied for HAZUS 10 for the Stephens Wing. **At this point, additional documentation and calculations are required from our engineers. (Attachment 5)**

**Note: Representatives from OSHPD has verbally indicated our ability to qualify for reassessment under HAZUS is unlikely due primarily to our proximity to the Hayward fault and the known liquefiable soil identified under the Stephens Wing.**

2. SB1661 (Extension to 2015): The focus of this extension is to provide an additional two years for hospitals that are making serious progress towards 2013 compliance but need more time. Hospitals need to have submitted design plans deemed ready by OSHPD for review by January 1, 2009, and requires progressive status reports that must be met in order to maintain compliance with the extension (6/2009 and 6/2011). **As previously mentioned, the hospital began active planning for its seismic work in 2008, but were not in a position to meet this deadline.**
3. SB 306 (Extension compliance deadline to 2020 if facility meets 2030 standards rather than 2013 by that date). The focus of this extension option was for City and County owned hospitals, safety net hospitals, hospitals that serve a high

number of Medi-Cal and uninsured patients, hospitals that meet strict financial hardship and hospitals that if not in operation, would significantly diminish the availability or accessibility of health care services to an underserved community. **Alameda Hospital applied for this extension and was denied as indicated in the OSHPD letter dated December 29, 2008 (Attachment 6).**

4. SB 499: Like SB 1661, SB 499 which went into effective in February 2010, also provides for up to a 2-year extension option for hospitals that achieve compliance progression benchmarks. The first benchmark is to have SPC-2 building plans submitted to OSHPD by 6/30/10. The second benchmark will be to obtain a building permit by 1/1/2012. The legislation can provide for an extension for NPC-3 compliance to 2030 (then NPC-4 or 5 is required). In addition, the legislation requires annual seismic compliance status reporting to OSHPD beginning November 1, 2010. Lastly, the legislation allows for a new HAZUS 10 reassessment, similar to the previous HAZUS.

**Alameda Hospital has submitted its plans to OSHPD for structural work on the Stephens Wing as well as relocation of the Kitchen to this building by the required June 30, 2010 date. The plans are still in review and will have a number of back checks and additional data submittal requirements before plans are approved. Through this planning process, we have also obtained reasonable cost estimates for this portion of the work and that budget was submitted to the Board at the October 2010 meeting. We still need to submit plans (a separate project) to decommission the 1925 building as well.**

**The hospital has also applied for the NPC-3 compliance extension, but this request will not be approved until all buildings are verified to be at least NPC-2.**

**We submitted the initial annual seismic compliance status report that was due November 1, 2010, and edits are currently being made as they are reviewed by OSHPD.**

### **Current Status:**

In summary, the following is the status of our seismic planning and activity.

1. We applied for an extension under SB 306 and have been denied.
2. We submitted a seismic compliance status report, as required under SB 1661 in June 2009. This report indicates that we would be compliant by 2013, with the comment that our ability to comply is heavily contingent upon our ability to obtain the financing required to pay for this unfunded mandate (**Attachment 7**).
3. We submitted our annual seismic compliance status report prior to November 1, 2010 as required by SB 499. OSHPD is currently reviewing these reports as they are much more comprehensive than the SB 1661 status report. **We have edited our report to indicate that we would not be compliant until January 2016.**

**The report was accompanied by a letter describing the hospital's current situation and intent and that is part of our file at OSHPD.**

4. We have submitted plans for NPC 3 work and currently have a building permit that is valid until April 2011. At that point, it will expire and will need to be re-approved.
5. We have submitted plans for our structural work in the Stephens and West Wings, including plans to relocate the kitchen to the Stephens Wing. These plans are currently under review and back-check with OSHPD. Our architects and engineers will be responding to their comments.
  - a) Additional soil testing was required as part of this plan review and this has recently been complete. Although not definitive yet, the soil testing results may indicate that the West Wing will have its rating upgraded to SPC 2. *(There is a meeting with the A&E team this week to discuss).*
  - b) We have informed the architect and engineers of our immediate challenge in obtaining the necessary financing to put this project out to bid. However, it is our intent to continue with the plan review and approval process with the goal of obtaining an approved building permit.
  - c) OSHPD has been delayed in reviewing any plans for two months while engaged in the SB499 report review. OSHPD is required to report to the state legislature in February 2011 regarding the seismic status of California's hospitals.
6. HAZUS 10 reassessment is still pending due to additional structural data to complete the review. This may cost more money if additional testing is required to gather the needed data. We are not sure if this will affect or change our ability to be compliant given the connection to and services provided in the 1925 building.
7. We have taken steps to obtain capital financing through Cal-Mortgage. We met with representatives from Cal-Mortgage and discussed our seismic needs as well as other potential capital projects. We subsequently engaged financial consultants to prepare the necessary financial feasibility studies for this loan request. Given the current year financial performance, it is felt that we do not demonstrate the ability to assume this amount of new debt service at this time, especially for a something that does not have a return on investment such as seismic.

**Next Steps:**

The following are the next steps to address our seismic challenges.

1. Complete the review to ascertain what is needed to achieve NPC 2 status on all buildings except the Original Hospital.

2. Determine what is necessary to complete testing and verification of other SPC 3 – SPC 5 buildings in order to remove contingency.
3. Complete the plan review process for the structural and kitchen relocation project currently under review with OSHPD.
4. Continue to pursue new revenue generating business ventures and/or partnerships that will enable the hospital to have the financial stability required obtain the capital financing required to complete this work.
5. Given that we have indicated to OSHPD that we will not be compliant by January 2013, wait for the statewide status report that should be forthcoming. Given the number of other hospitals in our situation, there may be additional legislation introduced on a broader level that will provide the legislative assistance that we need.
6. Continue our dialogue with our local state legislators to discuss our situation and actions taken to date. Ensure that we have their support; including possible introduction off special legislation, if necessary, granting an extension specifically to Alameda Hospital, do to our financial constraints.



SB 1953 Timeline

- September 1994 ● Senate Bill (SB) 1953 signed into law ■
- January 2001 ● Hospital Seismic Evaluations due to OSHPD ■
- January 2002 ● NPC – 2 or greater required ■
- January 2008 ● SPC – 2 / NPC – 3 or greater required (unless extension granted) ■
- January 2013 ● SPC – 2 / NPC – 3 or greater required (assuming extension granted) ■
- January 2015 ● SB 1661, SB499: SPC – 2 / NPC – 3 or greater Required (assuming extension granted) ■
- January 2020 ● SB 306: SPC – 1 Buildings are delicensed. New Buildings SPC – 5 / NPC – 4 (NPC – 5 by 2030) ■
- January 2030 ● SPC – 3 / NPC – 4 or greater required ■
- HAZUS: All SPC – 2 Buildings to SPC – 5 / NPC - 5 ■
- SB 499 & SB 1661: All SPC – 2 Buildings repaired, demolished or retrofit to SPC – 5 / NPC – 5. ■



## Prerequisites for Seismic Mandate Extensions

<u>HAZUS (2030)</u>	<u>SB 1661 (2015)</u>	<u>SB 306 (2020)</u>	<u>Summary of Reports for Hospitals Extended to 2013</u>
January 1, 2009	Submit Hospital Design Plans deemed ready by OSHPD for review. See <a href="http://www.oshpd.ca.gov/FDD/Plan_Review/Documents/PPR_White_Paper_final_08-19-08.pdf">http://www.oshpd.ca.gov/FDD/Plan_Review/Documents/PPR_White_Paper_final_08-19-08.pdf</a> , for discussion of deemed ready for review.	Required financial information submitted to OSHPD along with declaration that SB 306 conditions are met.	
June 30, 2009	SPC 1 status report submitted to OSHPD		Submit report to OSHPD on requested data pertaining to SPC-1 buildings receiving 2013 extension
July 1, 2009	Last date to submit request for HAZUS evaluation		
January 1, 2010		Required Facility Master Plan submitted to OSHPD	
January 1, 2011	Building Permit Obtained for Retrofit or Replacement Project  Hospital has submitted a construction timeline showing project(s) construction start date(s) and completion date(s). Project completion date is prior to January 1, 2013.		Hospital has submitted a construction timeline showing project(s) construction start date(s) and completion date(s). Project completion date is prior to January 1, 2013.
June 30, 2011	SPC 1 status report submitted to OSHPD		Submit report to OSHPD on requested data pertaining to SPC-1 buildings receiving 2013 extension

January 1, 2013	If SPC-1 building fails HAZUS, replace or remove from service, or retrofit to at least SPC-2. Retrofit all buildings to at least NPC-3R	SPC-1 Building shall be at least an SPC-2/NPC-3R if 2 year extension not obtained, all other buildings at least NPC-3	Submit Hospital Design Plans deemed ready by OSHPD for review.  NPC 3 work must be completed for SPC 3, 4, and 5 buildings (facility wide).
January 1, 2015		SPC-1 buildings replaced or shall be retrofitted to at least an SPC-2/NPC-3R if extension granted	Building Permit obtained. Within 6 months of receipt of building permit construction timeline start date and completion date defined. Every 6 months thereafter the status of project is reported to OSHPD
June 30, 2015			
January 1, 2020	SPC-2 buildings are delicensed, demolished, or retrofitted to at least an SPC-5/NPC-5	SPC-2 buildings are delicensed, demolished, or retrofitted to at least an SPC-5/NPC-5, all other building NPC-5	SPC-1 buildings are delicensed and new buildings are SPC-5/NPC-4  All buildings NPC-5

## KEY TO THE SUMMARY OF HOSPITAL SEISMIC PERFORMANCE RATINGS

California state law requires hospitals to evaluate their facilities, develop plans to meet seismic standards and ensure that their buildings are seismically sound by specified deadlines. The state's original seismic safety law – the Alfred E. Alquist Facility Seismic Safety Act of 1973 (Alquist Act) – was passed in 1973. Significant amendments to the original law were passed in 1994.

Under these latest amendments to the Alquist Act, California's general acute care hospitals were required by law to evaluate and rate their hospital buildings for seismic performance and to submit these ratings to the California Office of Statewide Health Planning and Development (OHSPD) no later than January 1, 2001.

Hospitals evaluated and rated their buildings according to how they would perform in a strong earthquake. The ratings are defined as follows:

**Structural ratings:** These are ratings of the actual building's structure (Structural Performance Category—SPC)

- SPC-0 The hospital evaluated this building but did not provide any rating in its report to OSHPD.
- SPC-1 These buildings pose a significant risk of collapse and a danger to the public after a strong earthquake. These buildings must be retrofitted, replaced or removed from acute care service by January 1, 2008.
- SPC-2 These are buildings in compliance with the pre-1973 California Building Standards Code or other applicable standards, but are not in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act. These buildings do not significantly jeopardize life, but may not be repairable or functional following strong ground motion. These buildings must be brought into compliance with the Alquist Act by January 1, 2030 or be removed from acute care service.
- SPC-3 These buildings are in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act. In a strong earthquake, they may experience structural damage that does not significantly jeopardize life, but may not be repairable or functional following strong ground motion. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. They can be used to 2030 and beyond.

- SPC-4 These are buildings in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act that may experience structural damage which could inhibit the building's availability following a strong earthquake. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. They may be used to 2030 and beyond.
- SPC-5 These buildings are in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act, and are reasonably capable of providing services to the public following strong ground motion. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. They may be used without restriction to 2030 and beyond.

**Non-structural ratings.** These ratings cover a building's non-structural systems including communications, emergency power supplies, bulk medical gas, fire alarms and emergency lighting. Hospitals must anchor and brace these systems by January 1, 2002.

- NPC-0 The hospital evaluated the building's non-structural components but did not report any rating.
- NPC-1 In these buildings, the basic systems essential to life safety and patient care are inadequately anchored to resist earthquake forces. Hospitals must brace the communications, emergency power, bulk medical gas and fire alarm systems in these buildings by January 1, 2002.
- NPC-2 In these buildings, essential systems vital to the safe evacuation of the building are adequately braced. The building is expected to suffer significant nonstructural damage in a strong earthquake.
- NPC-3 In these buildings, nonstructural systems are adequately braced in critical areas of the hospital. If the building structure is not badly damaged, the hospital should be able to provide basic emergency medical care following the earthquake.
- NPC-4 In these buildings, the contents are braced in accordance with current code. If the building structure is not badly damaged, the hospital building should be able to function, although interruption of the municipal water supply or sewer system may impede operations.
- NPC-5 These buildings meet all the above criteria and have water and wastewater holding tanks—sufficient for 72 hours of emergency operations—integrated into the plumbing systems. They also contain an on-site emergency system and are able to provide radiological service and an onsite fuel supply for 72 hours of acute care operation.

**Facilities Development Division**  
 1600 Ninth Street, Room 420  
 Sacramento, California 95814  
 (916) 654-3362  
 Fax (916) 654-2973  
 www.oshpd.ca.gov/fdd



JAN 18 2005

January 13, 2005

William P. Dasher  
 Dasse Design, Inc.  
 555 Twelfth Street, Suite 600  
 Oakland, CA 94607

**COPY**

RE: Alameda Hospital - 11210  
 2070 Clinton - Alameda, CA 94501  
 SPC 1 Evaluated Buildings

Dear William P. Dasher:

We have reviewed your seismic evaluation report submitted for the referenced facility.

This letter constitutes an approval for the seismic performance ratings as reported for each "hospital building" as noted below.

Building 01 Original Hospital **SPC 1**

Building 02 Stephens Wing **SPC 1**

Building 08 Compactor Shed **SPC 4**

The seismic performance ratings of the following buildings are still under review:

Building 03 West Wing **SPC 2** SPC 1

Building 04 South Wing **SPC 3** – Note that per the Geohazard report prepared by Harza Engineering Company dated December 27, 2000, ground motion at the site from the Loma Prieta earthquake was large enough to meet the triggers contained in Section 4.2.0.1(1) of Title 24, Part 1, Chapter 6 and steel moment resisting frame joints require testing.

Building 05 Radiology Addition **SPC 5**

Building 06 Medical Gas Storage **SPC 3**

Building 07 Emergency Room Relocation **SPC 3**

Please note that any future structural work, including seismic upgrades or retrofits, must be performed in accordance with the requirements of the edition of the California Building Code in effect at the time the project is submitted. This may require remediation of deficiencies not previously identified in your SPC 1 evaluation.

The NPC 2 portion of the evaluation was previously approved in a letter dated July 14, 2004.



## Office of Statewide Health Planning and Development

**Facilities Development Division**

1600 Ninth Street, Room 420  
Sacramento, California 95814  
(916) 654-3362  
Fax (916) 654-2973  
www.oshpd.ca.gov/fdd

**Alameda Hospital**  
ADMINISTRATION

MAR 27 2006

March 24, 2006

William P. Dasher  
Dasse Design, Inc.  
555 12Th Street, Suite 600  
Oakland, CA 94612

A large, bold, black stamp that reads "COPY" with a small icon of a document to its left.

RE: Alameda Hospital - 11210  
2070 Clinton - Alameda, CA 94501  
*SPC Evaluation, West Wing, Building 3*

Dear William P. Dasher:

As requested we have reviewed your seismic evaluation for Building 3 (West Wing) of Alameda Hospital, Alameda, at 2070 Clinton - Alameda, CA, dated December 2000 and your back check responses dated December 24, 2003 and revised April 13, 2004, as required by the Building Standards Administrative Code (Part 1, Title 24, CCR), Chapter 6, CAC, Seismic Evaluation Procedures for Hospital Buildings. We have assigned an **SPC-1** seismic performance rating to Building 3 for the following reason:

**1) LIQUEFACTION:** Liquefaction susceptible, saturated, loose granular soils that could jeopardize the building's seismic performance do not exist in the foundation soils at depths within 50 feet under the building. (Section 9.3.1)

The geotechnical report indicates there is a high risk for liquefaction at the site with a differential settlement of 1 to 3 inches at the general site. This item still requires clarification from the geotechnical engineer and approval by CGS as to the estimated liquefaction risk for Building 3.

If you are not in agreement with this rating, please provide the necessary information to substantiate your SPC 2 evaluation.

If you need further information regarding SB 1953, you may visit our web site at [www.oshpd.state.ca.us](http://www.oshpd.state.ca.us), or you may contact us through Nellie Forgé at (916) 654-3703.

Sincerely,

A handwritten signature in black ink that appears to read "Roy Lobo".

Roy Lobo  
Hospital Seismic Retrofit Program



Alameda Hospital - 11210  
SPC Evaluation, West Wing, Building 3  
Page 2 of 2

cc: File  
✓ Dave O'Neil Administrator - Alameda Hospital



## Office of Statewide Health Planning and Development

**Facilities Development Division**  
1600 Ninth Street, Room 420  
Sacramento, California 95814  
(916) 654-3362  
Fax (916) 654-2973  
www.oshpd.ca.gov/fdd

RECEIVED

APR 20 2005

DASSE

April 19, 2005

William P. Dasher  
Dasse Design, Inc.  
33 New Montgomery Street, Suite 850  
San Francisco, CA 94105

RE: Alameda Hospital - 11210  
2070 Clinton - Alameda, CA 94501  
NPC 1 to NPC 2 Upgrade

Dear William P. Dasher:

The Office of Statewide Health Planning and Development (OSHPD) has received your Back Check #1, dated December 17, 2003, request for an upgrade in the status of the hospital's NPC 1 seismic performance category to NPC 2. Unfortunately we are unable to entertain this request at the current time due to the following reasons:

1. The request for upgrade must include the following documentation:
  - 1.1. A formal notification from the Hospital notifying OSHPD that all hospital buildings on the campus now meet the requirements of NPC 2. The facility must certify in writing that each deficiency identified in the approved seismic evaluation report has been mitigated by listing each deficiency and the corresponding NPC 2 seismic retrofit project(s) that mitigated this deficiency. **Projects addressing all approved NPC 2 deficiencies need to be cited.**
2. Until Building 01 *Original Hospital* is delicensed or NPC 2 anchorage of equipment for this building is completed, the NPC 1 to NPC 2 upgrade request cannot be processed.

Upon receipt of this request and accompanying certification, and agreement with the findings, OSHPD/FDD will change the reported NPC 1 rating and place the certification on file. Any submittals that are incomplete will be returned unreviewed for revision.

If you need further information regarding SB 1953, you may visit our web site at [www.oshpd.state.ca.us](http://www.oshpd.state.ca.us), or you may contact us through Ive Laske at (916) 654-3703.

Sincerely,



Patrick Rodgers  
Hospital Seismic Retrofit Program

cc: Dave O'Neil Administrator - Alameda Hospital  
File





## Office of Statewide Health Planning and Development

## Facilities Development Division

1600 Ninth Street, Room 420  
Sacramento, California 95814  
(916) 654-3362  
Fax (916) 654-2973  
www.oshpd.ca.gov/fdd

Alameda Hospital

ADMINISTRATION

JUL 16 2004

July 14, 2004

COPY

William P. Dasher  
Dasse Design, Inc.  
555 Twelfth Street, Suite 600  
Oakland, CA 94607

RE: Alameda Hospital - 11210  
2070 Clinton - Alameda, CA 94501  
Building 01 Original Building; Building 02 Stephens Wing; Building 03 West Wing;  
Building 04 South Wing; Building 05 Radiology Addition; Building 06 Medical Gas  
Storage; Building 07 Emergency Room Relocation; Building 08 Compactor Shed  
NPC 2 Evaluation – Back Check #2

Dear William P. Dasher:

We have reviewed the Non-Structural Performance Category (NPC-2) portion of the evaluation report dated December 2000 including Back Check #2 received December 19, 2003, Back Check #2A dated January 21, 2004, Back Check #2B dated March 8, 2004, Back Check #2C dated May 27, 2004, and Back Check #2D dated July 12, 2004, submitted for the above facility. Our review has found the NPC-2 seismic evaluation report to be in compliance with the requirements of the CAC Part 1, Chapter 6. This letter constitutes an approval for the NPC seismic performance ratings of NPC 1 (self-declared) for Building 01 Original Building; NPC 1 (evaluated) for Building 02 Stephens Wing, Building 03 West Wing, Building 04 South Wing, Building 05 Radiology Addition, Building 06 Medical Gas Storage, Building 07 Emergency Room Relocation; and NPC 2 (evaluated) for Building 08 Compactor Shed. A NPC 4 rating for Building 08 Compactor Shed cannot be given until a full evaluation of the equipment contained in the building is completed.

Please be aware completion of all NPC 2 anchorage projects was due January 1, 2002.

If you need further information regarding SB 1953, you may visit our web site at [www.oshpd.state.ca.us](http://www.oshpd.state.ca.us), or you may contact us through Ive Laske at (916) 654-3703.

Sincerely,



Patrick Rodgers  
Hospital Seismic Retrofit Program

cc: Dave O'Neil Administrator – Alameda Hospital  
File



## Summary of Requests for HAZUS Re-assessments under 2010 CBC

**As Submitted to California's Office of Statewide Health  
Planning and Development  
by California's General Acute Care Hospitals  
in accordance with the  
Alquist Hospital Facility Seismic Safety Act**

On Hold means Owner's representative has asked OSHPD to put the HAZUS run on hold until further notice.

If you have a questions, please call the toll free Seismic Safety Extension Information line at (916) 326-3607

Facility	Facility Name	City	Letter of Intent Received	Package Rcvd / Status	Bldg No	Bldg Name	Results	
							SPC 2	SPC 1
12551	Verdugo Hills Hospital	Glendale	2/16/2010	Add Info Req'd	02	Main Building - South Tower		
12551	Verdugo Hills Hospital	Glendale	2/16/2010	Add Info Req'd	01	Main Building - North Tower		
10048	John Muir Medical Center, Concord Campus	Concord	3/8/2010		06	B Wing / Surgery Equipment Room	X	
12831	Lakewood Regional Medical Center	Lakewood	3/18/2010		01	Main Hospital	X	
12364	Sharp Memorial Hospital	San Diego	4/6/2010	10/11/2010	03	South Tower		
12364	Sharp Memorial Hospital	San Diego	4/6/2010		08	Long Term Care Building	X	
11210	Alameda Hospital	Alameda	4/14/2010	Add Info Req'd	02	Stephens Wing		
10273	Marin General Hospital	Greenbrae	4/21/2010	Add Info Req'd	01	01 - Original Building & Additions		
10681	Mountains Community Hospital	Lake Arrowhead	5/6/2010		01	Main Building		X
11510	Centinel Hospital Medical Center	Inglewood	5/13/2010		06	Engineering	X	
12023	Little Company of Mary - San Pedro Hospital	San Pedro	5/28/2010	9/23/2010	02	West Wing & Entrance Canopy		
12023	Little Company of Mary - San Pedro Hospital	San Pedro	5/28/2010	Add Info Req'd	01T	Central Wing Tower		
12023	Little Company of Mary - San Pedro Hospital	San Pedro	5/28/2010		01N	Central Wing North	X	
11847	Mission Community Hospital - Panorama Campus	Panorama City	6/1/2010	Add Info Req'd	02	Building B - Ancillary Building		
11847	Mission Community Hospital - Panorama Campus	Panorama City	6/1/2010	Add Info Req'd	03	Building C - Emergency Department B		
10476	Kindred Hospital Westminster	Westminster	6/7/2010		03	Critical Care (Building III)	X	
10476	Kindred Hospital Westminster	Westminster	6/7/2010		02	Entry/Lobby (Building II)	X	
10476	Kindred Hospital Westminster	Westminster	6/7/2010		01	Patient Tower (Building I)	X	
12525	Sutter Solano Medical Center	Vallejo	6/28/2010		01	Original Hospital	X	
10160	Selma Community Hospital	Selma	7/2/2010		04	Multi-Use Facility	X	
10874	El Camino Hospital Los Gatos	Los Gatos	7/7/2010	10/5/2010	02	Generator Building		
10874	El Camino Hospital Los Gatos	Los Gatos	7/7/2010	7/7/2010	03	Unit 2 Addition / CCU Building		
10874	El Camino Hospital Los Gatos	Los Gatos	7/7/2010	10/5/2010	01	Original Building / Outpatient		
10919	O'Connor Hospital - San Jose	San Jose	7/20/2010	Add Info Req'd	01	1953 Building		
10919	O'Connor Hospital - San Jose	San Jose	7/20/2010	Add Info Req'd	02	1953 Boiler House / Laundry		
10038	Doctors Medical Center - San Pablo Campus	San Pablo	8/5/2010		07	West Wing Addition	X	
10811	Sequoia Hospital	Redwood City	8/10/2010	Add Info Req'd	06	Building 6, 8, 9 and 10		

## Summary of Requests for HAZUS Re-assessments under 2010 CBC

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Facility	Facility Name	City	Letter of Intent Received	Package Rcvd / Status	Bidg No	Bldg Name	Results	
							SPC 2	SPC 1
10811	Sequoia Hospital	Redwood City	8/10/2010	Add Info Req'd	05	Building 5		
11966	Pomona Valley Hospital Medical Center	Pomona	8/11/2010	-----	08	1963 Building - Cafeteria	X	
11966	Pomona Valley Hospital Medical Center	Pomona	8/11/2010	Add Info Req'd	06	1953 Building		
11966	Pomona Valley Hospital Medical Center	Pomona	8/11/2010	10/14/2010	11	Pitzer Bldg Admin/Marketing/Acct		
11966	Pomona Valley Hospital Medical Center	Pomona	8/11/2010	-----	15	Boiler Building	X	
10309	Memorial Hospital Los Banos	Los Banos	8/18/2010	Add Info Req'd	01	Main Hospital		
10309	Memorial Hospital Los Banos	Los Banos	8/18/2010	Add Info Req'd	02	Mechanical Building		
12235	Downey Regional Medical Center	Downey	8/26/2010	Add Info Req'd	01	Original Nursing Tower		
11787	Little Company of Mary Hospital	Torrance	9/16/2010	9/16/2010	03	Administrative Wing		
11787	Little Company of Mary Hospital	Torrance	9/16/2010	10/20/2010	02	ER/Cardiac Wing		
11787	Little Company of Mary Hospital	Torrance	9/16/2010	10/20/2010	01	Original Hospital		
12008	Providence Saint Joseph Medical Center	Burbank	9/16/2010	9/16/2010	02	East Building		
10695	St. Mary Regional Medical Center	Apple Valley	10/4/2010	-----	13	MRI Building	X	
10729	Dameron Hospital	Stockton	10/5/2010	10/5/2010	01	1987 Building - 87-A		
10694	St. Bernardine Medical Center	San Bernardino	10/18/2010	10/18/2010	07	Ancillary Building		
10366	St. Helena Hospital	St. Helena	10/19/2010	9/27/2010	02	Main Wing & Smoking Porch Addition		
11441	Beverly Hospital	Montebello	10/19/2010	10/19/2010	06A	Main Building North (Block VI)		
11441	Beverly Hospital	Montebello	10/19/2010	10/19/2010	02	Home Health (Block II) Nursing & La		
							14	1



## Office of Statewide Health Planning and Development



Healthcare Information Division  
400 R Street, Suite 250  
Sacramento, California 95811-6213  
(916) 326-3800  
Fax (916) 324-9242  
www.oshpd.ca.gov

Alameda Hospital  
ADMINISTRATION

Date: December 29, 2008

JAN 07 2009

To: City of Alameda Health Care District  
Attn: Kerry Easthope  
2070 Clinton Avenue  
Alameda, CA 94501

OSHPD has evaluated your application for SB 306 Extension / Delay in Compliance under Health and Safety Code §130061.5. After careful review, your application has been denied.

The detailed reasons for our denial are listed below:

- Net long-term debt to capitalization is not > 60%.
- Debt service coverage is not < 4.5.
- Cash-to-debt ratio is not < 90%.
- The hospital does not maintain a contract with the California Medical Assistance Commission (CMAC) under the selective provider contracting program (unless in an open area established by CMAC).

If you have any questions about our finding, please reply to the address listed at the top of this letter.

Sincerely,

**Robert P. David**  
Chief Deputy Director  
Office of Statewide Health Planning and Development

Cc: HIRC file  
Jonathan Teague  
Ronald Spingarn  
John Gillengerten  
Elizabeth Wied  
Chris Tokas  
David Byrnes

## 2020 Seismic Safety Extension (SB 306 Extension)

The 2020 Seismic Safety Extension allows city or county hospitals or hospitals that meet strict financial hardship criteria to receive a seven year extension from the 2013 seismic safety deadlines and instead require the hospitals to replace those buildings by 2020.

[2020 Extension Application Form](#)

[List and Status of Hospitals Applying for 2020 Extension](#)

[Facilities Development Division \(FDD\) home page](#)

The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (California Health & Safety Code §§ 129675, et seq.), establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. In 2007, Senate Bill 306 added Health & Safety Code §130061.5, which authorizes qualified hospital owners, including city or county hospitals or hospitals that meet strict financial hardship criteria, to receive a seven year extension from the 2013 seismic safety deadline and instead require the hospitals to replace those buildings by January 1, 2020.

Health & Safety Code §130061.5 specifies several different requirements that must be met for a hospital to receive relief from the retrofit or rebuilding deadlines of 2008 and 2013. To apply for the 2020 extension under the provisions of Health and Safety Code §130061.5 the following conditions must be met:

1. Structure is on the list of buildings required to meet the 2013 seismic safety deadlines..
2. Statement regarding the buildings use for direct patient care.
3. The hospital owner has requested an extension of the deadline described in Health and Safety Code, subdivision (a) or (b) of Section 130060.
4. Hospital has submitted demonstration that it is owned or operated by a city, county or city and county (if so, application is approved to proceed with the next steps specified in the bill, if not, further requirements must be met).
5. Hospital has submitted financial information to OSHPD by July 1, 2007 for the most recent fiscal year prior to that date showing the following, for the hospital owners and all of its hospital affiliates, considered in total:
  - a. Net long-term debt to capitalization > 60%.
  - b. Debt service coverage < 4.5
  - c. Cash to debt ratio < 90%
6. Hospital maintains a contract with the California Medical Assistance Commission (CMAC) under the selective provider contracting program (unless in an open area established by CMAC).
7. Hospital continues to maintain at least basic Emergency Medical Services, if the hospital provided emergency medical services at the basic or higher level as of 7/1/2007.
8. Hospital meets at least one of the following criteria:
  - a. The hospital is located within a Medically Underserved Area or a Health Professions Shortage Area designated by the federal government pursuant to Sections 330 and 332 of the federal Public Health Service Act (42 U.S.C. Secs. 254b and 254e).
  - b. The CMAC determines that the hospital is essential to providing and maintaining Medi-Cal services in the hospital's service area.
  - c. The hospital demonstrates that, based on annual utilization data submitted to the office for 2006 or later, the hospital had in one year over 30 percent of all discharges for either Medi-Cal or indigent patients in the county in which the hospital is located.
  - d. If the one of the above is not met:
    - i. OSHPD will determine, by means of a health impact assessment, that removal of the building or buildings from service may diminish significantly the availability or accessibility of health care services to an underserved community.

**For a complete list of criteria refer to** [Health and Safety Code §130061.5](#)

**Submit applications to:**



### Summary of Requests for 2020 Seismic Safety Extensions

	Date Received	Facility Name	Address	Last Updated	Status	City/County
1	5/9/2008	Parkview Community Hospital	3865 Jackson Street, Riverside CA, 92503	08/05/08	Application withdrawn	
2	7/7/2008	Selton Medical Center	1900 Sullivan Ave, Daly City CA, 94015	07/31/08	Approved	
3	7/7/2008	St. Vincent Medical Center	2131 West 3rd Street, Los Angeles CA, 90057	07/31/08	Approved	
4	7/11/2008	Alameda County Medical Center	1411 East 31st Street, Oakland CA, 94602	07/31/08	Approved	City/County
5	7/16/2008	Marin General Hospital	250 Bon Air Road, Greenbrae CA, 94904	8/18/2008	Denied	
6	9/24/2008	San Mateo Medical Center	222 W. 39th Avenue, San Mateo, CA 94403	12/04/08	Approved	City/County
7	10/2/2008	Hollywood Presbyterian Medical Center	1300 North Vermont Ave, Los Angeles, CA 90027	10/30/08	Approved	
8	10/21/2008	Victor Valley Community Hospital	15248 Eleventh St., Victorville, CA 92392	10/30/08	Suspended	
9	10/21/2008	Memorial Hospital of Gardena	1145 W. Redondo Beach Blvd., Gardena, CA 90247	03/11/09	Approved	
10	10/23/2008	East Los Angeles Doctors Hospital	4060 E. Whittier Blvd., Los Angeles, CA 90023	10/30/08	Approved	
11	10/30/2008	Delano Regional Medical Center	1401 Garces Hwy, Delano, CA 93215	11/18/08	Approved	
12	10/31/2008	Pacifica Hospital of the Valley	9449 San Fernando Road, Sun Valley, CA 91352	11/20/08	Approved	
13	11/3/2008	Colorado River Medical Center	1401 Bailey Avenue, Needles, CA 92363	12/30/09	Withdrawn	City/County
14	11/3/2008	Sonoma Valley Hospital	347 Andrieux St, PO Box 600, Sonoma, CA 95476	11/20/08	Denied	
15	11/20/2008	Tehachapi Valley Healthcare District	115 W. E Street, PO Box 1900, Tehachapi, CA 93581	12/08/08	Denied	
16	11/24/2008	San Joaquin General Hospital	500 W. Hospital Road, French Camp, CA 95231	12/03/08	Approved	City/County
17	12/1/2008	Dameron Hospital	525 West Acacia Street, Stockton, CA 95203	12/08/08	Denied	
18	12/3/2008	Mayers Memorial Hospital	P.O. Box 459 Fall River Mills, CA 96028	12/08/08	Approved	
19	12/11/2008	San Geronio Memorial Hospital	600 N. Highland Springs Ave., Banning, CA 92220	12/29/08	Denied	
20	12/12/2008	UC Davis Medical Center	2315 Stockton Blvd, Sacramento, CA 95817	01/15/08	Denied	
21	12/15/2008	Brotman Medical Center	3828 Delmas Terrace, Culver City, CA 90232	04/07/09	Approved	
22	12/16/2008	El Centro Regional Medical Center	1415 Ross Avenue, El Centro CA 92243	12/19/08	Approved	City/County
23	12/16/2008	San Francisco General Hospital	1001 Potrero Avenue, San Francisco, CA 94110	12/19/08	Approved	City/County
24	12/17/2008	City of Alameda Healthcare District	2070 Clinton Avenue, Alameda, CA 94501	01/06/09	Denied	
25	12/18/2008	Catalina Island Medical Center	100 Falls Canyon Road P.O. Box 1563, Avalon, CA 90704	12/31/09	Withdrawn	
26	12/19/2008	Lakewood Regional Medical Center	3700 East South Street, Lakewood, CA 90712	01/06/09	Denied	
27	12/22/2008	Tri-City Medical Center	4002 Vista Way, Oceanside, CA 92056	01/06/09	Denied	
28	12/22/2008	George L. Mee Memorial Hospital	300 Canal Street, King City, CA 93930	01/06/09	Approved	
29	12/29/2008	Loma Linda University Medical Center	11234 Anderson Street, Loma Linda CA 92354	02/05/09	Denied	
30	12/29/2008	LLU East Campus Hospital	25333 Barton Road, Loma Linda CA 92354	02/05/09	Denied	
31	12/29/2008	City of Hope Helford Clinical Research Hospital	1500 E. Duarte Road, Duarte CA 91010	01/08/09	Denied	
32	12/29/2008	East Valley Hospital Medical Center	150 West Route 66, Glendora, CA 91740	03/11/09	Approved	
33	12/30/2008	Corona Regional Medical Center	800 S. Main Street, Corona, CA 92882	01/22/09	Denied	
34	12/31/2008	Alhambra Hospital Medical Center	100 South Raymond Avenue, Alhambra, CA 91801	01/09/09	Denied	
35	12/31/2008	Whittier Hospital Medical Center	9080 Colima Road, Whittier, CA 90605	03/11/09	Approved	
36	12/31/2008	Garfield Medical Center	252 North Garfield Ave, Monterey Park, CA 91754	01/09/09	Denied	
37	12/31/2008	Greater El Monte Community Hospital	1701 Santa Anita Ave, South El Monte, CA 91733	01/09/09	Approved	
38	12/31/2008	Monterey Park Hospital	900 South Atlantic Blvd, Monterey Park, CA 91754	01/09/09	Denied	
39	12/31/2008	San Gabriel Valley Medical Center	438 West Las Tunas Dr., San Gabriel, CA 91776	10/28/09	Approved	
40	12/31/2008	Valley Presbyterian Hospital	15107 Vanowen Street, Van Nuys, CA 91405	01/15/09	Denied	
41	12/31/2008	Rideout Memorial Hospital	726 Fourth Street, Marysville, CA 95901	02/02/09	Denied	
42	2/19/2009	Modoc Medical Center	228 W McDowell Avenue, Alturas, Modoc 96101	02/23/09	Approved	City/County
43	2/23/2009	Santa Paula Hospital	825 N. 10th Street, Santa Paula, Ventura 93061	04/07/09	Approved	City/County
44	4/23/2009	San Bernardino Mountain Community Hospital District	29101 Hospital Road, PO Box 70, Lake Arrowhead, CA 92352	05/13/09	Denied	
45	5/21/2009	Ventura County Medical Center	3291 Loma Vista Road, Ventura, CA 93003	05/21/09	Approved	City/County
46	6/16/2009	Downey Regional Medical Center	11500 Brookshire Avenue, Downey, CA 90241	06/16/09	Denied	
47	6/18/2009	Barstow Community Hospital	555 South Seventh Street, Barstow, CA 92311	06/19/09	Approved	City/County
48	6/19/2009	Alameda County Medical Center - Fairmont Campus	15400 Foothill Blvd., San Leandro, CA 94578	06/19/09	Approved	City/County
49	6/26/2009	LAC/Rancho Los Amigos National Rehabilitation Center	7601 E. Imperial Highway, Downey, CA 90242	06/30/09	Approved	City/County
50	6/26/2009	Martin Luther King, Jr.	12021 South Wilmington Avenue, Los Angeles, CA 90057	12/31/09	Withdrawn	City/County
51	6/29/2009	Natividad Medical Center	1441 Constitution Blvd., Salinas, CA 93912	06/30/09	Incomplete	City/County
52	6/30/2009	Temple Community Hospital	235 N. Hoover Street, Los Angeles, CA 90004	06/30/09	Denied	

**KEY:**

- Received = Contains all required documents but has not yet entered the review process
  - Incomplete = Does not contain all required documents and further correspondence is needed
  - Complete = Contains all required documents and has begun the review process
  - Preliminary review = Application has begun the review process and initial eligibility checks are being done (HIRC)
  - Financial Review = Application is currently being reviewed to confirm that financial requirements have been met (ARSS)
  - Secondary Review = Application is undergoing a CMAC evaluation OR a healthcare impact assessment (HIRC)
- Approved  
Denied

# SB 1661 Facility Report #2

for period ending June 30, 2009

11210	Alameda Hospital	Alameda	All Acute Care Services Removed? (Y/N)	Date All Acute Care Services Removed - Actual (A) or Projected (P)	Project Number	Date Construction		Approved for SB 306 Extension (Y/N)	SB 306 Extension Date
						Start - Actual (A) or Projected (P)	Complete - Actual (A) or Projected (P)		

**Building Number:** 01

**Building Name:**  
Original Hospital

N      2013(P)      Not Provided      Not Provided      N      Not Applicable

**Comments:** Hospital's ability to comply with 2013 deadline is heavily contingent upon its ability to obtain financing required to pay for this unfunded mandate. This could be a big challenge.

**Building Number:** 02

**Building Name:**  
Stephens Wing

N      2013(P)      Not Provided      Not Provided      N      Not Applicable

**Comments:** Hospital's ability to comply with 2013 deadline is heavily contingent upon its ability to obtain financing required to pay for this unfunded mandate. This could be a big challenge.

11210 Alameda Hospital

Alameda

All Acute Care Services Removed? (Y/N)	Date All Acute Care Services Removed - Actual (A) or Projected (P)	Project Number	Date Construction Start - Actual (A) or Projected (P)	Date		Approved for SB 306 Extension (Y/N)	SB 306 Extension Date
				Construction Complete - Actual (A) or Projected (P)	Construction Complete - Actual (A) or Projected (P)		

Building Number: 03

Building Name: West Wing

All Acute Care Services Removed? (Y/N) N Date All Acute Care Services Removed - Actual (A) or Projected (P) 2013(P) Project Number Not Provided Date Construction Start - Actual (A) or Projected (P) Not Provided Construction Complete - Actual (A) or Projected (P) Not Provided Approved for SB 306 Extension (Y/N) N SB 306 Extension Date Not Applicable

Comments: Hospital's ability to comply with 2013 deadline is heavily contingent upon its ability to obtain financing required to pay for this unfunded mandate. This could be a big challenge.



DATE: January 10, 2011  
TO: City of Alameda Health Care District, Board of Directors  
FROM: Kerry Easthope, Associate Administrator  
SUBJECT: Marina Village Space Planning

---

As a follow up to the presentation and discussion at the December 13, 2010 Board meeting regarding our recommendation to enter into a lease agreement for medical office space at 815 Atlantic Avenue in Alameda, it was recognized that more information needs to be presented with regards to our plans for that building.

**Background:**

An important aspect of the hospital’s strategic plan is growth and the development of new programs and services that will allow us to better serve the medical needs of those in our community while providing a positive contribution to the hospitals financial strength. A second aspect of our strategic plan is to develop a more comprehensive medical staff base that will support the primary care physician needs in the community but also support the growth and medical strength of the acute care hospital.

As we look at new programs and services, especially outpatient programs, adequate medical office / clinical space have been an ongoing challenge. In addition, the future need for better and additional physician office space has been identified. The hospital currently leases approximately 8,400 sq. ft. of space at Alameda Towne Center. In that space, we have 12 physicians practicing, many of which are part of the hospitals 1206(b) clinic. We also operate a lab draw station at that location to make it more accessible to patients who require this diagnostic testing.

The lease at Alameda Towne Center has a term date of April 30, 2012, with two 1-year renewal options at the hospital’s discretion. The landlord has not been willing to provide extension options beyond that date and there have been discussion of possible alternative uses for this building space in the long term.

Space within the hospital available for outpatient services is very limited and very costly to renovate and bring up to current OSHPD building code if we were to convert space for alternative uses. Utilizing our current licensed inpatient space for inpatient services is a better and more cost effective use of these spaces once suitable services are identified.

Given the aforementioned, management has been directed to pursue other potential space within the district boundaries that can be utilized to serve the needs of our local physicians as well as enhance and/or expand our outpatient service capabilities.

**Discussion:**

There is very limited functional space available within Alameda for physician office and clinical services use. However, we have identified a building located at 815 Atlantic Avenue, part of the Marina Village business park, that would be suitable to help us accomplish our strategic plans.

The entire building is just less than 25,000 sq. ft. It is the first building you come to when accessing the business park off of Constitution Way or Webster Street and is therefore very accessible, not only to those residents living on the West end of Alameda, but to patients who would utilize the services provided at this location who live in Oakland.

Initial Leased Space (Suite 100):

The initial recommendation, presented last board meeting, was to enter into a lease for 10,612 sq. ft. We would have expansion rights for the remaining empty suite (Suite 105) which is 11,640 sq. ft., as well as two other smaller suites of 1,122 and 1,492 sq. ft. respectively, which are currently under lease with other tenants.

The plan for the initial leased space (Suite 100) is to open a Wound Care Center as previously discussed. This program would be operated in conjunction with Acelecare Wound Centers Inc., who is experienced in managing this type of service. Our preliminary schematic plan indicates that the Wound Care program would take about 3,800 sq. ft. of direct clinical space plus share up to a 400 sq. ft. waiting room area. We are prepared to move forward with implementation of this program once our lease agreement is finalized and we secure financing for the required tenant improvements.

The remaining space in Suite 100 (approx 6,400 sq. ft.) would be used for Rehabilitation Services (outpatient physical therapy, speech therapy, occupational therapy, sports medicine, and potentially cardio fit services). Our current rehab services space here at the hospital is only about 1,400 sq. ft. and has limited treatment space. In addition, because of the lack of space, we do not have the desired equipment, machines and apparatuses that would provide for improved therapy and recovery for a broader spectrum of patients. There is currently a consistent back-log to schedule an initial assessment for outpatient therapy, do in part, to our limited clinical space.

We are currently engaged in discussions with a contract rehabilitation services management company who would assist us in designing, implementing and managing expanded service. We will explore having this management company provide upfront capital to assist with the build out of the center and acquisition of equipment.

Expanding and enhancing our outpatient rehabilitation services program is particularly important as we become a Stroke Certified hospital. Post discharge, many of these patients will require extensive outpatient therapy for full recovery. In addition, there is an ongoing initiative to increase our orthopedic surgery practice here at Alameda. A comprehensive and well managed rehabilitation service is very important to this patient population as well.

Expansion Space:

Within the first year after executing the initial lease, it would be our goal to exercise our expansion right into Suite 105. This space would be designed and built out for physician office space and would allow us to vacate the space at Alameda Towne Center and even relocate some of the physicians currently located in the 1925 building. In addition to physician office space, the plan would be to have a Lab draw station, basic radiology and ultrasound. This would provide a comprehensive one-stop for primary care and diagnostic services.

Once we are able to exercise expansion rights into the smaller two suites that are currently occupied, we are contemplating adding an urgent care or possibly expanding and/or relocating other hospital based outpatient services to this building.

**Summary:**

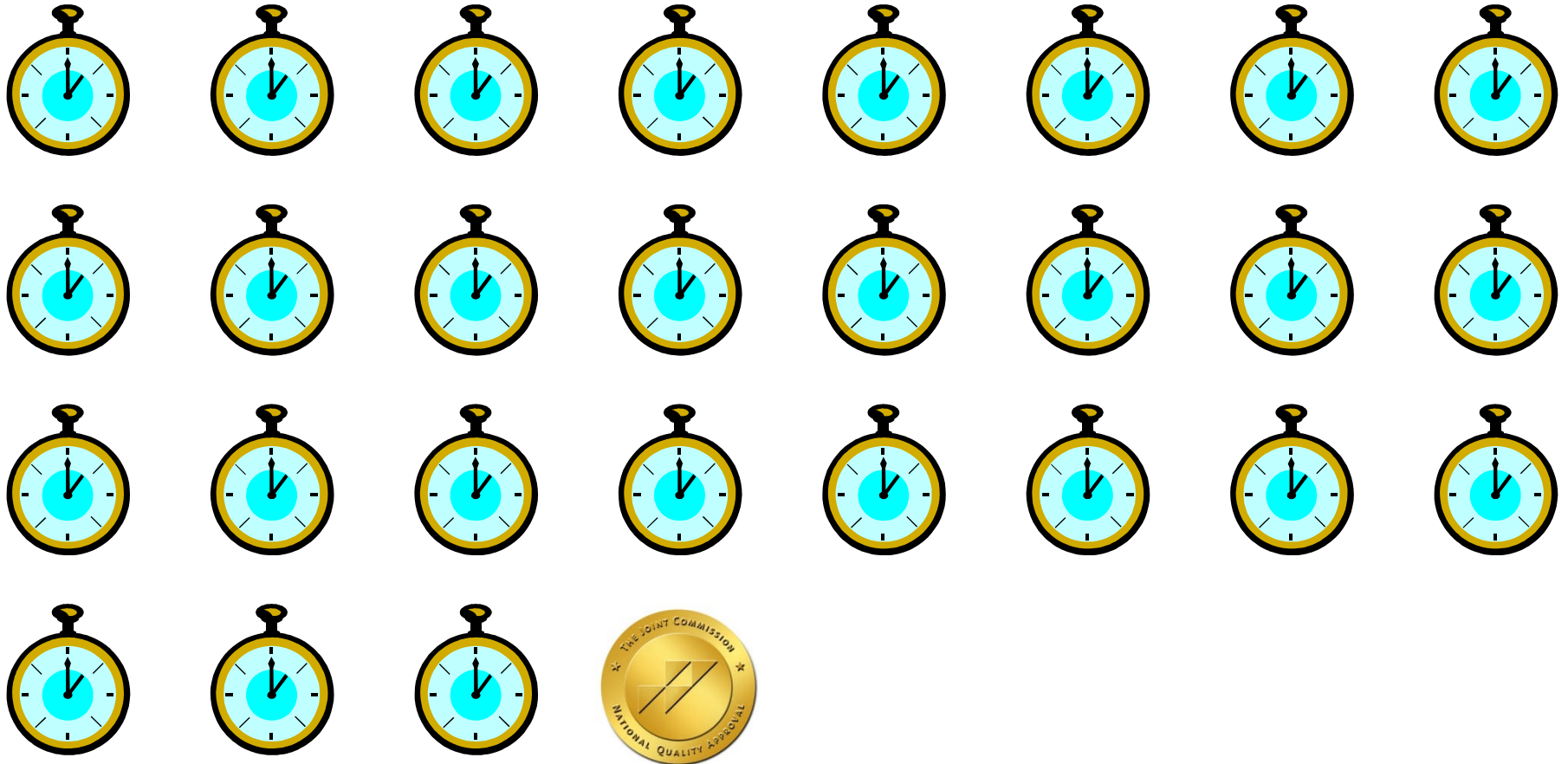
In order to achieve our strategic plans of growth, physician recruitment and enhancing the types and quality of services that we provide to the community, securing the physical space where these activities can occur is an important first step. Given the terms and conditions that we have negotiated and that will become part of our long term lease, we will have space not only to implement new services and expand existing services in the immediate future, but we will have the necessary space to meet our longer term expansion / relocation needs.

Furthermore, the location at Marina Village is very attractive because of its location on the west end of Alameda. Our ability to have a primary care and medical presence on the west end of Alameda will be of benefit to the residents who live or work in that area, but will also service the Oakland / China Town population. We feel that this is a good opportunity and will accomplish many of our short and long term objectives.



# Alameda Hospital Primary Stroke Center Certification Update

Presented By:  
Deborah E. Stebbins, CEO  
January 10, 2011



*Every 45 seconds someone has a stroke.*

Overall in Alameda County: Stroke is the 3<sup>rd</sup> Leading Cause of Death



# Primary Stroke Center

## Demographic Context – City of Alameda \*

- 2<sup>nd</sup> oldest median age in Alameda County: 40.8 years (County average = 37.0 years)
- 27.5 % of population over 55 years
- 2.4% of population over 85 years (patients > 85 have dramatically higher stroke related mortality)
- 650 residents of skilled nursing facilities in City of Alameda
- Age-adjusted stroke mortality in City of Alameda is 38.7%, lower than County-wide average of 40.7%
- Stroke Mortality Rates for all racial and ethnic groups in the County have declined in recent years

\* Alameda County Public Health Department: *Health of Alameda County City and Places, 2010*

## 11 Elements of an Primary Stroke Center\*

1. Acute stroke team available 24 hours a day
2. Written care protocols to ensure rapid recognition, diagnosis, and treatment
3. Emergency medical services integrated into the primary stroke team operations
4. Emergency Department integrated into the primary stroke team
5. Stroke unit
6. Neurosurgical services available within 2 hours
7. Commitment from the institution
8. Neuroimaging performed and interpreted within 45 minutes of patient arrival
9. Laboratory services with rapid turn around of tests
10. Quality improvement program including a database or registry
11. Continuing education program

\*Brain Attack Coalition

## A Stroke Center...

- Improves outcomes
  - Optimizes chance of recovery
  - Minimizes complications
  - Decreases length of hospital stay
- Provides ongoing monitoring
  - Neurologic deterioration (4-8% seizure)
  - Cardiac dysrhythmias (Cardiac etiology in 14% of post stroke deaths)
  - Decreases incidence of complications such as PE, pneumonia (30% of stroke deaths)
- Facilitates thorough, consistent diagnostic work-up
- Ensures early rehabilitation, patient and family education
- Promotes optimal recovery of function





## Letter from County EMS Interim Medical Director

November 25, 2010

“Alameda Hospital has both verbally and in written fashion committed to work toward accreditation status as a Joint Commission Primary Stroke Center. We recognize the significant progress made thus far, and believe that many essential building blocks for that accreditation are in process at the facility. We will welcome Alameda Hospital’s inclusion into the Alameda County Stroke Systems once the requirements are met. As we did with Eden, we will be willing to designate Alameda Hospital as a Stroke Center for our EMS system when the Joint Commission has approved all required documentation and has scheduled the facility for a site visit. “

Joe Barger, MD

# The Joint Commission Disease-Specific Care Standards

## A. Program Management

- 10 standards

## B. Delivering or Facilitating Clinical Care

- 4 standards

## C. Supporting Self-Management

- 3 standards

## D. Clinical Information Management

- 5 standards

## E. Performance Improvement & Measurement

- 6 standards

# Disease-Specific Care Standards

## A. Program Management

- Leadership Roles
  - Delineated Director & Coordinator
  - Defined roles, relationships, & responsibilities
  - Performance improvement plan formalized & accepted, 2-4 wks
  - Expectations for performance improvement finalized, 2-4 wks
- Collaborative Design-Stroke Committee formed & active
  - Complete
- Target population & needs identified
  - Complete
- Program follows a code of ethics
  - Complete
- Program complies with applicable laws and regulations
  - Complete

# Disease-Specific Care Standards

## Program Management (continued)

- Current Reference & Patient Resource Materials
  - Reference materials easily accessible—printing approx 4 wks
  - Reference materials authoritative & current
- Facilities Are Safe & Physically Available
  - Complete
- Scope, Level of Care, Treatment, & Services Communicated to Participants
  - 4 of 5 standards complete
  - Information on access, treatment & services—website, printed material, educational programs in process—approx. 1-2 months
- Scope & Level of Care Same for All Participants
  - Complete
- Eligible Patients Have Access to the Program
  - EMS County approval to change EMS routing protocols upon approval by TJC of all documentation and site visit scheduled

# Disease-Specific Care Standards

## B. Delivering or Facilitating Clinical Care

- Practitioners are Qualified and Competent
  - Stroke Team 8-hour Education—January 2011
  - Nursing Education—January 2011
  - Licensing and Verification for Staff Complete
  - Mechanisms to Verify Licensing, Competence, etc. in Place
  - Orientation Program in Place
- Clinical Practice Guidelines Are Established, Reviewed, Up-to-Date, Relevant with Evidence-Based Practice
  - Complete
- Program is Designed to Meet the Participant's Needs
  - Complete
- Program Manages and Coordinates Conditions That May Occur in Conjunction with Stroke
  - Complete

# Disease-Specific Care Standards

## C. Supporting Self-Management (Post Stroke/Rehab)

- Program involves participants in making decisions about managing their disease or condition
  - Patient education component during care—2 months
- Program addresses lifestyle changes that support self-management regimens
  - Patient education component during care—2 months
- Program addresses participants' education needs
  - Patient education component during care—2 months

# Disease-Specific Care Standards

## D. Clinical Information Management

- Participant information is confidential and secure
  - Patient records per Alameda Hospital protocol exist
  - Data collection & use explained to participant, a double-check on existing protocol required, 1-2 wks
  - All other requirements per AH existing protocols
- Information Management Processes meet the programs internal & external information needs
  - Record retention & retrieval per AH current protocol
  - Use of aggregate data to support decisions, operations, PI, and participant care—get with the guidelines participation—4 months of data required—evaluation to occur on 1-18-2011
- Participant information is gathered from a variety of sources
  - Per existing AH policies for charting
- Program shares information with relevant practitioner across the continuum of care
  - Per existing AH policies for HIM
- Program initiates, maintains, and makes accessible a health or medical record for every participant
  - Record contents and requirements are per AH existing protocol

# Disease-Specific Care Standards

## E. Performance Measurement

- Program has an Organized, Comprehensive Approach to Performance Improvement
  - Per Existing AH Policies for PI
  - Performance Improvement Plan Approval—2-4 wks
- Program Uses Measurement Data to Evaluate Process and Outcomes
  - Participation with Get With The Guidelines-Exists
  - Data Collection Ongoing
  - Measurement and Analysis Education-1/18/2011
  - Use of Data to Improve Processes-Begins 1/18/2011
- Program Maintains Data Quality & Integrity
  - Per Existing AH Performance Improvement Requirements and Get With The Guidelines Protocols and Practices for Data Collection



# Disease-Specific Care Standards

## Performance Measurement (cont)

- Process for identifying, reporting, managing, and tracking sentinel events is defined and implemented
  - Per existing AH Sentinel Event Reporting Policy
- Variance from the Clinical Practice Guidelines is collected and analyzed to improve care
  - Pending education on use of data collected in the GWTG Program—1/18/2011
- Program evaluates participant perception of the quality of care
  - To be developed by Stroke Team—February 2011

## Important Dates to Certification

- January 10<sup>th</sup> – Meeting w/Eden Hospital Stroke Staff to review status
- January 18<sup>th</sup> – Stroke team meeting w/GWTG representative to review certification, plan a mock survey, and learn how to use data entered into the program
- Week of January 17<sup>th</sup> – Bi-weekly meetings of Stroke Team until certification received
- January 18<sup>th</sup> – Data collection completed
- February 2011– Staff education in ECC both live & online self-study
- February 2011–Physician education in ECC both live & online self-study
- February 1<sup>st</sup> – Formal application filed with The Joint Commission

## Important Dates – Community Education

- **January 4** – “Be Stroke Smart” Web page posted on the Alameda Hospital site. Information about signs and symptoms, risk factors, upcoming coming community events is provided.
- **January 21**– Monthly Community Blood Pressure Screening will continue this year. This is offered the third Friday of every month from 10 a.m. – 12 noon.
- **January 28** – Free Community Stroke Risk Screenings. Appointments required. Basic screening will include: BP, body mass index, blood glucose, total cholesterol, quick look EKG for arrhythmias, personal health education about risk factors and signs and symptoms of stroke. High risk individuals: vascular (carotid ultrasound) studies
  - **January 28, 1 – 4 p.m.**
  - **February 24, 8:30 – 11:30 a.m.**
  - **March 25, 1 – 4 p.m.**
  - **April 28, 8:30 am. – 11:30 a.m.**
  - **May 20, 2 – 5 p.m.**
  - **June 30, 8:30 a.m. – 11:30 a.m.**



## Important Dates – Community Education

- Community Presentations on Stroke presented by Irene Pakel, RN, Clinical Educator:
  - Mastick Senior Center – February 7 and 28.
  - Will schedule similar presentations with Cardinal Point, Waters Edge, and other community groups.
- Ongoing education for visitors and families of patients about recognizing signs and symptoms of stroke.





City of Alameda Health Care District

# Seismic Compliance Update

January 10, 2011 – District Board Meeting

Presented By  
Kerry J. Easthope, Associate Administrator

# What is SB 1953?

- Legislation that requires California hospitals to retrofit their facilities to make them safe in the event of a major earthquake (7.0 or greater).
- Two Categories: Structural Performance Category (SPC) and Non-Structural Performance Category (NPC).



## SB 1953 Timeline

September 1994  
Senate Bill (SB) 1953 signed into law

January 2001  
Hospital Seismic Evaluations due to OSHPD

January 2002  
NPC – 2 or greater required

January 2008  
SPC – 2 / NPC – 3 or greater required  
(unless extension granted)

January 2013  
SPC – 2 / NPC – 3 or greater required  
(assuming extension granted)

January 2015  
SB 1661, SB499: SPC – 2 / NPC – 3 or greater  
Required (assuming extension granted)

January 2020  
SB 306: SPC – 1 Buildings are delicensed. New  
Buildings SPC – 5 / NPC – 4 (NPC – 5 by 2030)

January 2030  
SPC – 3 / NPC – 4 or greater required

HAZUS: All SPC – 2 Buildings to SPC – 5 / NPC – 5

SB 499 & SB 1661: All SPC – 2 Buildings repaired,  
demolished or retrofit to SPC – 5 / NPC – 5.

# Status of Alameda Hospital

## SPC (Structural Performance Category)

- **Building 01, Original Hospital: SPC 1**
- **Building 02, Stephens Wing: SPC 1**
- **Building 03, West Wing: SPC 1 (Liquefaction)**
- Building 04, South Wing: SPC 3\*
- Building 05, Radiology: SPC 5\*
- Building 06, Medical Gas Storage: SPC 3\*
- Building 07, Emergency Room: SPC 3\*
- Building 08, Compactor Shed: SPC 4

\* = Additional joint testing required & verification of reported rating by the Office of Statewide Healthcare Planning & Development (OSHPD).



# Status of Alameda Hospital NPC (Non-structural Performance Category)

- The hospital is currently NPC-1
  - Alameda requested, as part of its 1/2008 to 1/2013 extension application that NPC upgrades (NPC-1 to NPC-3), would occur by 2013. This was submitted (6/2004) and approved (11/2004)
  - The 1925 building will may need to be decommissioned complete NPC-2 anchorage requirements.
  - Provide documented evidence of compliance to OSHPD that other NPC-2 issues have been addressed or complete work as required.
  - Key elements for NPC-2 include: bracing & anchoring of: bulk medical gas, communication systems, emergency power supply, fire alarms, emergency lights and signs in the means of egress.

## Status of Alameda Hospital NPC (Non-structural Performance Categories)

- The hospital has submitted plans and received a permit for NPC-3 work in April 2010.
  - One year to commence work or permit must be renewed.
  - Key Elements on NPC – 3: bracing & anchoring of: laboratory equipment, pharmacy & central / sterile supply, ceilings, pipes & ductwork and bracing of walls throughout surgery area. Anchoring mechanical equipment on roof & mechanical rooms. Elevators.

# Key Seismic Issues for Alameda Hospital

- Decommission 1925 building and remove all “required” services (SPC – 1).
  - Administration
  - Dietary
  - Medical Records (HIM)
  - Morgue
- 1925 building then falls under city building jurisdiction (not OSHPD) and would require some upgrades based upon any change of use.
  - Met with Alameda city building department, to discuss plans
- Complete OSHPD verification for SPC 3 – 5 buildings.
- Stephens & West Wings (SPC – 1)
  - Liquefaction (footings and slab on grade)
  - Exterior wall structure
  - Building composition
  - Age of buildings
  - Bridge removal
- All of the hospital’s buildings will require NPC work (bracing and anchorage as discussed)
  - Mechanical, surgery walls, equipment, piping, bulk oxygen, etc.
- Stephens and West Wings will NOT meet 2030 standards

# Cost Estimate for 2013

- SPC-2 work: \$9.4 million (October 2010)
- NPC-3 work: \$.5 million (estimate 2010)
  - NPC-2 work: Will need a cost estimate once extent of compliance and remaining work is determined.
- Decommission 1925 Building: \$.4 million (city building jurisdiction)
- This work would allow the Stephens and West Wings to operate until 2030, at which point they would need to be replaced as part of a larger building Master Plan

# Extension Options Available

- HAZUS
- SB 1661
- SB 306
- SB 499

# HAZUS (Extension to 2030)

- Focus of this extension option
  - Facilities of fairly good construction and composition that are on solid soil and not in proximity to a major fault line.
- Key Factors:
  - Proximity to major fault line
  - Age of buildings
  - Number of floors
  - Ground composition (for us liquefaction concern)
  - Building composition & construction type
  - Need to deal with relocation of key services in 1925 building.
- Alameda: The hospital has applied for HAZUS 10. Additional documentation and calculations may be required from engineers.
  - OSHPD has verbally indicated that our ability to qualify for reassessment is unlikely and that some of the work provided for in our current structural plans would improve our likelihood a successful reassessment.
- *List of facilities requesting HAZUS 10 re-assessment in board packet.*

# SB 1661 (Extension to 2015)

- Focus of this Extension Option:
  - To provide an additional two years for hospitals that are making serious progress towards 2013 compliance but need more time.
  - 1/1/2009: the hospital must submit design plans deemed ready by OSHPD for review.
  - There are progressive status reporting requirements that must be met in order to maintain compliant with this extension. (6/2009, 6/2011)
- Alameda began active planning for seismic in 2008, but was not in a position to meet this deadline.

# SB 306 (Extension to 2020)

- Focus of this extension option:
  - City and County owned hospitals
  - Safety net hospitals
  - Hospitals that serve high numbers of Medi-Cal and uninsured.
  - Hospitals that meet strict financial hardship criteria
  - Hospitals that if not in operation, would significantly diminish the availability or accessibility of health care services to an underserved community.
- 1/1/2009: Required financial information to be submitted to OSHPD along with declaration that SB 306 conditions are met.
- 1/1/2010: Required facility master plan submitted to OSHPD.
- 2030 seismic standards to be met by 2020
- Alameda applied for this extension and was denied (letter & related material included in board packet).



# SB 499

- New Legislation (February 2010)
- Revised HAZUS reassessment option.
- NPC-3 extension option. Alameda applied, but will not be reviewed/approved, until all buildings are verified NPC-2.
- Provides for two year extension options for SPC work, given benchmarks are achieved (similar to SB 1661).

## SB 499 (continued)

- SPC-2 plans to be submitted to OSHPD by 6/30/10 (Alameda has complied with this).
  - Must obtain building permit by 1/1/2012
  - Be making steady progress towards completion.
- Annual seismic compliance status report updates filed to OSHPD, beginning 11/1/2010
  - Alameda has submitted its report, indicating a compliance date of 1/1/2016.

# Current Status Summary

- We applied for SB 306 and were denied.
- Submitted compliance status reports as required under SB 1661 and SB 499. (*SB 499 indicated a delayed compliance date of 1/1/2016*).
- Have approved NPC-3 plans, expire April 2011.
- Have submitted structural plans for Stephens and West Wing, including relocation of Kitchen – in the review process with OSHPD
  - Have performed additional soil testing as required. Pending approved plans for additional materials testing.
  - HAZUS 10 reassessment applied for and in process.
  - Taken steps to obtain capital financing through Cal-Mortgage.

# Next Steps

- Complete review to ascertain remaining NPC-2 work & compliance.
- Meet with OSHPD to determine what is necessary to complete verification of SPC-3 – SPC 5 buildings.
- Complete plan review process for structural and kitchen relocation projects currently under review with OSHPD.
- Continue to pursue new revenue opportunities and/or partnerships to facilitate our ability to secure the necessary capital financing for these projects.
- Understand the state of “California seismic compliance” following summary of SB 499 report to the state legislature.
- Continue dialogue with local state legislatures do discuss our situation and possible Alameda Hospital specific extension legislation.