

PUBLIC NOTICE
CITY OF ALAMEDA HEALTH CARE DISTRICT

AGENDA

Monday, August 4, 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.

- | | |
|---|-----------------------------------|
| 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 30, 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> |

***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 Minutes **ACTION ITEM** [enclosure]
- June 20, 2008
 - June 30, 2008

VI. Regular Agenda

- 1) Foundation Annual Report to the Board [enclosure] Victoria Holgerson
- 2) Auxiliary Annual Report to the Board [enclosure] Joanne Sergent
- 3) Finance and Management Committee Report David A. Neapolitan
- Acceptance of June 2008 Financial Statements **ACTION ITEM** [enclosure]
 - Revenue Cycle and Patient Financial Services Overview Leon Dalva
- 4) Strategic Planning and Community Relations Committee Report Rob Bonta
- 5) Chief Executive Officer's Report Deborah E. Stebbins
- 6) Medical Staff President Report Steve Lowery, MD
- 7) General Public Comments
- 8) Board Comments
- 9) Adjournment

The next regularly scheduled board meeting will be on Monday, September 8, 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 Special Meeting – June 20, 2008

Directors Present:

Jordan Battani (via Teleconference)
Robert Deutsch, MD
Robert Bonta
Steve Wasson
Jeptha Boone, M.D.

Management Present:

Deborah E. Stebbins
Kerry Easthope
David Neapolitan

Medical Staff Present:

Legal Counsel Present:

Thomas Driscoll, Esq. (via Teleconference)

Excused:

Steve Lowery, M.D.

Submitted by:

Kristen Thorson

Topic	Discussion	Action / Follow-Up
1. Call to Order	The meeting was called to order at 7:30 a.m.	
2. Roll Call	Kerry Easthope called roll, noting that all that a quorum of Directors was present. Director Battani and Thomas Driscoll were present via teleconference.	
3. General Public Comments	None at this time.	
4. Regular Agenda	<p>[1] Approval of Resolution on Proposed Transition of South Shore Convalescent Hospital.</p> <p>Version 1 of the Resolution stated that the Rosete Family has not accepted the offer of \$150,000 to be paid over a 10 month transition period and that the Board of Directors hereby authorizes management to make all preparations necessary to assume responsibility for operating the South Shore Convalescent Hospital once the expansion of the Hospital SNF License is obtained from the State of California, department of Public Health Services with the assumption that the property will be vacated in terms of employees, residents and equipment.</p> <p>Version 2 of the Resolution stated that the Hospital has offered the Rosete Family \$150,000 for consultation and collaboration to ensure a seamless transition between the current operator and the hospital for the</p>	<p>Robert Deutsch, MD made a motion to move forward and approve version # 2 of Resolution on approach for transition of South Shore Convalescent Hospital with the contingency that if a deal cannot be successfully completed that version 1 of the resolution is therefore authorized by the District Board of Directors. Steve Wasson seconded the motion and the motion carried unanimously with one abstention from Jordan Battani. Ms. Battani was not able to vote on the motion due to her being out of the district at the time of voting.</p>

Topic	Discussion	Action / Follow-Up
	<p>residents and employees of the facility. The Rosete Family has countered with \$15,000 per month for 10 months and an additional \$50,000 for the capital equipment and existing supplies. The Board approves the payment of the \$15,000 per month for the 10 months as well as no less than \$25,000 and no more than \$50,000.</p> <p>Complete copies of resolutions are attached to the minutes on file in Administration.</p>	
8. 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 8:00 a.m.

Attest: _____
Jordan Battani
President

Robert Bonta
Secretary

**Minutes of the Board of Directors
Regular Meeting
June 30, 2008**

Directors Present:

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

Management Present:

Deborah E. Stebbins
Kerry Easthope

Medical Staff Present:

Steve Lowery, M.D.

Legal Counsel Present:

Thomas Driscoll, Esq.

Excused:

David A. Neapolitan

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 6:04 p.m.	
2. Roll Call	Kristen Thorson called roll, noting that all Directors were present.	
3. General Public Comments	None at this time.	
4. Closed Session	At 6:05 p.m. the meeting adjourned Executive Closed Session.	
5. Reconvene to Public Session & Adjournment	Director Battani reconvened the meeting into public session at 8:11 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</p>

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

Initial Appointment:

Name	Specialty	Affiliation
o Roberto Celada, MD	General Surgery	Associate / E. Consorti, MD
o Haroon Mojaddidi, MD	General Surgery	Kaiser
o Charu Puri, MD	Internal Medicine	AIM – Hospitalist Group

Reappointments – Medical Staff

Name	Specialty	Status	Appointment Period End
o Davdi Belk, MD	Internal Medicine	Active	06/30/10
o David Chang, MD	Orthopedics	Courtesy	03/31/10
o James Fagan, DPM	Podiatry	Courtesy	06/30/10
o Michael Gorin, MD	Ophthalmology	Active	06/30/10
o Therese Hickey, MD	Anesthesiology	Courtesy	06/30/10
o Jagmohan Khaira, MD	Internal Medicine	Active	06/30/10
o Eric Otani, MD	Emergency Medicine	Active	06/30/10
o Kenneth Rapp, DPM	Podiatry	Courtesy	06/30/10
o Ilan Remler, MD	Internal Medicine	Courtesy	06/30/10
o Charlotte Shum, MD	Orthopedics	Courtesy	06/30/10
o Robert Wagner, MD	Oral/Max Face Surgery	Courtesy	06/30/10

Reappointment – Allied Health Professional Status

Name	Specialty	Appointment Period
o Julie Brown, CRNA	Nurse Anesthetist	07/01/08 – 06/30/10
o Ricardo Charles, CRNA	Nurse Anesthetist	07/01/08 – 06/30/10
o John Hatch, CRNA	Nurse Anesthetist	07/01/08 – 06/30/10
o Diane Nishikawa, CRNA	Nurse Anesthetist	07/01/08 – 06/30/10
o Nancy Saunders, CRNA	Nurse Anesthetist	07/01/08 – 06/30/10

Resignations:

Name	Specialty
o DeWitt Gifford, MD	Neurosurgery
o Diana HIros, CRNA	Nurse Anesthetist
o Curtis McMillan, MD	Anesthesiology
o Andrew Slucky, MD	Orthopedics
o Paul Smith, MD	General Surgery
o Jonas Williams, MD	Anesthesiology

7. Consent Agenda	<p>[1] Approval of Minutes</p> <ul style="list-style-type: none"> ▪ June 2, 2008 <p>[2] Approval of Certification and Mutual Indemnification Agreement</p> <p>[3] Acceptance of 2007 Annual Environment of Care Report</p>	Director Wasson made a motion to approve the consent agenda as presented. Director Boone seconded the motion. The motion carried unanimously.
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Topic	Discussion	Action / Follow-Up																								
<p>8. Regular Agenda</p>	<p>[1] Finance and Management Committee Report</p> <p><i>Acceptance of the May 2008 Financial Statements</i> Deborah Stebbins, CEO, reviewed the May 2008 Financial Statements as presented in the meeting packet. Overall the month of June was a good month with total gross revenue of \$ 2.2 million. Excess revenue over expense was \$194,239 which was better than budget. The average daily census was also better than budget at 71.6 versus 64.2. Surgical volume exceed budget at 476 in the month of May as well.</p> <p>[2] Strategic Planning and Community Relations Report. Director Bonta reported that the Strategic Planning and Community Relations Committee will be meeting on for an all day planning session on July 12, 2008.</p> <p>[3] Chief Executive Officer’s Report Deborah E. Stebbins reported briefly on the following items:</p> <p>Statistics:</p> <table border="1" data-bbox="467 1066 1079 1318"> <thead> <tr> <th></th> <th>MTD (6/26) June</th> <th>June Budget</th> <th>May (Actual)</th> </tr> </thead> <tbody> <tr> <td>ADC</td> <td>61.65</td> <td>58.48</td> <td>71.61</td> </tr> <tr> <td>Patient Days</td> <td>1603</td> <td>1754</td> <td>2220</td> </tr> <tr> <td>ER Visits</td> <td>1306</td> <td>1552</td> <td>1569</td> </tr> <tr> <td>OP Registrations</td> <td>2415</td> <td>2803</td> <td>2327</td> </tr> <tr> <td>Total Surgery Cases</td> <td>477</td> <td>463</td> <td>476</td> </tr> </tbody> </table> <p>Alameda Hospital will be participating in the 4th of July Parade in Alameda. Participants will meet at the Hospital at 8:00 a.m. to decorate the trolley car and leave for the parade route at 9:00 a.m. There over 45 people signed up to be a part of the Hospital parade entry this year.</p> <p>The worker’s compensation insurance and comprehensive liability insurance premiums for the upcoming fiscal year have dramatically decreased over prior year by approximately 30% which is a large saving for the Hospital.</p> <p>[5] Medical Staff President Report Steve Lowery, MD reported that the medical staff continues to work their way through and update the policies and procedures for many areas including the Joint Commission National Patient Safety Goals and anticoagulation.</p>		MTD (6/26) June	June Budget	May (Actual)	ADC	61.65	58.48	71.61	Patient Days	1603	1754	2220	ER Visits	1306	1552	1569	OP Registrations	2415	2803	2327	Total Surgery Cases	477	463	476	<p>Director Boone moved to accept the May 2008 Financial Statements as presented. Director Bonta seconded the motion. The motion carried unanimously.</p>
	MTD (6/26) June	June Budget	May (Actual)																							
ADC	61.65	58.48	71.61																							
Patient Days	1603	1754	2220																							
ER Visits	1306	1552	1569																							
OP Registrations	2415	2803	2327																							
Total Surgery Cases	477	463	476																							

Topic	Discussion	Action / Follow-Up
8. General Public Comments	None at this time.	
10. Board Comments	<p>Steve Wasson asked for an update on the use of the Women's Health Center.</p> <p>Robert Deutsch, MD asked what the Hospital was doing about the water restrictions in Alameda County and East Bay. Kerry Easthope stated that we are currently changing the water source, that is used for watering the landscape, from EBMUD to the Hospital's well water to help conserve water.</p>	
11. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 8:45 p.m.

Attest: _____
Jordan Battani
President

Robert Bonta
Secretary



Alameda Hospital
Foundation

Alameda Hospital Foundation
Annual Report

To: City of Alameda Healthcare District Board

From: Victoria Holgerson, President

Date: August 4, 2008

The Alameda Hospital Foundation is dedicated to promoting the development, growth, and wellbeing of Alameda Hospital.

Board of Directors

Victoria Holgerson, President
Ed Kofman, Vice President
Dave Hewitt, Treasurer
Sharon Van Meter, MD, Secretary
Michele Bellows
Robert A. Bonta
Bruce Bothwell, D.D.S.
Gayle Godfrey Codiga
Don Coughlan
Mike Gorman
Marion Holt
Victor Jin
Robert McKean
Nancy McKinley
Karen Nadzan
Michael Studebaker
Lena Tam
Bill Withrow

Ex-officio

Deborah Stebbins, C.E.O.
Alameda Hospital
Steve Lowery, M.D., President
Medical Staff
Joanne Sergent, President,
Hospital Auxiliary
Dennis Elo, Executive Director
Alameda Hospital Foundation

Director Emeritus

Don Lindsey
Mel Sanderson

Last year was full of activities for the Foundation highlighted by the following:

- The Annual Fall Gala, All That Jazz – Casino Royale, raised over \$73,000.
- A highlight of the Gala was the recognition of Jephtha Boone, M. D., the first recipient of the Kate Creedon Award.
- Our Guardian Angel program brought in 73 new donors for a total of \$6,373.
- The Spring Tea, which honored Gayle Godfrey Codiga, raised nearly \$15,000
- We added 5 new names to our Stafford Society list of individuals who have included the Foundation as a beneficiary in their will and/or trust.
- The Foundation's gift planning web site, www.ahfgift.org, had over 32,000 visits during 2007.
- Total revenue for our fiscal year ending December 31, 2007, was \$231,191 and the Board committed \$208,558 to the Hospital.

Long time Board member, Don Lindsey, became a Director Emeritus. The Foundation Assistant, Karen Nadzan, retired. The Board added Robert McKean, Karen Nadzan, Michael Studebaker, and Bill Withrow as new Directors.

In late December, 2007, Hospital Management asked the Foundation to begin to operate financially independent from the Hospital. Up to this point the Hospital provided all of the staff support and covered some of the non-personnel costs of the Foundation. This arrangement allowed the Foundation to give back to the Hospital most of the money it raised which over the years has totaled nearly \$4 million. However, the Board accepted this responsibility and reimbursed the Hospital for all Foundation costs since July 1, 2007. Going forward the Foundation has budgeted for its personnel costs (1 FTE) and all operating expenses.

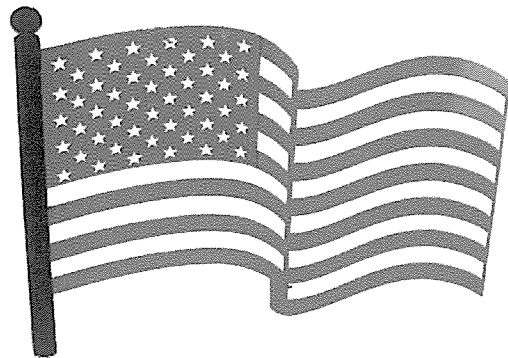
Finally, on behalf of the Foundation Board of Directors, I would like to say how much we appreciate the support and interaction we have with the City of Alameda Healthcare District Board. Thank You.

ALAMEDA HOSPITAL AUXILIARY

ANNUAL REPORT TO

**THE CITY OF ALAMEDA HEALTH
CARE DISTRICT BOARD**

JULY 1, 2007 TO JUNE 30, 2008



PREPARED BY:

**Joanne Sergent
Alameda Hospital Auxiliary President**

This report is for the fiscal year 2007-08, the year I was president of the Alameda Hospital Auxiliary.

For the year 2007-08 we have 78 Active Members (this includes 16 Active Life Members), 50 Associate Members, 56 Life Members and 5 Honorary Members. Our dues are due in July and we pay as follows: Associate Members \$10.00 a year, Active Members \$6.00 a year and Life Members \$100.00, that is a one time fee. This money is used for the postage, paper and printing of all our newsletters and invitations we mail out. We have a \$50.00 refundable uniform deposit for anyone that is under 50 yrs. old. Upon resignation and the return of their uniform and picture I.D. badge, the deposit is refunded.

We have 11 gentlemen working in our Auxiliary, 9 in ECC, 1 Hospital Services and 1 as a Floor Host. If any of you, or your spouse, would like to volunteer, we would love to have you.

At the end of June, 2008, we have in our Auxiliary General Account \$11,580.20. We also have a renewable Time Certificate in the amount of \$45,000.00.

In December, 2007 we took over the Gift Shop books from Alameda Hospital and now have a Gift Shop Treasurer. Our Gift Shop Account as of June 30, 2008 is \$33,764.46. We have two very dedicated ladies working with our books, Inday Santa Cruz, Auxiliary and Gift Shop Treasurer and Joan Hoag, Gift Shop books.

Our Gift Shop not only sells merchandise, but they also have Jewelry Sales, Leather Sales and Book Sales. Our Gift Shop is our main source of revenue. We have some very dedicated ladies working in there Lili Eucker, Chairman and buyer of candy and Mabel Wong, buyer of merchandise and organizer of outside sales plus our other dedicated ladies on a daily basis.

We also have our Domino and Bridge Marathons, Memorial donations and vending machine as other sources of revenue.

We had a Memorial donation of \$1,000.00 from the estate of Charlotte Sells, one of our long time volunteers who past away last year.

Last year we collectively gave 15,998.9 hours of service to Alameda Hospital. We have a very dedicated group of volunteers in each of our services. Marlene Sahr from our Office Committee, has given over 13,000 and 18 years of service. We don't know what we would do without her.

Camille Flood and Louise Parker, Hours Chairpersons, are very diligent in tallying our recorded hours and they give us a list as to who receives awards at our Award Luncheon in October that the Hospital hosts for us.

Our Pinkies are a very special group of ladies that make puppets for the children that

come into the hospital for x-rays, emergency treatment or with parents. These puppets help to relax the kids when they come in. The Pinkies made 505 puppets last year and delivered 468 puppets to different departments.

Some of the ladies make lap robes for our adult wheelchair patients. The ladies that make lap robes are retired from the Auxiliary and some do it just to help out. They made 120 lap robes this fiscal year and delivered 94 to our patients. The patients use them to cover up when sitting in the hall or going from department to department. If the maker of the lap robe doesn't mind, we sell them in the Gift Shop for \$30.00 or \$40.00, depending on the size. We just had one of our Pinkies resign, she was 100 yrs. old and could still thread her own needle. This group is starting to wind down so I don't know how much longer they will be able to continue this good work, but they sure enjoy it and they are very dedicated to their work.

With the help of Joan Caton, Procedure Chairman, we held Procedure meetings for all our services this year. I feel these meetings are very important because it gives our volunteers a say in how their service is run and also get to know the others volunteers that work in their service

We also had a Fire/Safety meeting in October so we could be instructed on the procedures we must know in the event of an emergency. Our Auxiliary runs very smoothly because we try to keep our Volunteers informed.

We had 2 General Meetings this year. One was our Hours Awards luncheon that the Hospital hosted and thanked us for all we did. The other was our Installation of Officers in June.

We had Christmas Cheer with Santa in December and Volunteer Week in May. Both were lots of fun and very nice, thanks to Betty Sanderson and Terry Veasy, Event Chairpersons, for all the work they do on our meetings and events. Also the people in the Cafeteria do great work. They put on a beautiful spread of food for both occasions.

Our Volunteers also helped with the Hospitals Health Faire and the Cardio Fit Christmas party. They also helped with stuffing envelopes for the Foundation. Dennis Eloé always brings goodies for the ladies for breakfast (which helps). Our group of Volunteers are always there to help however and whenever they can.

We are looking forward to our wall/door that will separate the copy room from Room C. This will enable the volunteers to continue their work for the hospital by copying forms for the patient charts. Tony Corica is coordinating this with the Engineering Department. We are waiting patiently for the outcome of their meeting. We donated \$66,000.00 for this purpose last year.

We also consider this a security measure for our volunteers using the copy machine. Concerns became an issue this year when an unauthorized male came out of a darkened

Room C and startled our volunteer that was using the machine. The safety of our volunteers is very important to me. I hope this gets done soon.

I will be going on next year as president, but this year has been a very heartwarming experience for me. I felt the hospital and Tony Corica had enough on their plate, so I thought I would try it again. I can't tell you how wonderful all my volunteers have been and how much help everyone has given me, including Tony Corica and Dennis Elo. They are always there for me and with a smile.

In all my 21 years as a Alameda Hospital Volunteer, this group of people (my Volunteers) and Alameda Hospital are very special to me and an important part of my life.

Respectfully submitted:


Joanne Sergent
Alameda Hospital Auxiliary President

7/17/08

ALAMEDA HOSPITAL AUXILIARY
GENERAL ACCOUNT
FOR FISCAL YEAR ENDING JUNE 30, 2008

Beginning Cash Balance, A/C #01519776				\$ 50,806.52
Income:				
Receipts				
Bridge	570.00			
Membership	2,659.00			
Vending Canteen	2,880.89			
Remembrance	375.00			
Uniform Deposits	450.00			
Bequest	1,060.37			
Dominoes	405.00			
Pinkies	65.00			
General Meeting	660.00			
Donations	154.00			
Refund of EBC Dues	140.00			
Interests	127.19			
Total Receipts		9,546.45		
Total Income			9,546.45	
Expenses:				
Disbursements				
Bridge	68.61			
Refund of Uniform Dep.	400.00			
Dominoes	60.00			
Pinkies	134.24			
Office	1,899.17			
General Meeting	990.75			
EBC Dues	220.00			
Certificate of Deposit**	45,000.00			
Total Disbursements		48,772.77		
Total Expenses			48,772.77	
Net Income/(Expenses)				(39,226.32)
Ending Balance				\$ 11,580.20

**Time Certificate opened 12/20/07 - 6 months maturity date \$45,000.00

Balance of as of 06/19/08: \$45,911.53

Auxiliary Treasurer: Inday Santa Cruz

**ALAMEDA HOSPITAL AUXILIARY
GIFT SHOP ACCOUNT
FOR FISCAL YEAR ENDING JUNE 30, 2008**

Beginning Cash Balance, A/C #01520915				\$18,582.78
Income:				
Receipts				
Cash Sales	24,334.45			
CC Sales	15,453.64			
Leather Sales	136.39			
Interest	77.18			
Total Receipts		\$40,001.66		
Total Income			\$40,001.66	
Expenses:				
Disbursements				
Purchases**	\$21,221.82			
State Board of Equalization (Sales Taxes)	2,836.00			
Bank Charges	44.15			
CC Fees	718.01			
Total Disbursements		\$24,819.98		
Total Expenses			\$24,819.98	
Net Income/(Expenses)				\$15,181.68
Ending Balance				\$33,764.46

** See attached.

Auxiliary Treasurer Inday Santa Cruz

****2007-2008 Purchases for Alameda Hospital Gift Shop:**

Mable Wong	\$4,118.65
Ganz, Inc.	4,540.83
Pacific Coast Imports	1,376.00
Ty, Inc.	1,698.40
Your Needs	539.45
Tom A. Sebree & Associates	693.14
Marian Heath Greeting Cards	699.56
First Bank	523.60
Kelli's Gift Shop	960.80
KG&C, Inc.	172.98
Entertainment Publications, Inc.	445.68
American Retail	58.58
Hansen Christmas	185.69
Gund	994.83
Umpqua Indian Foods	90.00
99 Cents Store	73.96
Spot Me Bookmark	25.25
Serene Seed Designs	21.20
Valentine Publishing	20.00
Muddy Waters	105.26
PBC International	121.71
Joanne Marie Designs	85.06
Dynasty	211.35
Miscellaneous Purchases by Gift Shop Staff	<u>3,459.84</u>
	<u>\$21,221.82</u>

The logo for Alameda Hospital features the name "Alameda Hospital" in a serif font, with a large, dark, curved swoosh element that starts above the 'A' and ends below the 'l', partially enclosing the text.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED

FINANCIAL STATEMENTS

FOR THE

PERIOD ENDING

06/30/08

ALAMEDA HOSPITAL
City of Alameda Health Care District
June 30, 2008

<u>Table of Contents:</u>	<u>Page</u>
Financial Management Discussion	1 - 11
Balance Sheet	12
Statement of Revenue and Expenses	13
Statement of Revenue and Expenses - Per Adjusted Patient Day	14
Key Statistics for Current Month and Year-to-Date	15

ALAMEDA HOSPITAL

June 30, 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 June 30, 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.

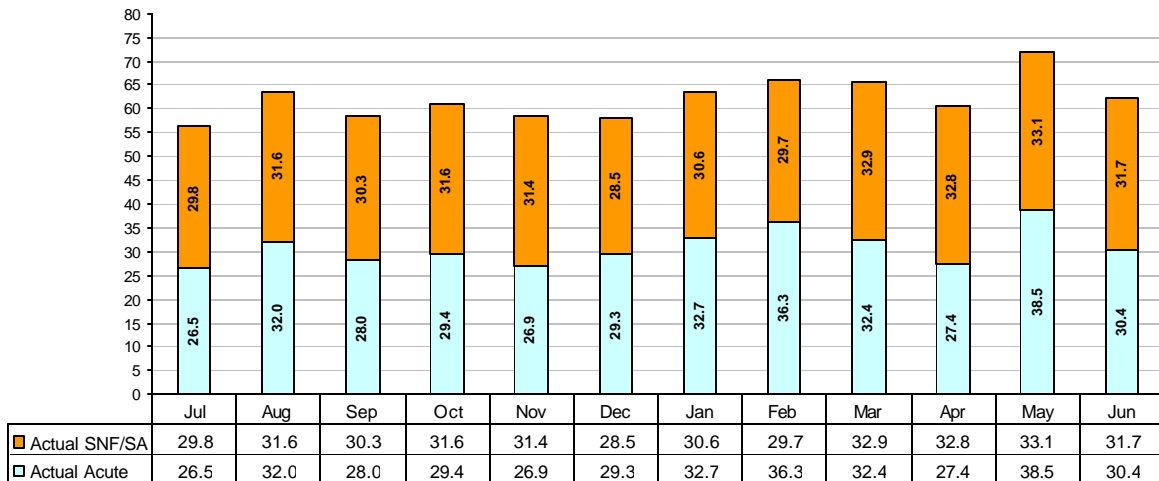
Financial Overview as of June 30, 2008

- Total assets on the balance sheet increased by \$5,069,990 from the prior month as a result of the accrual of deferred property tax revenues for the County's 2008 / 2009 tax year which will be received in December 2008 and April 2009.
- Total cash and cash equivalents for June increased by \$83,974 and reflect 26.6 days of cash on hand compared to 26.2 in the prior month.
- Net patient accounts receivable decreased in June by \$720,015 compared to an increase of \$1,409,615 in May. Accounts receivable days were 52 compared to 56 in the prior month. This decrease of 4 days gross accounts receivable outstanding is the result an exceptional collections month that was driven by the receipt of incorrectly paid acute and sub-acute care claims totaling \$496,000 and \$587,000, respectively. The remainder of the incorrectly paid claims were resolved in July.
- Total liabilities increased by \$4,985,306 compared to a decrease of \$723,668 in the prior month; this increase relates to the accrual of deferred property tax revenues for the County's 2008 / 2009 tax year which will be received in December 2008 and April 2009.
- Accounts payable at June 31st was \$5,370,160, a \$103,251 decrease from the prior month. Days in accounts payable decreased to 85 compared to prior month which was at 87. However, we still remain 7 days higher than the prior year which was 78 at June 30, 2007.
- Gross Revenue was greater than budget by \$994,220 or 4.6%. Net patient revenue was greater than budget by \$737,047 or 15.7%. The total patient days were 1,861 compared to the prior month of 2,220 and a prior year of 1,791 days. Inpatient revenue was greater than budgeted by 5.9% while outpatient revenue was greater than budgeted by 3.0%. The average revenue per patient day was \$12,023 compared to \$11,048 in the prior month and a budgeted amount of \$12,190. Our average daily acute census was 30.4 compared to 38.5 in the prior month and our average daily Sub-Acute census was 31.7 versus 33.1 in the prior month.
- ER visits were 1,519 or 2.1% less than the budgeted 1,552 visits. ER visits were slightly better than the prior year's visits of 1,464 or 3.8%.
- Total surgery cases were 8.9% greater than budget, with Kaiser surgical cases making up 334 or 66% of the total cases. However, this was an increase of 15 Kaiser cases (4.7%) from the prior month.
- Excess revenue over expense was \$74,040 versus a budgeted excess of revenue over expenses of \$35,842, bringing the year to date excess expense over revenue to \$2,355,125 or \$193,630 better than our projected expense in excess of revenue of \$2,548,755 for the fiscal year.

Volumes

Overall actual daily census was 62.1 versus a budget of 58.5. Acute average daily census was 30.4 versus a budget of 31.5 and Sub-Acute average daily census was 31.7 versus a budget of 27.0.

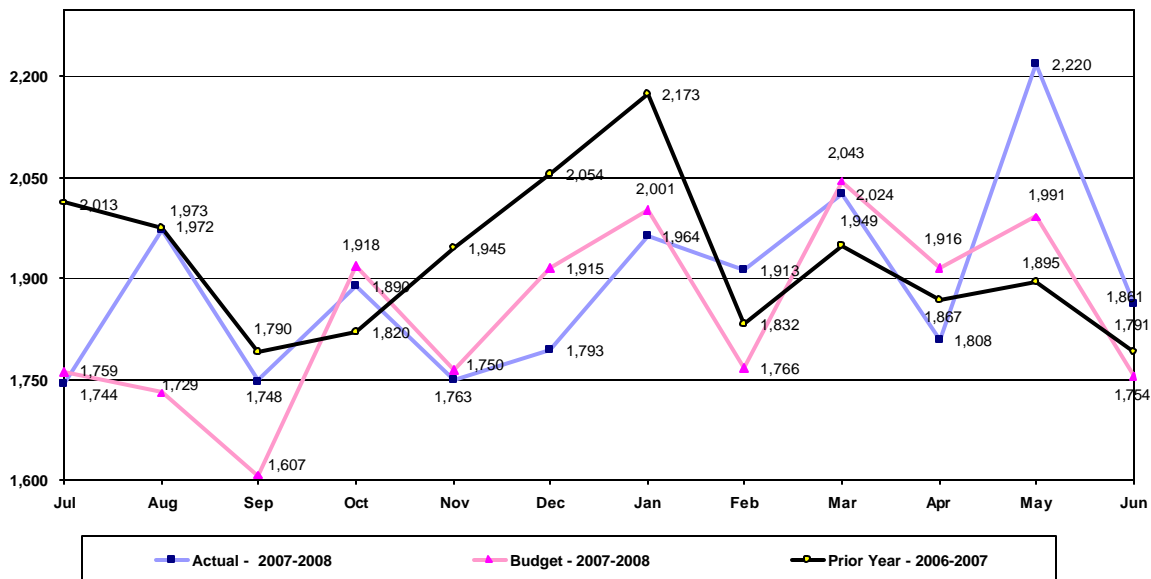
**Alameda Hospital - Average Daily Census
 Fiscal Year 2007-2008**



Total Average Daily Census

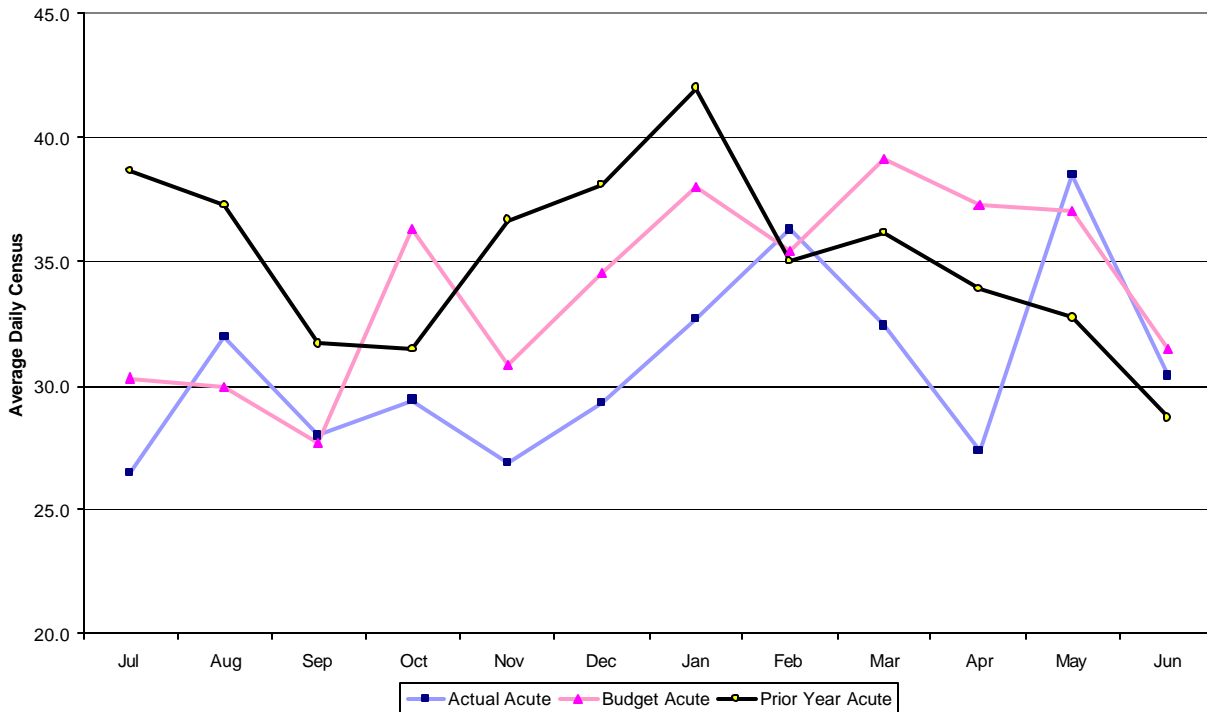
Actual	56.3	63.6	58.3	61.0	58.3	57.8	63.3	66.0	65.3	60.2	71.6	62.1
Budget	56.7	55.8	53.6	61.9	58.8	61.8	64.5	60.9	65.9	63.9	64.2	58.5

Our total patient days in June were 3.9% greater than June 2007, and 6.1% greater than budget. Year to date, total patient days are 522 days greater than budget (2.4%), but lower than prior year to date by 415 days (1.8%).



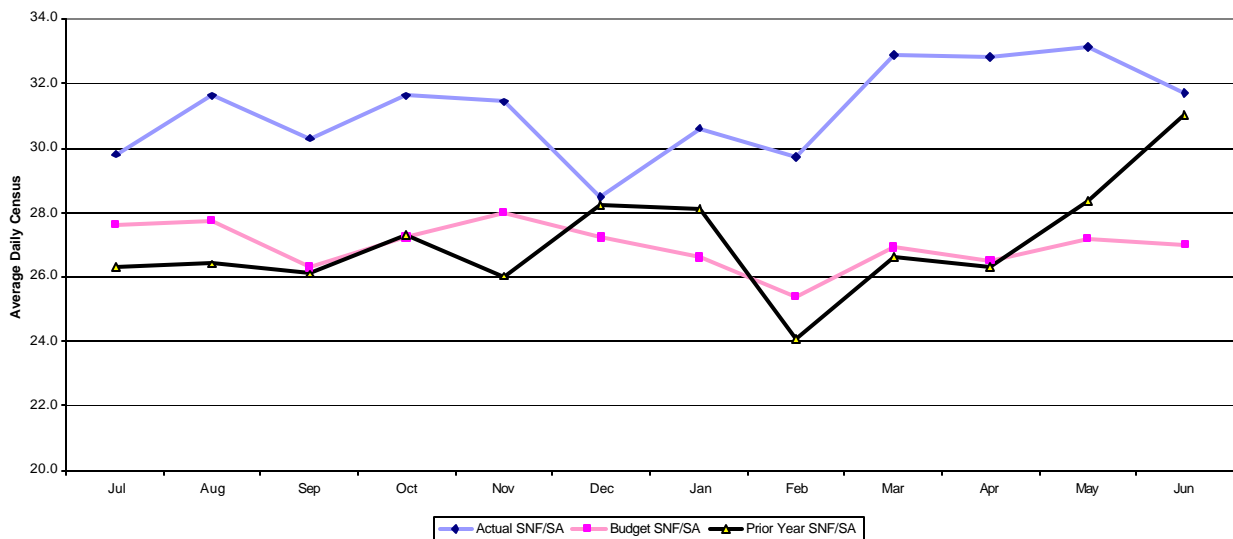
June acute patient days were 3.5% (33 days) lower than budgeted and 5.8% (50 days) greater than prior year. The year to date total acute care patient days are 11,276 compared to 13,070 in the prior year reflecting a 13.7% decrease. The acute average length of stay in June was 4.30 compared to a budget of 4.12 while the hospitals ALOS for the year was 3.91 versus the prior year's 4.07.

**Alameda Hospital - Acute Average Daily Census
 FY 2007 - 2008**

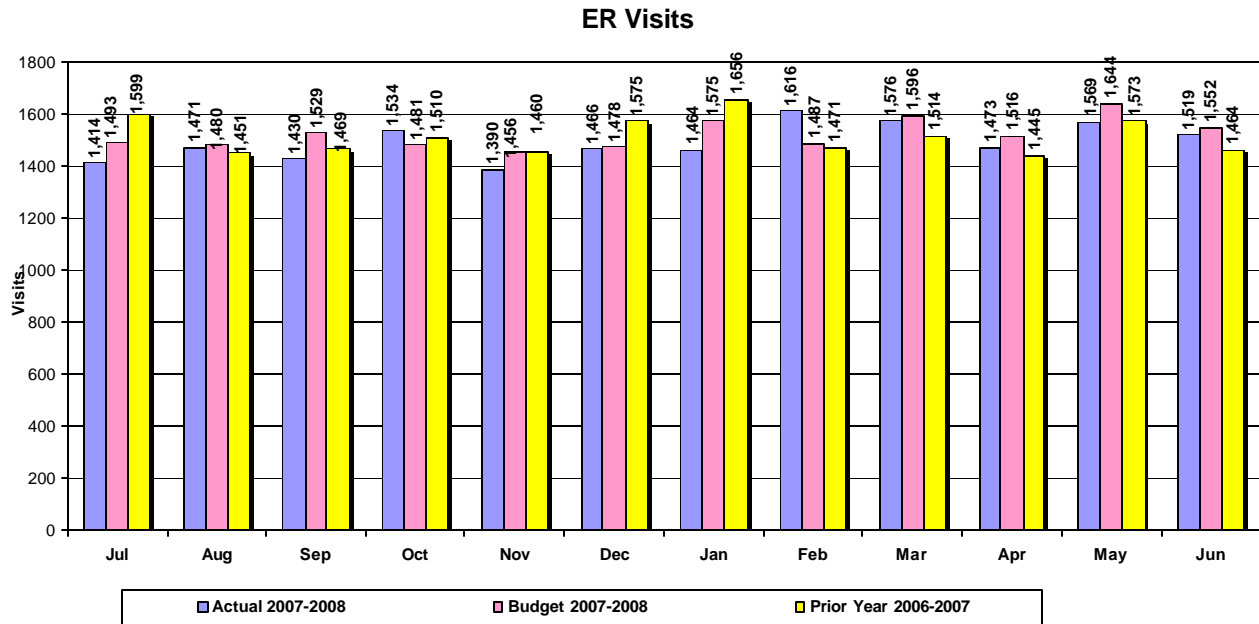


Sub-Acute patient days were 17.3% greater than budget and 2.2% greater than prior year. The following graph shows the Sub-Acute programs average daily census.

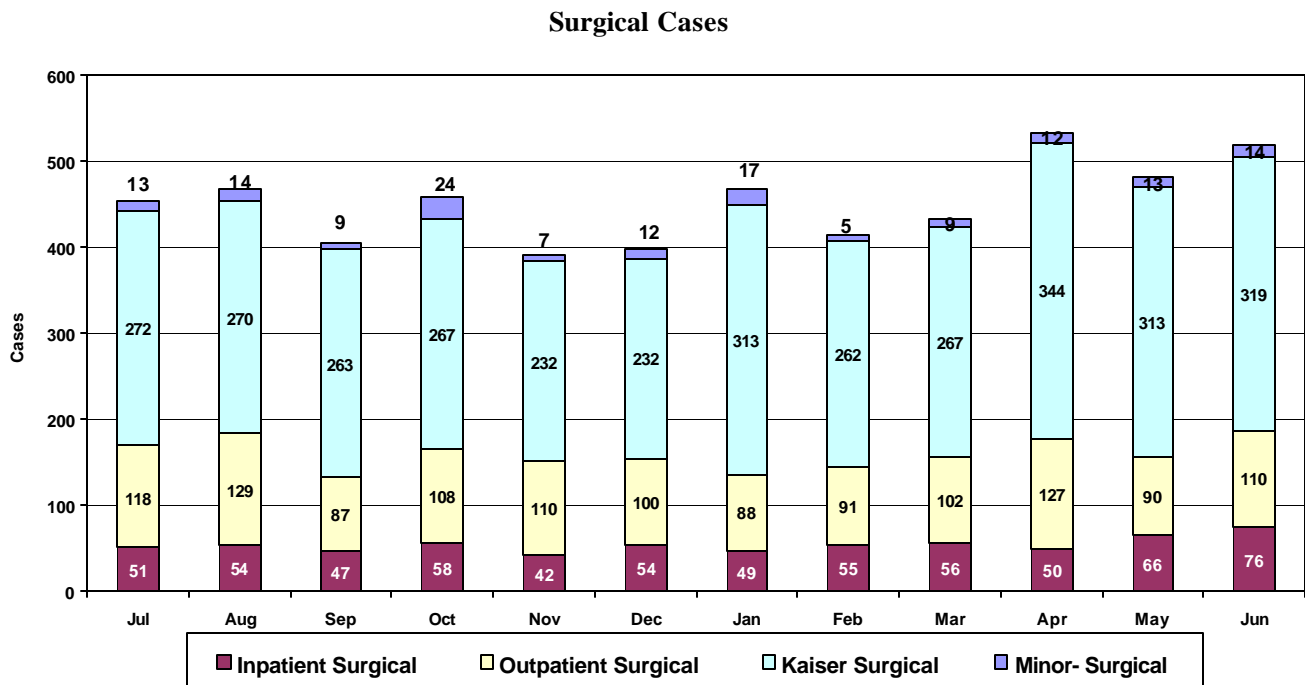
**Alameda Hospital - SNF/SA Average Daily Census
 FY 2007-2008**



June ER visits were 2.1% less than budgeted and 3.8% greater than the prior year. Year to date ER visits are 17,922 versus 18,187 in the prior year, reflecting a 1.5% decrease in volume from the prior year.



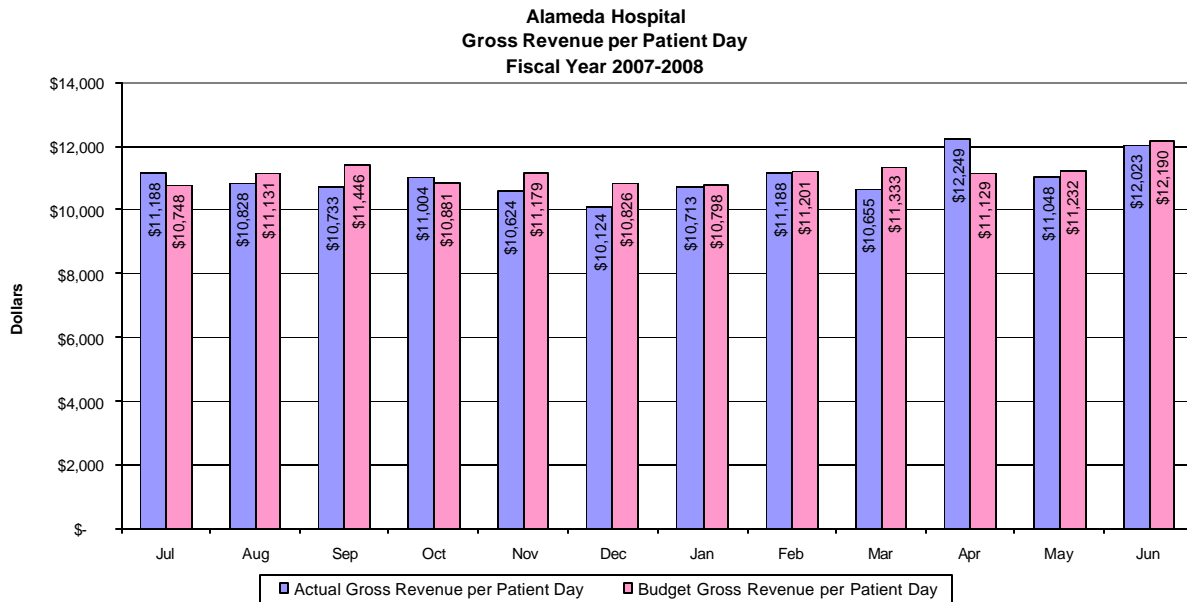
June 2008 surgery cases were 504 versus the 463 budgeted and 485 in the prior year. However, out of the total surgical cases in June, 334, or 66% were Kaiser surgical cases, which is comparable to the prior month's proportion of Kaiser cases to total cases. Our reimbursement for these Kaiser outpatient cases in June improved to 20.8% of gross charges as compared to 19.6% in May.



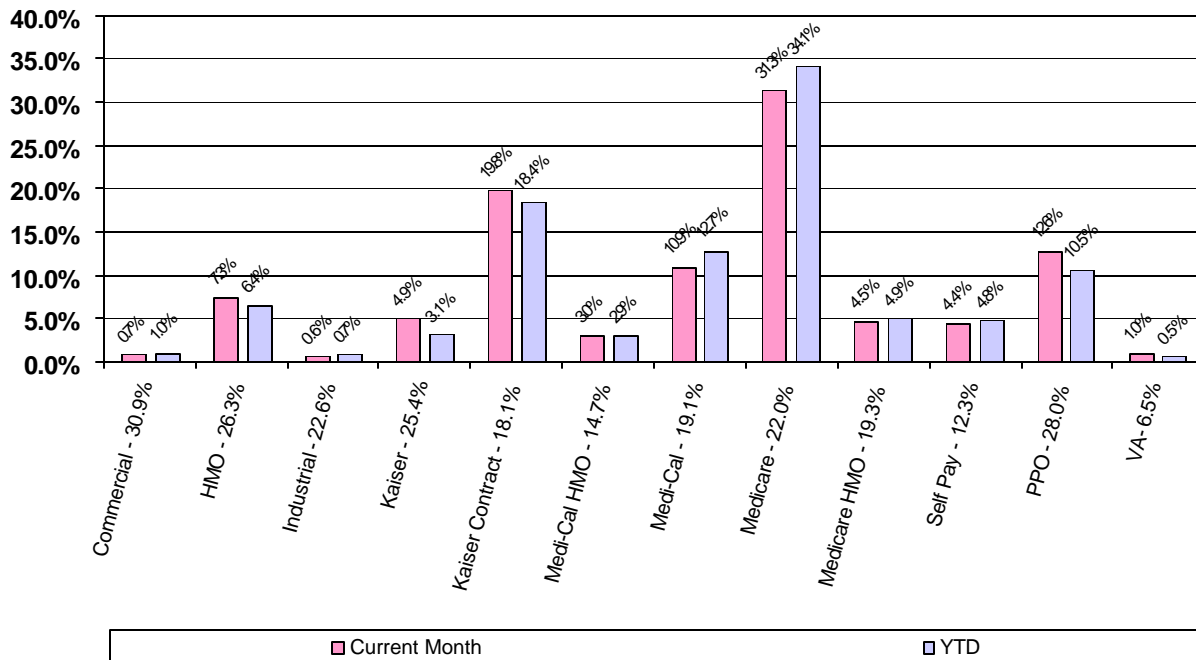
Income Statement

Gross Patient Charges

Gross charges in June were greater than budgeted by \$94,220, and was comprised of favorable variances in inpatient gross revenues of \$704,799 while outpatient gross revenues were favorable to budgeted by \$289,421. The Sub-Acute days were again significantly greater than the fixed budget at 17.3% better than budgeted.

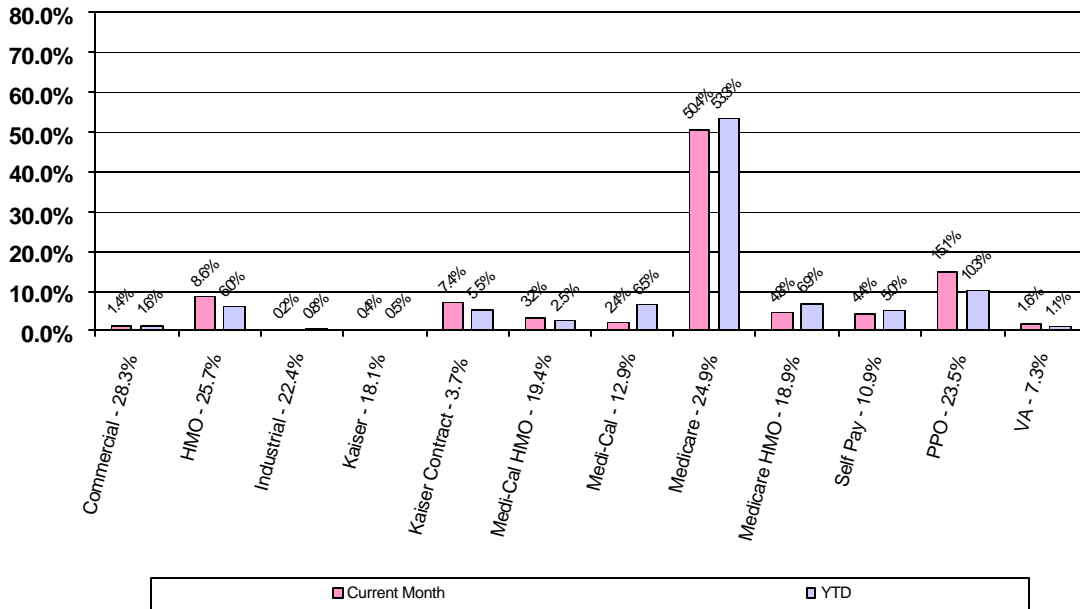


In June, Medicare again held the top payor position with total gross revenue representing 31.3% of our charges with Kaiser as the second largest source of gross patient revenues at 19.8%. As you can see in the graph below the Hospital continues to experience very little fluctuation in overall payor mix from month to month.



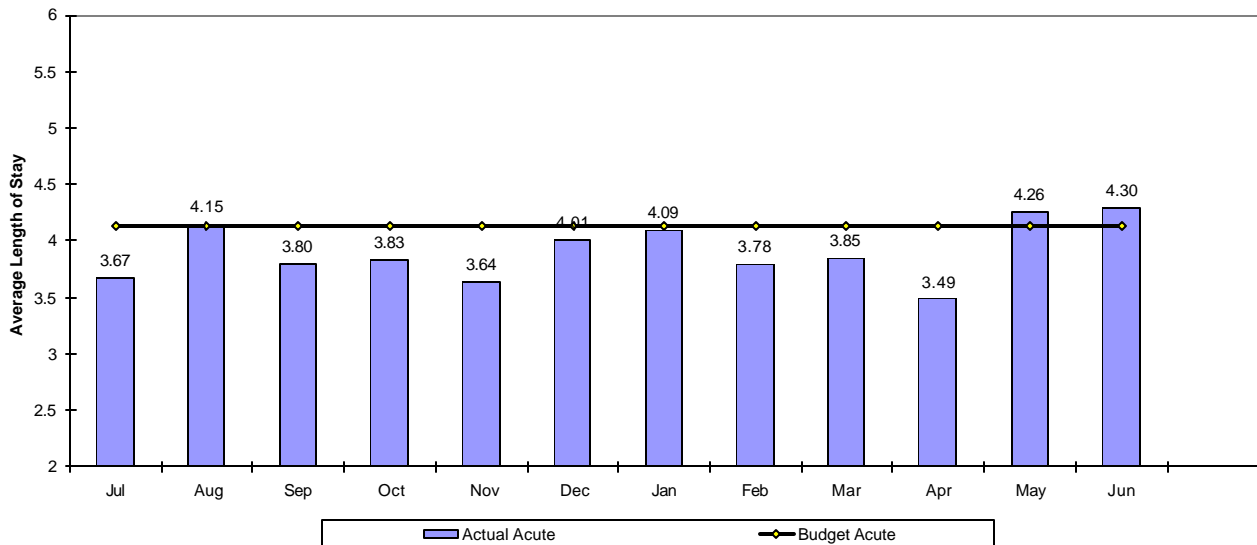
On the Hospital's inpatient acute side, 50.4% of the total gross revenue was generated by Medicare patients, down substantially from the 64.4% in May and is expected to be reimbursed at an average rate of 24.9% based upon June discharges.

Inpatient Acute Care Payor Mix



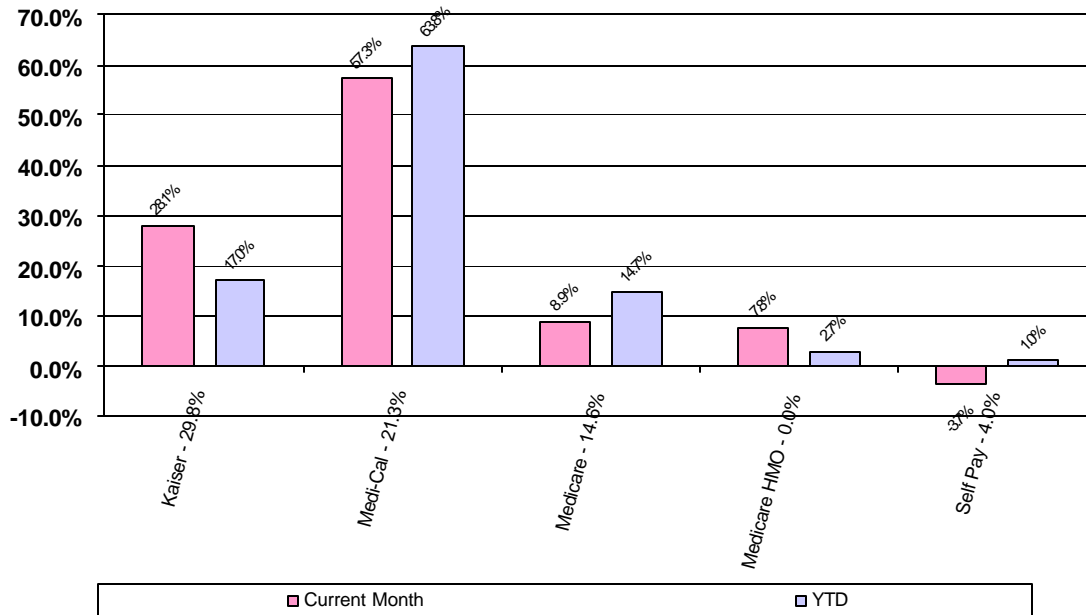
The average length of stay and resource consumption impacts the estimated reimbursement percentage greatly as do shifts in the payor mix. In June, our average length of stay increased to 4.30, the highest of the fiscal year, compared to budget of 4.13. In June we had three Medicare Diagnostic Related Grouping (DRG) outliers compared to one in May. 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 June, 57.3% of the Sub-Acute programs gross revenue was from Medi-Cal beneficiaries followed by 28.1% from Kaiser and 8.9% from Medicare. The negative percentage in the self pay category is the result of the reclassification of patient revenues to the correct payor classification in June.

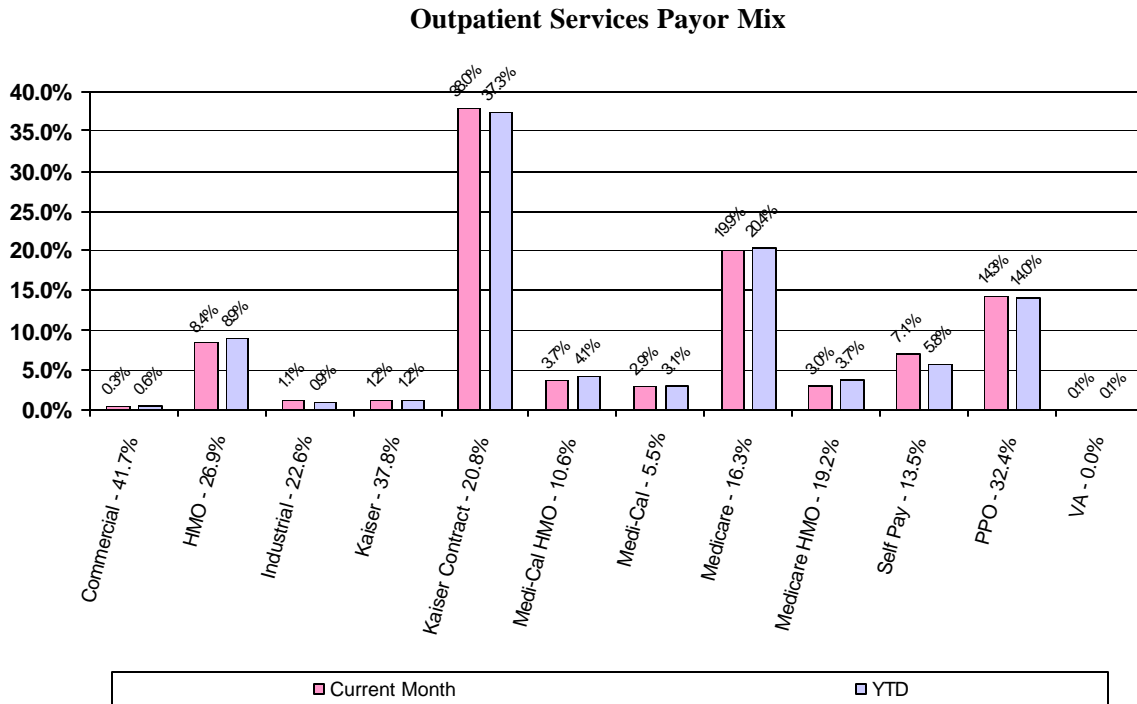
Inpatient Sub-Acute Care Payor Mix



As discussed in the previous two months reports 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, as of June 30th we have received all but \$30,000 in payments related to the error in methodologies.

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. As of July 26, 2008, we are now current with all approved sub-acute claims.

The outpatient gross revenue payor mix for June was comprised of 38.0% Kaiser, 19.9% Medicare, 14.3% PPO and 8.4% HMO and is shown on the following graph.



Deductions From Revenue

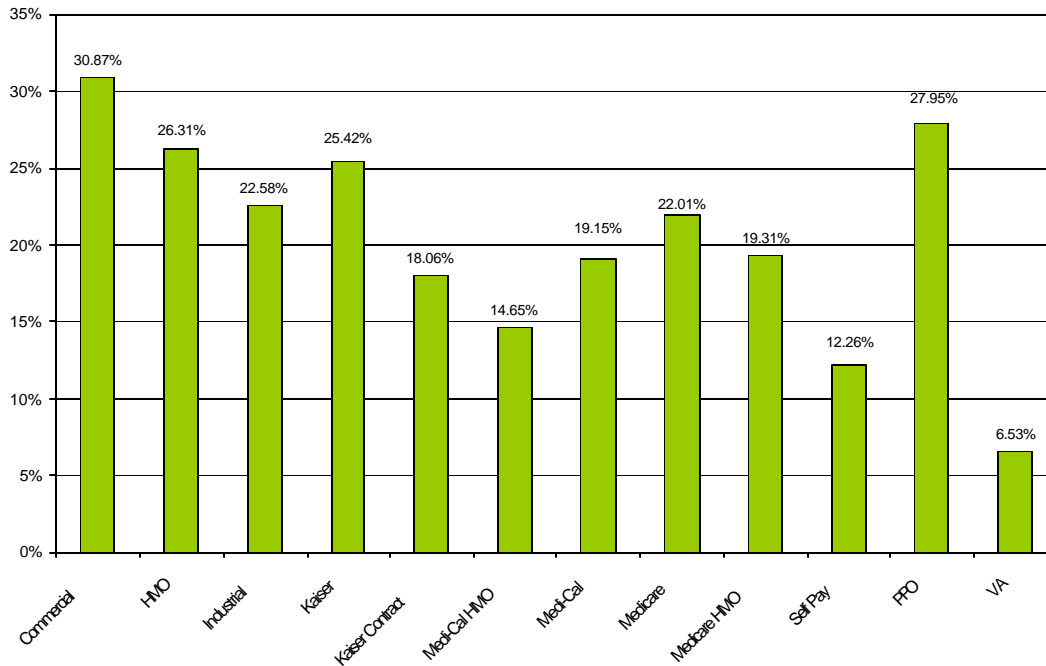
Contractual allowances are computed as deductions from gross patient revenues based on the difference between gross patient charges and the contractually agreed upon rates of reimbursement with third party government-based programs such as Medicare, Medi-Cal and other third party payors such as Blue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

In the month of June contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 78.3% versus the budgeted 78.1%. In June there were again no DRG “take backs” associated with the RAC project. For the twelve months ended June 30, 2008, contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) are 77.6% versus the budgeted 77.1% 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
 June 2008**



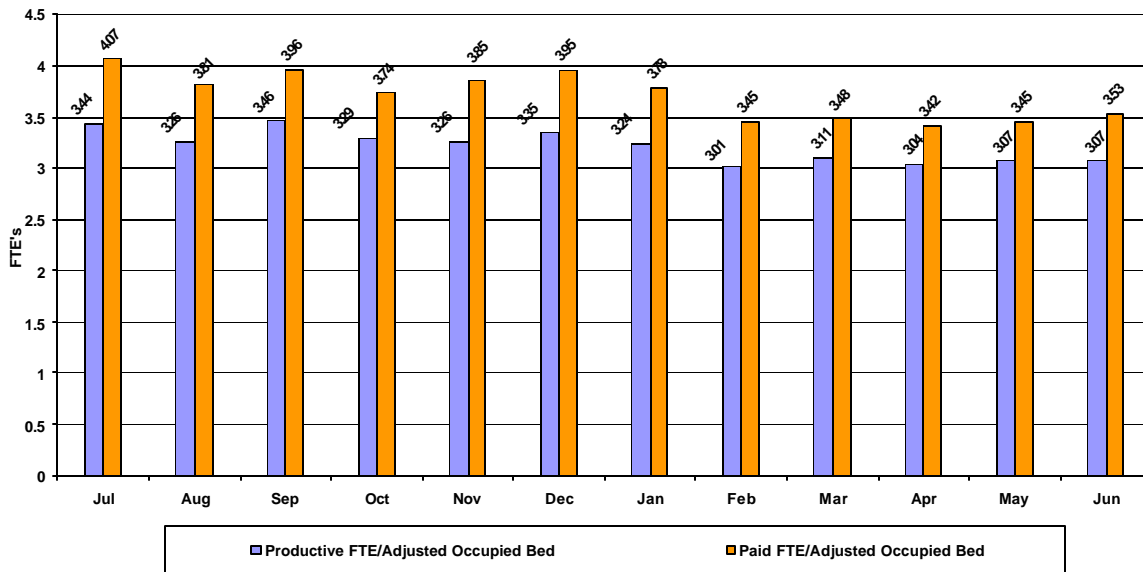
Total Operating Expenses

Total operating expenses were greater than budget by \$117,255 or 2.3%. The average expenses per patient day were \$2,853 compared to a budget of \$2,900. Total Operating Expenses for the twelve months of the fiscal year were \$64,415,621 (excluding one-time events of \$196,296 relating to the reduction in force) compared to a budget of \$63,062,789 for an unfavorable variance of \$1,352,832. The majority of this unfavorable variance (\$1,143,468) has been caused by higher than anticipated group health insurance costs.

Salary and Registry Expenses

Salary and registry costs combined were less than budgeted by \$19,534, with the majority of the favorable variance (\$17,240) in the registry category. The salary and registry costs per adjusted patient day were \$924 versus the budgeted \$992 resulting in a favorable variance of \$68 per adjusted patient day. Paid FTE's per adjusted occupied bed was 3.53 in June versus 3.45 in May and have remained relatively constant over the last five months as shown in the graph on the next page.

FTE's per Adjusted Occupied Bed



Benefits

Group health insurance expense for the month of June was \$222,243 which was only \$342 over budget. The accrued health benefit liability as of June 30, 2008 was \$838,426 and agrees to the final IBNR lag report from Health Comp. and was approximately \$112,000 lower than originally estimated. This reduction in estimated claims liabilities helped to offset current month claims costs that exceeded budgeted projections by approximately \$91,000.

Professional Fees

Professional medical and non-medical fees were over budget by \$37,015 and \$203,911, respectively. The medical professional fee variance was due to emergency care physician coverage arrangements (\$16,800) that had not been accrued and the continued higher than budgeted anesthesia coverage arrangement of \$18,500. On the non-medical professional fee component there were un-budgeted expenses for potential litigation issues totaling \$150,000, an accrual of \$21,750 for the development of the Hospital strategic plan and \$12,081 for the South Shore Convalescent Hospital change of ownership process were included in June.

Supplies

Overall supplies were \$166,268 under budget in June. The single largest contributor to this favorable variance was the result of the physical inventory that was conducted the last week of June which resulted in the reduction of \$122,493 of purchases that remained in inventory as of year end.

Purchased Services

This category was over budget by \$50,314 as a result of higher than expected repair and maintenance costs in the month of June totaling \$34,484. The largest item in this category (\$28,572) related to replacement of one of the compressors in the hospital chiller system.

Other Operating Expenses

Other expenses were unfavorable to budget by \$46,653. 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 June an additional \$11,664 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 June \$22,500 and \$11,000, respectively were accrued for these services.

Depreciation and Amortization

Depreciation expense was lower than budget by \$52,228. 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 decreased by \$2,101,628 from the prior month and the gross days in receivables were 52 compared to 56 in the prior month. This decrease of 4 days gross accounts receivable outstanding is the result an exceptional collections month that was driven by the receipt of incorrectly paid acute and sub-acute care claims totaling \$496,000 and \$587,000, respectively. The remainder of the incorrectly paid claims were resolved in July.

Liabilities

Total Current and Long Term Liabilities at June 30, 2008 were \$21,370,083 versus \$16,384,777 in the prior month, an increase of \$4,985,306 or 30.4%. This increase was the result of the accrual of deferred property tax revenues for the County's 2008 / 2009 tax year that will be received in December 2008 and April 2009.

ALAMEDA HOSPITAL
Balance Sheet
June 30, 2008

	Unaudited June 30, 2008	Unaudited May 31, 2008	Audited June 30, 2007
Assets			
<i>Current assets:</i>			
Cash and cash equivalents	\$ 280,407	\$ (530,651)	\$ 754,867
Short-term investments	4,217,877	4,944,961	3,609,008
Patient Accounts Receivable	39,390,621	41,492,249	37,060,863
Less: Account Receivable Reserves	(31,446,097)	(32,827,711)	(29,759,999)
Net Accounts Receivable \$	7,944,523	8,664,538	7,300,864
Net Accounts Receivable %	20.17%	20.88%	19.70%
Inventories	1,048,503	918,309	949,780
Other assets	7,462,152	1,835,635	7,371,619
Total Current Assets	<u>20,953,462</u>	<u>15,832,792</u>	<u>19,986,138</u>
<i>Non-current restricted cash and investments:</i>			
Restricted by contributors and grantors for capital acquisitions and research-Jaber Estate	602,817	592,172	467,958
Total Non-Current Assets	<u>602,817</u>	<u>592,172</u>	<u>467,958</u>
<i>Fixed Assets:</i>			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	6,572,299	6,633,625	7,737,041
Total fixed assets, net of accumulated depreciation	<u>7,450,244</u>	<u>7,511,570</u>	<u>8,614,986</u>
Total Assets	<u>\$ 29,006,523</u>	<u>\$ 23,936,533</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	5,370,160	5,473,411	4,819,845
Loans Payable	2,400,000	2,440,000	-
Payroll related accruals	878,426	1,185,679	1,155,539
Vacation accruals	2,014,133	2,001,844	1,854,322
Employee health related accruals	838,670	941,627	450,000
Est.Third-party payer settlement payable	1,910,582	1,579,064	2,237,840
Other liabilities	7,244,000	1,997,000	6,343,528
Total Current Liabilities	<u>20,655,971</u>	<u>15,618,625</u>	<u>17,861,074</u>
<i>Long-Term Liabilities:</i>			
Long-term pension liabilities - Defined Benefit	(87,000)	(90,500)	(129,000)
Long-term pension liabilities - 401(a) Plan	38,069	33,349	43,395
Long-term pension liabilities - Steelworkers	18,159	14,328	54,287
Long-term IBNR reserves	330,000	330,000	360,000
Capitalized Lease payable	414,883	478,975	1,022,616
Total Long-Term Liabilities	<u>714,112</u>	<u>766,152</u>	<u>1,351,298</u>
Total Liabilities	<u>21,370,083</u>	<u>16,384,777</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	134,858	124,214	610,984
Current year changes	(2,355,126)	(2,429,168)	(3,890,084)
Net Assets - Ending	<u>7,636,440</u>	<u>7,551,754</u>	<u>9,856,708</u>
Total Liabilities and Net Assets	<u>\$ 29,006,523</u>	<u>\$ 23,936,533</u>	<u>\$ 29,069,080</u>

ALAMEDA HOSPITAL
Summary Statement of Revenues, Expenses
For the Twelve Months Ended June 30, 2008

	Current Month - Fixed Budget			Year to Date - Fixed Budget				
	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	Var %	FFY07 Actual
Operating revenues:								
IP Revenue	\$ 12,582,964	\$ 11,878,165	\$ 704,799	\$ 142,502,656	\$ 143,683,511	\$ (1,180,855)	-0.8%	\$ 157,677,081
OP Revenue	9,792,607	9,503,186	289,421	107,724,924	103,780,188	3,944,736	3.8%	103,530,473
Total revenue	22,375,571	21,381,351	994,220	250,227,579	247,463,699	2,763,880	1.1%	261,207,554
Less: Deductions from Revenue	(16,592,934)	(15,864,171)	(728,762)	(186,963,615)	(184,336,098)	(2,627,516)	1.4%	(197,949,954)
Bad Debt	(852,948)	(767,654)	(85,295)	(6,080,303)	(5,472,273)	(608,030)	11.1%	(4,863,040)
Charity	(70,119)	(63,107)	(7,012)	(1,187,169)	(1,068,452)	(118,717)	11.1%	(2,532,619)
Net patient service revenue	4,859,570	4,686,419	173,151	55,996,493	56,586,876	(590,383)	-1.0%	55,861,941
	21.72%	21.92%		22.38%	22.87%			21.39%
Other revenue	11,295	22,340	(11,045)	122,578	271,798	(149,220)	-54.9%	134,847
Total operating revenues	4,870,864	4,708,759	162,105	56,119,070	56,858,674	(739,604)	-1.3%	55,996,788
Operating expenses:								
Salaries	2,526,362	2,528,818	2,456	32,022,845	31,328,191	(694,654)	-2.2%	33,597,560
Registry	159,755	176,995	17,240	1,761,652	2,117,559	355,907	16.8%	2,499,350
Benefits	695,867	695,525	(342)	9,786,171	8,246,639	(1,539,532)	-18.7%	8,844,275
Professional Fees	544,117	303,191	(240,926)	4,030,212	3,656,795	(373,417)	-10.2%	3,676,014
Supplies	575,517	741,784	166,267	8,483,048	8,747,728	264,680	3.0%	8,506,019
Purchase Services	360,179	309,864	(50,315)	3,651,663	3,708,552	56,889	1.5%	4,067,455
Rents and Leases	54,715	48,440	(6,275)	581,198	586,910	5,712	1.0%	502,206
Utilities and Telephone	83,792	72,969	(10,823)	865,943	892,600	26,657	3.0%	836,811
Insurance	59,846	61,733	1,887	720,305	742,167	21,862	2.9%	643,002
Interest Expense	13,029	11,030	(1,999)	145,583	134,184	(11,399)	-8.5%	126,074
Depreciation and amortization	131,581	183,809	52,228	1,779,663	2,205,410	425,747	19.3%	2,103,381
Other Operating Expenses	104,137	57,484	(46,653)	783,636	696,054	(87,582)	-12.6%	734,514
Total operating expenses	5,308,897	5,191,642	(117,255)	64,611,917	63,062,789	(1,549,128)	-2.5%	66,136,660
Operating gain (loss)	(438,032)	(482,883)	44,851	(8,492,846)	(6,204,115)	(2,288,731)	36.9%	(10,139,872)
Non-operating revenues (expenses):	512,072	518,725	(6,653)	6,137,721	6,224,708	(86,987)	-1.4%	6,249,788
Excess of revenues over expenses	74,040	35,842	38,198	(2,355,125)	20,593	(2,375,718)	-11536.5%	(3,890,084)

ALAMEDA HOSPITAL
Summary Statement of Revenues, Expenses
For the Twelve Months Ended June 30, 2008

	Current Month - Per Adjusted Patient Day			Year to Date - Per Adjusted Patient Day			
	Actual	Budget	Var %	YTD Actual	YTD Budget	Var %	
Operating revenues:							
IP Revenue	\$ 4,329	\$ 4,353	-0.6%	\$ 4,003	\$ 4,100	(97)	-2.4%
OP Revenue	3,369	3,482	(113)	3,026	2,962	64	2.2%
Total revenue	\$ 7,698	\$ 7,835	(137)	\$ 7,029	\$ 7,062	(33)	(0.5%)
Less: Deductions from Revenue	(5,708)	(5,813)	105	(5,252)	(5,260)	8	(0.2%)
Bad Debt	(293)	(281)	(12)	(171)	(156)	(15)	9.6%
Charity	(24)	(23)	(1)	(33)	(30)	(3)	10.0%
Net patient service revenue	\$ 1,673	\$ 1,718	(45)	\$ 1,573	\$ 1,616	(43)	(2.7%)
	21.73%	21.93%		22.38%	22.88%		21.39%
Other revenue	4	8	(4)	3	8	(5)	(62.5%)
Total operating revenues	\$ 1,677	\$ 1,726	(49)	\$ 1,576	\$ 1,624	(48)	(3.0%)
Operating expenses:							
Salaries	\$ 869	\$ 927	\$ 58	\$ 900	\$ 894	\$ (6)	(0.7%)
Registry	55	65	10	49	60	11	18.3%
Benefits	239	255	16	275	235	(40)	(17.0%)
Professional Fees	187	111	(76)	113	104	(9)	(8.7%)
Supplies	198	272	74	238	250	12	4.8%
Purchase Services	124	114	(10)	103	106	3	2.8%
Rents and Leases	19	18	(1)	16	17	1	5.9%
Utilities and Telephone	29	27	(2)	24	25	1	4.0%
Insurance	21	23	2	20	21	1	4.8%
Interest Expense	4	4	-	4	4	-	0.0%
Depreciation and amortization	45	67	22	50	63	13	20.6%
Other Operating Expenses	36	21	(15)	22	20	(2)	(10.0%)
Total operating expenses	\$ 1,826	\$ 1,904	\$ 78	\$ 1,814	\$ 1,799	\$ (15)	(0.8%)
Operating gain (loss)	\$ (149)	\$ (178)	\$ 29	\$ (238)	\$ (175)	\$ (63)	36.0%
Non-operating revenues (expenses):	\$ 176	\$ 190	\$ (14)	\$ 172	\$ 178	\$ (6)	(3.4%)
Excess of revenues over expenses	27	12	15	(66)	3	(69)	(2300.0%)

ALAMEDA HOSPITAL
KEY STATISTICS
 June, 2008

	ACTUAL JUNE 2008	CURRENT FIXED BUDGET	VARIANCE (UNDER)/OVER	%	JUNE 2007	YTD JUNE 2008	YTD FIXED BUDGET	VARIANCE	%	YTD JUNE 2007
Discharges:										
Total Acute	212	229	(17)	-7.4%	222	2,885	2,976	(91)	-3.1%	3,209
Total Sub-Acute	5	7	(2)	-28.6%	13	84	103	(19)	-18.4%	109
	<u>217</u>	<u>236</u>	<u>(19)</u>	<u>-8.1%</u>	<u>235</u>	<u>2,969</u>	<u>3,079</u>	<u>(110)</u>	<u>-3.6%</u>	<u>3,318</u>
Patient Days:										
Total Acute	911	944	(33)	-3.5%	861	11,276	12,291	(1,015)	-8.3%	13,070
Total Sub-Acute	950	810	140	17.3%	930	11,411	9,874	1,537	15.6%	10,032
	<u>1,861</u>	<u>1,754</u>	<u>107</u>	<u>6.1%</u>	<u>1,791</u>	<u>22,687</u>	<u>22,165</u>	<u>522</u>	<u>2.4%</u>	<u>23,102</u>
Average Length of Stay										
Total Acute	4.30	4.12	0.17	4.2%	3.88	3.91	4.13	(0.22)	-5.4%	4.07
Average Daily Census										
Total Acute	30.37	31.47	(1.10)	-3.5%	28.70	30.81	33.58	(2.77)	-8.3%	35.81
Total Sub-Acute	31.67	27.00	4.67	17.3%	31.00	31.18	26.98	4.20	15.6%	27.49
	<u>62.03</u>	<u>58.47</u>	<u>3.57</u>	<u>6.1%</u>	<u>59.70</u>	<u>61.99</u>	<u>60.56</u>	<u>1.43</u>	<u>2.4%</u>	<u>63.29</u>
Emergency Room Visits	1,519	1,552	(33)	-2.1%	1,484	17,922	18,257	(335)	-2.0%	18,187
Outpatient Registrations	2,519	2,803	(284)	-10.1%	2,695	30,943	31,746	(803)	-2.5%	32,185
Surgery Cases:										
Inpatient	61	66	(5)	-7.6%	69	645	770	(125)	-16.2%	988
Outpatient	443	397	46	11.6%	416	4,718	4,229	489	11.6%	4,425
	<u>504</u>	<u>463</u>	<u>41</u>	<u>8.9%</u>	<u>485</u>	<u>5,363</u>	<u>4,999</u>	<u>364</u>	<u>7.3%</u>	<u>5,413</u>
Kaiser Spine Cases					17	-	-	-	-	253
Kaiser Eye Cases	170	158	12	7.6%	137	1,667	1,573	94	6.0%	1,629
Kaiser Outpatient Cases	164	117	47	40.2%	150	1,717	1,266	451	35.6%	1,516
Total Kaiser Cases	<u>334</u>	<u>275</u>	<u>59</u>	<u>21.5%</u>	<u>304</u>	<u>3,384</u>	<u>2,839</u>	<u>545</u>	<u>19.2%</u>	<u>3,398</u>
Adjusted Occupied Bed	110.31	105.30	5.01	4.8%	103.92	108.41	103.86	4.55	4.4%	104.95
Productive FTE	337.53	350.38	(12.85)	-3.7%	365.91	347.71	349.95	(2.24)	-0.6%	388.46
Total FTE	388.34	394.38	(6.04)	-1.5%	427.49	400.47	401.25	(0.78)	-0.2%	447.61
Productive FTE/Adj. Occ. Bed	3.06	3.33	(0.27)	-8.0%	3.52	3.21	3.37	(0.16)	-4.8%	3.70
Total FTE/ Adj. Occ. Bed	3.52	3.75	(0.22)	-6.0%	4.11	3.69	3.86	(0.17)	-4.4%	4.27