

PUBLIC NOTICE
CITY OF ALAMEDA HEALTH CARE DISTRICT
AGENDA

Monday, June 30, 2008

***CLOSED SESSION – 6:00 p.m. OPEN SESSION –7:30 p.m.**

Location:

Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue
Alameda, CA 94501

Office of the Clerk: (510) 814-4001

Regular Meeting

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.

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|---|-----------------------------------|
| I. <u>Call to Order</u> | Jordan Battani |
| II. <u>Roll Call</u> | Kristen Thorson |
| III. <u>General Public Comments</u> | |
| IV. <u>Closed Session</u> (Expected to start at approximately 6:00 p.m. and expected to last 1.5 hours) | |
| 1) Approval of Closed Session Minutes – June 2, 2008 | |
| 2) Medical Executive Committee Report and Approval of Credentialing Recommendations | <u>H & S Code Sec. 32155</u> |
| 3) Quality Improvement Committee Report (QIC) | <u>H & S Code Sec. 32155</u> |
| 4) Consultation with Legal Counsel Regarding Pending Litigation | <u>Gov't Code Sec. 54956.9(a)</u> |
| 5) Discussion of Report Involving Trade Secrets | <u>H & S Code Sec. 32106</u> |
| 6) Public Employee Performance Evaluation
Title: Chief Executive Officer | <u>Gov't Code Sec 54957</u> |

***PLEASE NOTE CHANGE IN TIME**

V. Reconvene to Public Session (Expected to start at approximately 7:30 p.m.)

- 1) Announcements from Closed Session Jordan Battani

V. Consent Agenda

- 1) Approval of June 2, 2008 Minutes ACTION ITEM [enclosure]
- 2) Approval of Certification and Mutual Indemnification Agreement ACTION ITEM [enclosure]
- 3) Acceptance of 2008 Annual Environment of Care Report ACTION ITEM [enclosure]

VI. Regular Agenda

- 1) Finance and Management Committee Report David A. Neapolitan
- Acceptance of May 2008 Financial Statements ACTION ITEM [enclosure]
- 2) Strategic Planning and Community Relations Committee Report Rob Bonta
- 3) Chief Executive Officer's Report Deborah E. Stebbins
- 4) Medical Staff President Report Steve Lowery, MD
- 5) General Public Comments
- 6) Board Comments
- 7) Adjournment

**The next regularly scheduled board meeting will be August 4, 2008.
Closed Session will begin at 6:00 p.m. Open Session will follow at approximately 7:30 p.m.**

**Minutes of the Board of Directors
Regular Meeting
June 2, 2008**

Directors Present:

Jordan Battani
Robert Bonta
Jeptha Boone, M.D.
Steve Wasson
Robert Deutsch, MD

Management Present:

Deborah E. Stebbins
Kerry Easthope
David A. Neapolitan

Medical Staff Present:

Steve Lowery, M.D.

Legal Counsel Present:

Thomas Driscoll, Esq.

Excused:

Submitted by: Kristen Thorson

Topic	Discussion	Action / Follow-Up
1. 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 6:08 p.m.	
2. Roll Call	Kristen Thorson called roll, noting that all Directors were present.	
8. General Public Comments	None at this time.	
5. Closed Session	At 6:09 p.m. the meeting adjourned Executive Closed Session.	
6. Reconvene to Public Session & Adjournment	Director Battani reconvened the meeting into public session at 7:35 p.m. and made the following closed session announcements.	
6. Closed Session Announcements	<p>[1] Minutes</p> <p>[2] Medical Executive Committee Report and Approval of Credentialing Recommendations</p>	<p>[1] The Closed Session Minutes for the June 2, 2008 meeting were approved.</p> <p>[2] Medical Executive Committee Report and Approval of Credentialing Recommendations were approved as presented.</p>

Topic	Discussion	Action / Follow-Up
	[3] Quality Improvement Committee	[3] The Quality Improvement Committee Report was accepted as presented.

Initial Appointment:

Name	Specialty	Affiliation
○ Calvin Benton, MD	General Surgery	Private Medicine
○ Lawrence Holmes, MD	Radiology	Bay Imaging Consultants
○ Mark Tidyman, MD	Anesthesiology	Private Practice

Reappointments – Medical Staff

Name	Specialty	Status	Appointment Period End
○ Darien Behravan, MD	Pain Management	Courtesy	11/30/08
○ Faraz Beris, MD	Gastroenterology	Courtesy	05/31/10
○ Gary Cecchi, MD	Hematology/Oncology	Active	05/31/10
○ Christopher Ceraldi, MD	General Surgery	Courtesy	05/31/10
○ Premijt Chahal, MD	Gastroenterology	Active	05/31/10
○ Eugene Chang, MD	Ophthalmology	Courtesy	05/31/10
○ Sophia Chen, MD	Ophthalmology	Active	10/31/08
○ James Foster, MD	Anesthesiology	Courtesy	05/31/10
○ Richard Kochenburger, MD	Gynecology	Active	05/31/10
○ Edward Lee, MD	Emergency Medicine	Active	05/31/10
○ Kelly O’Neal, MD	General Surgery	Courtesy	05/31/10
○ Lillian Tsao, MD	Family Medicine	Active	04/30/09

Reappointment – Allied Health Professional Status

Name	Specialty	
○ Judy Craney, CRNA	Nurse Anesthetist	05/31/10
○ Catherine Dunning, PA-C	Physician Assistant	05/31/10

Proctoring:

Name	Specialty
○ Sophia Chen, MD	Ophthalmology

Resignations:

Name	Specialty
○ Aileen Lim, MD	Nuclear Medicine
○ Denise Ricker, MD	Nephrology
○ Sabine Steegers, MD	Internal Medicine
○ Susan Wakerlin, MD	Internal Medicine
○ Steven Webster, MD	General Surgery
○ Chi-Kwan Yen, MD	Nuclear Medicine

6. Consent Agenda	<p>[1] Approval of Minutes</p> <ul style="list-style-type: none"> ▪ May 5, 2008 ▪ May 19, 2008 <p>[2] Approval of Resolution 2008-5F Levying the City of Alameda Health Care District Parcel Tax for Fiscal Year 2008-2009</p> <p>[3] Approval of Union Bank Signing Authorization/Resolution</p>	<p>Director Deutsch made a motion to approve the consent agenda as presented. Director Boone seconded the motion. The motion carried unanimously.</p>
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Topic	Discussion	Action / Follow-Up
<p>7. Regular Agenda</p>	<p>[1] Finance and Management Committee Report</p> <p><u>Acceptance of the April 2008 Financial Statements</u> David Neapolitan, CFO, reviewed the April 2008 Financial Statements as presented in the materials.</p> <p><u>Approval of Fiscal Year 2009 Operating Budget</u> CEO Deborah Stebbins, CFO David Neapolitan and Associate Administrator Kerry Easthope presented the FY 2009 Operating Budget as presented in the materials. They also reviewed a capital budget process which was developed with input from managers and Directors and will be prioritized throughout the year and as financial resources become available.</p> <p>[2] Proposal to Replace Ethylene Oxide Sterilizer in Central Supply Due to antiquated sterilization equipment in Central Supply, Hospital Management recommended to the Board of Directors that the Hospital purchase a new Sterrad sterilization unit and with the assistance of the Jaber Funds of approximately \$120,000.</p> <p>[3] Strategic Planning and Community Relations Report. Director Bonta reported on the Strategic Planning and Community Relations Meeting of May 27, 2008. The Camden Group presented the Situation Assessment and Analysis to the committee members. Individual interviews with committee members, physicians, and community members will take place in June and a full day planning retreat will take place on July 12, 2008.</p> <p>[4] Special Presentation: Shedding Light on Quality. Janet Dike, RN Director of Quality Resource Management presented a report on the Hospital's quality initiatives and the quality reporting agencies and organizations that make comparative hospital data available to the public. The Hospital's website has been updated to provide consumers with links to the majority of these agencies and organizations (with whom the Hospital participates) in order to provide the public with more information regarding the Hospital.</p> <p>[5] Chief Executive Officer's Report Ms. Stebbins reported that the Alameda Hospital</p>	<p>Director Boone moved to accept the April 2008 Financial Statements as presented. Director Wasson seconded the motion. The motion carried unanimously.</p> <p>Director Wasson moved approval of the Fiscal Year 2009 Operating Budget. Director Bonta seconded the motion. The motion carried unanimously.</p> <p>Director Boone moved to approve the purchase of the new sterilizer and the use of the Jaber Funds to finance the majority of the cost of the new Sterilizer unit. Director Deutsch seconded the motion. The motion carried unanimously.</p>

Topic	Discussion	Action / Follow-Up																												
	<p>Foundation held its annual Tea and Fashion Show on May 17th raising approximately \$15,000 for the Foundation. The event also honored Gayle Godfrey Codiga.</p> <p>Statistics:</p> <table border="1" data-bbox="480 394 1097 653"> <thead> <tr> <th></th> <th>May</th> <th>(May) Budget</th> <th>April</th> </tr> </thead> <tbody> <tr> <td>ADC</td> <td>71.2</td> <td>64.21</td> <td>60.27</td> </tr> <tr> <td>Patient Days</td> <td>2214</td> <td>1991</td> <td>1808</td> </tr> <tr> <td>ER Visits</td> <td>1569</td> <td>1644</td> <td>1473</td> </tr> <tr> <td>OP Registrations</td> <td>2247</td> <td>2789</td> <td>2593</td> </tr> <tr> <td>Patient Days</td> <td>1,954</td> <td>2,043</td> <td>1,913</td> </tr> <tr> <td>Total Surgery Cases</td> <td>513</td> <td>453</td> <td>526</td> </tr> </tbody> </table> <p>Total Charges for the month of May were approximately \$25 million compared to \$22.3 million in the prior month indicating that May should yield positive financial results.</p> <p>[6] Medical Staff President Report Dr. Lowery, Medical Staff President thanked and acknowledged the work that Janet Dike puts into the Quality program at the Hospital. Dr. Lowery also thanked the Foundation on behalf of the Medical Staff for a successful Tea and Fashion Show on May 17th. Dr. Lowery updated the board on several speakers that will be presenting to the medical staff, including Dr. Upadhyay on bariatric Surgery and Dr. Kim on Stroke Center Certification.</p>		May	(May) Budget	April	ADC	71.2	64.21	60.27	Patient Days	2214	1991	1808	ER Visits	1569	1644	1473	OP Registrations	2247	2789	2593	Patient Days	1,954	2,043	1,913	Total Surgery Cases	513	453	526	
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9. General Public Comments	None at this time.																													
10. Board Comments	None at this time.																													
11. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 9:15 p.m.																												

Attest: _____
Jordan Battani
President

Robert Bonta
Secretary



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

June 2, 2008

Alameda Hospital
ADMINISTRATION

JUN 05 2008

CITY OF ALAMEDA HEALTH CARE DISTRICT
2070 Clinton Avenue
Alameda, CA 94501
ATTN: Stuart Jed, Chief Executive Officer

CERTIFICATION OF TAXES, ASSESSMENTS & FEES

The collection of the Cities, Special Districts and Schools' special taxes, assessments and fees on the Secured Tax Roll requires a Certification and Mutual Indemnification Agreement with the County.

Please have the appropriate individuals sign the enclosed agreements and return the three originals to my attention, at the Office of Auditor-Controller, 1221 Oak Street, Room 249, Oakland, CA 94612. Our office will request the Board of Supervisors to sign the agreements and mail an executed original agreement to you.

Please return your signed certification statements along with your assessments' data to our office no later than **August 10th**.

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

A reminder, due to the enactment of Assembly Bill 2670 (stats. 2006, ch.791), beginning with the 2007/2008 tax roll the State Board of Equalization (SBE) consolidated all unitary railroad properties under one countywide tax rate area (TRA 00-002). Since special assessments for unitary railroads are now assessed at the countywide level rather than the TRA level, please submit the special charges for them with the following information: SBE utility company number, legend number and total dollar amount per legend.

If you have any questions, please call me at (510) 272-6548.

Sincerely,

Carol S. Orth
Tax Manager

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

Assistant Controller
Connie Land
1221 Oak St., Rm 238
Oakland, CA 94612
Tel. (510) 272-6565
Fax (510) 272-9414

Certification and Mutual Indemnification Agreement

The CITY OF ALAMEDA HEALTH CARE DISTRICT (hereafter referred to as public agency), by and through its Attorney, hereby certifies that to its best current understanding of the law, the taxes, assessments and fees placed on the 2008/09 Secured Property Tax bill by the public agency met the requirements of Proposition 218 that added Articles XIII C and XIII D to the State Constitution.

Therefore, for those taxes, assessments and fees which are subject to Proposition 218 and which are challenged in any legal proceeding on the basis that the public agency has failed to comply with the requirements of Proposition 218; the public agency agrees to defend, indemnify and hold harmless the County of Alameda, its Board of Supervisors, its Auditor-Controller/Clerk-Recorder, its officers and employees.

The public agency will pay any final judgment imposed upon the County of Alameda as a result of any act or omission on the part of the public agency in failing to comply with the requirements of Proposition 218.

The County of Alameda, by and through its duly authorized agent, hereby agrees to defend, indemnify and hold harmless the public agency, its employees, agents and elected officials from any and all actions, causes of actions, losses, liens, damages, costs and expenses resulting from the sole negligence of the County of Alameda in assessing, distributing or collecting taxes, assessments and fees on behalf of the public agency.

If a tax, assessment or fee is challenged under Proposition 218 and the proceeds are shared by both the public agency and the County of Alameda; then the parties hereby agree that their proportional share of any liability or judgment shall be equal to their proportional share of the proceeds from the tax, assessment or fee.

The above terms are accepted by the public agency and I further certify that I am authorized to sign this agreement and bind the public agency to its terms.

CITY OF ALAMEDA HEALTH CARE DISTRICT

COUNTY OF ALAMEDA

Dated: _____

Dated: _____

By: _____
(Signature)

By: _____
(Signature)

(Print Name)

(Print Name)

(Print Title)


(Print Title)

Approved as to form:

Claude Kolm, Deputy County Counsel

DATE: June 17, 2008

TO: Board of Directors, City of Alameda Healthcare District

FROM: Kerry Easthope, Associate Administrator 

SUBJECT: Annual Report for Environment of Care

The hospital Safety Committee hereby submits the enclosed 2007 Annual Environment of Care reports for approval by the district board of directors. The Safety Committee meets bi-monthly. At each of these meetings, each subcommittee reports on its activities. These activities are then summarized on an annual report that includes key accomplishments and goals for the upcoming year.

Enclosed are subcommittee annual reports covering the following areas of Environment of Care.

- Emergency Management
- Emergency Management Sub-Committee Report
- Medical Equipment Management Plan
- Utilities Management
- Fire / Life Safety Management
- Human Resources Safety Plan
- Hazardous Materials and Waste Management
- Security Management
- Staff Education and Training

One of the most notable accomplishments of the safety committee was a successful Joint Commission survey in May 2007. The surveyors were very impressed with staff and the committee's knowledge, understanding and implementation of hospital-wide safety and environment of care policy & procedures. The committees meetings and activities were well documented and well organized. It is our goal to maintain this level of preparation during the upcoming year.

Annual recommendation for approval of the hospital's Environment of Care Policy & Procedures will be forthcoming.

**Alameda Hospital
2007 Annual Evaluation of the Environment of Care Program
Emergency Management**

I. Summary of Effectiveness

The basis of the Alameda Hospital Emergency Management program is mitigation, preparedness, response, and recovery. The committee focuses on a variety of expectations including planning and management of the six critical areas of emergencies as identified by the Joint Commission: communication, resources & assets, safety & security, staff, utilities, and clinical activities.

A major task in 2007 was replacing the HEICS model and implementing the NIMS/HICS model for Emergency Management. Eight key hospital leadership personnel completed ICS 100, ICS 200, and NIMS 700. Training sessions for staff were provided and are still in progress. HICS was incorporated into training and exercises.

II. Scope

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

III. Objectives and Goals for 2007

2007 Specific Objectives and Goals	Status
Conduct a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect the need for the Hospital's services, or its ability to provide those services. Base planning and actions on priorities established by the HVA and periodically re-evaluate the HVA.	HVA completely analyzed and updated. Included Alameda City HVA in planning.
Integrate the hospital's role into community-wide planning.	Actively attending and participating in Alameda City Disaster Council meetings, A.C. Disaster Preparedness meetings, EMS Agency Hospital Comm.

Plan for patient, family, staff, logistics, security and media activities during emergency conditions.	EM plan reviewed revised and updated to include all components.
Plan for evacuation and establishment of an alternate care site and credentialing and assignment of emergency personnel.	Planning still in progress for alternate care site. State data base in process of development for credentialing
Replace depleted food supplies, donate supplies prior to expiration.	Plan with dietary- enough food in dietary to feed 140 persons for 72 hours and MOU with SYCO of San Francisco to deliver within 4 hours. Will need to increase food supply to 96 hours. Plan to purchase additional disaster food supply for Alameda Hospital for 96 hours.
Obtain 'First Responder Operations' and 'First Responder Awareness' training for at least 5 staff members.	Will continue training
Develop and schedule HazMat awareness classes for Hospital staff.	Utilize HazMat drill in June as educational exercise. Will continue training.

IV Performance

Performance indicators included:

A. Participation in drills: At least 50% of staff participate in drills.

**June 1 Disaster Drill – External HazMat Exposure Drill
Entire hospital participated in the drill.**

**October 25 Disaster Drill – Statewide Pandemic Drill
Entire hospital participated in the drill. The Golden Guardian Drill and the Statewide Drill were within 30 days of each other.
We were only able to participate in one of the two drills.**

V Goals for 2008

A. Activate and utilize the Emergency Operations Plan and HICS in all disaster drills and exercises in all aspects as appropriate.

- B. Education and re-education of all staff to the Alameda Hospital emergency management plan with focus on revisions and changes, HICS, and Joint Commission standards.**
- C. Train additional staff in First Responder awareness.**
- D. Increased education for Emergency Room staff in all aspects of patient management during a disaster, patient triage, and patient flow.**
- E. Inventory, evaluate and re-organize equipment and supplies in the Disaster Preparedness trailers.**
- F. Revise and update HVA incorporating Alameda City HVA priorities.**
- G. Participate in statewide disaster exercise for 2008**
- H. Assess ability to prioritize, manage, and allocate resources during a surge event.**
- I. Demonstrate the ability to communicate facility needs to outside vendors, outside suppliers, EMS, Alameda City, and corporate healthcare system.**
- J. Continue to plan, establish and exercise ability to activate alternate care sites.**

Alameda Hospital
Emergency Management Sub-committee
2007 Annual Report

The basis of the Alameda Hospital Emergency Management program is mitigation, preparedness, response, and recovery. The committee focuses on a variety of expectations including planning and management of the six critical areas of emergencies as identified by the Joint Commission: communication, resources & assets, safety & security, staff, utilities, and clinical activities.

A major task in 2007 was replacing the HEICS model and implementing the NIMS/HICS model for emergency management. Eight key hospital leadership personnel completed ICS 100, ICS 200, and NIMS 700. Training sessions for staff were provided and are still in progress. HICS was incorporated into training and exercises.

Increased attempts were made to maintain consistent communication and interfacing with Federal and State agencies, area hospitals, and community organizations by attending the following meetings: Alameda County Emergency and Safety Managers meetings, Alameda County Disaster Preparedness Health Coalition, Alameda City Multi-Hazard Planning Committee, Alameda City Disaster Council, participation in Pandemic table-top exercise with Public Health Department.

Major Accomplishments

- A. Maintaining and enhancing the Emergency Management program to address Alameda Hospital goals and Federal and State standards.
- B. Alameda Hospital participated in the Statewide Pandemic Medical and Health Exercise in October. Alameda Hospital addressed 10 of the 13 proposed objectives by the state. This event tested our surge capacity plans and ability to handle large numbers of very ill patients. We were also able to demonstrate our ability to utilize the HICS model.
- C. Alameda Hospital held a hospital wide drill on June 1 involving community coordination with the City of Alameda and the Red Cross. The scenario was a chemical spill on the 880. We were able to utilize our decontamination equipment, set up our triage tents and test patient flow during a disaster.
- D. Emergency Management Preparation presentation at Alameda Hospital Safety Fair: distributed disaster materials. demonstration of disaster evacuation chair; demonstration and orientation of portable generators, Paprs, and Minte unit isolation set-up for disaster, Demonstration and competency for staff in use of two way radios.
- E. Participation in Alameda Hospital Community Faire and Presentation of Disaster Preparedness information and teaching materials.

- E. Development of Surge Capacity policies.
- F. Development of objectives for Joint Commission Standard Guidelines for 2008.
- G. Reviewed and revised the Alameda Hospital HVA – incorporated Alameda City HVA in process.

Goals for 2008

- A. Activate and utilize the Emergency Operations Plan and the HICS in all disaster drills and exercises in all aspects as appropriate.
- B. Education and re-education of all staff to the Alameda Hospital emergency management plan with focus on revisions and changes, HICS, and Joint Commission standards.
- C. Train additional staff in First Responder awareness.
- D. Increased education for Emergency Room staff in all aspects of patient management during a disaster, patient triage, and patient flow.
- E. Inventory, evaluate and re-organize equipment and supplies in the Disaster Preparedness trailers.
- F. Revise and update HVA incorporating Alameda City HVA priorities.
- G. Participate in statewide disaster exercise for 2008.
- H. Assess ability to prioritize, manage, and allocate resources during a surge event.
- I. Demonstrate the ability to communicate facility needs to outside vendors, outside suppliers, EMS, Alameda City, and corporate healthcare system.
- J. Continue to plan and establish and exercise ability to activate alternate care sites.

Alameda Hospital
2007 Annual Review
Of the
Medical Equipment Management Plan

Mission Statement

It is the mission of the Biomedical Engineering department to ensure that hospital clinical equipment is in an optimal and safe condition. We are responsible for the testing, repair, and scheduled maintenance of all contracted clinical equipment owned, leased and/or operated by the hospital, its employees, and physicians.

Goals and Objectives

Test and ensure the operating safety of all clinical equipment utilized in the Hospital according to the requirements set forth by JCAHO, NFPA, CAP, AOA, state law, and the manufacturer of the equipment.

Perform immediate service, timely repair, and proper documentation of all contracted clinical equipment found to be malfunctioning and/or operating outside of required safety standards.

Conduct and document appropriate preventive maintenance procedures on contracted equipment as scheduled.

Monitor and review any and all activity performed by outside contractors for the Biomedical Engineering department.

Provide professional advice for repair versus replacement decisions and for clinical equipment evaluations and pre-purchase activities.

Reduce the amount of Human Factor and Can Not Duplicate symptom service calls by obtaining or providing in-service education for all clinical areas regarding the safe and proper use of medical instrumentation.

Strive for a planned maintenance (PM) completion rate of at least 95%.

Planned Maintenance and Corrective Maintenance

For the calendar year 2007, there were 1451 completed Planned Maintenance (PM) actions of 1487 scheduled. An additional 53 PM actions were completed out of schedule bringing the annualized cumulative PM compliance up to 98.9%. This exceeded our set threshold of 95.0%.

	PM Scheduled	PM Completed	PM Carried Forward
1 st Quarter	379	369	22
2 nd Quarter	351	341	4
3 rd Quarter	294	288	7
4 th Quarter	463	453	20
Totals	1487	1451	53

531 Corrective Maintenance (CM) actions were completed during the year. 3 of these repair items were classified as Operator Error or Misuse. A total of 37 Can Not Duplicate (CND) errors were recorded for the year. No specific trends were identified within these CND and Operator Error failures. 16 items were coded as being Abuse. These mostly include pulled power cords or dropped equipment and are not necessarily considered as intentional in nature.

	CM Completed	CND Errors	Operator Errors	Device Abuse
1 st Quarter	179	3	1	3
2 nd Quarter	119	19	0	10
3 rd Quarter	163	10	0	1
4 th Quarter	70	5	2	2
Totals	531	37	3	16

Equipment Inventory and Service Documentation

At the close of 2007 there were 1156 items on the active equipment inventory. There were 152 items retired and 153 items added for the year. The majority of these changes were rental equipment entering and exiting the hospital.

As a continuing performance improvement standard and goal, Equipment Inventory accuracy continues to be addressed. Utilizing a PDA system, equipment make, model, serial number information, as well as location, and contract coverage levels are being verified and corrected on a monthly basis. As purchase information is provided by the hospital, initial purchase price and PO information is being included in the equipment records. New equipment control numbers are being added to existing equipment. These new identification tags identify the equipment within the GE Healthcare network and allow for nationwide tracking tying the equipment to our site.

Biomedical Engineering continues to support the hospital in their retirement and acquisition of medical equipment. End of Product Life (EOPL) letters are distributed through GE to help watch for items that are nearing the end of their serviceable life. As the manufacturers set End of Product Life dates, service & support or replacement options are discussed with the department directors.

Inspections

The Biomed program at Alameda Hospital was subjected to two GE Healthcare internal inspections/audits in 2006. These functions helped the Biomed program successfully complete the hospital wide JCAHO inspection in May of 2007 with no recommendations or findings noted in their final report.

Summary

The Medical Equipment Management Program for Alameda Hospital was effective in 2007. The planned maintenance (PM) compliance percentage continually exceeded 95%. Biomedical Engineering continues to support the hospital capital equipment planning committee with recommendations for the replacement of obsolete/aged equipment. The use of the PDA has improved the capture and recall of information in the database with the ability to make timely updates to the data.

2007 Performance Improvement Standards and Goals

Maintain a Planned Maintenance (PM) completion rate of at least 95%

Continue to verify equipment inventory accuracy. Verify equipment make, model and serial numbers. Expanding out to include locations and contract coverage levels.

Verify Planned Maintenance (PM) schedules and coverage levels. Update department logbooks with current content on a semi-annual basis.

Improve implementation of both the GEHC and Hospital policies in regards to temporary equipment (Demo/Loaner/Rental) being brought into the facility.

**City of Alameda Health Care District
2007 Annual Evaluation of the Environment of Care Program
Utilities Management**

I. Summary of Effectiveness

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

- A. All preventative maintenance (PM's) completed
- B. Extensive unplanned issues (see below) were evaluated and projects were developed to address the problems.

II. Scope

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

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

III. Objectives and Goals for 2007

Overall Goals:

- Assess and minimize the risks of utility failures
- Reduces the potential for hospital-acquired illness
- Ensure the operational reliability of utility systems through PM's

2007 Specific Objectives and Goals	Status
1. Emergency Generator Radiator Project	Cancelled
2. Phone / Computer Room Compliance Project	Cancelled
3. SB 1953 Plan Approved by OSHPD	Cancelled
4. Statement of Condition - online	Completed

- IV. Performance indicators:
 - A. Service all work order requests and incident reports: 100% completed
 - B. Complete Preventative Maintenance(PM's) as required: 100% completed
- V. New Unplanned Issues in 2007

New unplanned issues addressed by the Safety Committee in 2007 include:

 - A. Installing Information Systems infrastructure throughout the plant.
 - B. Surgery Wing roof repaired
 - C. Office Renovations (painting, etc.)
- VI. Objectives and Goals for 2008
 - A. Implement new Joint Commission Environment of Care for Utilities
 - B. Address Joint Commission new Life Safety Code and Standards
- VII. Performance Indicators for 2008
 - A. Building Maintenance Program
 - B. Work Orders
 - C. Projects completed

**Alameda Hospital
2007 Annual Evaluation of the Environment of Care Program
Fire/Life Safety Management**

I. Summary of Effectiveness

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

- A. All fire safety exercises were conducted and evaluated with minimal intervention. In-service provided as needed. The need for Interim Life Safety Measures was appropriately evaluated and activated if determined necessary. No fire watches were required.
- B. Fire Exercises were conducted on the weekend for all shifts.

II. Scope

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

III. Objectives and Goals for 2007

Objectives:

- Develop a proactive process to focus on protecting patients, visitors, staff and property from fire and the products of combustion based on structural features of fire protection and operational procedures. A fire response plan is reviewed.
- Meet quarterly fire safety standards and conduct an exercise in Surgery.
- Provide a mechanism where fire/life safety issues are identified and delegated to the appropriate individual for resolution.
- Develop and implement activities to protect individuals when a building does not meet the applicable provisions of the *Life Safety Code* as during construction.
- JCAHO new EC's – incorporate JCAHO newly revised fire/life safety into management plan.
- Identified Published Info
- Develop a department specific plan for the Women's Health Center.

2007 Specific Objectives and Goals

Status

2007 Specific Objectives and Goals	Status
1. Respond throughout the year to identified problems and relevant published information regarding life safety	JCAHO Newsletter regularly reviewed as well as their website; Information regarding fires in the OR, was downloaded and given to the OR Nurse Manager.
2. Fire quiz exercise conducted on-site for all shifts	Weekend quizzes were conducted on-site for all shifts.
3. Tamper switch added to South Building main sprinkler shut off valve in parking lot planter.	Completed

Alameda Hospital
2007 Annual Evaluation of the Environment of Care Program
Fire/Life Safety Management

IV. Performance

Performance Indicators included:

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

Overall rating for this year was:

B. Increase staff knowledge each quarter: Questions 5 & 6 Life Safety and 3&5, Associate Knowledge target 95% Accuracy

V. New Unplanned Issues in 2007

VI. Objectives and Goals for 2008

1. Respond throughout the year to identified problems and relevant published information.
2. Continue questions on monitor sheet for Associate Knowledge and Life Safety.
3. Continue to review/revise fire alarm panel descriptions. (Continue process)
4. Review and update for department specific plan.
5. Develop a department specific plan for the Women's Health Center.

VII. Performance Indicators for 2008

1. Track and evaluate scoring of performance at the fire site during exercises.
2. Increase staff knowledge each quarter with regard to question #3 & 5, Life Safety and #5 & 6, Associate Knowledge with a goal of 95% compliance.

Date: March 12, 2008
To: Linda Wilde, Safety Officer
From: Trish Carter, Sr. Human Resources Specialist
CC: Phyllis Weiss, Director of Human Resources
Subject: 2007 Annual Evaluation - Human Resources Safety Plan

I. Summary of Effectiveness

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

A. Employee Injury and Illness Subcommittee worked effectively to assist in developing new programs to address occupational injury and illness such as the following:

- Collaboration with Occupational Medical Clinic (Drs. Gest and Goodman).
- Worked with Managers and Engineering to fix any structural problems.
- Greater awareness and emphasis placed on Injuries and Illnesses as we provided in-house training for managers to ensure that employees and Managers were made aware of the necessary reporting processes and timelines.
- Worked with Hazel Lau, Ergonomic Specialist, and pro-actively performed ergonomic evaluations.
- Greater emphasis focused on prevention including accident site visits/assessments and employee training.

II. Scope

The scope of the Safety Management Plan encompasses all employees as well as registry, students, contracted employees, patients, volunteers, visitors and the medical staff. Services offered and sites covered by the plan remain essentially the same. The Plan is administered by a Safety Officer, Safety Committee and subcommittees.

Objectives and Goals for 2007

Overall Goals:

Continue to:

- Reduce number of injuries in the workplace
- Reduce amount of lost time due to injuries
- Greater education and training to proactively prevent injuries.

2007 Specific Objectives and Goals

Status

1. Implement Lift Team	Due to budgetary constraints and ongoing negotiations with Local250 regarding transition of members, this objective is currently on hold.
2. Ergonomics Training for all Departments	Ongoing. Hazel Lau, Ergonomics Specialist, continues to train employees regarding equipment.
3. Help manage usage of benchmark equipment	Monthly industrial injury reports were also reviewed with affected Department heads, to promote awareness and prevention.
4. Continue Manager and employee training regarding injury reporting procedures.	Human Resources conducted training regarding workers comp process and timely reporting requirements.
5. Roll out Lifting Policy	Lifting policy is planned for roll out with Lift Team – TBD

IV. Performance

Performance indicators included:

Indicator	2003	2004	2005	2006	2007
# Staff in TAW	15	10.9	12	16	12
Total Hours Worked	2,962	1047	1047	1990	1818.75
Total Salary Paid	\$74,555	\$26,045	\$26,045	\$66,154	\$50,474.03

Track and improve employee injury rate.

2007: 1/4.7 Days

2006: 1/4.6 Days

2005: 1/5.9 Days

2004: 1/5.1 Days

2003: 1/6.8 Days

2002: 1/4.1 Days

V. New Unplanned Issues in 2007

New unplanned issues addressed by the Safety Committee in 2007 include:

- Continued to create and provide temporary alternative work (TAW) to injured employees
- Manager awareness of safety issues within their functional areas.
- Working with Engineering and Hazel Lau, Ergonomics Specialist, to identify structural and other hazards.
- Employee awareness of patient lifting equipment and training. Hazel Lau continues to educate pro-actively, as well as in response to injury.
- Replaced missing patient transfer equipment

VI. Objectives and Goals for 2008

1. Continue ergonomics training for all departments
2. Help manage usage of equipment. – staff awareness and training
3. Continue Manager and employee training regarding injury reporting procedures.
4. Work with Zurich's Risk Engineering Department to assess and prevent risk, and to improve our benchmarking data.

Performance Indicators for 2008

1. Track TAW and injury statistics and highlight areas of success and areas of improvement
2. Track additional statistics including injuries by type and department to find trends.

Alameda Hospital
2007 Annual Evaluation of the Environment of Care Program
Hazardous Materials and Waste Management

Scope

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

Summary of Effectiveness for 2007 Objectives and Goals

2007 Goals	Effectiveness
Determine HazMat Committee Members and Role of Committee	Effective. Completed February 2007. Scaled down the Hazmat members to those having departments that utilize and/or have exposure to a majority of hazardous chemicals. Department members include the Laboratory, Pharmacy, Radiology, Environmental Services, Engineering, and Infection Control (later removed from the committee). Completed May 2007 Determined role of committee to include the responsibility of ensuring our EOC program met the Joint Commission standards as defined in EC 3.10.
Incorporate Nursing Units with Pharmacy Waste Recycle Program	Effective. Completed March 2007.
Determine Quality Monitors for 2007	Effective. Completed April 2007
Review and Ensure Department Compliance on ECO 3.10.	Effective. Completed August 2007
Finalize Prop 65 Signage Requirements and Posting	Effective. Completed May 2007
Bay Area Air Quality Management (BAAQMD Program)	Effective. Completed October 2007
Update All Department Chemical Inventory List	Effective. Completed October 2007
Update All MSDS into MSDS Online	Effective. Completed October 2007
EBMUD – New Regulation and Compliance Documentation	Effective. Completed November 2007
Develop Generic EVS Instructions for Potential Injuries to EVS staff	Not effective. Project still in development. (EVS Director left position.)
Hazmat Training Video	Not Effective. Not found, but discovered website for training materials.
Purchase Sterrad Machine	Not Effective. OnGoing EtO report indicated that we were slightly above limits on our usage. However, the regulatory agency has not enforced us to immediate action based on this report. We gained approval (capital item in 2006) to purchase the machine pending the results of the Sept '06 – Aug'07 report. Given the status of the Hospital, we will need to seek direction as to the purchase of the machine.

Alameda Hospital
2007 Annual Evaluation of the Environment of Care Program
Hazardous Materials and Waste Management

2007 Quality Performance Indicators

Quality Indicator	Performance and Goal	Evaluation and Effectiveness
Labeling of Secondary Containers Goal: 100%	Bottles are to be labeled and have completed NPA ratings. Monitor via Environmental Rounds. Goal reached. All inspected departments had proper labeling.	Effective, but can be improved. Part of the environmental round questionnaire includes the question, "Are secondary containers clearly labeled with the product name?" Inspected departments were noted to be compliant. Question will need to be expanded to include the NPA ratings.
Ensure Chemicals from all Departments have MSDS Available Goal: Determine Baseline	2 Step Process: Reconciled 2007 chemical inventory lists from departments against the 2005 chemical inventory list (compiled by consultants). Compare reconciled chemical inventory list against what is currently available on MSDS Online.	Effective. Completed in October 2007. Completed in October 2007. In addition, we updated all chemicals on the MSDS Online intranet site.

Objectives and Goals for 2008


- Determine mechanism for securing MSDS copies from departments.
- Determine mechanism for managers to review department lists online for accuracy.
- Reconcile and update MSDS inventory against MSDS Online.
- Develop mechanism to organize MSDS Online by department listing.
- Look for new training material.

Performance Indicators for 2008

- Organize chemical inventory list and MSDS by department
Goal: 95%
- Update department chemical inventory list from managers against the MSDS Online
Goal: 95%

MEMORANDUM

TO: Linda Wilde, Safety Officer

FROM: Tony Corica, Director of Physicians Relations 

DATE: January 3, 2008

SUBJECT: Framework for security incident reporting and summary of reportable security incident for 2007

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

Summary of the reportable security incidents for 2007 is shown below. No employees sustained an injury due to a security incident in 2007..

2007 SUMMARY OF SECURITY INCIDENTS

	Reported Theft of Hospital Equipment	Thefts from individuals	Reported exterior building graffiti parking lot damage to property	Reported problems w/visitors/loitering public/patients	Total # of reportable security incidents
2007 Total	1	1	1	6	9
Nov-Dec 07					0
Sept.- Oct 07		1			1
July - Aug 07	1			2	3
May - June 07				2	2
Mar - Apr 07			1	2	3
Jan - Feb 07					0

Cc: Tom Jones, Linda Wilde, Lee Kinney

Alameda Hospital
2007 Annual Evaluation of the Environment of Care Program
Security Management

1. Summary of Effectiveness

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

- A. Security officers' post orders were reviewed to ensure they meet current needs.
- B. The Hospital began a "stacked parking" program in October, 2003 after an in-depth evaluation of the effective means to meet the growing demand for parking spaces with no ability to expand. In 2005, an additional attendant was added. Parking attendants are on the campus Monday – Friday, 7:00am – 5:00pm. This program has provided an additional physical presence that enhances our security.
- C. A comprehensive security risk assessment was performed by Securitas Services in December 2007. It showed that the area surrounding Alameda Hospital has a very low rating for potentials security incidents.
- D. The Security Management Plan and Program was reviewed. The low number of security incidents continued in 2007.
- E. There were a total of 9 reportable security incidents in 2007. While there were slight increases or reductions in the areas measured, the total number of reportable security incidents in 2007 totaled only nine (9). No employees sustained an injury due to these incidents. Please see Section V., New Unplanned Issues Addressed in 2007, Article B, for the actions taken.

11. Scope

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

The scope changed in late 2003 with the addition of stacked parking attendants and standardization of emergency codes to facilitate emergency communications. Those security enhancements were communicated and maintained during 2007.

111. Objectives and Goals for 2007

Overall Goals:

- A safe and secure environment for all persons associated with the facility,
- A facility equipped to meet the security needs of employees, patients, visitors, physicians, and volunteers.
- Compliance with state regulations, security standards and policies, procedures, and practices of the Hospital.

2007 Specific Objective and Goals

Status

1. Continue compliance with AB508	A comprehensive risk assessment conducted in December 2007 showed a low threat level. There were 9 reportable incidents in 2007.
2. Provide bi-monthly reports to Safety Committee supporting the Information Collection and Evaluation System (I.C.E.S.)	All reports completed and discussed at Safety Committee.
3. Increase employee security awareness with articles in the "Pulse," and the Hospital web site, and training in Orientation/ Mandatory Annual Training.	All these activities were completed. Self defense classes were held.

IV. Performance

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

<p>A. Decrease in total reportable incidents:</p> <p>2000 – 27 incidents 2001 - 14 incidents 2002 - 10 incidents 2003 - 11 incidents 2004 - 10 incidents 2005 - 6 incidents 2006 - 10 incidents 2007 – 9 incidents</p>	<p>D. Increase in the theft of Hospital equipment:</p> <p>2000 – 0 incidents 2001 - 0 incidents 2002 - 0 incidents 2003 - 3 incidents 2004 - 1 incident 2005 - 1 incident 2006 - 0 incidents 2007 - 1 incident</p>
<p>B. Increase in problems with visitors, public, or patients:</p> <p>2000 – 20 incidents 2001 - 13 incidents 2002 – 7 incidents 2003 - 6 incidents 2004 - 4 incidents 2005 - 2 incidents 2006 - 3 incidents 2007 - 6 incidents</p>	<p>E. Decrease in Exterior/Lot Damage:</p> <p>2000 – 1 incident 2001 - 0 incidents 2002 – 0 incidents 2003 - 1 incident 2004 - 1 incident 2005 - 0 incidents 2006 - 5 incidents 2007 - 1 incident</p>
<p>C. Reduction in theft from individuals:</p> <p>2000 – 5 incidents 2001 – 1 incident 2002 – 3 incidents 2003 – 1 incident 2004 – 4 incidents 2005 – 3 incidents 2006 - 2 incidents 2007 – 1 incident</p>	

V. New Unplanned Issues in 2007

New unplanned issues addressed by the Safety Committee in 2007 include:

- A. Several reported cases of personnel falsely representing themselves as JCAHO representatives were reported to all Hospitals by the Department of Homeland Security. This was discussed at Management Staff meetings and e-mails were sent to all managers. All managers were instructed to contact Hospital Administration and Security should JCAHO representatives appear. Photo identification would then be required and a call to the JCAHO office to verify that an inspection had been authorized would be made before the inspection was begun. Hospital escorts (Administration or designee) would then accompany the surveyors. A group of JCAHO surveyors presented themselves to Alameda Hospital in May 2007. The above procedures verified the group as genuine personnel on premise to perform the JCAHO survey process. The Security Management plan was reviewed during the process. No recommendations were made following that review.
- B. The rash of automobile break-ins in the Parking Lot in spring 2006 resulted in the Alameda Police Department apprehending a suspect. Since that arrest in May 2006, there have been no further incidents. In response to those break-ins, the following actions were taken:
 - 1. Security Officer coverage has been extended from 7:00am to 7:30am. On weekdays, the Security Officer will not leave until the Parking Lot Attendant arrives. On weekends, the Security Officer will not leave until his relief officer arrives;
 - 2. Additional Detex system buttons have been installed in the parking lot. Regular security rounds of the Hospital now include the rear parking lot to the light standard near the lagoon to the parking office kiosk, as well as all floors within the Hospital;
 - 3. Security Officers will be stationed in the main parking lot from 5:30am – 7:30am;
 - 4. Alameda Police Department has agreed to more frequently patrol our parking area, and;
 - 5. Employees were asked to be increasingly vigilant regarding suspicious activity in the Parking Lot.
- C. The October, 2007 theft of monies from the vending machines in the Snack Shop has led to the installation of large padlocks reinforced with metal plates on all the machines. No further instances of break-in attempts have occurred since this installation.

V. Objectives and Goals for 2008

- A. Consider implementation of the recommendations of the December 2006 risk assessment (closed circuit TV recording capabilities).
- B. Increase employee security awareness
- C. Provide bi-monthly reports to Safety Committee with the objective of effective and timely resolution of security incidents.

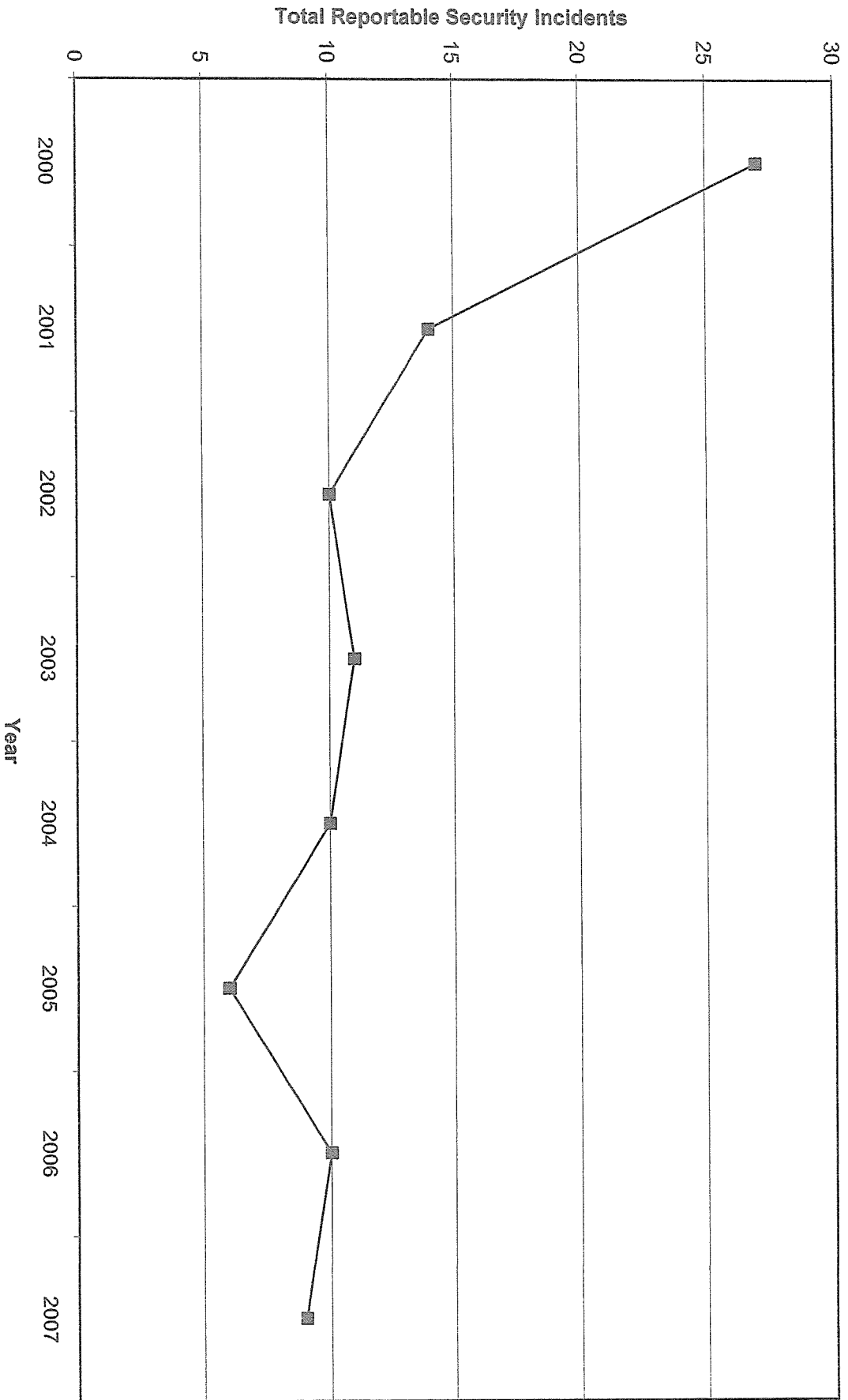
VI. Performance indicators for 2008

- A. Provide bi-monthly Security Reports to Safety Committee.
- B. Increase security awareness with staff utilizing various communication tools (Pulse, Orientation, MAT).
- C. Reduce total reportable security incidents by 5%
- D. Decrease incidents regarding "Reported Problems with visitors, loitering public/patients by 5%.

ALAMEDA HOSPITAL
2007 Annual Evaluation of the Environment of Care Program
Security Management

Attachments

TOTAL REPORTABLE SECURITY INCIDENTS BY YEAR, 2000-2006



2007 ANNUAL EDUCATION REPORT

The Educational component of employment is addressed in the Goals in support of the Hospital's Mission Statement: "To attract and retain outstanding employees, to foster an environment where employees gain a sense of satisfaction and accomplishment from their work, and to create a safe and pleasant working environment."

For the calendar year 2007, over 240 classes accounting for in excess of 756 course hours were given by Alameda Hospital Education Department. Numerous classes were provided to increase and maintain the knowledge and skills of the staff. Major classes included such topics as Airway Management, Respiratory Care, Pulmonary Crisis, Critical Thinking, GI/Shock, Cardiac Crisis, Cardiac Monitoring, Acute Coronary Syndrome, Hemodynamics, Neuro/DM, Infectious Disease/Renal, Preceptor Workshop, Non-violent Crisis Intervention, Basic Life Support, and a 3 day CCU course.

There were 271 different competency assessments conducted for the staff throughout the hospital. The average assessment requires 30 minutes of time per individual. The Mandatory Annual Training (MAT) held both on-line and live, includes sessions on Compliance, Staff Safety, Patient Safety, Hazardous Materials and Waste, Security, Antiviolence, Confidentiality, HIPAA, Infection Control, TB, Body Mechanics, Disaster/Emergency Preparedness including Chemical and Biological Threats, Safe Medical Devices Act, Life/Safety/Fire Update, Sexual Harassment, Restraint Protocol, Trans-Cultural Care, Utility Failure, Pain Management, and other topics at the discretion of the Education Department. On-line MAT requires 2-4 hours to complete. All active employees must complete on-line or attend MAT and pass competency assessments once a year to meet compliance and risk issues (SB 198) and to help ensure the competency of our staff.

Required Class List:

Manual Annual Training
Basic Life Support
Advanced Life Support
Pediatric advanced Life Support
Non-Violent Crisis Intervention
New Employee Orientation
Blood Glucose Monitoring Operator

ALAMEDA HOSPITAL

UNAUDITED

FINANCIAL STATEMENTS

FOR THE

PERIOD ENDING

05/31/08

ALAMEDA HOSPITAL
City of Alameda Health Care District
May 31, 2008

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ALAMEDA HOSPITAL

May 31, 2008

The management of the Alameda Hospital (the Hospital) has prepared this discussion and analysis in order to provide an overview of the Hospital's performance for the period ending May 31, 2008 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the Hospital's financial performance as a whole.

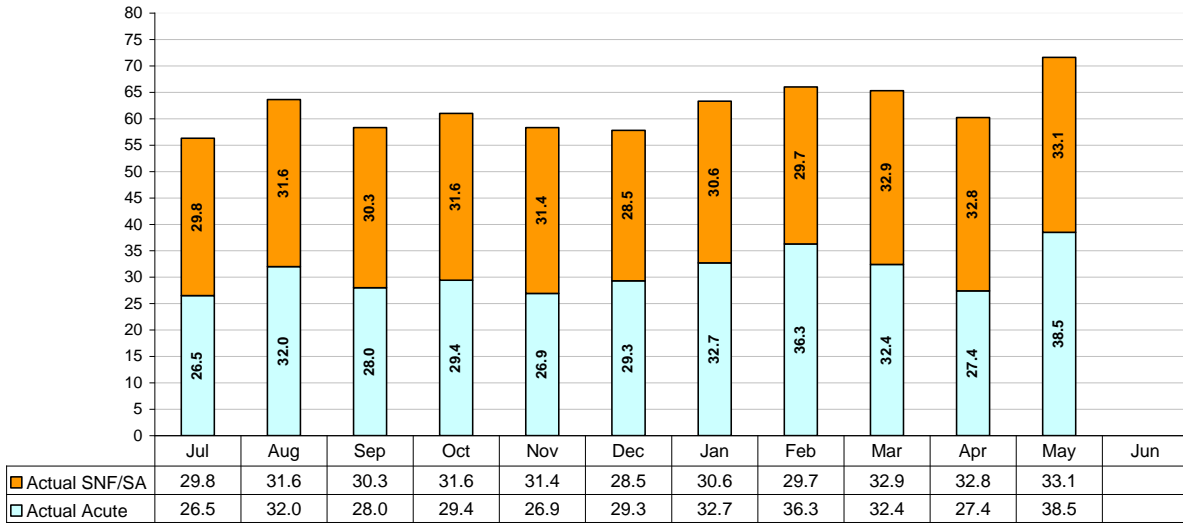
Financial Overview as of May 31, 2008

- Total assets on the balance sheet decreased by \$517,777 from the prior month.
- Total cash and cash equivalents for May decreased by \$1,753,514 and reflect 26.2 days of cash on hand compared to 37.0 in the prior month. The decrease in cash reserves is the result of a slight decline in patient account collections in May, increased vendor payments and three paid payrolls in the month of May.
- Net patient accounts receivable increased in April by \$1,409,615 compared to an increase of \$70,096 in April. Accounts receivable days were 56 compared to 49 in the prior month. This increase of 7 days gross accounts receivable outstanding is the result of a significant increase in charges over the last two months, approximately \$3.3 million in May and the continued delay in payment from Medi-Cal on Sub-Acute care claims. We are anticipating that in June gross days in accounts receivable will settle back down to the low 50's.
- Total liabilities decreased by \$723,668 compared to an increase of \$382,918 in the prior month; this decrease relates to decreased payroll related accruals (\$428,327), a decrease in deferred tax revenues (\$477,000) and payments on capitalized leases (\$67,950). These decreases were offset by an increase in accounts payable and accrued liabilities (\$256,387).
- Accounts payable at May 31 was \$5,473,411, a \$256,387 increase from the prior month. However, days in accounts payable decreased to 87 compared to prior month which was at 88 and 78 at June 30, 2007.
- Gross Revenue was greater than budget by \$2,163,688 or 7.8%. Net patient revenue was greater than budget by \$776,270 or 15.8%. The total patient days were 2,220 compared to the prior month of 1,808 and a prior year of 1,895 days. Inpatient revenue was greater than budgeted by 15.4% while outpatient revenue was slightly greater than budgeted by 1.8%. The average revenue per patient day was \$11,048 compared to \$12,249 in the prior month and a budgeted amount of \$11,232. Our average daily acute census was 38.5 compared to 27.4 in the prior month and our average daily Sub-Acute census was 33.1 versus 32.8 in the prior month.
- ER visits were 1,569 or 4.6% less than the budgeted 1,644 visits. ER visits were slightly below the prior year's visits of 1,573.
- Total surgery cases were 5.1% greater than budget, with Kaiser surgical cases making up 319 or 67% of the total cases. However, this was a decrease of 32 Kaiser cases (9.1%) from the prior month.
- Excess revenue over expense was \$194,239 versus a budgeted excess of expense over revenue of \$104,112, bringing the year to date excess expense over revenue to \$2,429,165

Volumes

Overall actual daily census was 71.6 versus a budget of 64.2. Acute average daily census was 38.5 versus a budget of 37.1 and Sub-Acute average daily census was 33.1 versus a budget of 27.1.

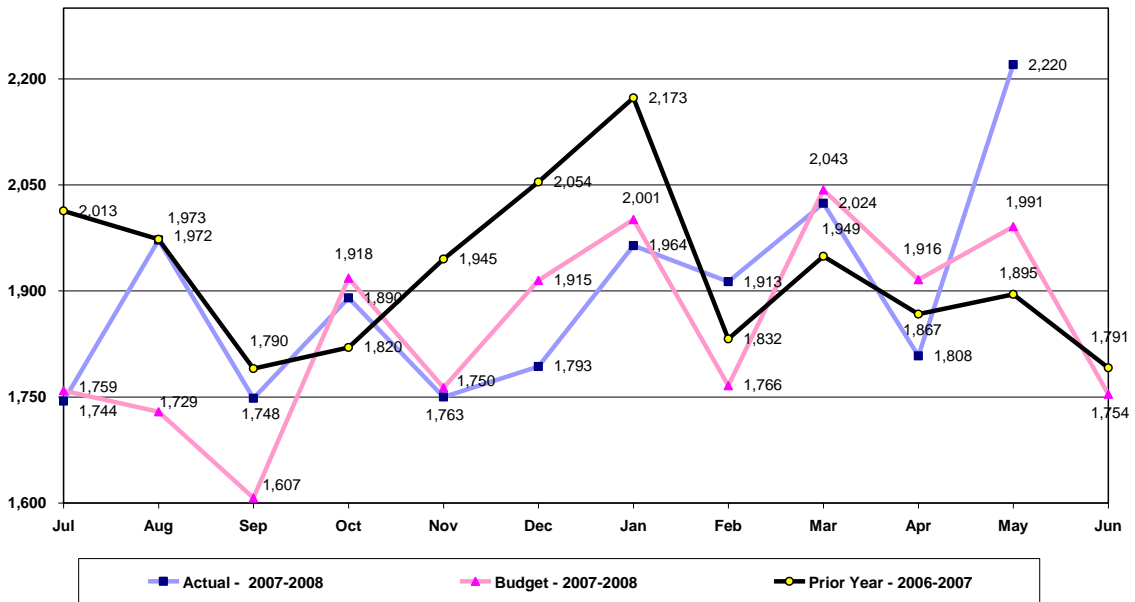
**Alameda Hospital - Average Daily Census
 Fiscal Year 2007-2008**



Total Average Daily Census

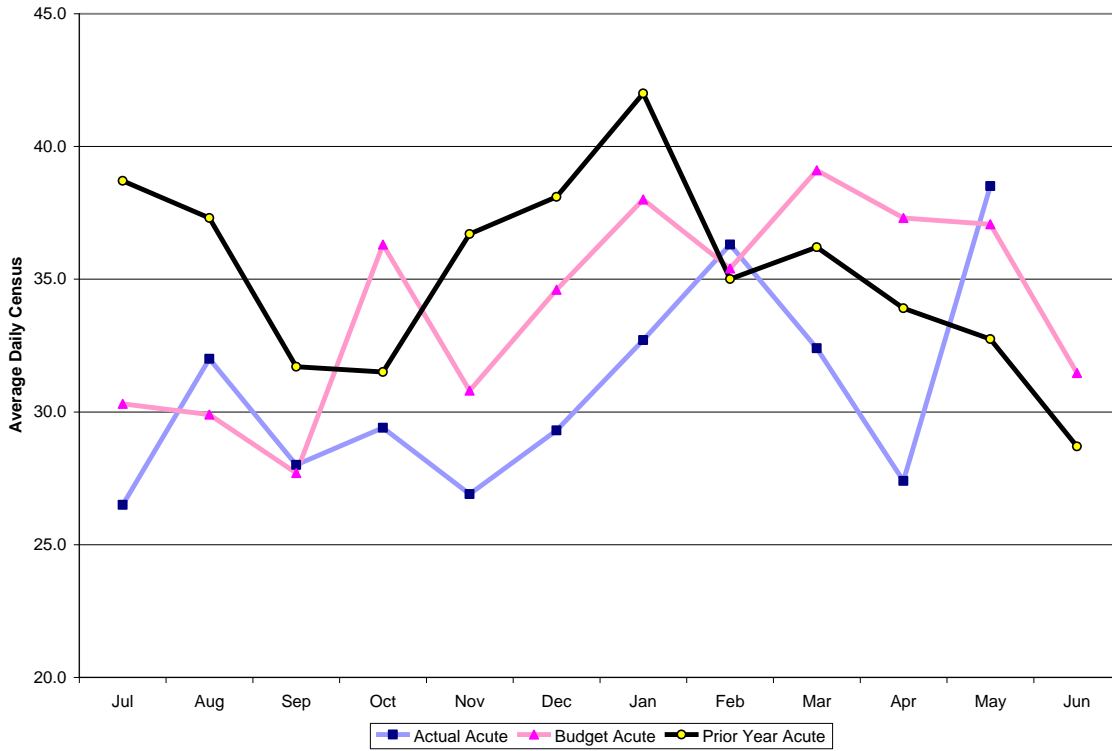
Actual	56.3	63.6	58.3	61.0	58.3	57.8	63.3	66.0	65.3	60.2	71.6	
Budget	56.7	55.8	53.6	61.9	58.8	61.8	64.5	60.9	65.9	63.9	64.2	58.5

Our total patient days in May were 17.2% greater than May 2007, and 11.5% greater than budget. Year to date, total patient days are 415 days greater than budget (2.0%), but lower than prior year to date by 485 days (2.3%).



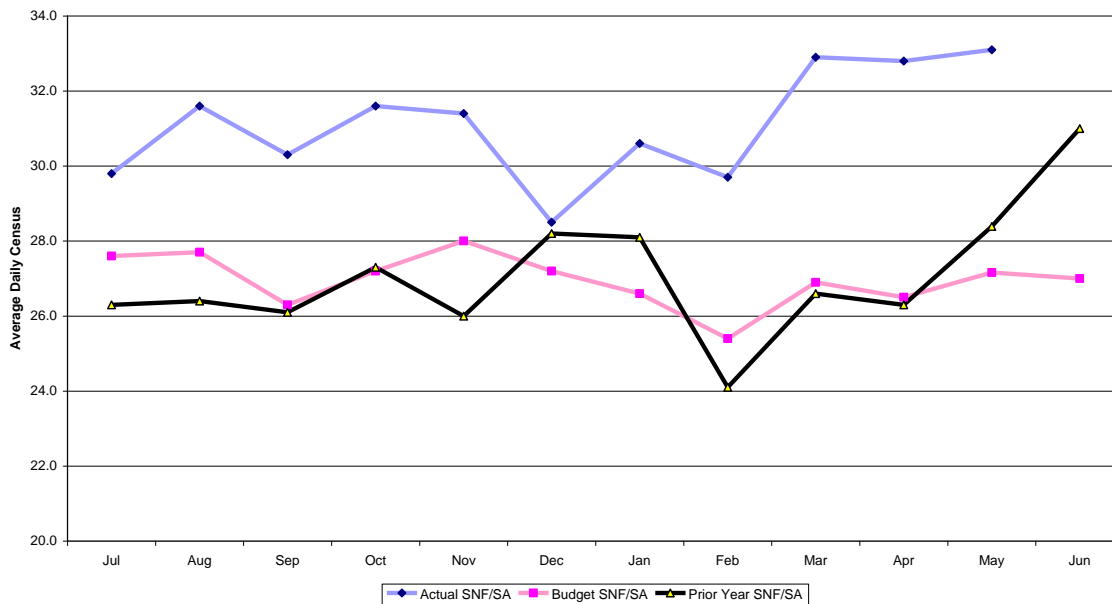
May acute patient days were 3.85% (44 days) greater than budget and 17.5% (178 days) greater than prior year. The year to date total acute care patient days are 10,365 compared to 12,209 in the prior year reflecting a 15.1% decrease. The acute average length of stay was 4.26 compared to a budget of 4.13.

Acute Care Average Daily Census



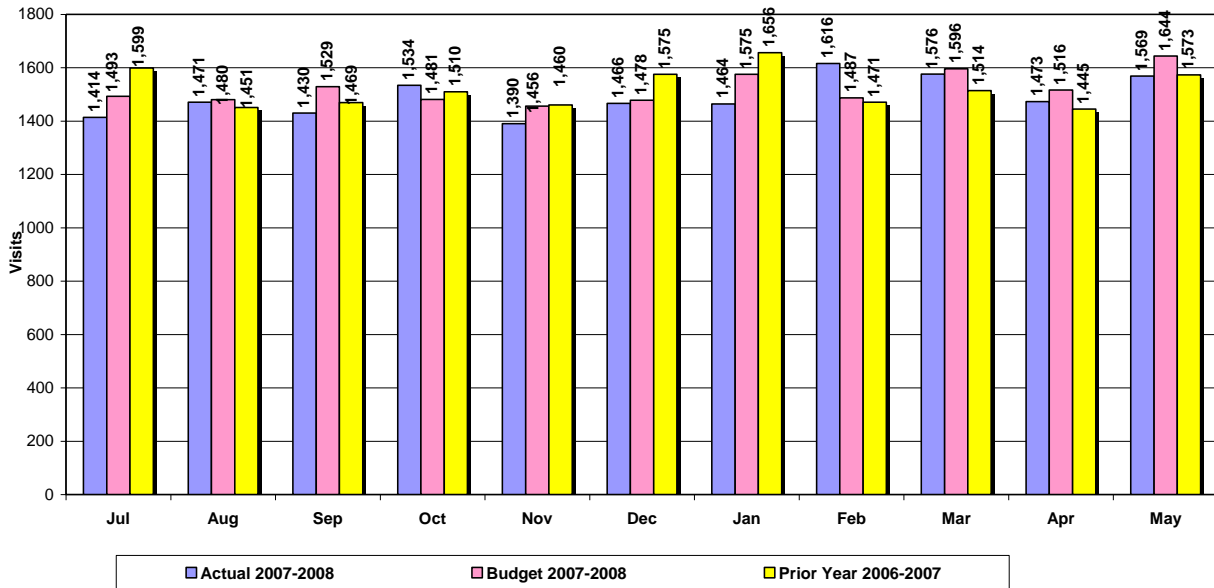
Sub-Acute patient days were 22.0% greater than budget and 16.7% greater than prior year. The following graph shows the Sub-Acute programs average daily census.

Sub-Acute Care Average Daily Census



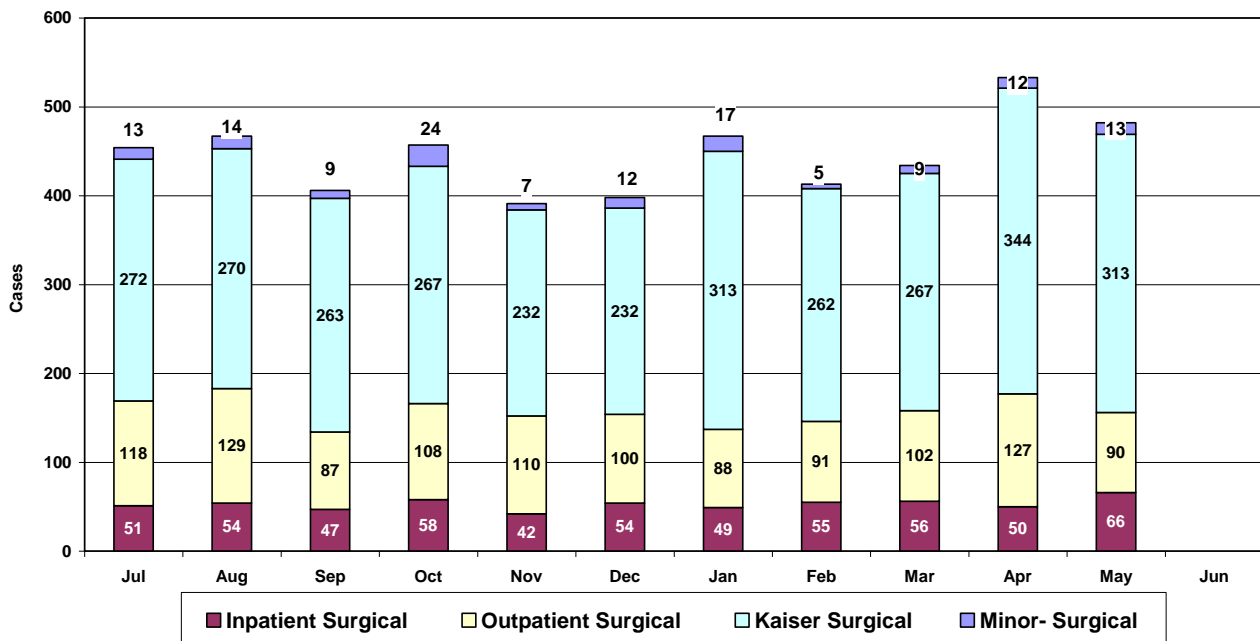
May ER visits were 4.6% and 0.3% less than budget and prior year, respectively. Year to date ER visits are 16,403 versus 16,723 in the prior year, reflecting a 1.9% decrease in volume from the prior year.

ER Visits



May 2008 surgery cases were 476 versus the 453 budgeted and 480 in the prior year. However, out of the total surgical cases in May, 319, or 67% were Kaiser surgical cases which is identical to the prior month's proportion of Kaiser cases to total cases. Our reimbursement for these Kaiser outpatient cases in May remained relatively constant at 19.6% of gross charges as compared to 19.8% in April.

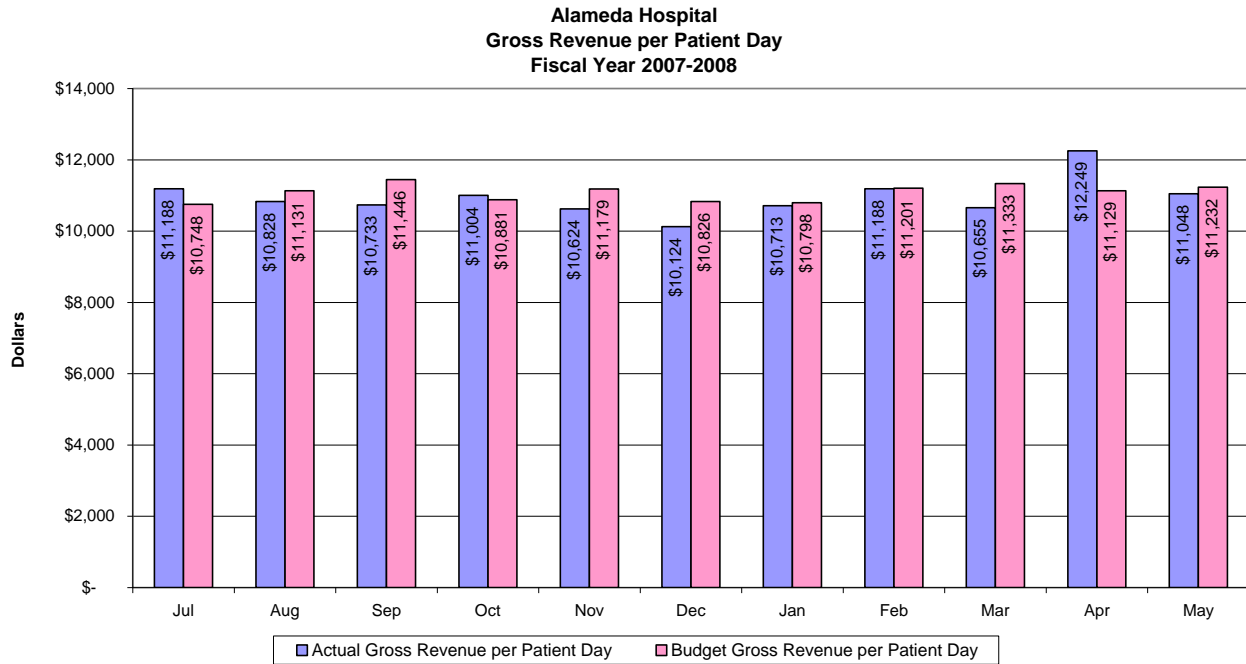
Surgical Cases



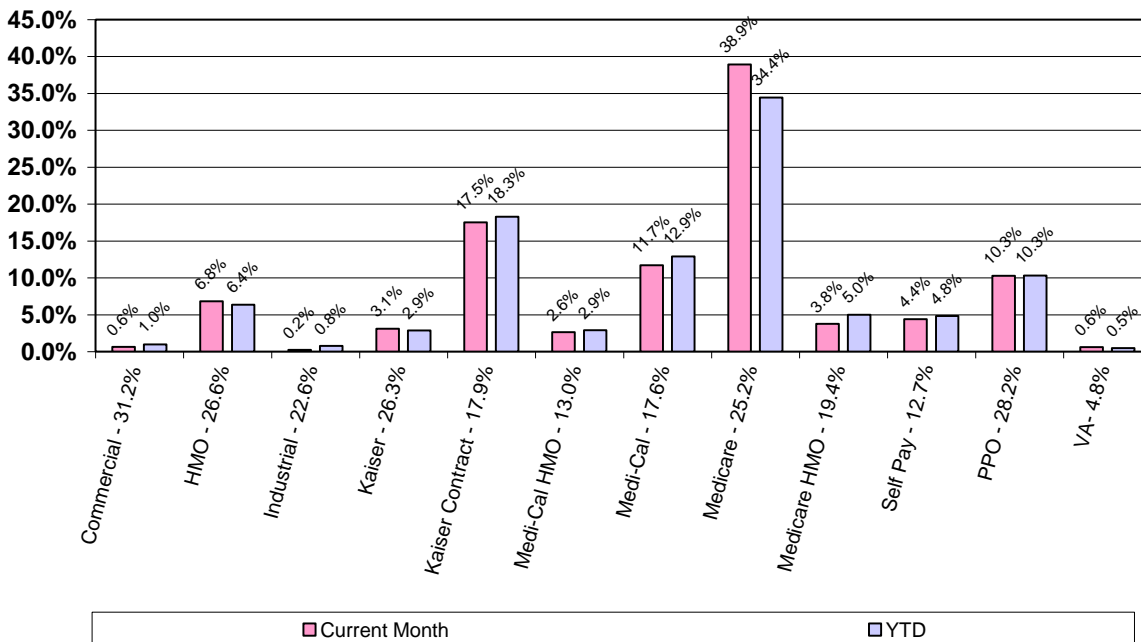
Income Statement

Gross Patient Charges

Gross charges in May were greater than budgeted by \$2,163,688 and driven primarily by the significant increase in inpatient acute volume. This increase in inpatient volume resulted in inpatient gross revenues coming in \$1,991,775 greater than budgeted while outpatient gross revenues were only slightly greater than budgeted by \$171,913. The Sub-Acute days were again significantly greater than the fixed budget at 22.0% better than budgeted.

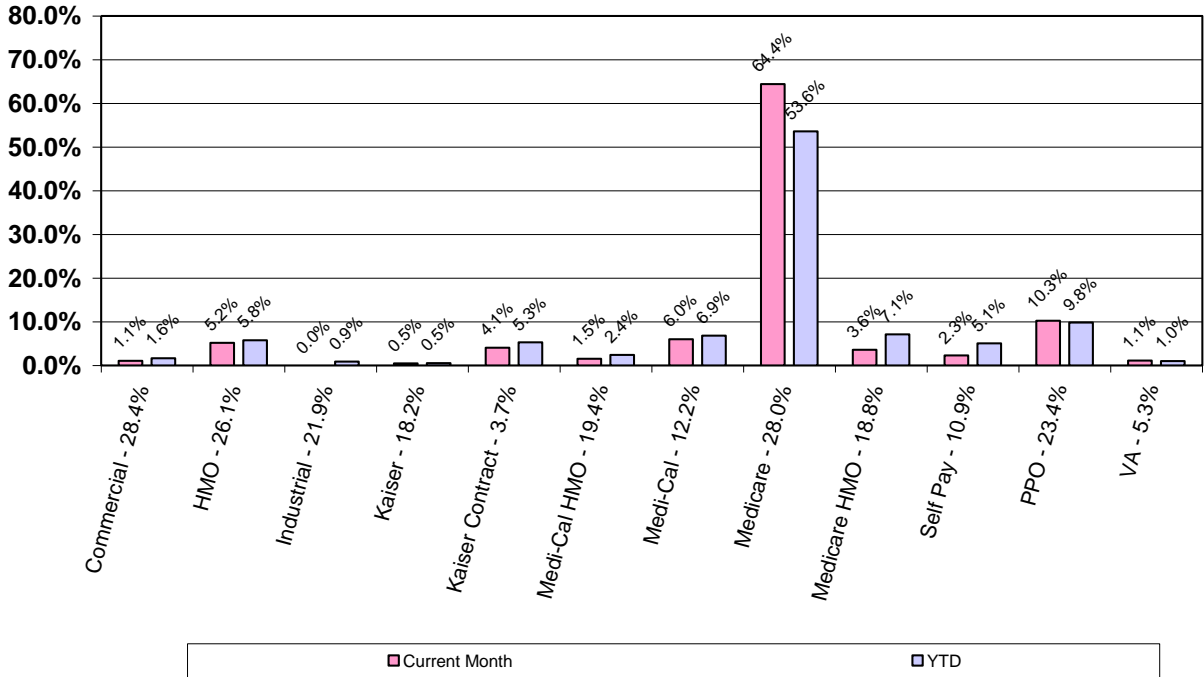


In May, Medicare again held the top payor position with total gross revenue representing 38.9% of our charges with Kaiser as the second largest source of patient revenues at 20.6%. As you can see in the graph below the Hospital continues to experience very little fluctuation in overall payor mix from month to month.



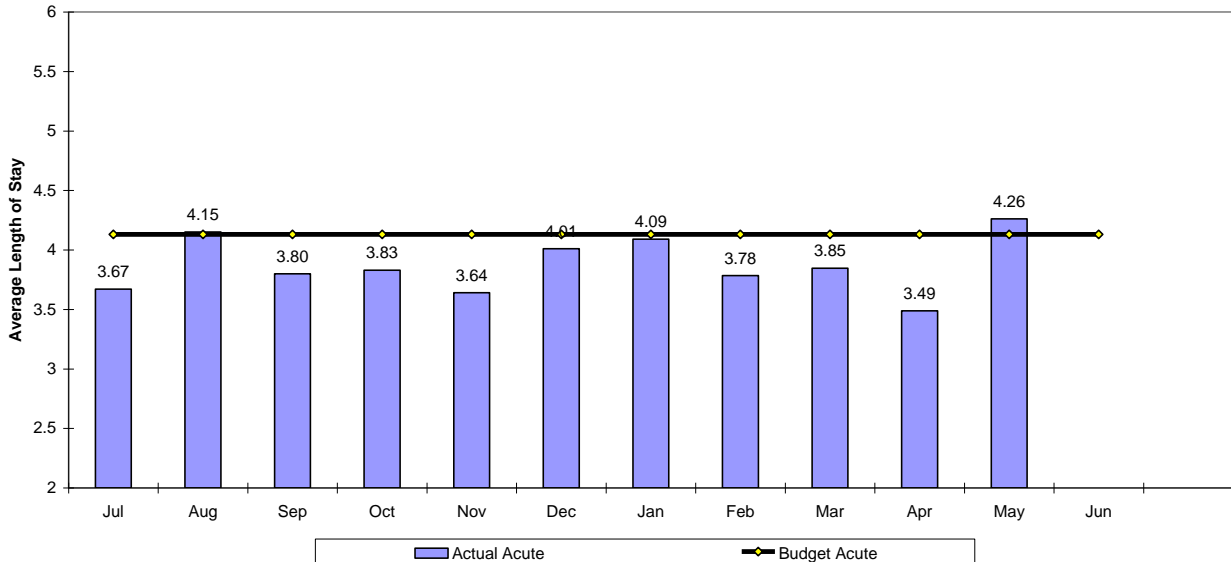
On the Hospital's inpatient acute side, 64.4% of the total gross revenue was generated by Medicare patients, up from 50.5% in April and is expected to be reimbursed at an average rate of 28.0% based upon May discharges.

Inpatient Acute Care Payor Mix

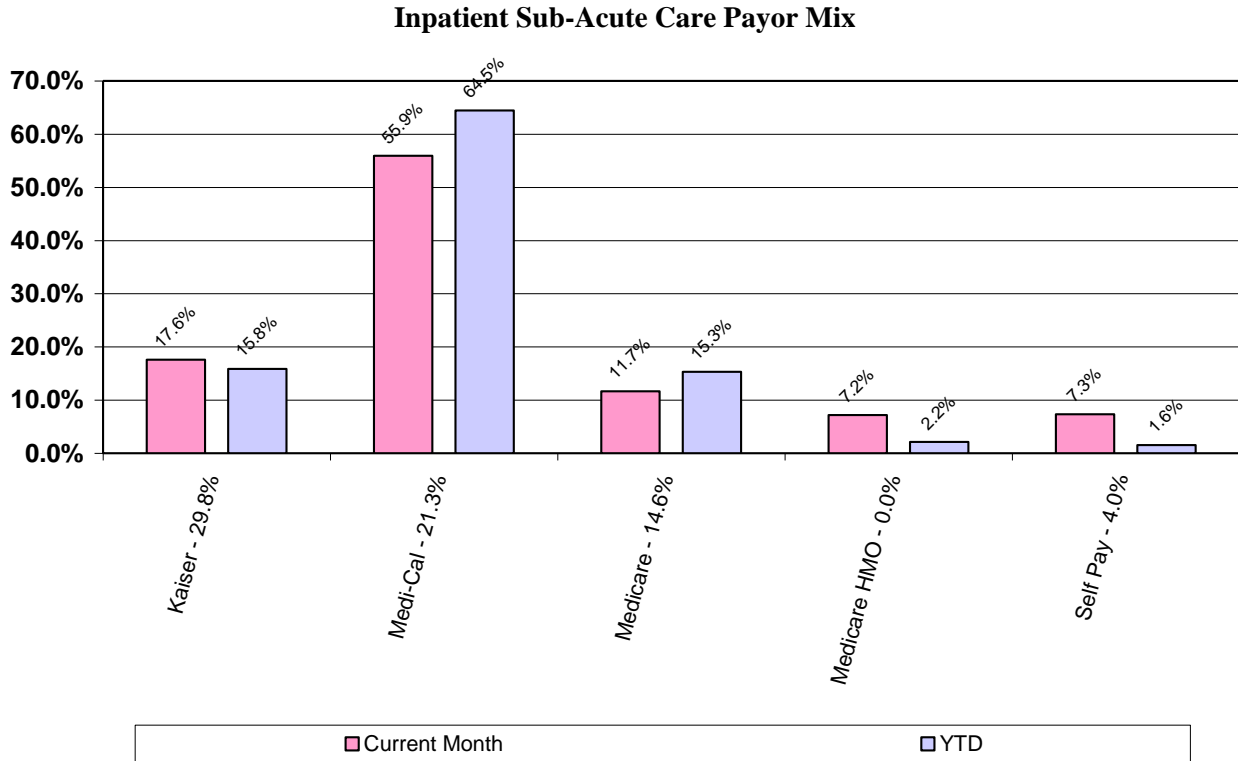


The average length of stay and resource consumption impacts this estimated reimbursement percentage greatly as do shifts in the payor mix. In May, our average length of stay increased to 4.26, the highest of the fiscal year, compared to budget of 4.13. In May we had one Medicare Diagnostic Related Grouping (DRG) outlier compared to none in April. These outliers typically reflect patients whose length of stay (LOS) is twice that assigned and reimbursed by Medicare.

Alameda Hospital Acute Care Average Length of Stay



In May, 55.9% of the Sub-Acute programs gross revenue were from Medi-Cal beneficiaries followed by 17.6% from Kaiser and 11.7% from Medicare.



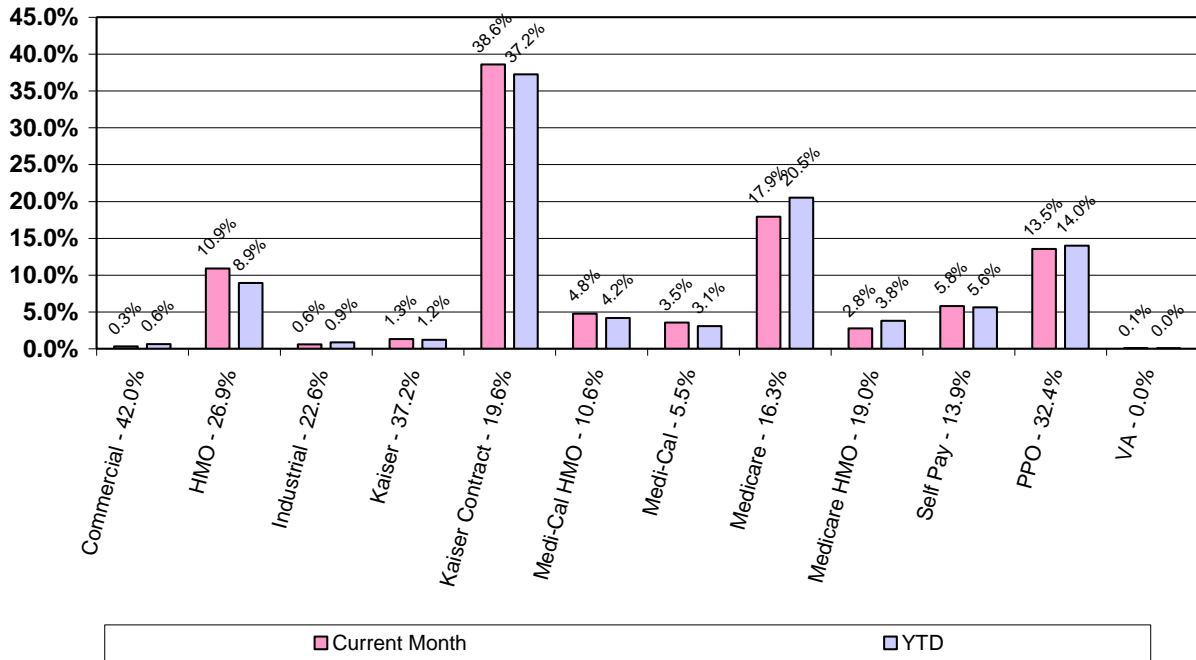
As discussed in the April report we had been experiencing delays in accurate payments from Medi-Cal for inpatient acute and Sub-Acute care services. On the acute care side, Medi-Cal had been reimbursing the hospital at the old contract rates rather than the higher interim cost based rate which became effective upon termination of our inpatient acute care contract with Medi-Cal. The difference in payments as of May 31, 2008 was approximately \$527,000. Effective with payments received after June 1, 2008, our payments now reflect the appropriate interim reimbursement rate of 28% of billed charges. In addition, on June 16th we received approximately \$370,000 in payments related to the error in methodologies. We anticipate receiving the remainder of this discrepancy in July.

On the Sub-Acute side the problems had been two fold. First, the hospital was not billing with the appropriate physician identification number. The second issue was a Medi-Cal system issue which began with all claims with dates of service subsequent to February 14, 2008, wherein their system failed to recognize the newly required hospital provider identification. The outstanding amount due to the hospital at May 31, 2008, for these issues approximated an additional \$880,000 of cash payments. On June 3rd, 9th and 16th we received approximately \$476,000, \$11,000 and \$9,000 on claims with dates of service prior to April 1, 2008. The remainder of the amounts identified with incorrect payments should also be received in July.

The receipt of \$846,000 from these two corrections has significantly enhanced our cash position and has allowed for additional reductions to our outstanding accounts payable position. We fully expect additional reductions to the outstanding days in accounts payable in June despite the State’s planned delay in Medi-Cal payments over the remaining two weeks of June.

The outpatient gross revenue payor mix for May was comprised of 39.9% Kaiser, 17.9% Medicare, 13.5% PPO and 10.9% HMO and is shown on the following graph.

Outpatient Services Payor Mix



Deductions From Revenue

Contractual allowances are computed as deductions from gross patient revenues based on the difference between gross patient charges and the contractually agreed upon rates of reimbursement with third party government-based programs such as Medicare, Medi-Cal and other third party payors such as Blue Cross.

In the month of May primarily as a result of the higher inpatient acute care census which was significantly weighted by additional Medicare volume, \$3.1 million more than April, contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) was 76.8% versus the budgeted 78.1%. In May there were again no DRG “take backs” associated with the RAC project which has been put on hold until the end of calendar 2008.

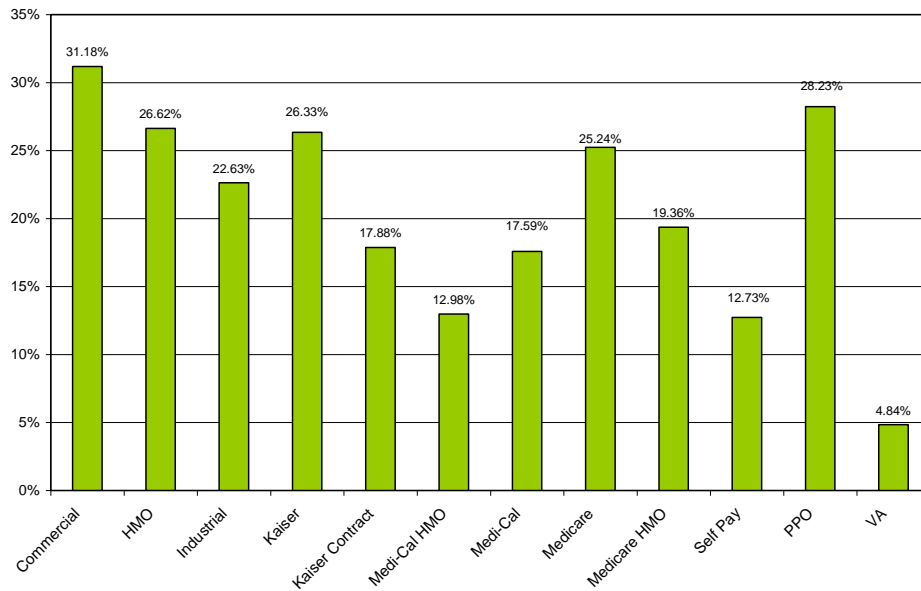
Because we do not yet have a significant amount of claims payment experience after only two months of the price increase that was put into place on April 1st, we believe that we have been conservative in our estimation of net revenues for these first two months since their full implementation. We will be monitoring this area very closely in the remaining month of the fiscal year to ensure that the Hospitals net receivables are properly valued at their net realizable value.

For the eleven months ended May 31, 2008, contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) are 77.6% versus the budgeted 77.0% and compared to 78.7% for the prior year.

Net Patient Service Revenue

Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. This difference reflects what the actual anticipated cash payments the Hospital is to receive for the services provided. The following graph shows the year to date average level of reimbursement that the Hospital has experienced during fiscal year 2008 by major payor category.

**YTD Average Reimbursement % by Payor
 May 2008**



Total Operating Expenses

Total operating expenses were greater than budget by \$456,477 or 8.2%. The average expenses per patient day were \$2,705 compared to a budget of \$2,787 and \$2,914 in prior year. Productive Salaries and registry costs were over budget by \$13,402 and \$97,700, respectively, while non productive salaries were under budget by \$37,689. Benefits and group health insurance was over budget by \$68,445 and \$169,130, respectively. These categories comprised \$310,988 of the unfavorable expense variance and with the exception of group health insurance costs were primarily driven by the increase in the acute care patient census that was experienced in May. The increase in group health insurance continues to be the result of higher than anticipated claims costs experienced this year.

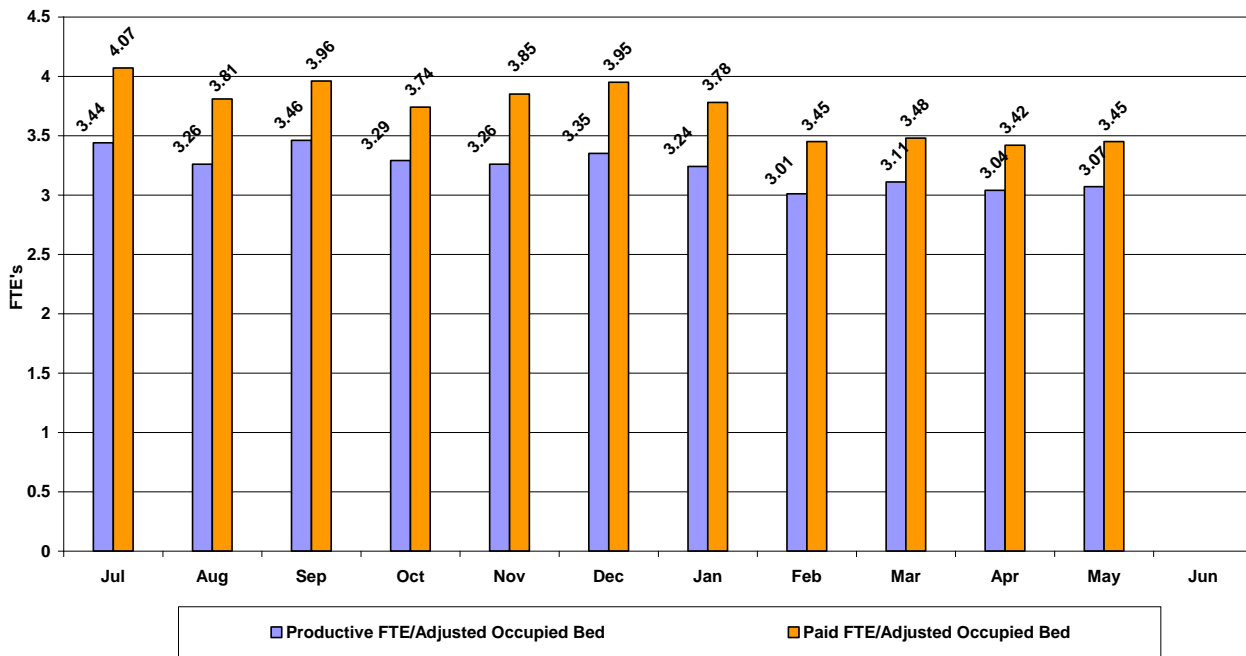
Total Operating Expenses for the eleven months of the fiscal year were \$59,106,724 (excluding one-time events of \$196,296 relating to the reduction in force and \$42,622 relating to vacation accruals for a total of \$238,918) compared to a budget of \$57,871,147 for an unfavorable variance of \$1,235,577. The majority of this unfavorable variance (\$1,234,005) has been caused by higher than anticipated group health insurance costs.

Labor Expenses

Salaries, Registry and Benefit costs combined, excluding group health insurance, exceeded budget by \$144,858. While there is an unfavorable variance from the fixed budget, when comparing on a per adjusted patient day basis the Hospital was actually \$53 better per patient day than the volume adjusted budget.

The total labor costs per patient day were \$1,572 versus \$1,742 in the prior month. Paid FTE's per adjusted occupied bed was 3.45 in May versus 3.42 in April and have remained constant over the last four months as shown in the graph on the next page.

FTE's per Adjusted Occupied Bed



Group Health Insurance

Group health insurance expense for the month of May was \$542,492 which was \$169,130 over budget, \$18,373 of this amount related to the additional reserves for accrued health benefit costs while the remainder of the variance was related to additional claims that were paid in May. The accrued health benefit liability now stands at \$941,627 which is approximately \$30,000 more than the estimated amount from our latest Incurred But Not Reported (IBNR) lag report. This account will be adjusted in June to the final lag report of the fiscal year.

Professional Fees

Professional medical and non-medical fees were over budget by \$23,314 and \$34,841, respectively. The medical professional fee variance was due to surgery coverage arrangements that had not been accrued for February and March totaling \$13,800 and the higher than budgeted anesthesia coverage arrangement of \$18,500. On the non-medical professional fee component there were un budgeted expenses for NCO Financial Services (Medi-Cal Patient Eligibility Assistance) of \$42,459 for services provided in February and April, monthly consulting fee for services provided by Mercer for April and May totaling \$24,000 and the first months accrual of \$21,750 for the development of the Hospital strategic plan development.

Supplies

Overall supplies were \$72,260 over budget in May. The single largest contributor to this unfavorable variance was in the medical supplies and drugs category which was over budget by \$72,259 and was the result of increased inpatient volumes experienced in May. Medical supplies and drugs makes up \$63,183 of this variance with the majority of the variance related to higher surgical supply costs. The remainder of the unfavorable variance was related to additional pharmaceutical supplies and prosthesis expenses in the amount of \$15,411 and \$14,701, respectively.

Purchased Services

This category was under budget by \$24,456 as a result of lower than anticipated expenses in the medical component of this line item and was driven by lower renal care costs (\$11,447) and pulmonary function costs (\$5,568) as the number of sleep studies declined in May.

Utilities and Telephone

In May we expensed \$15,000 of the annual City of Alameda water invoice. This annual expense was being amortized over the twelve month period December to November versus the correct period which is July to June.

Other Operating Expenses

Other expenses were unfavorable to budget by \$81,742. Several areas account for this variance and include the following:

- The Hospital has begun a program targeting key members of the management team to enhance their leadership skills. In May \$21,500 was paid to Achieve Mentors for this program.
- Costs associated with the recruitment of several open director level positions as well as the development of a physician recruitment program are being accrued on a monthly basis over the remaining months of fiscal year 2008. In May \$22,500 and \$11,000, respectively were accrued for these services.
- Costs associated with the development of our strategy and implementation plan for the addition of a 26 bed skilled nursing facility to our continuum of care were accrued in May in the amount of \$15,000.
- Licenses and Taxes were over budget by \$8,057. The Hospital records its sales tax relating to supplies in this line and the sales tax is expensed based on the amount of purchases incurred; however, the budget did not account for all of this expense. In May this resulted in a variance of \$4,127. In addition, the Hospital's annual state licensing fee increased substantially in July 2007 (\$39,683 per year) and was not accounted for in the 2007-08 operating budget.

Depreciation and Amortization

Depreciation expense was lower than budget by \$58,710. As mentioned in previous months, a large asset was fully depreciated in January 2008. This asset was the \$7,671,553 South Wing added in 1983. This will be a reduction in expense for the remainder of the fiscal year as the budget was not adjusted for this now fully depreciated asset.

Balance Sheet

Patient Accounts Receivable

Gross patient accounts receivable increased by \$5,443,621 from the prior month and the gross days in receivables were 56 compared to 49 in the prior month. This increase of 7 days gross accounts receivable outstanding is the result of a significant increase in charges over the last two months, approximately \$3.3 million in May and the continued delay in payment from Medi-Cal on Sub-Acute care claims. We are anticipating that in June this number will settle back down to the low 50's.

Liabilities

Total Current and Long Term Liabilities at May 31, 2008 were \$16,384,778 versus \$17,108,446 in the prior month, a decrease of \$723,668 or 4.2%. This decrease was the result of decreased payroll related accruals at the end of the period (\$428,327), deferred tax revenues (\$477,000) which are amortized on a monthly basis and payments on capitalized leases (\$67,950). These decreases were offset by an increase in accounts payable and accrued liabilities (\$256,387).

ALAMEDA HOSPITAL

Balance Sheet

May 31, 2008

	<u>May 31, 2008</u>	<u>April 30, 2008</u>	<u>June 30, 2007</u>
Assets			
<i>Current assets:</i>			
Cash and cash equivalents	\$ 4,414,311	\$ 6,167,825	\$ 4,363,875
Net Accounts Receivable	8,664,538	7,254,923	7,300,864
Net Accounts Receivable %	20.88%	20.13%	19.70%
Inventories	918,309	917,858	949,780
Other assets	1,835,634	1,896,600	7,371,617
Total Current Assets	<u>15,832,792</u>	<u>16,237,206</u>	<u>19,986,136</u>
<i>Non-current restricted cash and investments:</i>			
Restricted by contributors and grantors for capital acquisitions and research-Jaber Estate	<u>592,172</u>	<u>580,519</u>	<u>467,958</u>
Total Non-Current Assets	<u>592,172</u>	<u>580,519</u>	<u>467,958</u>
<i>Fixed Assets:</i>			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	<u>6,633,625</u>	<u>6,758,640</u>	<u>7,737,041</u>
Total fixed assets, net of accumulated depreciation	<u>7,511,569</u>	<u>7,636,585</u>	<u>8,614,986</u>
 Total Assets	 <u>\$ 23,936,533</u>	 <u>\$ 24,454,310</u>	 <u>\$ 29,069,080</u>
Liabilities and Net Assets			
<i>Current Liabilities:</i>			
Line of credit - Bank of Alameda	\$ -	\$ -	\$ 1,000,000
Accounts payable and accrued expenses	5,473,411	5,217,024	4,819,845
Loans Payable	2,440,000	2,440,000	-
Payroll and benefit related accruals	3,187,523	3,615,820	3,009,861
Est.Third-party payer settlement payable	941,627	923,254	450,000
Other liabilities	3,576,064	4,067,090	8,581,368
Total Current Liabilities	<u>15,618,626</u>	<u>16,263,188</u>	<u>17,861,074</u>
<i>Long-Term Liabilities:</i>			
Long-term pension liabilities	(42,823)	(31,666)	(31,318)
Long-term IBNR reserves	330,000	330,000	360,000
Capitalized Lease payable	478,975	546,925	1,022,616
Total Long-Term Liabilities	<u>766,152</u>	<u>845,259</u>	<u>1,351,298</u>
 Total Liabilities	 <u>16,384,778</u>	 <u>17,108,447</u>	 <u>19,212,372</u>
<i>Net Assets</i>			
Net Assets - Beginning	9,856,708	9,856,708	13,135,808
Fund Transfer C W & S	-	-	610,984
Current year changes	(2,429,168)	(2,623,404)	(3,890,084)
Investment income - Jaber Trust	124,214	112,558	-
Net Assets - Ending	<u>7,551,754</u>	<u>7,345,862</u>	<u>9,856,708</u>
 Total Liabilities and Net Assets	 <u>\$ 23,936,533</u>	 <u>\$ 24,454,310</u>	 <u>\$ 29,069,080</u>

ALAMEDA HOSPITAL
Summary Statement of Revenues, Expenses
For the Eleven Months Ended May 31, 2008

	Current Month - Fixed Budget					Year to Date - Fixed Budget				
	Actual	Budget	Variance	Var %	May 07	YTD Actual	YTD Budget	Variance	Var %	FY07 Actual
Operating revenues:										
IP Revenue	\$ 14,928,144	\$ 12,936,369	\$ 1,991,775	15.4%	\$ 12,430,695	\$ 129,919,691	\$ 133,797,121	\$ (3,877,429)	-2.9%	\$ 145,888,041
OP Revenue	9,598,864	9,426,951	171,913	1.8%	9,352,070	97,932,317	94,448,915	3,483,402	3.7%	94,798,163
Total revenue	\$ 24,527,008	\$ 22,363,320	\$ 2,163,688	9.7%	\$ 21,782,765	\$ 227,852,009	\$ 228,246,036	\$ (394,027)	-0.2%	\$ 240,686,204
Less: Deductions from Revenue	(18,097,168)	(16,784,786)	(1,312,382)	7.8%	(16,279,286)	(170,370,681)	(169,929,698)	(440,983)	0.3%	(182,519,401)
Bad Debt	(586,240)	(527,616)	(58,624)	11.1%	(516,568)	(5,227,355)	(4,763,243)	(464,111)	9.7%	(4,248,734)
Charity	(164,120)	(147,708)	(16,412)	11.1%	(222,413)	(1,117,050)	(1,021,757)	(95,293)	9.3%	(2,700,764)
Net patient service revenue	\$ 5,679,480	\$ 4,903,210	\$ 776,270	15.8%	\$ 4,764,498	\$ 51,136,923	\$ 52,531,338	\$ (1,394,414)	-2.7%	\$ 51,217,305
	23.16%	21.93%			21.87%	22.44%	23.02%			21.28%
Other revenue	10,003	23,084	(13,081)	-56.7%	11,603	111,283	236,377	(125,094)	-52.9%	174,300
Total operating revenues	\$ 5,689,483	\$ 4,926,294	\$ 763,189	15.5%	\$ 4,776,101	\$ 51,248,206	\$ 52,767,715	\$ (1,519,509)	-2.9%	\$ 51,391,605
Operating expenses:										
Salaries	\$ 2,742,139	\$ 2,766,426	\$ 24,287	0.9%	\$ 2,840,178	\$ 29,496,482	\$ 28,799,373	\$ (697,109)	-2.4%	\$ 30,743,183
Registry	280,128	182,428	(97,700)	-53.6%	165,766	1,601,897	1,940,564	338,667	17.5%	2,228,297
Benefits	1,027,831	790,255	(237,576)	-30.1%	788,681	9,090,303	7,551,114	(1,539,189)	-20.4%	7,426,015
Professional Fees	361,344	303,189	(58,155)	-19.2%	296,514	3,486,095	3,353,604	(132,491)	-4.0%	3,247,429
Supplies	826,924	754,665	(72,259)	-9.6%	709,313	7,907,531	8,005,944	98,413	1.2%	7,876,298
Purchase Services	287,509	310,367	22,858	7.4%	322,114	3,291,484	3,398,688	107,204	3.2%	3,487,306
Rents and Leases	49,778	49,562	(216)	-0.4%	39,990	526,483	538,470	11,987	2.2%	410,460
Utilities and Telephone	90,357	76,127	(14,230)	-18.7%	68,989	782,151	819,631	37,480	4.6%	765,983
Insurance	59,867	62,006	2,139	3.5%	32,814	660,459	680,434	19,975	2.9%	645,932
Interest Expense	13,989	11,396	(2,593)	-22.8%	11,289	132,554	123,154	(9,400)	-7.6%	115,146
Depreciation and amortization	125,097	183,807	58,710	31.9%	169,242	1,648,083	2,021,601	373,518	18.5%	1,935,910
Other Operating Expenses	140,645	58,903	(81,742)	-138.8%	77,982	679,499	638,570	(40,929)	-6.4%	607,900
Total operating expenses	\$ 6,005,608	\$ 5,549,131	\$ (456,477)	-8.2%	\$ 5,522,872	\$ 59,303,020	\$ 57,871,147	\$ (1,431,873)	-2.5%	\$ 59,489,858
Operating gain (loss)	\$ (316,125)	\$ (622,837)	\$ 306,712	-49.2%	\$ (746,771)	\$ (8,054,814)	\$ (5,103,432)	\$ (2,951,382)	57.8%	\$ (8,098,254)
Non-operating revenues (expenses):	\$ 510,365	\$ 518,725	\$ (8,360)	-1.6%	\$ 550,234	\$ 5,625,649	\$ 5,705,975	\$ (80,326)	-1.4%	\$ 5,744,411
Excess of revenues over expenses	194,239	(104,112)	298,351	-286.6%	(196,537)	(2,429,165)	602,543	(3,031,708)	-503.2%	(2,353,843)

ALAMEDA HOSPITAL
Summary Statement of Revenues, Expenses
For the Eleven Months Ended May 31, 2008

	Current Month - Per Adjusted Patient Day					Year to Date - Per Adjusted Patient Day				
	Actual	Budget	Variance	Var %	May 07	YTD Actual	YTD Budget	Variance	Var %	FY07 Actual
Operating revenues:										
IP Revenue	\$ 4,834	\$ 4,570	\$ 264	5.8%	\$ 4,590	\$ 4,363	\$ 4,636	\$ (273)	-5.9%	\$ 4,911
OP Revenue	3,108	3,330	(222)	-6.7%	3,453	3,288	3,273	15	0.5%	3,191
Total revenue	\$ 7,942	\$ 7,900	\$ 42	0.5%	\$ 8,043	\$ 7,651	\$ 7,909	\$ (258)	-3.3%	\$ 8,102
Less: Deductions from Revenue	(5,860)	(5,929)	69	-1.2%	(6,012)	(5,721)	(5,888)	167	-2.8%	(6,144)
Bad Debt	(190)	(186)	(4)	2.2%	(191)	(176)	(165)	(11)	6.7%	(143)
Charity	(53)	(52)	(1)	1.9%	(82)	(38)	(35)	(3)	8.6%	(91)
Net patient service revenue	\$ 1,839	\$ 1,733	\$ 106	6.1%	\$ 1,758	\$ 1,716	\$ 1,821	\$ (105)	-5.8%	\$ 1,724
	23.16%	21.94%			21.86%	22.43%	23.02%			21.28%
Other revenue	3	8	(5)	-62.5%	4	4	8	(4)	-50.0%	6
Total operating revenues	\$ 1,842	\$ 1,741	\$ 101	5.8%	\$ 1,762	\$ 1,720	\$ 1,829	\$ (109)	-6.0%	\$ 1,730
Operating expenses:										
Salaries	\$ 888	\$ 977	\$ 89	9.1%	\$ 1,049	\$ 990	\$ 998	\$ 8	0.8%	\$ 1,035
Registry	91	64	(27)	-42.2%	61	54	67	13	19.4%	75
Benefits	333	279	(54)	-19.4%	291	305	262	(43)	-16.4%	250
Professional Fees	117	107	(10)	-9.3%	109	117	116	(1)	-0.9%	109
Supplies	268	267	(1)	-0.4%	262	266	277	11	4.0%	265
Purchase Services	93	110	17	15.5%	119	111	118	7	5.9%	117
Rents and Leases	16	18	2	11.1%	15	18	19	1	5.3%	14
Utilities and Telephone	29	27	(2)	-7.4%	25	26	28	2	7.1%	26
Insurance	19	22	3	13.6%	12	22	24	2	8.3%	22
Interest Expense	5	4	(1)	-25.0%	4	4	4	-	0.0%	4
Depreciation and amortization	41	65	24	36.9%	62	55	70	15	21.4%	65
Other Operating Expenses	46	21	(25)	-119.0%	29	23	22	(1)	-4.5%	20
Total operating expenses	\$ 1,946	\$ 1,961	\$ 15	0.8%	\$ 2,038	\$ 1,991	\$ 2,005	\$ 14	0.7%	\$ 2,002
Operating gain (loss)	\$ (104)	\$ (220)	\$ 116	-52.7%	\$ (276)	\$ (271)	\$ (176)	\$ (95)	54.0%	\$ (272)
Non-operating revenues (expenses):	\$ 165	\$ 183	\$ (18)	-9.8%	\$ 203	\$ 189	\$ 198	\$ (9)	-4.5%	\$ 193
Excess of revenues over expenses	61	(37)	98	-264.9%	(73)	(82)	22	(104)	-472.7%	(79)

ALAMEDA HOSPITAL
12 MONTH CASH PROJECTION
PERIOD COVERED:6/1/08 THRU 5/31/09

MONTH	COLLECTIONS		PROPERTY	W/C REFUND	OTHER	FY 2007	EMP HLTH	EST.	BALANCE
	NON-KAISER	KAISER -USE	TAX ¹	NET		AB 915	STOP LOSS	DISBURSEMENTS	
Operating Cash Balance as of 5/31/08									(530,651)
JUN 08	4,349,632	760,000	300,000		65,000	197,000		5,327,696	(186,715)
JUL 08	4,070,000	760,000	300,000		65,000			5,327,696	(319,411)
AUG 08	3,745,000	760,000	300,000		65,000			5,327,696	(777,107)
SEP 08	5,247,000	760,000	590,000		65,000			5,327,696	557,197
OCT 08	4,600,000	760,000	300,000		65,000			5,327,696	954,501
NOV 08	3,800,000	760,000	300,000		65,000			5,327,696	551,806
DEC 08	4,400,000	760,000	450,000		65,000			5,327,696	899,110
JAN 09	4,200,000	760,000	450,000		65,000			7,059,696	(685,586)
FEB 09	3,800,000	760,000	450,000	200,000	65,000			5,327,696	(738,282)
MAR 09	4,400,000	760,000	450,000		65,000			5,327,696	(390,978)
APR 09	4,200,000	790,000	450,000		65,000			5,327,696	(213,674)
MAY 09	4,400,000	790,000	450,000		65,000			5,327,696	163,630
TOTALS	<u>51,211,632</u>	<u>9,180,000</u>	<u>4,790,000</u>	<u>200,000</u>	<u>780,000</u>	<u>197,000</u>	<u>0</u>	<u>65,664,350</u>	

Notes:

1. Property tax receipts will be held in an interest bearing investment account and transferred to the operating account as needed each month.

ALAMEDA HOSPITAL
12 Month Cash Projection - Disbursement Detail
PERIOD COVERED:6/1/08 THRU 5/31/09

MONTH	Total Payroll	A/P	Debt Service including Interest	OTHER	TOTAL CASH
					OUTLAYS
JUN 08	3,464,000	1,750,000	113,696		5,327,696
JUL 08	3,464,000	1,750,000	113,696		5,327,696
AUG 08	3,464,000	1,750,000	113,696		5,327,696
SEP 08	3,464,000	1,750,000	113,696		5,327,696
OCT 08	3,464,000	1,750,000	113,696		5,327,696
NOV 08	3,464,000	1,750,000	113,696		5,327,696
DEC 08	3,464,000	1,750,000	113,696		5,327,696
JAN 09	5,196,000 a	1,750,000	113,696		7,059,696
FEB 09	3,464,000	1,750,000	113,696		5,327,696
MAR 09	3,464,000	1,750,000	113,696		5,327,696
APR 09	3,464,000	1,750,000	113,696		5,327,696
MAY 09	3,464,000	1,750,000	113,696		5,327,696
TOTALS	<u>43,300,000</u>	<u>21,000,000</u>	<u>1,364,350</u>	<u>0</u>	<u>65,664,350</u>

a) 3 pay periods in the month