✓*Included in the PDF posted on January 6, 2012.*

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

REGULAR MEETING AGENDA

Monday, January 9, 2012

6:00 p.m. (Closed) | 7:00 p.m. (Open)

Location: Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501
Office of the Clerk: (510) 814-4001

*PLEASE NOTE CHANGE IN START TIME FOR OPEN SESSION to 7:00 P.M.

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

I. Call to Order **(6:00 p.m. – 2 East Board Room)** — Jordan Battani

II. Roll Call — Kristen Thorson

III. Adjourn into Executive Closed Session

IV. Closed Session Agenda

A. Call to Order

B. Approval of Closed Session Minutes

1. December 5, 2011 (Regular)

C. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions — Gov't Code Sec. 54957.6

D. Discussion of Pooled Insurance Claims — Gov't Code Sec. 54956.95

E. Consultation with Legal Counsel Regarding Pending and Threatened Litigation — Gov't Code Sec. 54956.9(a)

F. Public Employee Performance Evaluation Title: Senior Executives — Gov't Code Sec 54957

G. Adjourn into Open Session

V. Reconvene to Public Session **(Expected to start at 7:00 p.m. – Dal Cielo Conference Room)**

A. Announcements from Closed Session — Jordan Battani

VI. General Public Comment

✓*Included in the PDF posted on January 6, 2012.*

VII. Regular Agenda

A. Consent Agenda **ACTION ITEMS**

✔ 1) Approval of December 5, 2011 Regular Meeting Minutes [enclosure] **(PAGES 4-11)**

✔ 2) Approval of Administrative Policy No. 83 - Community Care Guidelines and No. 83a - Self Pay or Uninsured Patient Cash Payment Discounts [enclosure] **(PAGES 12-26)**

B. Action Items

✔ 1)	Acceptance of November 2011 Unaudited Financial Statements and January 4, 2012 Finance and Management Committee Report [enclosure] **(PAGES 27-47)**	Robert Deutsch, MD Robert Anderson
✔ 2)	Recommendation to Enter into a Contract with Rossi Builders for Construction of Wound Care Center at Marina Village [enclosure] **(PAGES 48-51)**	Kerry Easthope
✔ 3)	Election of District Board Officers [enclosure] **(PAGES 52-55)**	Jordan Battani
✔ 4)	Approval of Board Member Appointment and Committee Chair Selection for Board Designated Committees [enclosure] **(PAGES 56-59)**	Jordan Battani
✔ 5)	District Board Participation on ACHD Standing Committee [enclosure] **(PAGES 60-68)**	Jordan Battani
6)	Acceptance of FY 2012 Executive Performance Metrics [to be distributed]	Deborah E. Stebbins

C. District Board President Report **INFORMATIONAL** — Jordan Battani

D. Medical Staff President Report **INFORMATIONAL** — James Yeh, DO

E. Community Relations and Outreach Committee Report **INFORMATIONAL** — Stewart Chen, DC

F. Chief Executive Officer Report **INFORMATIONAL** — Deborah E. Stebbins

✔ 1) Monthly CEO Report [enclosure] **(PAGES 69-72)**

2) Monthly Volume Statistics

3) Monthly Quality Metrics

a) SNF/SA Data and Findings of State Survey (Alice Martin, RN) [to be distributed]

✔ 4) Recommendation relating to December 5, 2011 District Board Referral – Assessment of Cost and Operational Impact of Implementing Changes to Public Notice and Disclosure Standards [enclosure] **(PAGES 73-75)**

✔ 5) Recommendation relating to December 5, 2011 District Board Referral – Assessment of Cost and Operational Impact of Improving the Alameda Hospital Website Functionality and Access to Public Documents [enclosure] **(PAGES 76-83)**

G. Operations and Facilities Report INFORMATIONAL — Kerry J. Easthope

1) Waters Edge Transition Planning Update

2) Wound Care Center Update

VIII. General Public Comments

IX. Board Comments

X. Adjournment

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Monday, December 5, 2011 Regular Meeting

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Stewart Chen, DC Robert Deutsch, MD Elliott Gorelick J. Michael McCormick	Deborah E. Stebbins Kerry J. Easthope Diana Surber Robert Anderson		N/A
		Medical Staff Present	Excused
		Jim Yeh, DO	Thomas Driscoll, Esq.
Submitted by: Erica Ponce, Administrative Secretary			

Topic		Discussion	Action / Follow-Up
I.	Call to Order	The meeting was called to order at 6:08 p.m.	
II.	Roll Call	Ms. Thorson called roll noting a quorum of Directors was present.	
III.	Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 6:09 p.m.	
IV.	Closed Session Agenda		
V.	Reconvene to Public Session	The meeting was reconvened into public session at 7:07 p.m.	

A. Announcements From Closed Session

Director Battani stated that the Minutes were approved from November 7, 2011 and November 30, 2011. The Medical Executive Committee Report and Credentialing Recommendations were accepted as presented. The Board Quality Committee Report for September was accepted as presented. No other action was taken.

Initial Appointments – Medical Staff

	Name	Specialty	Affiliation	
	• Kamath Bhoomika, MD	Family Medicine	Alameda Family Physicians	
	• Michael Morford, MD	Family Medicine	Alliance Medical Group	

Topic	Discussion		Action / Follow-Up	
	• James Naughton, MD	Internal Medicine	Alliance Medical Group	
	• Randall Tom, MD	Family Medicine	Alliance Medical Group	
	• Richard Sankary, MD	Internal Medicine	Alliance Medical Group	
Reappointments – Medical Staff				
	Name	Specialty	Staff Status	Appointment Period
	• Ruby Chang, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Eileen Consorti, MD	General Surgery	Active	01/01/12 – 01/31/14
	• Claudine Dutaret, MD	Neurology	Active	01/01/12 – 01/31/14
	• Sunil Gandhi, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Joshua Gitter, MD	Int Med / Hospitalist	Courtesy	01/01/12 – 12/31/13
	• Leslie Hilger, MD	Dermatology	Active	01/01/12 – 12/31/13
	• Anthony Hoffman, DPM	Podiatric Surgery	Courtesy	01/01/12 – 01/31/14
	• Leif Johnson, MD	Emergency Medicine	Active	01/01/12 – 12/31/13
	• Joan King-Angell, MD	Internal Medicine	Courtesy	01/01/12 – 01/31/14
	• Elisa Lau, DO	Int Med / Hospitalist	Courtesy	01/01/12 – 01/31/14
	• Daniel Lucas, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Bruce Moorstein, MD	General Surgery	Courtesy	01/01/12 – 01/31/14
	• Rex Moulton-Barrett, MD	Plastic; ENT	Active	01/01/12 – 01/31/14
	• Richard Sigel, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Kirk So, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Joel Stettner, MD	Emergency Medicine	Active	01/01/12 – 12/31/13
	• Scott Taylor, MD	Orthopedic Surgery	Courtesy	01/01/12 – 01/31/14
	• Christopher Tran, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Ajay Upadhyay, MD	General Surgery	Courtesy	01/01/12 – 01/31/14
	• John Van Uden, MD	Teleradiology	Courtesy	01/01/12 – 01/31/14
	• Ray Yeh, DO	Int Med / Hospitalist	Active	01/01/12 – 12/31/13

Topic	Discussion	Action / Follow-Up

Reappointment - Allied Health Professional

Name	Specialty	Appointment Period	
• Aaron Peters, PA-C	Physician Assistant	01/01/12 – 12/31/13	

Proctoring / FPPE

- Claudine Dutaret, MD (Neurology)
  Focused Professional Practice Evaluation was accepted and proctoring is no longer be required.

Resignations

- Thomas Efird, MD (Radiology)

I. Regular Agenda

A. Consent Agenda

1) Acceptance of November 7, 2011 Regular Meeting Minutes

2) November 30, 2011 Special Meeting Minutes

Director McCormick made a motion to approve the Consent Agenda as presented. Director Chen seconded the motion. The motion carried unanimously.

B. Action Items

1) Acceptance of October 2011 Unaudited Financial Statements and November 30, 2011 Finance and Management Committee Report.

Director McCormick reviewed the notes from the November 30th committee meeting noting the following.

A review of October Unaudited Financial Statements showed an average daily census (ADC) of 83.6 versus 83.8 budgeted. Total Outpatient Registrations were below budget by 14%. The October 2011 - Unaudited Results showed that overall gross revenue (inpatient and outpatient) was unfavorable to budget by $1.3 million. The Case Mix Index was down from September. Medicare was extremely low and below budget and prior year. Deductions from revenue were favorable to budget by $1.4 million due to below budget gross revenues, a favorable adjustment of $835,000 to reverse the AB 97 SNF rate reduction reserve, and were partially offset by negative adjustment of $502,000 to true-up IGT receivable for FY 11 and FY12. Operating expenses were $78,000 over budget showing unfavorable variances in salaries, benefits and professional fees partially offset by favorable variances in supplies and purchased services. Operating loss was $222,000 versus budgeted loss of $357,000. Including parcel tax revenues, October performance was positive by $271,000 versus a budget of $122,000.

In the CEO Report, Ms. Stebbins discussed the revenue cycle. A subcommittee meeting has

Director Deutsch made a motion to accept the October 2011 Unaudited Financial Statements as presented. Director Chen seconded the motion.

Topic	Discussion	Action / Follow-Up
	been scheduled for December 7, 2011 to look at the revenue cycle. Ms. Stebbins updated the committee on the transition of Waters Edge, noting that the state application was submitted and that weekly transition meetings are taking place with staff from hospital and Waters Edge. She discussed the organizational changes in the Finance Department that she will discuss later in the meeting. Ms. Stebbins also provided a legislative update on AB97 and the IGT, which will also be discussed later in the CEO report. The committee decided to meet on January 4, 2012 as there was no meeting in December. Finance Report: Diana Surber updated the committee on the hospital's cash position, noting that cash has been very tight and that the hospital's vendors have been very good to work with as we manage vendor payments. Director McCormick stated that there was discussion at the meeting regarding the Revenue Cycle Review conducted by HFS Consultants that began in July 2011. Director Gorelick inquired as to whether the Case Mix Index is a weighted average. Management replied that it is a weighted average and further added that a Task Force is being formed that will meet regarding the low Case Mix Index. Director Battani asked if there will be results brought to the January meeting. Deborah Stebbins stated that there would be. Director Gorelick asked if the coding for billing is done automatically. Ms. Stebbins replied that the coding is not automatic, but that it is performed by humans.	
	2) Acceptance of FY 2011 Executive Performance Metrics Summary Ms. Stebbins reviewed the Executive Performance Metrics Summary found on pages 36-44 of the Board Packet. Director Gorelick noted that in the "Financial Success" category there were clear targets listed as goals, yet in the other categories the goals are not as clearly listed. Director Battani replied that when setting the performance metrics last year, they were specific with the financial goals as they were a key part of the incentive program.	Director Deutsch made a motion to approve the FY 2011 Executive Performance Metrics Summary as presented. Director McCormick seconded the motion. The motion carried unanimously.
	3) District Board Referral – Assessment of Cost and Operational Impact of Implementing Changes to Public Notice and Disclosure Standards and Improvement of the Alameda Hospital Website Functionality	Director Gorelick made a motion to approve the Assessment of Cost and Operational Impact of Implementing Changes to Public Notice and Disclosure Standards and Improvement of the Alameda Hospital Website Functionality. Director McCormick seconded the motion. The motion carried unanimously.
	a) Director Battani suggested that the Board direct Alameda Hospital Management and Staff to assess and recommend improvements to the functionality and usability of the current website, taking into consideration the suggestions brought up at the November 2011 District Board Meeting. There were additional suggestions by the Board including; Functionality and layout of documents, availability to search topics, ability to research documents both chronologically and on specific topics, and ability to print only select pages of documents. She also asked management and staff to assess and recommend changes to the Districts public notice and disclosure standards similar to those adopted by the City of Alameda and the Sunshine Ordinance, which	

Topic	Discussion	Action / Follow-Up
C.	President's Report Director Battani had no President's Report to present at this meeting.	No action taken.
D.	Chief Executive Officer's Report	
1)	FY 2012 Goals and Objectives 1st Quarter Update Ms. Stebbins gave an overview of the First Quarter – FY 2012 Update as found in the Board Packets. Topics covered: Financial Strength, Growth, Facilities and Technology, Physicians, Quality / Service, and People. A brief discussion took place regarding uncompensated care, Charity Care and Medicare reimbursements. Director Battani clarified that the strategies listed within this report were presented to the Board previously, as part of the five-year 2009-2013 strategic plan, FY 2011 Update. Annually, management reviews the strategies with the Board. Then, usually a quarterly update is reported by management.	No action taken.
2)	Revenue Cycle Update and Organizational Changes in Finance Ms. Stebbins thanked Interim Controller Diana Surber for her service to Alameda Hospital. Ms. Surber term is coming to an end. Ms. Stebbins introduced Bob Anderson who will serve as Alameda Hospital's Interim Chief Financial Officer. Bob will oversee the functions of the Finance Department. As noted on page 54 of the Board Packet, Ms. Stebbins will continue to oversee operations of the Revenue Cycle function. HFS Consulting will manage day-to-day operations of the Business Office, directed by Diane Gramse. She will be accountable to Teresa Jacques, who will work as the Project Manager for the Revenue Cycle and report to Ms. Stebbins. Anita Mayo-Green will continue to oversee Registration and PBX.	No action taken.
3)	Legislative Update Ms. Stebbins updated the Board on the recent meetings with Alameda County leadership. She reported that she has met on at least two occasions with the Director of Health Care Services discussing uncompensated care. Ms. Stebbins has also met with four out of five County Supervisors and/or their staff. Ms. Stebbins attended a briefing by the Hospital Council and was part of a small panel to discuss healthcare in Alameda County. She will continue to meet with County Leadership on a regular basis.	No action taken.
4)	Governance Institute 2011 Biennial Survey of Hospital and Health Care Systems Ms. Stebbins reported that management received the report prepared for members of The Governance Institute, the 2011 Biennial Survey of Hospitals and Health Care Systems analyzing Board Structure and Governance Practices. A summary of this information has been included in the Board Packet, but is available in its entirety and may be obtained by	No action taken.

Topic	Discussion	Action / Follow-Up
	contacting Ms. Stebbins office and requesting the report.	
	5) Monthly Volume Statistics Ms. Stebbins reviewed the monthly volume statistics.	No action taken.

	November Preliminary	November Budget	%Δ compared to Budget	% Δ compared to October	October Actual
Average Daily Census	81.47	83.80	-2.8%	-2.5%	83.55
Acute	28.27	29.60	-4.5%	-5.9%	30.03
Subacute	31.13	33.00	-5.7%	-5.6%	32.97
South Shore	22.07	21.20	4.1%	7.4%	20.55
Patient Days	2,444	2,514	-2.8%	-5.6%	2,590
ER Visits	1,349	1,380	-2.2%	-4.1%	1,407
OP Registrations	1,996	1,948	2.5%	10.9%	1,800
Total Surgeries	197	182	8.2%	18.7%	166
Inpatient Surgeries	37	42	-11.9%	12.1%	33
Outpatient Surgeries	160	140	14.3%	20.3%	133
Case Mix Index	1.3158				1.1633

	4) Monthly Quality Metrics	No action taken.
	a) Falls Irene Pakel, RN, Clinical Nurse Specialist reported on Falls. Ms. Pakel answered questions about how fall alerting devices operate and discussed procedures dedicated to reducing the number of falls by patients in Alameda Hospital. A handout was distributed to the Board and will be included with the original Board packet.	
	5) Hospital Updates / Events Ms. Stebbins invited members of the Board of Directors to take part in the upcoming holiday breakfast and lunch for the staff of Alameda Hospital on December 15 & 16, 2011.	No action taken.
E.	Operations and Facilities Report	No action taken.
	1) Waters Edge Transition Planning Update Kerry Easthope reported that the informational meetings with the family members of patients at Waters Edge have gone well. It is important to the family members that the current caregivers continue. Management is holding weekly Waters Edge Transition meetings which will continue under his leadership. These meetings include current owners and management of Waters Edge along with various management and staff members of Alameda Hospital. Mr. Easthope projects that the State licensing process will be completed in the beginning of February, 2012. Director Gorelick asked if there was any overt hostility which may cause problems with the	

Topic	Discussion	Action / Follow-Up
	transition. Management replied that they have not experienced hostility, but have had very positive outcomes with recent meetings and discussions. 2) Wound Care Center Update Mr. Easthope reported that the bulk oxygen tank placement has caused a series of issues that management has been working through. There will be a Bid Conference this week, with all bids / proposals due December 29. Management is seeking a Medical Director for the program. Six physicians completed two-day Wound Care training. One physician is going to complete a five-day Hyperbaric training soon. Additional trainings will continue throughout January and February. Director Battani asked if the training expense is the responsibility of Alameda Hospital. Mr. Easthope replied that it is a shared responsibility and that they are working to keep expenses down. Director Gorelick asked if the Board of Directors will approve the Medical Director for the Wound Care Clinic. Ms. Stebbins replied that historically, physician management contracts are approved by management with input from our current physicians. Ms. Stebbins also stated that there are compensation guidelines which management follows. Mr. Easthope added that the Director position requires 10-15 hours a month and working at least a half-day each week in the clinic providing oversight, resolving issues and marketing.	
F.	Community Relations and Outreach Report Director Chen provided an update on the last committee meeting that occurred on November 15: o Ms. Stebbins announced the approval to sublease and operate Waters Edge Skilled Nursing Facility. Ms. Stebbins introduced Christian Zimmerman of Alameda Elder Communities who made a presentation regarding Alameda Elder Communities and the continuum of senior services in Alameda. o Diagnostic Imaging Market Campaign: Print and Electronic advertisements will continue over the next 2-3 months promoting the latest upgrades of the Imaging Department to the community. o Community Outreach Intern Program is being developed and will be instituted in early 2012. The interns will work 4-5 hours per week for 10-16 weeks and will focus on outreach and communication activities. o The committee discussed the possibility of instituting a volunteer/mentoring program for high school students. Committee Member Mike McMahon introduced Brooke Briggance, representing Faces for the Future and the Public Health Institute, who has had extensive experience with the Oakland Unified School District and Children's Hospital. Management will meet with Ms. Briggance to discuss potential opportunities with Alameda Unified School District and Alameda Hospital.	No action taken.

Topic	Discussion	Action / Follow-Up
	o All committee members and Board members are invited to attend the "Alameda Hospital Holiday Cheer Appreciation Event" on December 15 and 16. Alameda Hospital employees and volunteers are invited. o The Community Relations Committee looks forward to a productive year in 2012. o The next committee meeting will be held on January 24, 2012.	
G.	Medical Staff President Report Director Yeh reported that Dr. Liesel Pavlic will give a presentation on Meningitis on December 13. On that same day, they will be inducting two physicians at their Annual Medical Staff meeting. There will be a Holiday and New Year Party on January 6, 2012 at 7:00 p.m. at O'Club in Alameda sponsored by the Alameda Hospital Medical Staff. The cost is $12 per person. Lastly, Dr. Alice Challen passed away on November 29. The family asks that in lieu of gifts, donations be made to donor's favorite charity.	No action taken.
VII.	General Public Comments No public comments were given.	
VIII.	Board Comments No board comments were given.	
IX.	Adjournment	Being no further business, the meeting was adjourned at 8:39 p.m.

Attest:

Jordan Battani
President

Elliott Gorelick
Secretary

Date: January 5, 2012

For: January 9, 2012 District Board Meeting

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

Through: Finance and Management Committee

From: Deborah E. Stebbins, CEO

Subject: Approval of Administrative Policy No. 83 - Community Care Guidelines and No. 83a - Self Pay or Uninsured Patient Cash Payment Discounts

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RECOMMENDATION:

Management and the Finance and Management Committee recommend approval by the Board of Directors the revisions to Administrative Policy No. 83 – Community Care Guidelines and No. 83 - Community Care Guidelines and No. 83a - Self Pay or Uninsured Patient Cash Payment Discounts as attached.

BACKGROUND:

AB 774 (Chapter 755, Statutes of 2006) established Hospital Fair Pricing Policies effective January 1, 2007. This legislation requires each licensed general acute care hospital, psychiatric acute hospital, and special hospital to increase public awareness of the availability of charity care, payment discounts, and government-sponsored health insurance; and to standardize its billing and collections procedures. SB 350 (Chapter 347, Statutes of 2007) and AB 1503 (Chapter 445, Statutes of 2010) amended portions of AB 774 effective January 1, 2008 and 2011, respectively. Charity care policies and discount payment policies must be submitted bi-annually to the Office of Statewide Health Planning and Development (OSHPD).

Beginning January 1, 2007, each hospital is required to maintain understandable written policies for charity care (free care) and discount payments (partial charity care), clearly stated eligibility criteria and procedures for those policies, a description of the review process, and written policies for debt collection practices and procedures. The law includes specific criteria that each hospital must adopt regarding eligibility determination, hospital billing practices, and debt collection procedures.

OSHPD is required to collect from each hospital a copy of its charity care (free care) policy, discount payment (partial charity care) policy, eligibility procedures for those policies, review process, and application form; and to make this information available to the public.

DISCUSSION:

The Alameda Hospital Community Care Program has been revised to meet current regulations and is provided to those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with our Policy.

Key changes to the policy include the following:

1. Moved from 100% full charity write off if 100% below the Federal Poverty Level to 200% below the Federal Poverty Level. This recommendation is based on a survey of eight local hospitals, all of which were at least the 200% level.
2. The Hospital will have 30 days to process the Community Care applications instead of 10 days.
3. Patients whose income is up to 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Alameda Hospital. New to the policy.
4. New regulations state that Hospitals are now required to provide a statement within their charity care and discounted payment policies regarding the availability of charity care and discounted payments from emergency room physicians. A statement has been added to the policy and to the application stating that physicians employed or contracted to provide services in the emergency department of Alameda Hospital are also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the current federal poverty level.

CITY OF ALAMEDA HEALTH CARE DISTRICT
ADMINISTRATIVE POLICY No. 83

TITLE: Community Care Guidelines

PURPOSE: California Assembly Bill 774 became effective January 1, 2007. The law mandates that as a condition of obtaining or holding an acute care hospital license, Hospitals must limit bills to the uninsured with family incomes at or below 350% of the Current Federal Poverty Level (FPL) and individuals with high cost medical bills compared to their family income. Bills are limited to what a hospital would receive from Medicare, Medi-Cal, Healthy Families, or another government-sponsored health program in which it participates, whichever is greater, for comparable health services.

Patients are hereby notified that a physician employed or contracted to provide services in the emergency department of Alameda Hospital is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the current federal poverty level.

SCOPE: Administration, Finance, Business Services and Admissions, Emergency Department

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A. Procedure – Financially Qualified Patient:

1. "Financially Qualified Patient" means a patient who is both of the following:

    a. A patient who is a self-pay patient,
    b. A patient who has a family income that does not exceed 350 percent of the current Federal Poverty Level.

2. Who is a Self-Pay Patient?

    a. "Self-Pay Patient" means a patient who **does not have** third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

3. Who is a High Cost Medical Patient?

    a. "A patient with high medical costs" means a person whose family income does not exceed 350 percent of the current Federal Poverty Level and who does not receive a discounted rate from the hospital as a result of his or her third-party coverage. For these purposes, "high medical costs" means any of the following:

        1. Annual out-of-pocket costs incurred by the individual at the hospital that exceed 10 percent of the patient's family income in the prior 12 months.

2. Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.

3. Patients whose income is up to 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Alameda Hospital.

4. Eligibility for financial assistance under the Alameda Hospital "Community Care Program" will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy.. The granting of financial assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, socio-economic or immigrant status, sexual orientation, or religious affiliation. Factors for determining financial need may include but are not limited to family size, assets, scope and extent of a patient's medical bills, and employment status.

    a. Special circumstances for eligibility may include:

        1. If a patient is determined to be homeless he/she may be deemed eligible for charity care, in the sole discretion of Alameda Hospital.

        2. Deceased patients who do not have any third party coverage, an identifiable estate, or for whom no probate hearing is to occur, may be deemed eligible for charity care, in the sole discretion of Alameda Hospital.

5. For purposes of this determination, monetary assets **shall not** include retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans.

6. Furthermore, the first ten thousand dollars ($10,000) of a patient's monetary assets shall not be counted in determining eligibility.

7. Alameda Hospital recognizes that there may be unusual or extenuating circumstances which may exceed the specific criteria as established in this policy and warrant special consideration. In such cases, a description of the unusual circumstances should be forwarded by Hospital staff to the Business Office Manager, , or Chief Financial Officer or designee who will make the determination as to the amount, if any, of charitable or financial assistance allowance to be granted.

8. Alameda Hospital recognizes that the financial status of patients may change over time. Hospital Financial Counselors or other designated personnel will actively assist families in securing eligibility for any medical financial assistance from County, State, Federal or other program with the cooperation of patients and their families.

9. The Business Office Manager or designee will review all applications to determine eligibility for the Community Care Program. Reasonable efforts will be made to verify financial data. All financial information provided will be considered confidential and staff will respect each circumstance with dignity.

10. The Business Office Manager or designee will use the following table to determine the amount of Community Care allowed excluding deductibles, co-pays, share of cost, or elective procedures. This schedule will be maintained and updated annually by the Business Office Manager or designee.

Current Federal Poverty Level	**Community Care Allowance [write off]**
1. Below 200%	100% write off
2. 201% to 350%	Discount charges down to estimated Medicare rates.
3. 351% -500%	May be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances
4. 351% - Unlimited	See Self Pay or Uninsured Patient Cash Payment Discounts – Policy No. 83 A.

11. Any other type of discount not adhering to the above schedule is not considered a Community Care discount and will follow the terms and conditions set forth in the Discount Policy.

12. In all cases Alameda Hospital will not collect more than the reimbursement allowable under Medicare guidelines.

13. Patient guarantors must complete a Community Care Program Application within 10 (ten) days of hospital discharge. The hospital will have 30 days to processthe Community Care Program Application and determine discount level available to the patient guarantor. The patient portion may be paid in full or the Hospital can arrange for a payment plan that is agreeable by both parties.

    a. Patients or guarantors have the right to appeal a non-eligible decision within 30 days of the denial letter. Appeals will be forwarded to either the Business Office Manager, or the CFO who will jointly decide to uphold or overturn the original decision within 30 days.

14. In the absence of a completed Community Care Program Application the hospital will follow the regular collection steps and accounts may be assigned to a third party billing agency at full billed charges. The third party billing agency may charge interest on the balance assigned by the hospital to the agency.

B. Procedure – Community Care Program Qualifications & Calculations

1. Financial obligations not eligible for consideration for Community Care Program are co-pays, deductibles, indemnity balances, Medi-Cal share of cost, and balances due from workers' compensation or auto insurance coverage's.

2. Not all services are eligible for the Community Care Program, such as elective cosmetic procedures or services denied by available funding sources as not medically necessary are not eligible. Special consideration may be made by the Business Office Manager, their designee, Chief Financial Officer, or Chief Executive Officer.

3. A patient may qualify for the Community Care Program or financial assistance prior to admission, after admission, after discharge, or during the course of the financial assistance process. Every attempt will be made to identify all available funding sources prior to or at time of visit. If a funding source cannot be identified after full compliance by the patient or guarantor, an allowance or discount may be provided.

4. A Community Care Program Application, provided by Alameda Hospital staff, may be completed with the assistance of a Financial Counselor or by completing, signing and returning it to an Alameda Hospital Financial Counselor. This document must be completed within 10 calendar days from date of discharge.

5. The Community Care Program Application shall remain valid for services rendered within a 180 day period if the Financial Counselor determines that the patient or Guarantors income will not change during this time period.

6. The financial assessment will include a review of the family's gross income, number of family members, employment status, outstanding balances of medical bills, and assets when appropriate. A credit report may also be required. Copies of prior year tax return (preferred documentation), W-2 Forms, most current pay stubs, or other proof of income are required. Other documents proving status of assets may be required as needed.

7. Community Care Program information is available from Alameda Hospital through various means, including the publication of notices in patient bills and by posting notices in high volume areas such as the Emergency Department, Clinics, Admitting, Patient Financial Services and other places as Alameda Hospital may determine. Such information shall be provided in English and Spanish, and will be translated for patients/guarantors who speak other languages.

8. Any patient account recommended for partial or total Community Care Program, allowance, after meeting the guidelines set forth in this policy, requires the following signature approval process to be followed:

a. Up to $1,999	Supervisor or Lead
b. $2,000 - $24,999	Business Office Manager
c. $25,000 - $99,999	CEO/Associate Administrator /CFO
d. $100,000 or greater	CEO/Associate Administrator /CFO

9. Alameda Hospital will assign any financial obligation to a debt collector after 60 calendar days of non-payment of an established payment plan or 90 calendar days of non-payment on an account where the patient guarantor is not in process with an eligibility application for a government sponsored insurance program or is not attempting in good faith to settle an outstanding bill.

10. Interest or finance charges will not be added to any account that has been approved for the Community Care Program.

11. In the course of debt collection involving low-income uninsured patients who are at or below 350% of the Current Federal Poverty Level, Alameda Hospital will follow all guidelines established by AB 774. This provision will not preclude Alameda Hospital from pursuing reimbursement from third party liability settlements.

12. All documentation will be maintained by Financial Counselors in accordance with regulatory guidelines.

13. This policy does not apply to professional services provided to Hospital patients by physicians or other medical providers including but not limited to Radiology, Anesthesiology, Pathology or Emergency Room services.

CITY OF ALAMEDA HEALTH CARE DISTRICT
ADMINISTRATIVE POLICY No. 83 A

TITLE: Self Pay or Uninsured Patient Cash Payment Discounts

PURPOSE: To encourage prompt payment, a cash discount shall be offered to patients with no insurance who are self pay that do not qualify or choose not to apply for Community Care Program discounts. The following guidelines are established.

SCOPE: Administration, Finance, Business Services and Admissions, Emergency Department

---

1. Self pay, Prompt Payment Discount Structure:

    a. There will be no discounts on payments made after 90 days from the date of discharge, unless prior arrangements were made and approved by the CEO, CFO, Business Office Manager or their designee.

    b. No discount will be given when setting up a payment plan unless financial hardship is determined by hospital staff.

    c. No discount will be given if an account was assigned to an outside collection agency. The patient may be responsible for any collection costs and interest charged by the collection agency. This rule may be waived and the Community Care Program may be applied if financial hardship is determined by the hospital or by the collection agency.

    d. Discounts are offered only if the balance due is $300 or greater.

    e. The hospital CEO, CFO, Business Office Manager or their designee may authorize other discount(s) on a case-by-case basis or as business necessitates or when the Community Care Program policy applies.

    f. Patients that have been approved for discounts will not be eligible for a cash discount if their payment is returned by the bank for non sufficient funds. The patient will be responsible for all charges for returned checks.

g. The following guidelines will be used to discount Self Pay and Prompt Pay accounts:

NON COMMUNITY CARE - SELF PAY PROMPT PAY DISCOUNT TABLE - POLICY # 83A				
Days from Discharge	**Balance $300 – $10,000**	**Balance $10,001 – $30,000**	**Balance $30,001 – $60,000**	**Balance $60,001 – $100,000**
30 days	40% Discount	50% Discount	55% Discount	60% Discount
31-60 days	30% Discount	30% Discount	30% Discount	30% Discount
61-90 days	20% Discount	20% Discount	20% Discount	20% Discount
91+ days	No Discount	No Discount	No Discount	No Discount

h. The discount amount on account balances over $100,000 will be determined on a case by case basis by the CEO, CFO or their designee.

i. As an alternative to discounts stated above, the hospital may choose to apply one of the hospital's most favorable insurance contract rates.

j. If the above discounted rate is below the Medicare reimbursement, the Medicare reimbursement and not the discount will apply.

k. Elective out-patient surgical procedures with no implants will require a minimum of 25% deposit of estimated gross charges prior to the scheduling of these procedures.

l. Elective out-patient surgical procedures with implant(s) will require a minimum deposit of 25% of estimated gross charges plus 100% of the actual cost of the implant(s).

2. Payment Plan Arrangements

a. The hospital may allow payment plan arrangements on an as needed basis based on patient circumstances, income, outstanding balance, past payment history with the hospital and other factors including the hospital's Community Care Program.

b. When payment plan arrangements are made the patient or guarantor may be asked to sign a contract and or a promissory note that states the terms of the payment arrangements.

c. The CEO, CFO or their designees may chose to outsource accounts with payment plan arrangements over a 12 month period to an agency that will monitor these accounts. Such accounts may incur interest at a rate of 10%.

d. The hospital may choose to sell or to assign such payment plan arrangements to a third party for monitoring and collections as needed.

3. Other Considerations

a. Due to various applicable laws, compliance procedures and insurance contracts, routine waivers of insurance co-payments or deductibles will not be allowed unless

financial hardship or Community Care Program eligibility is determined. This rule applies to all payor sources.

b. On any balances outstanding after insurance payments have been applied, no further discount will be offered as this balance is part of an already discounted rate.

c. Patients on long term payment plans who may become able to pay their balances in full may be extended a discount. The discount amount will be determined at that time based on account balance and other applicable conditions.

d. The above guidelines are applicable to those with an ability to pay. Those with demonstrated hardship shall be evaluated for Community Care Program discounts in accordance with Policy No. 83.

e. Questions concerning any aspect of this policy/guideline should be referred to Administration or their designee.

f. This policy/guideline replaces and supersedes all previous policies/guidelines and is effective immediately.

Approval / Review Path	Management Team, Administration, District Board

City of Alameda Health Care District Policy No. 83 & 83a		
Action:	***Date:***	**By:**
Created	10/03	Finance/PFS
Reviewed/ Revised	**10/04, 09/06, 3/08, 04/10, 01/12**	Management Team
Approvals	N/A	MEC
	10/04, 09/06, 3/08, 04/10, 12/11	Administration
	10/04, 09/06, 3/08, 05/10, 01/12	District Board

ALAMEDA HOSPITAL

Application for Community Care Program

Alameda Hospital encourages you to apply for the Alameda Hospital sponsored, Community Care Program. The Community Care Program is for individuals and families that meet the programs qualifications for low income and / or need help paying for your hospital bill for inpatient or outpatient care. If you qualify, the Community Care Program may offer reduced-price care and or a monthly payment program according to your income and ability to pay. If you have questions or need help completing this application, please call (510) 814-4645.

Patients are hereby notified that a physician employed or contracted to provide services in the emergency department of Alameda Hospital is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the current federal poverty level.

To apply for the Community Care Program, please complete the application on the following pages and return it along with all necessary supporting documentation to:

Alameda Hospital - Community Care Program Application
2070 Clinton Avenue
Alameda, CA 94501

Please complete ALL areas on the attached application form. If any area does not apply to you, write N/A in the space provided.

If you have no income, or proof of income, please provide a letter explaining how you support yourself/family.

You must sign and date the application. If the patient/guarantor and spouse provide information, both must sign the application.

Alameda Hospital
Community Care Program Application

Please Print

Personal Information

Patient's Name: _____SS#: _____Date Birth: _____

If patient is a minor or a dependent, print name, date of birth and relationship of parent or other responsible party.

Name: _____Date of Birth: _____

SS#: _____Relationship: _____

Mailing Address: _____

Telephone Number: Home ( ) _____Cell No: ( ) _____Work ( ) _____

Name of employer: _____Telephone: _____

List all individuals residing in the household that you support: _____

Name _____ Age_____ Relationship_____

Name _____ Age_____ Relationship_____

Name _____ Age_____ Relationship _____

If additional space is needed please use back of page.

Health Insurance

Medical Insurance? Yes _____ No_____ If "yes,"

Print name of insurance company: _____ID Number: _____

Other Coverage? Yes ____ No ____ if yes, please identify other coverage: _____

Is the medical treatment because of a car accident or other third party injury? Yes ____No_____

Is the medical treatment because of an on-the-job injury or accident? Yes _____ No _____

If yes, Name the employer and place of where the injury took place: _____

_____

_____

Income: Applications without supporting documentation will be denied.
Be sure to **include** with your application documents that support the income amounts you list below. For example:

- Pay stubs from all employment for the last two (2) months
- Last year's income tax return (including schedule C if self employed)
- Letters approving or denying unemployment compensation
- Written statements from employers or welfare agents.
- Students receiving financial aid, copy of award letter
- Copy of last two (2) months of Bank Statements.

	Person 1	**Person 2**	**Person 3**
Monthly Wages/Salary (before tax)	_____	_____	_____
Unemployment	_____	_____	_____
Social Security Pension	_____	_____	_____
SSI	_____	_____	_____
Food Stamps	_____	_____	_____
Alimony /Child Support	_____	_____	_____
Other (stocks, bonds, IRA's, etc.)	_____	_____	_____

Does your household have a checking account? Y N If yes name of bank: _____
Does your household have a savings account? Y N If yes name of bank: _____
Balance in checking: _____Balance in savings: _____

Have you recently suffered severe financial hardship or personal loss (for example, other medical expenses, loss of job or wages, loss of home, auto, or other property)?

Yes ____ No _____ if yes, please explain: _____

_____

_____

Do the documents that you are including with this application show your current financial situation correctly? Yes _____ No ____ if no, why not?

_____

_____

If you are asking for Community Care for services already provided by Alameda Hospital, please list dates of services and what services you received:

Patient name	Account Number	Date of Service	Balance
1.			
2.			
3.			

Other Information you would like to give us: _____

_____

I understand that the information I am giving will be verified by Alameda Hospital and or may be reviewed by state and/or federal enforcement agencies and others as required. I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature _____Date _____

Mail this application with all supporting documentation to:

Alameda Hospital - Community Care Program Application
2070 Clinton Avenue
Alameda, CA 94501

This section is not mailed to the patient

ALAMEDA HOSPITAL BUSINESS OFFICE USE ONLY

ELIGIBILITY DETERMINATION WORKSHEET

Patient Account Number _____

Date Application Received: _____Income Verified? Yes ____ No ____

The patient's gross family income is at or below 100% of the current federal poverty level: Y__N__

The patient's gross family income is at or below 350% of the current federal poverty level: Y__N__

Decision: [ ] A-100% Community Care Discount. **[ ] B-** Patient is to pay Medicare allowable amount.

Medicare Discount Calculations:

1-Alameda Hospital Charges: $_____

2- Medicare Allowable (Attach details) $_____

OTHER CALCULATIONS:

Beginning balance of patient's account $_____

Less medical coverage/amount payable by third party sources $_____

Less Community Care Discount $_____

Patient responsibility **$_____**

Expected payment in full: $_____

(patient may make monthly payments for up to 12 months if requested by the patient.)

The applicant's request for Community care has been denied for the following reason(s):

[ ] The application is incomplete. [ ] Not enough supporting documentation was received

[ ] Income cannot be verified. [ ] Over the income and property level.

Other: _____

_____

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Approved by: _____Date:_____

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING NOVEMBER 30, 2011

CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
NOVEMBER 30, 2011

Table of Contents **Page**

Financial Management Discussion	1 – 11
Key Statistics for Current Month and Year-to-Date	12
Statement of Financial Position	13
Statement of Operations	14
Statements of Operations - Per Adjusted Patient Day	15
Statement of Cash Flows	16
Ratio Comparisons	17-18
Glossary of Financial Ratios	19

ALAMEDA HOSPITAL
MANAGEMENT DISCUSSION AND ANALYSIS
NOVEMBER, 2011

The management of Alameda Hospital (the "Hospital") has prepared this discussion and analysis in order to provide an overview of the Hospital's performance for the period ending November 30, 2011 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 November, 2011

- For the month of November 2011, combined expense over revenue is $681,000 versus a budgeted excess of expense over revenue of $71,000. This loss is due in part to lower inpatient volume. Year-to-date (YTD), the hospital had a combined loss of ($995,000) compared to a budget of excess revenues over expenses of $245,000.

- Gross patient revenue for November was less than budget by $1.6 million or 7.2%. Inpatient revenue was unfavorable to budget by $818,000 (5.6%), and the outpatient programs were also unfavorable by another $762,000 (10.5%). On a year-to-date basis, gross revenue is below budget by $5.4 million (4.8%), $2.9 million (3.9%) related to inpatient and $2.5 million (6.6%) related to outpatient. The gross patient revenue Per Adjusted Patient Day (PAPD) of $5,651 was 2.9% below the budget of $5,819 and .1% above October results of $5,645.

- Patient days, while below budget, are also below last year's volumes. Total patient days for the month were 2,444, 2.8% below the budget of 2,514, and YTD days of 12,675 are 185 days (1.4%) under budget. These figures represent a decrease from the prior month of 2,590 and prior year's November of 2,572 total patient days but is up from November 2010 YTD of 12,588.

- The average daily acute care census was 28.27, unfavorable to a budget of 29.60 by 1.33 ADC (4.5%), and a decrease from the acute ADC of 30.03 in the prior month; the average daily Sub-Acute census was 31.13 below budget of 33.0, and the Skilled Nursing program had an average daily census of 22.07 versus a budget of 21.2. Year-to-date ADC is 2.1% below the budget of 84.05 at 82.84, but still .57 ADC (.7%) above the 2010 YTD ADC of 82.27.

- Emergency Care Center (ECC) visits were 1,349, 31 visits (2.2%) under the budget of 1,380 visits. YTD, the ECC visits are 56 below the budget.

- Total surgery cases were more than budgeted expectations by 8.2% for the month at 197 cases versus the budgeted 182 cases; inpatient cases were 5 (11.9%) under budget while outpatient cases were 20 (14.3%) over budget. Year-to-date surgery cases were 1,006 or 5.1% above the budget of 957, and above prior YTD of 971.

- Outpatient registrations were 1,996, or 2.5% above budget and 196 or 10.9% above prior month. The average of 66.5 visits per day was 14.5% higher than the prior month's 58.1 visits per day. YTD outpatient registrations are below budget by 7.6% at 9,235 versus the budget of 9,997. The outpatient visits were below budget in IVT Therapy (43 visits) and Occupational Therapy (24 visits), yet over budget in Radiology (43 visits) and Ultrasound (24 visits).

Balance Sheet

Total assets increased by $28,000 from the prior month, mostly all of which was in current assets. The following items make up the increase in current assets:

- Total unrestricted cash and cash equivalents for November decreased by $466,000 and days cash on hand including restricted use funds decreased to 6.9 days on hand in November from 9.5 days on hand in October. The decrease in cash was the result of below budget cash collections, increased accounts receivable and decreased payroll liabilities partially offset by an increase in accounts payable.
- Net patient accounts receivable increased in November by $157,000 compared to an increase of $288,000 in October. Days in outstanding receivables were 59.2 at November month end, an increase from 57.9 days in

October. Collections in November were $3.9 million compared to $4.5 million in October.

- Other Receivables increased by $406,000 from October to November due to the routine accrual of district tax monies.

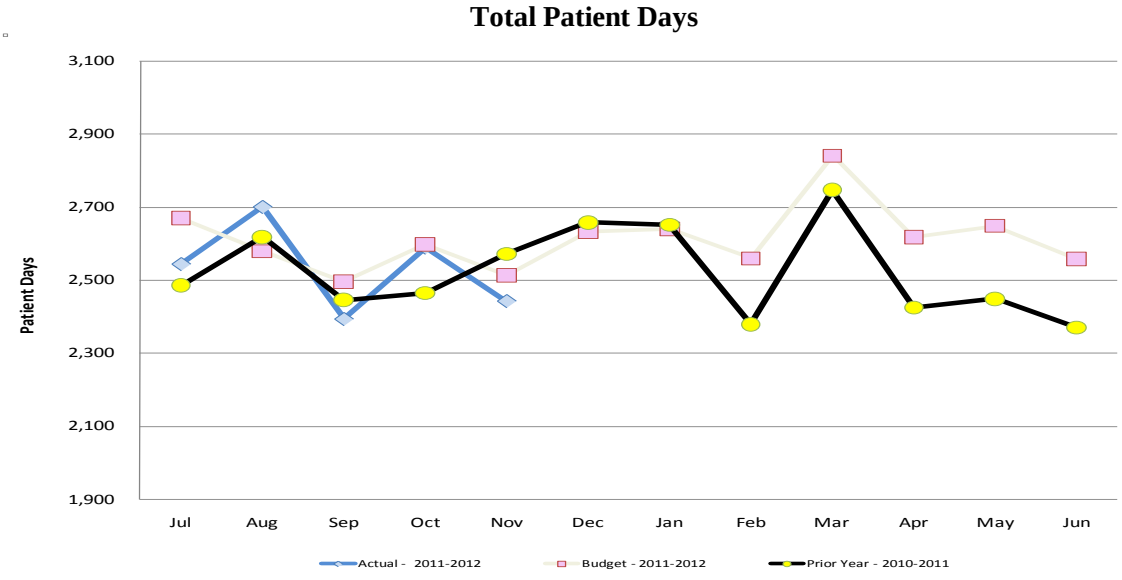
Total liabilities increased by $701,000 compared to a decrease of $512,000 in the prior month. This increase in the current month was the result of the following:

- Third party settlement accounts remained the same after the adjustment to reserves taken in the prior month.
- Payroll related accruals increased by $415,000 as a result of the timing of pay period end in relation to the month end.
- Deferred revenues decreased again by $477,000 due to the recognition of one-twelfth of the 2011/2012 parcel tax revenues of $5.7 million.
- The current portion of the long term debt increased $238,000 due to $250,000 in draws on the line of credit. At month end $750,000 of the board approved $750,000 had been drawn down.
- Accounts payable and other accrued expenses increased $552,000 as vendor payments were delayed due to low cash collections.

Volumes

The combined actual average daily census was 81.47 versus a budget of 83.80 an unfavorable variance of 2.8%. The current month's overall unfavorable variance was the result of average daily census that was unfavorable to budget in the acute care areas by 1.33 patients per day or 4.5%. The Sub-Acute program average daily census was below budget by 1.87 ADC or 5.7%, while the Skilled Nursing program had a positive variance to budget of .87 patients per day or 4.1%. November's total census represents a 2.5% decrease from the October's average census levels.

The graph below shows the total patient days by month for fiscal year 2012 compared to the operating budget and fiscal year 2011 actual.

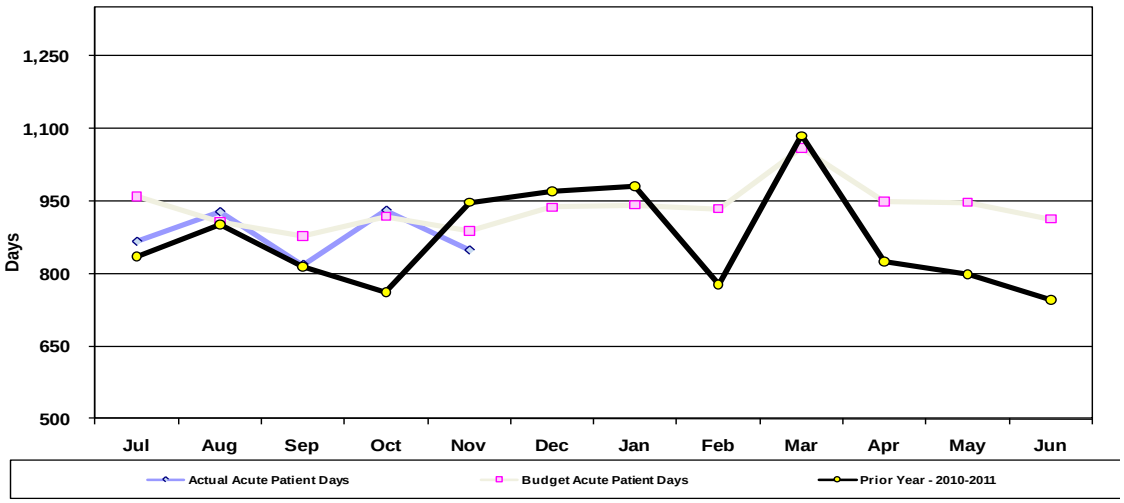


The various components of our inpatient volumes for the month of November are discussed in the following sections.

Acute Care

The acute care patient days were 4.5% (40 days) less than budgeted and 10.5% below the prior year's average daily census of 31.57 for November. The acute care program is comprised of the Critical Care Unit (3.7 ADC, 19.6% unfavorable to budget), Definitive Observation Unit (10.4 ADC, 15.9% below budget) and Med/Surg Units (14.2 ADC, 12.7% favorable to budget). The graph below shows the inpatient acute care patient days by month for the current fiscal year, the operating budget and prior fiscal year actual.

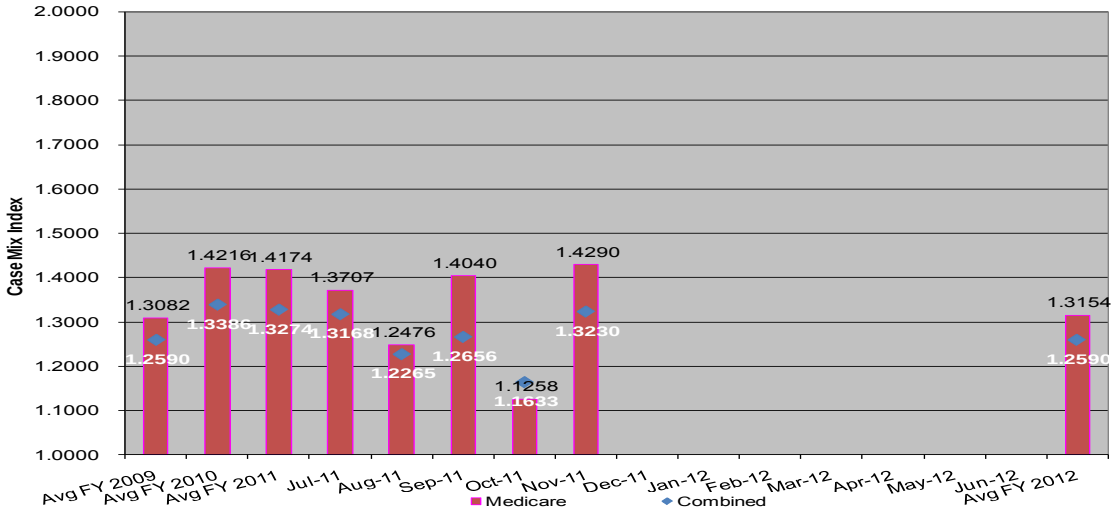
Inpatient Acute Care Patient Days



Case Mix Index

The hospital's overall Case Mix Index (CMI) increased to 1.3230, up from the prior month of 1.1633, and just below the prior fiscal year average of 1.3274. The Medicare CMI increased from 1.1258 in October to 1.4290 in November. The graph below shows the Medicare CMI for the hospital during the current fiscal year as compared to the prior three fiscal years.

Case Mix Index Trend



The CMI at the time of forecasting this year's budget was 1.3758. Year-to-date November 2011 the CMI was

1.2613. This represents an 8.1% decline compared to the same time frame last year. However, the month of November 2011 saw a notable increase closer to prior levels, and CMI is continuing to swing back up in December. Note that payers with lower volume can have substantial swings in CMI from one period to another. See the table below that compares the CMI by payer for the three periods.

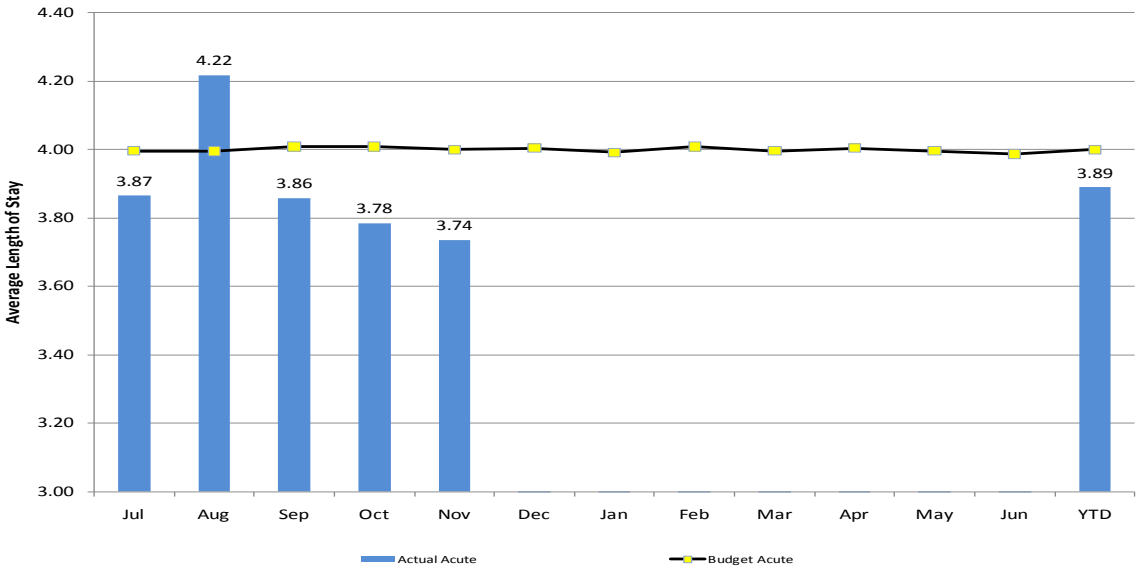
Case Mix Index Comparison

Financial Class	Jun 10 - Mar 11	Nov 10 YTD	Nov 11 YTD	Nov 11 YTD Volume
Commercial - Non-Contracted	1.9649	2.1154	0.7788	3
HMO	1.2522	1.1614	1.3761	55
Industrial	1.8373	0.9154	1.4326	7
Kaiser	1.8412	2.3422	1.3194	5
Medi-Cal HMO	1.0008	0.9751	0.9641	60
Medi-Cal	1.2724	1.1857	1.2513	86
Medicare	1.4724	1.4917	1.3131	577
Medicare HMO	1.3568	1.4119	1.3721	108
Personal Pay	1.0105	1.0436	1.0094	77
Medi-Cal Pending	1.8334	2.0526	2.0751	4
PPO	1.2613	1.2599	1.1444	120
VA	1.4051	1.3565	1.2893	24
Combined	**1.3758**	**1.3721**	**1.2613**	1,126

Average Length of Stay - Acute

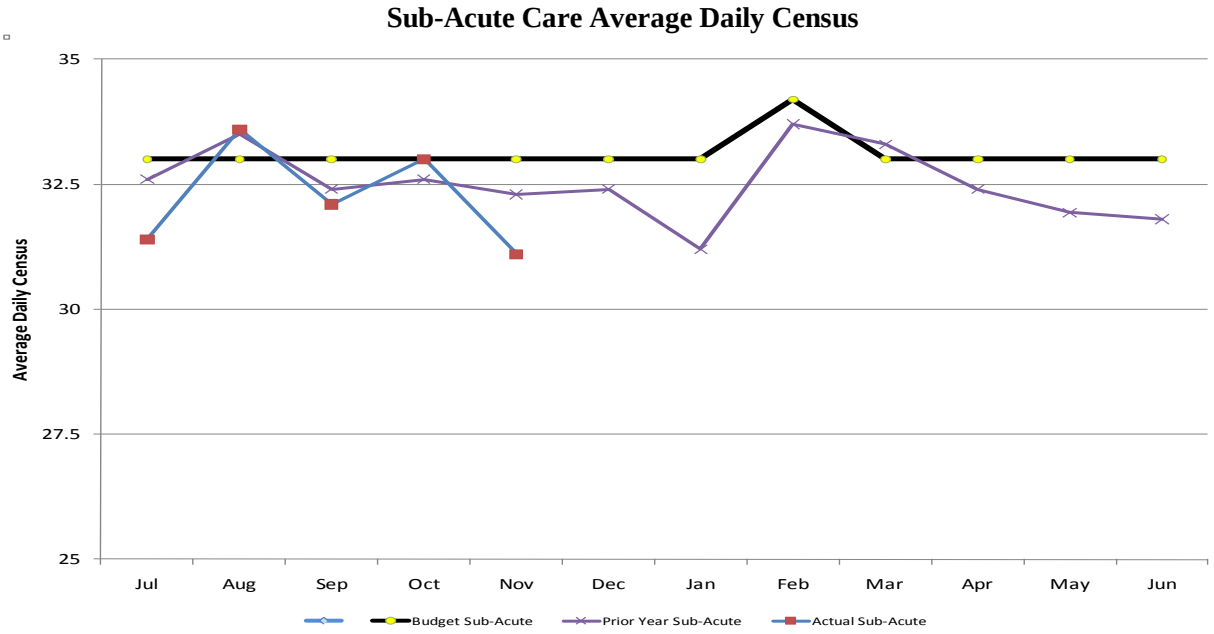
The acute average length of stay (ALOS) decreased from the October low of 3.78 to 3.74 in November, which is also below November in the prior year of 4.15. Budgeted acute ALOS is 4.0. The overall acute ALOS for FY 2011 was 4.13. The graph below shows the ALOS by month and the budgeted ALOS for fiscal year 2012.

Average Length of Stay



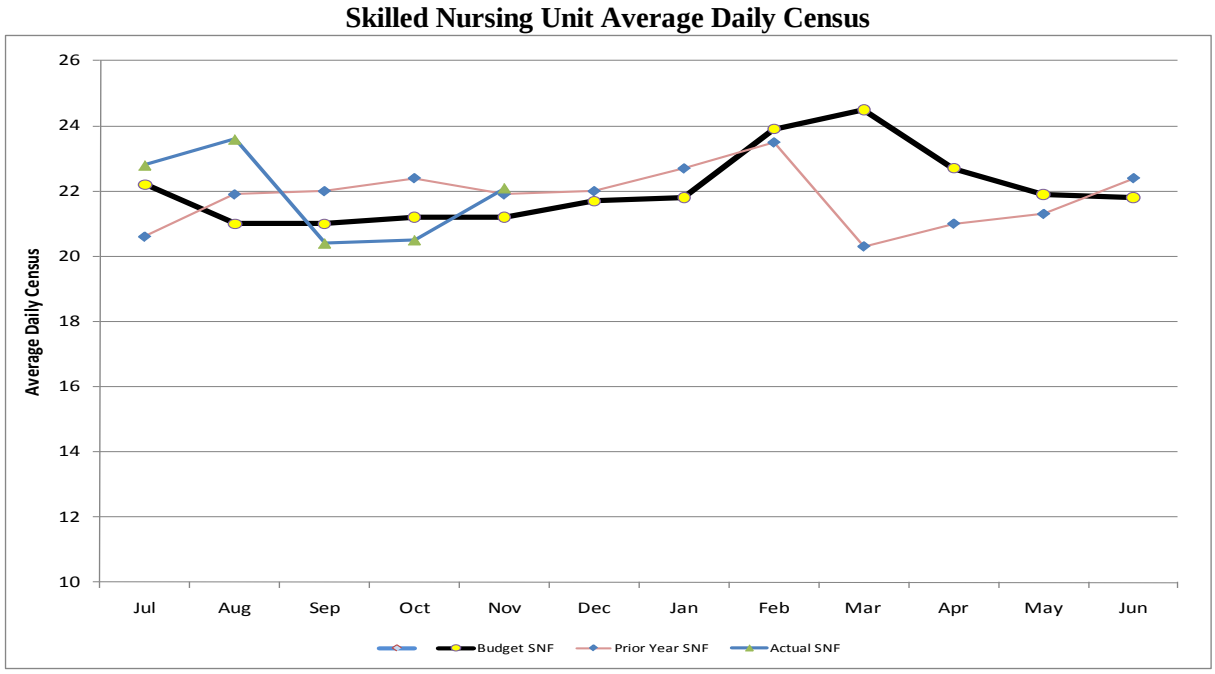
Sub-Acute Care

The Sub-Acute program average daily census of 31.13 in November was below budgeted projections of 33.0. The graph below shows the Sub-Acute programs average daily census for the current fiscal year as compared to budget and the prior year.



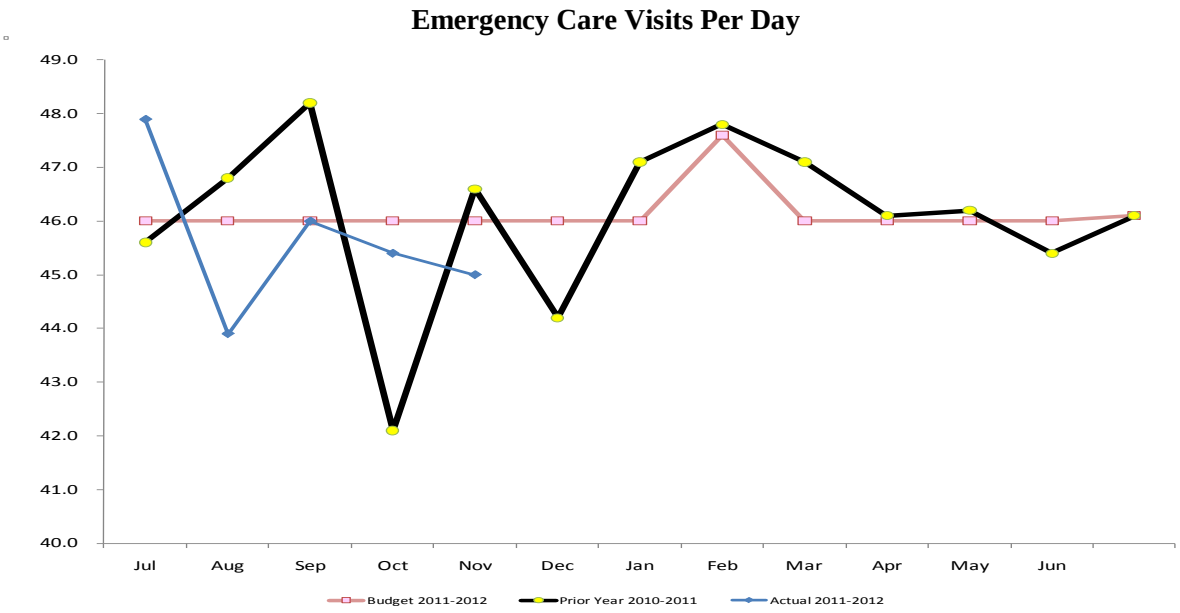
Skilled Nursing Care

The Skilled Nursing Unit (South Shore) patient days were 4.1% or 26 patient days higher than budgeted for the month of November, and up 25 days or 3.9% from October. This program's volume remains greater than the prior year-to date, with November 2012 year-to-date patient days higher than November 2011 year-to-date by 20 days or .6% and a year-to-date average daily census of 21.89 versus 21.76 in fiscal year 2011. The following graph shows the Skilled Nursing Unit monthly average daily census as compared to budget and the prior year.



Emergency Care Center (ECC)

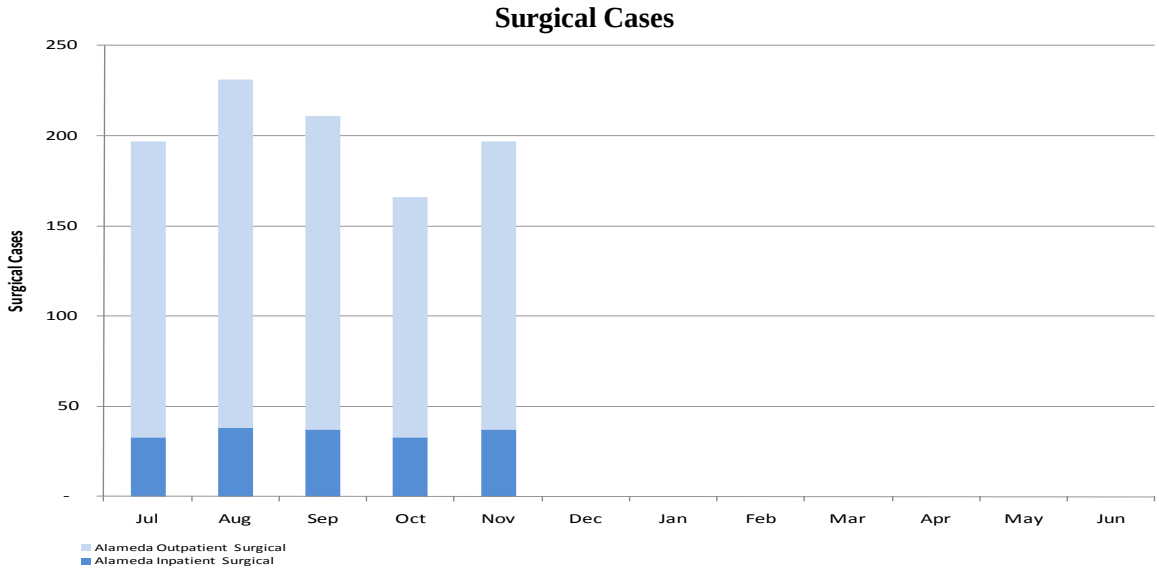
Emergency Care Center visits in November totaled 1,349, 31 visits (2.2%) under the budget of 1,380. 18.4% of these visits resulted in inpatient admissions versus 17.5% in October. On a per day basis, the total visits represent a decrease of .88% from the prior month daily average. In November, there were 276 ambulance arrivals versus 332 in the prior month. Of the 276 ambulance arrivals in the current month, 188 or 68.1% were from Alameda Fire Department (AFD) ambulances.



Surgery

In November, surgery cases were 197 versus 182 budgeted cases and up from the 178 cases in the prior November. Surgery volume was considerably higher than October. Inpatient and outpatient cases totaled 37 and 160 versus 33 and 133 in November and October, respectively.

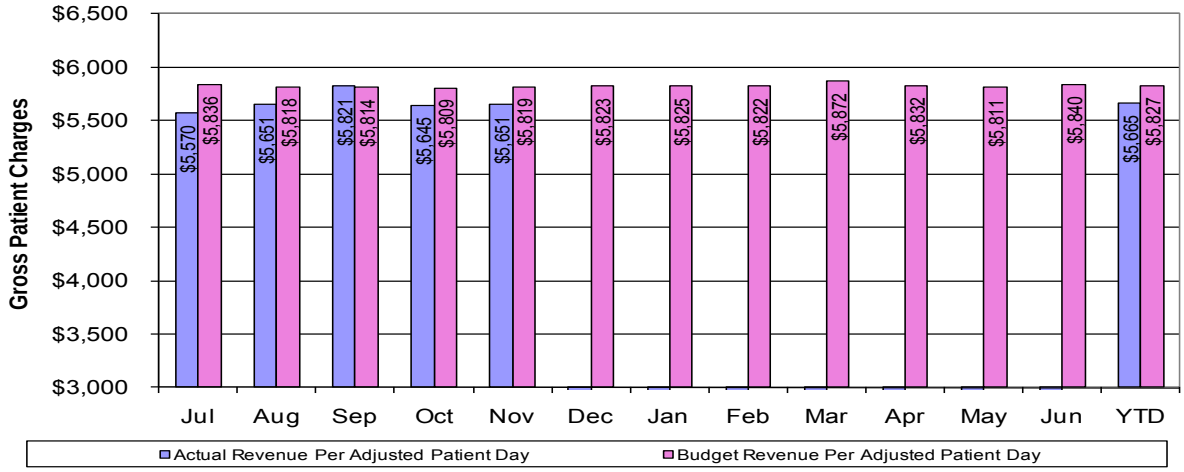
The graph below shows the number of inpatient and outpatient surgical cases by month for fiscal year 2012.



Gross Patient Charges

Gross patient charges in November were less than budget by $1.6 million, or 7.2%, mostly driven by lower inpatient volumes. This unfavorable variance was comprised of an unfavorable variance to inpatient of $818,000 and unfavorable variance to outpatient of $762,000. The decrease in inpatient gross revenues was driven by lower volume in Acute Care and Sub-Acute, as well as inpatient surgery. Outpatient revenues were lower than budgeted as a result of lower than expected due to ECC, Infusion, Laboratory and Pharmacy. On an adjusted patient day basis, total patient revenue was $5,651 below the budget of $5,819 for the month of November yet above the October gross revenue per APD of $5,645. The following table shows the hospital's monthly gross revenue per adjusted patient day by month and year-to-date for fiscal year 2012 compared to budget.

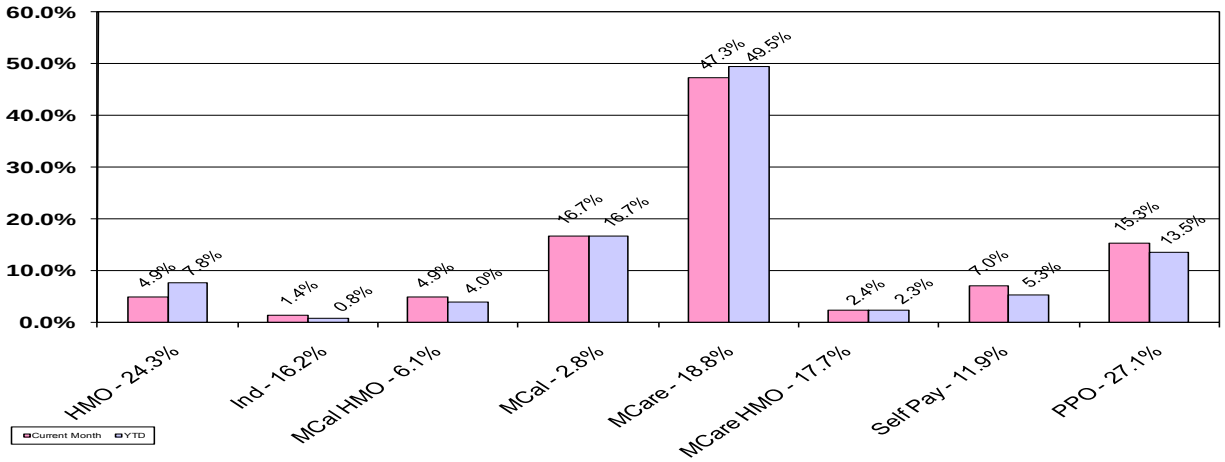
Gross Charges per Adjusted Patient Day



Payer Mix

Combined acute care services, inpatient and outpatient, Medicare and Medicare Advantage total gross revenue in November made up 49.7% of the month's total gross patient revenue. Combined Medicare revenue was followed by HMO/PPO utilization at 20.2%, Medi-Cal Traditional and Medi-Cal HMO utilization at 21.6% and self pay at 7%. The graph below shows the percentage of gross revenues generated by each of the major payers for the current month and fiscal year to date as well as the current month's estimated reimbursement for each payer for the combined inpatient and outpatient acute care services.

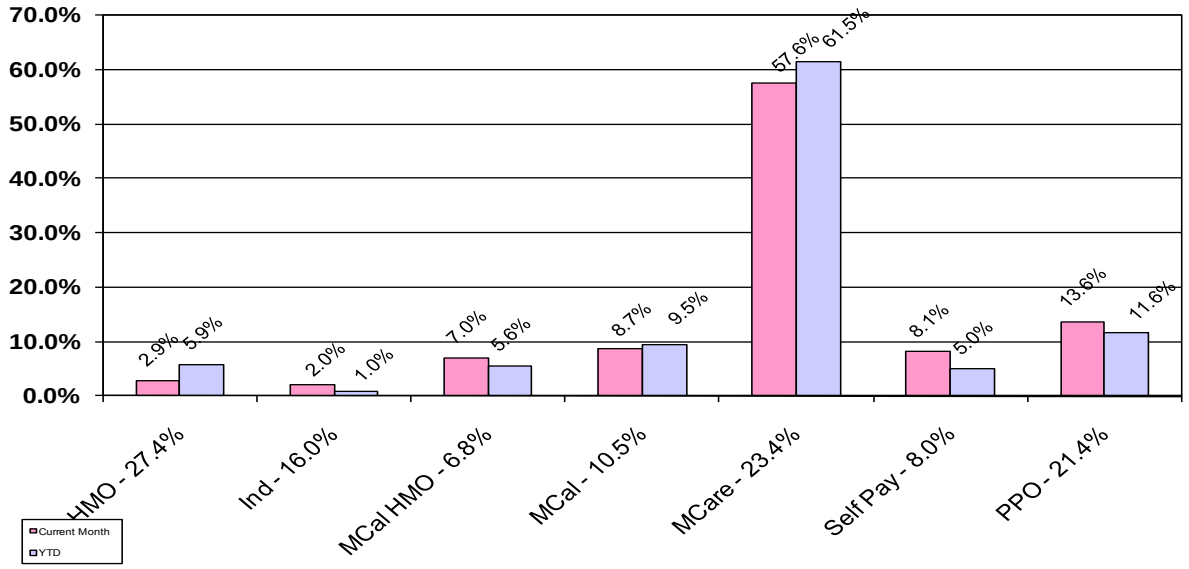
Combined Acute Care Services Payer Mix



The inpatient acute care current month gross Medicare and Medicare Advantage charges made up 65.7% of our total

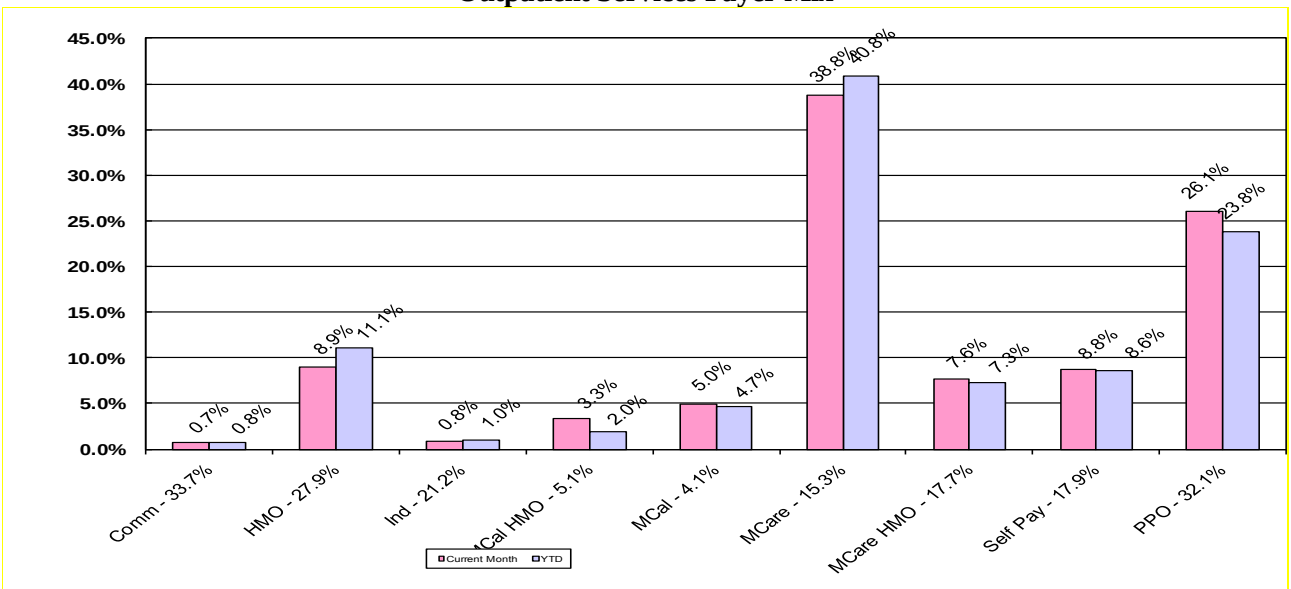
inpatient acute care gross revenues followed by HMO/PPO at 16.5%, Medi-Cal and Medi-Cal HMO at 15.6% and Self Pay at 8.1% of the inpatient acute care revenue. The graph below shows inpatient acute care current month and year to date payer mix and current month estimated net revenue percentages for fiscal year 2012.

Inpatient Acute Care Payer



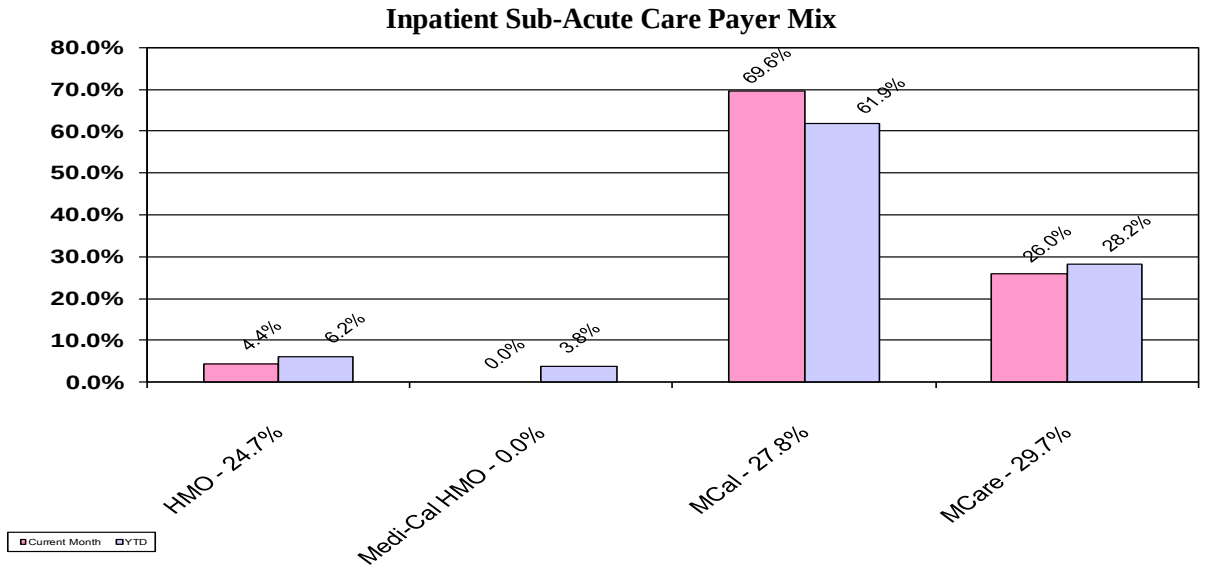
The outpatient gross revenue payer mix for November was comprised of 46.4% Medicare and Medicare Advantage, 35.7% HMO/PPO, 8.3% Medi-Cal and Medi-Cal HMO, and 8.8% self pay. The graph below shows the current month and fiscal year to date outpatient payer mix and the current months estimated level of reimbursement for each payer.

Outpatient Services Payer Mix

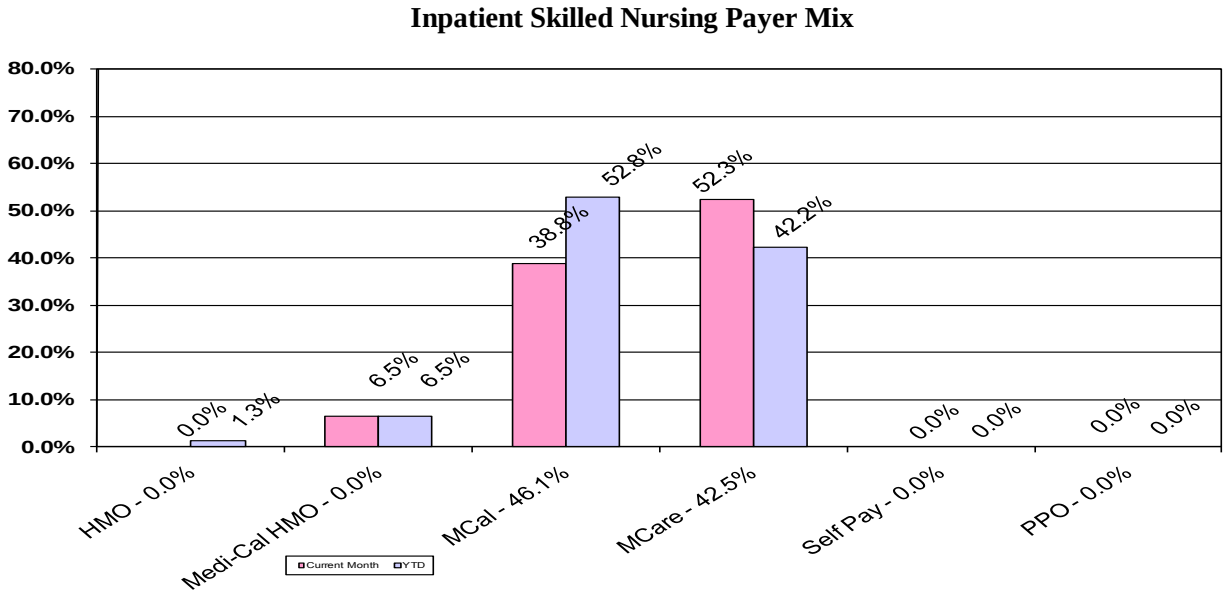


In November, the Sub-Acute care program again was dominated by Medi-Cal utilization of 69.6%, up from 66.7% in October. One anomaly in long term care patients is they are registered as Medicare, usually exhaust their benefits

and transition to Medi-Cal. However, the financial class is not changed on the patient causing a mis-match when charges are billed and payments are received. Medicare was 26% and HMO/PPO rounds out the unit at 4.4%. The graph below shows the payer mix for the current month and fiscal year to date and the current months estimated reimbursement rate for each payer.



In November, the Skilled Nursing program gross revenues were comprised primarily of Medicare at 52.3% and Medi-Cal at 45.3%. The graph below shows the current month and fiscal year to date skilled nursing payer mix and the current month's estimated level of reimbursement for each payer. It should be noted that even though the payor mix reflects 52.3% Medicare, most of these patients have exhausted their long-term care Medicare benefits and are Part B only, converting to Med-Cal benefits for skilled nursing days. These days will, therefore, be paid by Medi-Cal. We are reviewing the registration and billing procedures to better align revenues with payments by payor.



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 November contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 79.4% versus the budgeted 77.6%. There will be an ongoing favorable variance of roughly $150,000 per month for the Sub-Acute reserve that is included in the budget deductions from revenue but not in actual results.

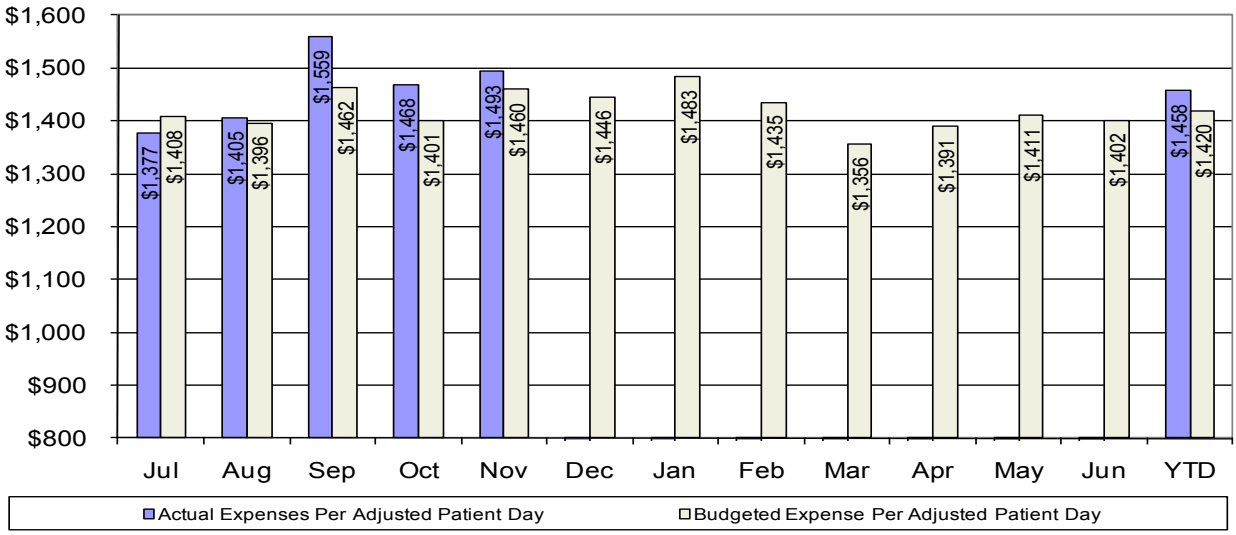
Net Patient Service Revenue

Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. This difference reflects what the anticipated cash payments the Hospital is expecting to receive for the services provided

Total Operating Expenses

Total operating expenses were lower than the fixed budget by $111,000 or 2.0%. On an adjusted patient day basis, our cost per adjusted patient day was $1,493 which was $33 per adjusted patient day unfavorable to budget and $25 higher than the prior month. This variance in expenses per adjusted patient day was primarily the result of unfavorable variances in benefits as well as non-medical professional fees due to consulting fee accruals and fees related to Water's Edge. The graph below shows the actual hospital operating expenses on an adjusted patient day basis for the 2012 fiscal year by month as compared to budget and is followed by explanations of the significant areas of variance that were experienced in the current month.

Expenses per Adjusted Patient Day

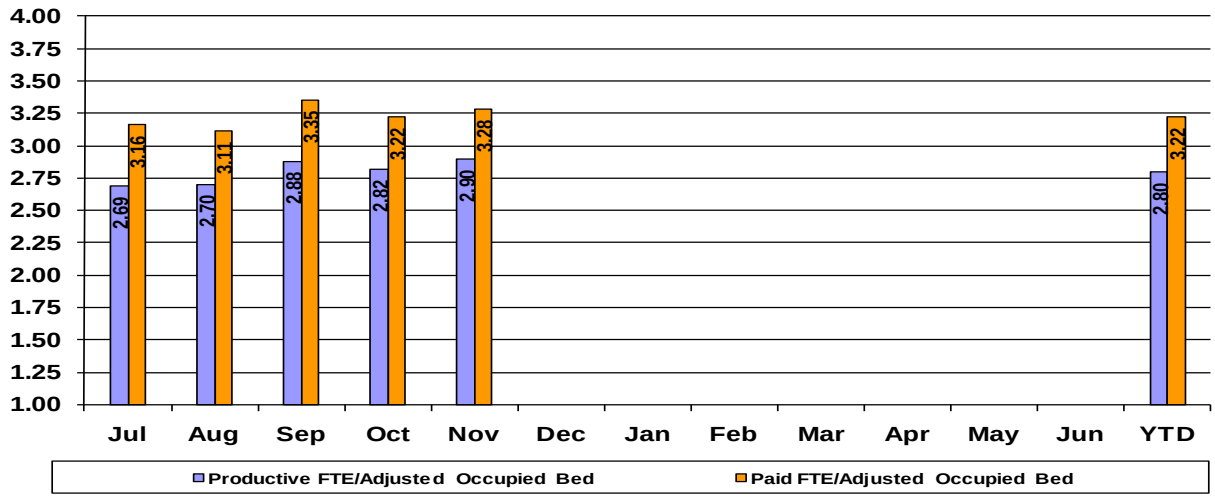


Salary and Temporary Agency Expenses

Salary and temporary agency costs combined were favorable to the fixed budget by $69,000 and were unfavorable to budgeted levels on a per adjusted patient day (PAPD) basis by $16 or 2.0%. On an adjusted occupied bed basis, productive FTE's were 2.90, above the budget of 2.72 FTE's by 6.4%, and paid FTE's were 3.28 or .8% above budget.

Productive salaries in the CCU were 34.5% above the flexed budget, productive salaries in the DOU were 22.5% above the flexed budget, and productive salaries in Sub-Acute were 9.5% above the flexed budget. Salaries in the Emergency Care Center were again above budget by 13.5% while the volume in the ECC was below budget by 2.2, and Radiology productive salaries were 23.75% above budget yet their visits were over budget by 7%.
The graph below shows the productive and paid FTE's per adjusted occupied bed for FY 2012 by month.

FTE's per Adjusted Occupied Bed



Benefits

Benefits were unfavorable to the fixed budget by $73,000 or 9.2%, due to employee health expenses unfavorable to budget by $25,000 and vacation accrual for the month of $48, 000.

Professional Fees

Professional fees were unfavorable to budget by $152,000 in November due to $35,000 from Medical Professional Fees (ER and Clinic physician expenses) and $117,000 from Non-Medical Professional Fees related to HFS fees for Accounting $31,000, Business Office $65,000,Pharmacy $17,000 and for the Water's Edge project $10,000. Joint Commission fee for primary stroke center was $8,000.

Supplies

Supplies were favorable to budget by $255,000 (34.2%) or $62 per adjusted patient day in November. As in prior months, this favorable variance was the result of lower than budgeted patient related supplies such as medical supplies expense, pharmacy supplies, and prosthetics due to lower patient volume, acuity and below budget surgeries.

Purchased Services

Purchased services were above budget by $4,000 compared to fixed budget and $5 unfavorable PAPD.

Rents and Leases

Rents and leases were below the fixed budget by $13,000, and $21 PAPD in November, versus budget of $24.

Other Operating Expense

Other operating expenses were $16,000 under budget, or $3 per adjusted patient day.

The following pages include the detailed financial statements for the five (5) months ended November 30, 2011, of fiscal year 2012.

ALAMEDA HOSPITAL
KEY STATISTICS
NOVEMBER 2011

	ACTUAL NOVEMBER 2011	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	NOVEMBER 2010	YTD NOVEMBER 2011	YTD FIXED BUDGET	VARIANCE	%	YTD NOVEMBER 2010
Discharges:										
Total Acute	227	222	5	2.3%	228	1,129	1,137	(8)	-0.7%	1,028
Total Sub-Acute	3	1	2	200.0%	2	12	7	5	71.4%	8
Total Skilled Nursing	11	8	3	37.5%	5	37	43	(6)	-14.0%	40
	241	231	10	4.3%	235	1,178	1,187	(9)	-0.8%	1,076
Patient Days:										
Total Acute	848	888	(40)	-4.5%	947	4,391	4,550	(159)	-3.5%	4,260
Total Sub-Acute	934	990	(56)	-5.7%	968	4,935	5,049	(114)	-2.3%	4,999
Total Skilled Nursing	662	636	26	4.1%	657	3,349	3,261	88	2.7%	3,329
	2,444	2,514	(70)	-2.8%	2,572	12,675	12,860	(185)	-1.4%	12,588
Average Length of Stay										
Total Acute	3.74	4.00	(0.26)	-6.6%	4.15	3.89	4.00	(0.11)	-2.8%	4.14
Average Daily Census										
Total Acute	28.27	29.60	(1.33)	-4.5%	31.57	28.70	29.74	(1.04)	-3.5%	27.84
Total Sub-Acute	31.13	33.00	(1.87)	-5.7%	32.27	32.25	33.00	(0.75)	-2.3%	32.67
Total Skilled Nursing	22.07	21.20	0.87	4.1%	21.90	21.89	21.31	0.58	2.7%	21.76
	81.47	83.80	(2.33)	-2.8%	85.73	82.84	84.05	(1.78)	-2.1%	82.27
Emergency Room Visits	1,349	1,380	(31)	-2.2%	1,397	6,982	7,038	(56)	-0.8%	7,013
Outpatient Registrations	1,996	1,948	48	2.5%	1,929	9,235	9,997	(762)	-7.6%	9,899
Surgery Cases:										
Inpatient	37	42	(5)	-11.9%	38	182	215	(33)	-15.3%	229
Outpatient	160	140	20	14.3%	140	824	742	82	11.1%	742
	197	182	15	8.2%	178	1,006	957	49	5.1%	971
Adjusted Occupied Bed (AOB)	119.65	125.25	(5.60)	-4.5%	123.72	152.87	125.48	27.39	21.8%	123.65
Productive FTE	345.38	340.93	4.45	1.3%	385.41	343.80	341.62	2.18	0.6%	363.39
Total FTE	391.06	407.50	(16.44)	-4.0%	430.72	396.52	402.86	(6.34)	-1.6%	418.03
Productive FTE/Adj. Occ. Bed	2.89	2.72	0.16	6.0%	3.12	2.25	2.72	(0.47)	-17.4%	2.94
Total FTE/ Adj. Occ. Bed	3.27	3.25	0.01	0.5%	3.48	2.59	3.21	(0.62)	-19.2%	3.38

City of Alameda Health Care District
Statements of Financial Position
November 30, 2011

	Current Month	Prior Month	Prior Year End
Assets			
Current Assets:			
Cash and Cash Equivalents	$ 407,543	$ 874,083	$ 1,784,141
Patient Accounts Receivable, net	9,100,768	8,943,459	7,249,185
Other Receivables	7,138,269	6,731,858	8,090,457
Third-Party Payer Settlement Receivables	481,578	481,578	150,000
Inventories	1,170,330	1,188,641	1,183,358
Prepaids and Other	309,899	336,680	262,359
Total Current Assets	18,608,387	18,556,299	18,719,500
Assets Limited as to Use, net	534,502	525,869	483,716
Fixed Assets			
Land	877,945	877,945	877,945
Depreciable capital assets	43,427,774	43,427,774	43,383,571
Construction in progress	3,304,736	3,265,416	2,921,048
Depreciation	(39,221,507)	(39,149,362)	(38,862,494)
Property, Plant and Equipment, net	8,388,948	8,421,773	8,320,070
Total Assets	**$ 27,531,837**	**$ 27,503,941**	**$ 27,523,286**
Liabilities and Net Assets			
Current Liabilities:			
Current Portion of Long Term Debt	$ 1,659,619	$ 1,421,295	$ 746,074
Accounts Payable and Accrued Expenses	8,989,766	8,438,441	6,987,765
Payroll Related Accruals	3,983,973	3,568,689	3,991,254
Deferred Revenue	3,340,777	3,817,825	5,725,900
Employee Health Related Accruals	633,906	642,835	343,382
Third-Party Payer Settlement Payable	255,809	236,318	(3,930)
Total Current Liabilities	18,863,850	18,125,403	17,790,445
Long Term Debt, net	921,904	959,082	1,142,109
Total Liabilities	19,785,754	19,084,485	18,932,554
Net Assets:			
Unrestricted	7,041,581	7,722,688	8,037,015
Temporarily Restricted	704,502	695,869	553,716
Total Net Assets	7,746,083	8,418,557	8,590,731
Total Liabilities and Net Assets	**$ 27,531,837**	**$ 27,503,043**	**$ 27,523,286**

City of Alameda Health Care District

Statements of Operations

November 30, 2011

$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Patient Days	2,444	2,514	(70)	-2.8%	2,572	12,675	12,860	(185)	-1.4%	12,588
Discharges	241	231	10	4.3%	235	1,178	1,187	(9)	-0.8%	1,076
ALOS (Average Length of Stay)	10.14	10.88	(0.74)	-6.8%	10.94	10.76	10.83	(0.07)	-0.7%	11.70
ADC (Average Daily Census)	81.5	83.8	(2.33)	-2.8%	85.7	83	84.1	(1.21)	-1.4%	82.3
CMI (Case Mix Index)	1.3216				1.2949	1.2588				1.3600
Revenues										
Gross Inpatient Revenues	$ 13,812	$ 14,630	$ (818)	-5.6%	$ 14,787	$ 71,811	$ 74,762	$ (2,950)	-3.9%	$ 68,415
Gross Outpatient Revenues	6,474	7,179	(704)	-9.8%	6,628	34,363	36,679	(2,316)	-6.3%	34,586
Total Gross Revenues	20,287	21,809	(1,522)	-7.0%	21,414	106,175	111,441	(5,266)	-4.7%	103,002
Contractual Deductions	16,148	16,067	(81)	-0.5%	15,376	79,591	82,051	2,460	3.0%	73,787
Bad Debts	(15)	697	713	102.2%	582	2,302	3,535	1,233	34.9%	3,105
Charity and Other Adjustments	-	167	167	100.0%	198	760	850	90	10.5%	808
Net Patient Revenues	4,154	4,877	(723)	-14.8%	5,259	23,521	25,005	(1,484)	-5.9%	25,303
Net Patient Revenue %	20.5%	22.4%			24.6%	22.2%	22.4%			24.6%
Net Clinic Revenue	32	23	9	40.2%	29	163	67	95	141.9%	149
Other Operating Revenue	9	10	(1)	-6.7%	9	202	50	151	299.8%	47
Total Revenues	**4,196**	**4,910**	**(715)**	-14.6%	**5,297**	**23,886**	**25,123**	**(1,237)**	-4.9%	**25,498**
Expenses										
Salaries	2,816	2,806	(10)	-0.4%	2,805	14,241	13,983	(258)	-1.8%	14,614
Temporary Agency	66	144	79	54.7%	253	504	742	238	32.0%	881
Benefits	869	796	(73)	-9.2%	918	4,341	3,970	(372)	-9.4%	3,903
Professional Fees	439	286	(152)	-53.1%	287	1,857	1,435	(422)	-29.4%	1,519
Supplies	491	746	255	34.2%	672	2,980	3,791	811	21.4%	3,785
Purchased Services	368	364	(4)	-1.1%	404	1,722	1,844	123	6.6%	1,860
Rents and Leases	76	89	13	14.5%	78	403	410	7	1.8%	336
Utilities and Telephone	62	65	3	4.7%	65	325	324	(1)	-0.4%	297
Insurance	30	17	(13)	-80.0%	29	142	84	(58)	-69.2%	157
Depreciation and amortization	72	69	(3)	-4.3%	80	371	342	(29)	-8.6%	408
Other Opertaing Expenses	72	88	16	18.4%	62	433	376	(57)	-15.1%	383
Total Expenses	**5,360**	**5,471**	**111**	2.0%	**5,654**	**27,320**	**27,302**	**(18)**	-0.1%	**28,142**
Operating gain (loss)	**(1,164)**	**(560)**	**(604)**	-107.7%	**(357)**	**(3,434)**	**(2,179)**	**(1,255)**	57.6%	**(2,644)**
Non-Operating Income / (Expense)										
Parcel Taxes	479	478	2	0.3%	478	2,403	2,390	13	0.6%	2,390
Investment Income	0	0	0	5.1%	0	2	(61)	64	-104.1%	7
Interest Expense	(20)	(12)	(8)	-72.2%	(10)	(85)	(13)	(72)	562.7%	(42)
Other Income / (Expense)	23	23	0	1.6%	22	118	108	10	9.1%	106
Net Non-Operating Income / (Expense)	**483**	**489**	**(6)**	**-1.3%**	**490**	**2,439**	**2,424**	**15**	**0.6%**	**2,460**
Excess of Revenues Over Expenses	**$ (681)**	**$ (71)**	**$ (610)**	**858.9%**	**$ 133**	**$ (995)**	**$ 245**	**$ (1,240)**	**-506.3%**	**$ (184)**

City of Alameda Health Care District

Statements of Operations - Per Adjusted Patient Day

November 30, 2011

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	$ 3,848	$ 3,904	$ (56)	-1.4%	$ 3,970	$ 3,832	$ 3,900	$ (68)	-1.7%	$ 3,610
Gross Outpatient Revenues	1,804	1,916	(112)	-5.8%	1,779	1,834	1,913	(80)	-4.2%	1,825
Total Gross Revenues	5,651	5,819	(168)	-2.9%	5,749	5,666	5,814	(148)	-2.5%	5,435
Contractual Deductions	4,499	4,287	(211)	-4.9%	4,128	4,247	4,280	33	0.8%	3,893
Bad Debts	(4)	186	190	102.3%	156	123	184	62	33.4%	164
Charity and Other Adjustments	-	45	45	100.0%	53	41	44	4	8.5%	43
Net Patient Revenues	1,157	1,301	(144)	-11.1%	1,412	1,255	1,304	(49)	-3.8%	1,335
Net Patient Revenue %	20.5%	22.4%			24.6%	22.2%	22.4%			24.6%
Net Clinic Revenue	9	6	3	46.3%	8	9	4	5	147.5%	8
Other Operating Revenue	3	3	(0)	-2.6%	2	11	3	8	308.9%	2
Total Revenues	**1,169**	**1,310**	**(141)**	-10.8%	**1,422**	**1,275**	**1,311**	**(36)**	-2.7%	**1,346**
Expenses										
Salaries	784	749	(36)	-4.8%	753	760	729	(30)	-4.2%	771
Temporary Agency	18	39	20	52.7%	68	27	39	12	30.5%	46
Benefits	242	212	(30)	-14.0%	246	232	207	(25)	-11.9%	206
Professional Fees	122	76	(46)	-59.8%	77	99	75	(24)	-32.3%	80
Supplies	137	199	62	31.3%	180	159	198	39	19.6%	200
Purchased Services	102	97	(5)	-5.5%	109	92	96	4	4.5%	98
Rents and Leases	21	24	3	10.7%	21	21	21	(0)	-0.5%	18
Utilities and Telephone	17	17	0	0.5%	18	17	17	(0)	-2.7%	16
Insurance	8	4	(4)	-88.0%	8	8	4	(3)	-73.1%	8
Depreciation and Amortization	20	18	(2)	-8.9%	22	20	18	(2)	-11.1%	22
Other Operating Expenses	20	23	3	14.8%	17	23	20	(3)	-17.7%	20
Total Expenses	**1,493**	**1,460**	**(33)**	-2.3%	**1,518**	**1,458**	**1,424**	**(34)**	-2.4%	**1,485**
Operating Gain / (Loss)	**(324)**	**(150)**	**(175)**	-116.9%	**(96)**	**(183)**	**(113)**	**(70)**	61.3%	**(139)**
Non-Operating Income / (Expense)										
Parcel Taxes	134	128	6	4.7%	128	128	125	4	2.9%	126
Investment Income	0	0	0	9.7%	0	0	0	0	145.3%	0
Interest Expense	(6)	(3)	(2)	-79.8%	(3)	(5)	(3)	(1)	41.3%	(2)
Other Income / (Expense)	6	6	0	6.0%	6	6	6	1	11.6%	6
Net Non-Operating Income / (Expense)	**135**	**131**	**4**	**3.0%**	**132**	**130**	**127**	**3**	**2.3%**	**130**
Excess of Revenues Over Expenses	**$ (190)**	**$ (19)**	**$ (171)**	901.1%	**$ 36**	**$ (53)**	**$ 14**	**$ (67)**	-485.4%	**$ (9)**

City of Alameda Health Care District
Statement of Cash Flows
For the Five Months Ended November 30, 2011

	Current Month	Year-to-Date
Cash flows from operating activities		
Net Income / (Loss)	$ (681,104)	$ (995,435)
Items not requiring the use of cash:		
Depreciation and amortization	72,144	$ 371,082
Write-off of Kaiser liability	-	$ -
Changes in certain assets and liabilities:		
Patient accounts receivable, net	(157,309)	(1,851,583)
Other Receivables	(406,411)	952,188
Third-Party Payer Settlements Receivable	19,491	(71,839)
Inventories	18,311	13,028
Prepaids and Other	26,781	(47,540)
Accounts payable and accrued liabilities	551,325	2,002,001
Payroll Related Accruals	415,284	(7,281)
Employee Health Plan Accruals	(8,929)	290,524
Deferred Revenues	(477,048)	(2,385,123)
Cash provided by (used in) operating activities	(627,465)	(1,729,978)
Cash flows from investing activities		
(Increase) Decrease in Assets Limited As to Use	(8,633)	(50,786)
Additions to Property, Plant and Equipment	(39,319)	(439,960)
Other	(3)	1
Cash provided by (used in) investing activities	(47,955)	(490,744)
Cash flows from financing activities		
Net Change in Long-Term Debt	201,146	693,340
Net Change in Restricted Funds	8,633	150,786
Cash provided by (used in) financing and fundraising activities	209,779	844,126
Net increase (decrease) in cash and cash equivalents	(465,641)	(1,376,597)
Cash and cash equivalents at beginning of period	874,083	1,784,141
Cash and cash equivalents at end of period	$ 408,442	$ 407,544

City of Alameda Health Care District
Ratio's Comparison

Financial Ratios	Audited Results FY 2008	FY 2009	FY 2010	Unaudited Results FY 2011	YTD 11/30/2011
Profitability Ratios					
Net Patient Revenue (%)	22.48%	22.69%	24.16%	23.58%	22.15%
Earnings Before Depreciation, Interest, Taxes and Amortization (EBITA)	-0.72%	3.62%	4.82%	-1.01%	-2.26%
EBIDAP[Note 5]	-10.91%	-5.49%	-3.66%	-13.41%	-12.32%
Operating Margin	-3.75%	1.03%	2.74%	-2.61%	-3.77%
Liquidity Ratios					
Current Ratio	0.98	1.15	1.23	1.05	0.99
Days in accounts receivable ,net	51.70	57.26	51.83	46.03	59.20
Days cash on hand (with restricted)	30.61	13.56	21.60	14.14	6.92
Debt Ratios					
Cash to Debt	187.3%	115.3%	249.0%	123.3%	36.49%
Average pay period	58.93	58.03	57.11	62.68	77.01
Debt service coverage	(0.14)	3.87	5.98	(0.70)	(0.31)
Long-term debt to fund balance	0.26	0.20	0.14	0.18	0.25
Return on fund balance	-29.59%	8.42%	18.87%	-19.21%	-12.85%
Debt to number of beds	20,932	13,481	10,482	11,515	16,034

City of Alameda Health Care District
Ratio's Comparison

Financial Ratios	Audited Results FY 2008	FY 2009	FY 2010	Unaudited Results FY 2011	YTD 11/30/2011
Patient Care Information					
Bed Capacity	135	161	161	161	161
Patient days(all services)	22,687	30,463	30,607	30,270	12,675
Patient days (acute only)	11,276	11,787	10,579	10,443	4,391
Discharges(acute only)	2,885	2,812	2,802	2,527	1,129
Average length of stay (acute only)	3.91	4.19	3.78	4.13	3.89
Average daily patients (all sources)	61.99	83.46	83.85	82.93	82.84
Occupancy rate (all sources)	45.92%	52.94%	52.08%	51.51%	51.46%
Average length of stay	3.91	4.19	3.78	4.13	3.89
Emergency Visits	17,922	17,337	17,624	16,816	6,982
Emergency visits per day	48.97	47.50	48.28	46.07	45.63
Outpatient registrations per day[Note 1]	84.54	82.05	79.67	65.19	60.36
Surgeries per day[Note 1]	14.78	16.12	13.46	6.12	,.

Notes:

1. Includes Kaiser Outpatient Sugercial volume in Fiscal Years 2008, 2009 and through March 31, 2010.
2. In addition to these general requirements a feasibility report will be required.
3. Based upon Moody's FY 2008 preliminary single-state provider medians.
4. EBIDA - Earnings before Interest, Depreciation and Amoritzation
5. EBIDAP - Earnings before Interest, Depreciation and Amortization and Parcel Tax Proceeds

Glossary of Financial Ratios

Term	What is it? Why is it Important?	How is it calculated?
EBIDA	A measure of the organization's cash flow	Earnings before interest, depreciation, and amortization (EBIDA)
Operating Margin	Income derived from patient care operations	Total operating revenue less total operating expense divided by total operating revenue
Current Ratio	The number of dollars held in current assets per dollar of liabilities. A widely used measure of liquidity. An increase in this ratio is a positive trend.	Current assets divided by current liabilities
Days cash on hand	Measures the number of days of average cash expenses that the hospital maintains in cash or marketable securities. It is a measure of total liquidity, both short-term and long-term. An increasing trend is positive.	Cash plus short-term investments plus unrestricted long-term investments over total expenses less depreciation divided by 365.
Cash to debt	Measures the amount of cash available to service debt.	Cash plus investments plus limited use investments divided by the current portion and long-term portion of the organization's debt insruments.
Debt service coverage	Measures total debt service coverage (interest plus principal) against annual funds available to pay debt service. Does not take into account positive or negative cash flow associated with balance sheet changes (e.g. work down of accounts receivable). Higher values indicate better debt repayment ability.	Excess of revenues over expenses plus depreciation plus interest expense over principal payments plus interest expense.
Long-term debt to fund balance	Higher values for this ratio imply a greater reliance on debt financing and may imply a reduced ability to carry additional debt. A declining trend is positive.	Long-term debt divided by long-term debt plus unrestricted net assets.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: January 6, 2012

For: January 9, 2012 District Board Meeting

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

From: Kerry J. Easthope, Associate Administrator

Subject: Recommendation to Enter into a Contract with Rossi Builders for Construction of Wound Care Center at Marina Village

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RECOMMENDATION:

Hospital Administration is recommending that the District Board authorize management to award and enter into a contract to Rossi Builders for the construction of the Wound Care Center located at 815 Marina Village, Suite 100 in Alameda, California. The contract will be in the amount of $755,609.

BACKGROUND:

As part of the Hospital's strategic plan, management has been planning for the build-out and implementation of a Wound Care Program to support the financial growth needs of the Hospital as well as to meet a clinical service need of Alameda residents and the greater surrounding service area.

The Wound Care Program will be operated in partnership with Accelecare Wound Care Centers who will provide the clinical and management expertise. Alameda Hospital will operate the program under its license and will be responsible for providing the facility and most of the general office supplies and equipment.

The Hospital has been working closely with Terry M. Harden Architects, Inc. and Jtec Healthcare Construction Management, Inc., as well as with the other engineers, contractors and the City of Alameda to develop the plans specifications for the construction of the new Wound Care Center. The Wound Care Center is an OSHPD 3 project, which falls under the oversight of the City of Alameda planning and building departments. This is the first OSHPD 3 project that the City has had the opportunity to review.

The original budget estimate for the construction and start-up costs was $870,000, of which, $547,000 plus up to $113,000 contingency allowance, was related to the construction cost (see the attached Budget Estimate comparison).

DISCUSSION:

We had seven contractors participate in the bidders conference held on December 8, 2011. Contractors were provided a complete set of construction plans and architectural specifications, as well as a set of the District's bid documents and requirements. Complete bid proposals were due on December 29, 2011 at 4:00 p.m. at which time, all bids were opened and the bid amounts read.

Only four of the seven contractors who attended the bid conference submitted proposals, and one of those contractors has since notified us of their desire to have their bid removed from consideration. Therefore, we were left with three competitive bids for consideration.

The three submitted Lump Sum Bid prices are as follows:

- Rossi Builders $755,609
- Q | Builders $849,950
- BNBuilders $858,467

After careful review of all three contractor bids, all were found to be responsible competent proposals. Given this, the recommendation is to contract with the lowest bidder, that being Rossi Builders.

Rossi Builders bid price is approximately $133,000 higher than our original budget estimate which was prepared prior to the development of the construction documents. There were a couple of items that resulted in this increased cost.

The primary issue was a result of required upgrades to the HVAC system, including replacement of three air handler units on the roof and replacement of all of the internal duct work. This line item alone had a cost of $125,000 and is needed in order to meet the air flow requirements of an OSHPD 3 facility. Because of this, we were not able to salvage much of the existing ceiling and T-Bar system, which also will need to be replaced.

Another key issue was the location and design of the bulk oxygen pad and enclosure behind the building. Due to building code and city planning requirements, additional bollards, landscaping, and a more robust fortified pad enclosure wall will need to be installed.

The last issue was for built in custom cabinetry and millwork. Through the design development phase, we determined that built in counters and work areas would better meet the functional and design needs of the facility; however, it did add approximately $34,000 additional cost.

The contract documents specify a 120 day construction timeline with a $1,000 per day penalty for any time that the project runs over (with no fault of the owner). Once approved by the District Board, management will publicly notice the contract award, and

after receiving the approved building permit from the City of Alameda, award the contract and provide the official Notice to Proceed to the contractor. The contractor is to begin work within 10 days of being awarded the contract.

Jtech will continue to serve as our project manager during construction and will review and approve all payment requests from the contractor; which is also a requirement of the Bank of Alameda under the loan procedures for this project.

Rossi Builders has been in business for 47 years and is based out of San Francisco. Eight of their employees live in Alameda County. Seven of the fifteen sub-contractors are based out of Alameda County.

The District's Bid Contract requires the contractor pay prevailing wages as established by the State of California Department of Industrial Relations for Alameda County.

Wound Care Clinic
Build out and Start Up Capital Budget
Prepared by: Kerry Easthope

	Original Budget Forcast	January 3, 2012 Actual Estimate With Public Bid Data	Variance
Cash Inflows			
Foundation Contribution	100,000	100,000	-
Foundation Loan	125,000	125,000	-
Bank of Alameda Loan	700,000	900,000	200,000
Total Funds	925,000	1,125,000	200,000
Budget Expenses:			
Design & Engineering			
Survey	1,000	1,000	-
Architectural	60,000	67,000	7,000
Mechanical	1,200	20,743	19,543
Title 24	250	250	-
Reimbursables	1,500	1,500	-
Sub-total	63,950	90,493	26,543
Permits & Utilities			
Building Dept	15,000	13,100	(1,900)
Fire Marshall	750	750	-
Telephone, CATV	500	500	-
Sub-total	16,250	14,350	(1,900)
Construction			
General Contractor	485,521	755,000	269,479
Oxygen Vessell System	61,408	-	(61,408)
Specialty Testing / Inspections	500	3,000	2,500
Misc - owner supplied, contract installed	5,000	5,000	-
Signage	10,000	10,000	-
Sub-total	562,429	773,000	210,571
Furniture Fixtures & Equipment			
Telephone system	8,000	10,452	2,452
Computer system	25,000	25,000	-
Audio Visual systems	1,500	1,500	-
Security / Surveillance system	3,000	3,000	-
furniture / Equipment / Lockers	30,000	30,000	-
Plants / Art work	1,500	1,500	-
Sub-total	69,000	71,452	2,452
Administration			
Project Management	43,000	64,000	21,000
Insurance	2,500	-	(2,500)
Sub-total	45,500	64,000	18,500
Contingency			
Owners Contingency - 5%	113,569	37,750	(75,819)
Total Capital ExpenseBudget	870,698	1,051,045	180,347
Capital Funding Less Expnese Budget	54,302	73,955	19,653

Date: January 5, 2012

For: January 9, 2012 District Board Meeting

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

From: Jordan Battani, Board President
Kristen Thorson, District Clerk

Subject: Election of District Officers

The annual election of City of Alameda Health Care District Officers will take place at the January 9, 2012 Board Meeting.

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

The following is a list of the current officers and preferences for calendar year 2012:

	Current Office	2012 Office Preference
Jordan Battani	President	President
Robert Deutsch, MD	1st Vice President	1st Vice President
Stewart Chen, DC	2nd Vice President	2nd Vice President
J. Michael McCormick	Treasurer	Treasurer
Elliott Gorelick	Secretary	President

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

The current President will call for nominations for each office.

ARTICLE I

OFFICERS

Section 1. Officers

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

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

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

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

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

Section 2. President

A. The President shall perform the following duties:

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

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

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

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

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

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

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

Section 3. Vice-Presidents

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

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

Section 4. Secretary

The Secretary shall have the following duties:

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

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

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

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

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

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

Section 5. Treasurer

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

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

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

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

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

Date: January 6, 2012

For: January 9, 2012 District Board Meeting

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

From: Jordan Battani, Board President
Kristen Thorson, District Clerk

Subject: Board Member Appointment and Committee Chair Selection for Board Designated Committees for 2012

The current committee assignments, including chairmanship are listed below for reference.

	Current Committee Assignments		
	Finance and Management Committee	Board Quality Committee	Community Relations and Outreach Committee
Jordan Battani	Ex Officio	Ex Officio	Ex Officio
Robert Deutsch, MD	Voting Member	Voting Member & Chair	N/A
Stewart Chen, DC	N/A	N/A	Co-Chair & Voting Member
J. Michael McCormick	Voting Member & Chair	N/A	Voting Member
Elliott Gorelick	N/A	Voting Member	N/A

BACKGROUND / DISCUSSION:

There are three (3) standing committees of the District, Finance and Management Committee, Board Quality Committee, and Community Relations and Outreach Committee. Each committee composition requires two members of the City of Alameda Health Care District Board of Directors both of whom shall be voting members of the committee.

The District Board has approved committee structures for each committee. Per the approved committee structure and purpose, the committee(s) shall be appointed annually. The current committee structure as it pertains to the Board of Directors is outlined below. Article V – Committees of the Bylaws is also attached for reference.

In preparation for the 2012 committee appointment, Board Members were asked their preferences for committees as well as the capacity to serve, either Chair or Voting Member.

BOARD QUALITY COMMITTEE

Committee Composition and Voting Rights

The committee shall be comprised of the following members:

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

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

ACTION: Approve the following appointments to the Board Quality Committee.

2012 Preferred Committee Appointment	
Robert Deutsch, MD	Voting Member & Committee Chair
Stewart Chen, DC	Voting Member

FINANCE AND MANAGEMENT COMMITTEE

Committee Composition and Voting Rights

The committee shall be comprised of the following members:

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

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

ACTION: Resolve issue that there are currently three (3) Board members who have expressed interest in being voting members of this Committee.
Appoint two (2) District Board members to the Finance and Management Committee as required by the approved Committee Structure.

2012 Preferred Committee Appointment	
Robert Deutsch, MD	Voting Member
Elliott Gorelick	Voting Member
J. Michael McCormick	Voting Member & Committee Chair

COMMUNITY RELATIONS AND OUTREACH COMMITTEE:

Committee Composition and Voting Rights

The committee shall be comprised of the following members:

i. At least two members of the City of Alameda Health Care District Board of Directors all of whom shall be voting members of the committee. One of these members also shall be appointed to serve as the committee co-chair. The other co-chair will be an at large member from the community who will be elected each year.

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

ACTION: Resolve issue that there is only one (1) Board member who has expressed interest in being voting member of this Committee.

Appoint two (2) District Board members to the Community Relations and Outreach Committee as required by the approved Committee Structure.

2012 Preferred Committee Appointment	
Stewart Chen, DC	Voting Member & Committee Co-Chair

ARTICLE V

COMMITTEES

Section 1. Committees Generally

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

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

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

Date: January 5, 2012

For: January 9, 2012 District Board Meeting

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

From: Jordan Battani, President

Subject: ACHD Standing Committee Invitation to Participate

ACTION:

Approval of District Board Member(s) representing the City of Alameda Health Care District on a standing committee of the Association of California Health Care District (ACHD). Participation on an ACHD committee would be in addition to responsibilities that are associated with serving as a District Board member, including participation on District Board standing committees.

BACKGROUND:

An announcement was sent to members of ACHD in December, 2011 regarding an invitation to participate on their standing committees. The ACHD Board of Directors approved a new Strategic Plan for the Association that included the restructuring of all committees and committee activities.

The four restructured committees are:

1. Advocacy Committee
2. Education Committee
3. Finance Committee
4. Governance Committee

The function of each committee's objectives and meeting commitment are attached for reference. Members were asked to complete the Committee and Volunteer Interest Form (also attached), if such member wanted to be considered for a position on a committee by January 30, 2012. ACHD is planning to conclude the interview and appointment process by the end of February, 2012.

DISCUSSION:

The District's Board of Directors have received the invitation and information attached and several have indicated that they would like to participate on one or more of the committees. The Board of Directors needs to decide whether or not they want to have representation an ACHD committee(s) as well as the responsibilities and reporting functions that such representation would require.

If the Board of Directors approves participation on an ACHD standing committee, then any interested Board Member could submit a Committee and Volunteer Interest Form to ACHD by the required deadline. If selected and appointed by ACHD, the District Board would ratify the appointment at a future Board meeting.

A · C · H · D
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

MEMORANDUM

To: **ACHD Members**

From: **Dave McGhee, CEO**
Kathleen Kane, Chair, ACHD Board of Directors

Date: **December 15, 2011**

Re: **ACHD Standing Committee Invitation to Participate**

At their December Board meeting the ACHD Board of Directors approved a new Strategic Plan for the Association. Key elements are the restructuring of all committees and committee activities, which will provide guidance for staff to implement the plan.

The four restructured committees are:

- Advocacy Committee
- Education Committee
- Finance Committee
- Governance Committee

The function of each committee's objectives and meeting commitment are included in this packet. If you would like to be considered for a position on a committee, please complete the 2011 Committee and Volunteer Interest Form (along with your resume and applicable experience) and return to Christine Chapman by January 30, 2012 (the packet is also available on our website at www.achd.org). If you are unable to complete the packet by this date due to the requirement of your individual District's Board approval, please notify Ms. Chapman at (916) 266-5206 or by email at christinec@achd.org.

Ms. Chapman will compile the forms for consideration by the ACHD Board of Directors. Expect a response from the Board by January 30, 2012.

If you cannot participate on a committee but have suggestions that benefit our organization, you can forward your ideas to me via email at davidm@achd.org or call me at (916) 266-5226.

Association of California Healthcare Districts

2011 COMMITTEE AND VOLUNTEER INTEREST FORM

We hope your District will participate in one or more of ACHD's committees. The ACHD Board of Directors encourages the participation of all its member agencies on ACHD's committees. As space is limited, please choose more than one committee on which you would like to participate, and please rank according to preference:

1 = 1st choice
2 = 2nd choice
3 = 3rd choice

NOTE: All committees meet in person at least twice annually. Committees generally meet in Sacramento, however locations may vary.

_____ **Advocacy Committee**: Responsible for the oversight of legislative, regulatory, collaborative, and grassroots activities of the Association, as well as the ALPHA Fund. Commitment: Meets two to three times per year; in some instances the meeting will be via conference call.

_____ **Education Committee**: Responsible for the Association's educational programs and content. Commitment: Meets two to three times per year; in some instances the meeting will be via conference call.

_____ **Finance Committee**: Oversees the financial direction of the Association, as well as the ALPHA Fund, including budget review and implementation. Commitment: Meets at least four times per year; in some instances the meeting will be via conference call.

_____ **Governance Committee**: Responsible for Board and Committee Member succession and orientation, annual assessment of the Association Bylaws and Board and Committee Policies and Procedures. Commitment: Meets two to three times per year; in some instances the meeting will be via conference call.

Committee membership is open to all members. **Please note that the Association pays a stipend of $200 for each face-to-face meeting and $100 for each conference call. In addition, the policy as of this fiscal year, provides that ACHD will reimburse committee members for reasonable travel costs related to meeting participation and will provide hotel accommodations for overnight requirements.** Committee members are encouraged to make airline and car rental reservations at least 30 days in advance of travel date but no less than 14 days so as to receive the best possible fares available.

ACHD is committed to keeping travel costs to a minimum for committee members and handles a significant amount of committee work through conference calls, fax correspondence and e-mail; however, most committees do meet at least two times a year in person.

The annual board and committee meeting calendar is established in the last quarter of the calendar year and once approved by the ACHD Board Chair and committee chairs, will be distributed to the Board of Directors and committee members. While we strive to take into account all other association and organization's calendars for meetings and events, there will be conflicts that cannot be avoided and members will need to determine which event they attend. In addition, the ACHD Annual Meeting is contracted for three years, usually 2-3 years in advance and some organization events and meeting date conflicts will occur.

COMMITTEE VOLUNTEER SIGN-UP FORM

Name: _____

Title: _____

District: _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail: _____

***Signature:** _____ **Date:** _____

Please return this completed form to Christine Chapman at ACHD by fax to (916) 266-5201 or email christinec@achd.org, or via U.S. Mail to the address below.

ACHD
2969 Prospect Park Drive, Suite 260
Rancho Cordova, CA 95670
Toll Free: (800) 424-2243
Fax: (916) 266-5201
www.achd.org Email: info@achd.org

Advocacy Committee Overview

Charter
The Advocacy Committee is responsible for the oversight of legislative, regulatory, collaborative and grassroots activities of the Association as well as ALPHA Fund.

Membership
The Committee is comprised of a minimum of seven and a maximum of eleven District representatives.

Committee Chair
Appointed by the Board Chair

Committee Staff
The Committee is staffed by the Chief Executive Officer, Chief Financial Officer, Executive Director and Director of Member Services.

Meetings
The Committee will meet two to three times per year; in some instances the meetings will be via conference call.

Compensation
Currently, Committee Members receive a stipend of $200 for face to face meetings plus expenses per Board policy. For telephonic meetings a stipend of $100 will be provided. Committee Members will receive an IRS Form 1099 for stipends paid.

Committee Objectives

1. Identify and implement collaborative opportunities among:
    a. District Hospital Leadership Forum, CHA, AHA, CSDA CAPH
    b. Healthcare Districts
    c. Association sponsors
2. Develop and implement a communication plan to improve linkages between ACHD and its stakeholders
3. Work in tandem with the Education Committee to develop program for Legislative Day
4. Enhance relationships with Legislators
5. Encourage every District to host an annual meeting with their Legislators
6. Educate members on:
    a. The Legislative process
    b. District Law
    c. Current event topics affecting Healthcare Districts
    d. Grassroots legislative efforts

Education Committee Overview

Charter
The Education Committee is responsible for the Association's educational programs and content.

Membership
The Committee is comprised of a minimum of seven and a maximum of eleven District representatives.

Committee Chair
Appointed by the Board Chair

Committee Staff
The Committee is staffed by the Chief Executive Officer, Chief Financial Officer, Executive Director and Director of Member Services.

Meetings
The Committee will meet three to four times per year; in some instances the meetings will be via conference call.

Compensation
Currently, Committee Members receive a stipend of $200 for face to face meetings plus expenses per Board policy. For telephonic meetings a stipend of $100 will be provided. Committee Members will receive an IRS Form 1099 for stipends paid.

Goals
1. Provide outstanding educational opportunities
2. Implement educational services which respond to the needs of Members

Objectives
1. Plan major educational events
    a. Annual Meeting
    b. Legislative Day
    c. Leadership Academy
2. Other educational opportunities including:
    a. Board Orientation
    b. CEO Forum
    c. CEO/Trustee Speaker Bureau
    d. District best practices and benchmarks
3. Identify and implement other educational needs of the Membership

Finance Committee Overview

Charter
The Finance Committee is responsible for financial oversight of the Association as well as the ALPHA Fund

Membership
The Committee is comprised of seven District representatives

Committee Chair
ACHD Board Treasurer

Committee Staff
The Committee is staffed by the Chief Executive Officer, Chief Financial Officer, Executive Director and Director of Member Services.

Meetings
The Committee will meet at least four times per year; in some instances the meetings will be via conference call.

Compensation
Currently, Committee Members receive a stipend of $200 for face to face meetings plus expenses per Board policy. For telephonic meetings a stipend of $100 will be provided. Committee Members will receive an IRS Form 1099 for stipends paid.

Committee Objectives
1. Develop a priority driven budget and Member dues recommendation
2. Evaluate and recommend new revenue streams/services
3. Evaluate and recommend alternatives for fiscal stability

Governance Committee Overview

Charter
The Governance Committee is responsible for Board and Committee Member succession and orientation, annual assessment of the Association Bylaws and Board and Committee Policies and Procedures.

Membership
The Committee is comprised of seven District Trustees who are appointed by the Board Chair.

Committee Chair
Appointed by the Board Chair

Committee Staff
The Committee is staffed by the Chief Executive Officer, Chief Financial Officer, Executive Director and Director of Member Services.

Meetings
The Committee will meet two to three times per year; in some instances the meeting will be via conference call.

Compensation
Currently, Committee Members receive a stipend of $200 for face to face meetings plus expenses per Board policy. For telephonic meetings, a stipend of $100 will be provided. Committee Members will receive an IRS Form 1099 for stipends paid.

Committee Objectives
1. Inventory District Trustee/Executive skills, cultivate and recruit Members for Committee and Board seats
2. Review all Board Nominations and recommend a slate of candidates to the Board for approval
3. Implement mandatory Board orientation
4. Review/revise Board and Committee job descriptions/expectations
5. Implement a Board self evaluation
6. Evaluate and recommend ALPHA Fund/ACHD governance structure
7. Develop a recommendation regarding designated Board seats for collaboration partners
8. Evaluate Board meeting frequency and format to meet ACHD goals
9. Develop a list of standing agenda items for the Board agenda
10. Implement an ACHD branded Board Self-Assessment Package

Date: January 6, 2012

For: January 9, 2012 District Board Meeting

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

From: Deborah E. Stebbins, Chief Executive Officer

Subject: January CEO Report to the Board of Directors

This calendar year, I am beginning the practice of sending a written report from the CEO to the Board of Directors. The intent is to streamline the verbal reports during the Board meeting and provide updates that the Board members may want to ask questions about during the meeting. I look forward to any feedback you may have about the usefulness of the report.

Employee Activities:
I want to convey the appreciation of our employees as well as my own to you Directors, all of whom participated in at least one of our employee holiday celebrations in mid December. It means a lot to our staff to know that they are recognized and valued by the Board.

The annual party held at the old Officer's Club at Alameda Point is tonight (1/6/2012). We expect 250 employees and physicians to attend, one of our largest turnouts ever. This year we also extended an invitation to Waters Edge staff and I'm pleased to report 42 Waters Edge employees will attend.

Once again, we thank the medical staff for their generosity in underwriting this annual celebration. Alameda Hospital is the only hospital I have worked in where the medical staff demonstrates this kind of support to hospital employees.

Legislation Updates:
On December 19, the U.S. District Court Central Division approved CHA's request for a preliminary injunction prohibiting the State Department of Health Care Services from implementing the reductions to Medi-Cal reimbursement for distinct part (DP) skilled nursing facilities. CHA argued that the payment reduction and retroactive implementation to June 1, 2011 would cause irreparable harm and lead to facility closures and reductions in service. It is expected that the State will appeal this decision.

This is another potentially positive development for long term care reimbursement. If the injunction is upheld over the long haul, this will add about $100,000 to $150,000 in revenue on top of the $1.8 million in revenue secured when CMS decided not to implement a similar rate reduction for Sub Acute services. The favorable impact would be even greater in terms of the pro formas developed for Waters Edge. However, in the interest of prudent financial reporting, we will continue to accrue revenue for the Alameda Hospital SNF at the reduced rate until we know the outcome of an appeal by the State.

Intergovernmental Transfer (IGT) Funds:
After months of waiting, we finally received $738,000 (including our original $369,000 deposit) in matching Intergovernmental Funds Transfer on December 29, 2011. A second transfer relating to uncompensated care for patients in MediCal HMO's (Alameda Alliance) is expected in March 2012. We expect this fee will be about $30,000. In FY 2012, we expect to put up $587,000 for a match of a like sum after State administrative fees.

Uncompensated Care:
We continue to work with Alex Briscoe, Director for Alameda County Health Care Services Agency, to explore receipt of an additional funding of uncompensated care by the County.

Wound Care Project:
During December 2011, we held meetings with seven different potential contractors who expressed interest in the build-out of the Marina Village Wound Care Clinic. All bidders were required to agree to pay a prevailing wage to all workers, even if some of their subcontractors were not organized. Three contractors submitted bids for the project. In a separate action item at the January Board meeting, management is recommending the contract be awarded to Rossi Builders. Of the 14 subcontractors that Rossi Builders plans to use, seven are based in Alameda County.

Six Alameda Hospital physicians, representing a nice balance of specialties, are completing the clinical training provided by Accelecare to work in the Wound Care center. We are also interviewing two candidates for the non-physician Clinic Director submitted by Accelecare next week. The facility will be licensed as a 1206(d) clinic, thereby allowing the hospital to charge a hospital facility fee for services rendered in the clinic.

Revenue Cycle Project:
We have made significant improvements in systems and the pace of bill submission as a result of the revenue cycle project. We will hold the second meeting of the Revenue

Cycle Task Force established by the Finance Committee. The key components of the project include:

- Reorganization and role clarification for all Business Office and Registration supervisors and employees.
- Temporary outsourcing of the billing component of operations to HFS staff in Fresno.
- Updates of procedure manuals and retraining of all registration staff, including ER. This will address many errors we have identified that occur in registration, thereby delaying the issuance of a complete bill to the payors.
- Increasing the frequency of long term care billing from once a month to once a week.
- Consolidation of all bad debt follow-up to one firm, Rash Curtis, following receiving proposals from the four vendors the business office had previously used for this function.

Total revenue billed in November and December was $25 and $26 million respectively, compared to average monthly billings in prior months of $20-21 million, an indication that we are clearing a major backlog of claims.

We have posted and are recruiting for a new in-house Business Office Manager, which will allow us over time to bring management of the operation back in-house and reduce our use of HFS staff.

Average Outpatient Charges:
An important problem identified as a part of the revenue cycle project is the fact that our charge description master (CDM), the document used to generate all the fees and charges that comprise the bill, needed updating. In some cases, under the prior revenue cycle leadership, charges had been restructured with the inadvertent impact of reducing revenue per procedure. In other cases, new billing codes had not been added to the CDM so that the hospital would receive the total potential reimbursement for outpatient procedures. We are in the middle of correcting this document and we expect it will have the impact of increasing outpatient revenue through accurate and complete charges.

Management Recruitment:
I am actively recruiting for the new leadership position of Director of Long Term Care, who will oversee the DP SNF, Sub Acute unit and after the shift in licensure, Waters Edge. We have completed interviews with three excellent candidates and expect to make an offer soon.

We also have begun recruitment for a permanent Chief Financial Officer.

Presentation to LAFCo on February 3, 2012:
On February 3, I will be one of eight presenters at an all-day workshop for staff of the California Association of Local Agency Formation Commissions (LAFCo) in San Jose. The workshop is offered to LAFCo staff throughout California and is entitled "Understanding Health Care Districts and the Role of LAFCo". We were invited to participate in part due to the fact that we are an urban-based District Hospital which was formed fairly recently in contrast to the majority of District Hospitals, which are based in rural areas and were formed mid-20th Century. I'll send copies of my presentation to the Board in the next agenda packet.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: January 5, 2012

For: January 9, 2012 District Board Meeting

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

From: Deborah E. Stebbins, CEO

Subject: Recommendation Relating to December 5, 2011 District Board Referral – Assessment of Cost and Operational Impact of Implementing Changes to Public Notice and Disclosure Standards

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Management recommends that the City of Alameda Health Care District continue with its standard practice of public notice and disclosure with the exception of increasing the time to post the Finance and Management Committee agenda and materials and not adopt similar public notice and disclosure standards as the City of Alameda and its Sunshine Ordinance. The District's standard practice meets Ralph M. Brown Act Requirements.

BACKGROUND:

At the December 5, 2011 District Board Meeting, Director Jordan Battani made a District Board Referral and requested that management and staff research the cost and operational impact of implementing changes to public notice and disclosure standards similar to those implemented by the City of Alameda and its Sunshine Ordinance. In addition, there was public comment made at the November 7, 2011 Board Meeting regarding the same topic.

DISCUSSION:

Management and staff developed the attached matrix which outlines the key components of the Sunshine Ordinance for the City of Alameda, Ralph M. Brown Act requirements, City of Alameda Health Care District's standard practice for noticing meetings, disclosure of information in Board and Committee packets, and the recommendations for the District.

The City Council meets twice a month, thus allowing more time for their staff and Council members to prepare and review information and to make timely decisions. The District Board meets only once a month. Increasing the time of public notice and disclosure may delay approval processes and may also delay progress on key strategic initiatives at the District. With our current public notice and disclosure practices, information provided to the Board and to the public is current and most relevant at the time of decision making.

There is no financial or operational impact related to this recommendation.

City of Alameda Health Care District

Decision Matrix Relating to December 5, 2011 District Board Referral – Assessment of Cost and Operational Impact of Implementing Changes to Public Notice and Disclosure Standards

FOR REFERENCE		Brown Act Requirements	District	District Standard Practice	Recommendation
City of Alameda	**Sunshine Ordinance**				
Regular City Council Meetings	11 day noticing requirement for agendas and all related materials	The agenda must be posted at least 72 hours before the regular meeting California Government Code section 54954(a)	Regular District Board Meeting	Preliminary agenda and available materials posted 5 calendar days before regular meeting. Final agenda and all materials posted 72 hours before the regular meeting.	No changes recommended, continue with current practice.
Special City Council Meetings	7 day noticing requirement for agendas and all related materials	24 hours notice before scheduled special meeting	Special Board Meetings	Final agenda and all materials posted at least 24 hours before the special meeting	No changes recommended, continue with current practice.
City Boards and Commissions	7 day noticing requirement for agendas and all related materials	The agenda must be posted at least 72 hours before the regular meeting California Government Code section 54954(a)	Board Designated Committees • Board Quality Committee (BQC) • Finance and Management Committee (FMC) • Community Relations and Outreach Committee (CR&OC)	FMC: Final agenda and all materials posted 4.5 calendar days before the regular meeting. (Friday before Wednesday meeting)	FMC: Final agenda and all materials posted 5.5 calendar days before the regular meeting. (Thursday before Wednesday meeting)
				BQC: Final agenda and all materials posted 4.5 calendar days before the regular meeting. (Friday before Wednesday meeting)	BQC: No changes recommended, continue with current practice
				CR&OC: Final agenda and all materials posted 3.5 calendar days before the regular meeting (Friday before Tuesday meeting)	CR&OC: No changes recommended, continue with current practice

City of Alameda	Sunshine Ordinance	California Public Records Act Requirements	District	District Standard Practice	Recommendation
Public Records Act Requests	3 business day response for acknowledgement of Public Records Act	Response within 10 days of receipt	Public Records Act Requests	Acknowledge receipt of request within 3 days. Response to request within 10 days. If additional time is required, the person requesting PRA is notified prior to or on the 10th day.	No changes recommended, continue with current practice

City of Alameda	Sunshine Ordinance	District	District Standard Practice	Recommendation
No new City Council agenda items that require action heard after 10:30 p.m.	City council will not begin deliberating on new agenda items after 10:30 p.m. unless a super majority votes to allow the items to be heard.	Deliberation of action items at Board Meetings	On occasion District Board Meetings have adjourned after 10:00 p.m. Action items are always place first on the agenda with information items to follow. The Board has historically not begun deliberation of new action items at such late hours.	If the length of meetings becomes an issue in the future, Management, Staff and Board will revisit
Formation of Alameda Open Government Commission	Commission to review the City's performance under the ordinance and hear complaints from the public regarding alleged violations.	Formation of a Committee/Commission	No committee/commission exists	No need for such a committee at this time.

Date: January 5, 2011

For: January 9, 2012 District Board Meeting

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

From: Deborah E. Stebbins, CEO
Louise Nakada, Director of Community Relations
Kristen Thorson, District Clerk

Subject: Recommendation Relating to December 5, 2011 District Board Referral – Assessment of Cost and Operational Impact of Improving the Alameda Hospital Website Functionality and Access to Public Documents

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Management and staff have reviewed several options to improve the functionality and access to public records on the Alameda Hospital Website. Based on the assessment of cost, operational impact and improvements in functionality, management and staff will be implementing Option 1 as listed below. Option 1 has minimal cost associated with the changes and should provide easier access to documents related to the District Board and address concern raised by a community member at the November 7, 2011 District Board Meeting.

Staff will monitor and make additional changes and improvements as needed or recommended.

BACKGROUND:

At the December 5, 2011 District Board Meeting, the Board of Directors discussed the following Board referral item:

- Make improvements to the functionality and usability of the Alameda Hospital website, specifically with reference to the public notice of meetings and availability and usability of the documents and attachments for Board and Committee meetings.

Web page visitor statistics:

District Board Main Page

- November 2011: 177 page views
- YTD through November 2011: 3,099 page views

Board Meeting Page

- November 2011: 137 page views
- YTD through November 2011: 1,923 page views

Board Meeting Archive Page

- November 2011: 60 page views.
- YTD through November 2011: 505 page views

DISCUSSION:

The following options were reviewed in an effort to improve the functionality and usability of the Alameda Hospital website:

Option 1:

A. Add links to the currently available PDF packets that will bring the reader directly to the document page.

B. Add a separate link for final minutes of Board and Committee meetings. Currently, links are available for agendas, complete board packets, and meeting videos. See Attachment 1 for example.

C. All documents (and individual pages of documents) will be printable.

D. The archive page with previous meeting packets and video links will remain the same with the addition of a separate link for the final agenda and minutes of Board and Committee meetings. See Attachment 2 for example.

E. Add "District Board" to the main navigation on the website home page with three subpages (Meeting Notices, Meeting Archives, and Meeting Calendar) and update the code throughout each page. This will provide a direct link to District Board page.

Pros:

- Accessibility to final meeting minutes will be improved and documents pertaining to specific agenda items can be accessed more easily.

Cons:

- Complete committee packets can be fairly large files requiring time to download.

Cost and operational impact:

- This option can be accomplished with minimal additional staff time and expense.
- $400 for addition of the District Board navigation on home page and recoding of the subpages as indicated above.

Option 2:

A. **Create separate web pages for most current Board and Committee meeting. See Attachment 3 for example.**

B. **Post most current meeting agenda on these pages with links to individual PDF documents.**

C. **Add a separate link for final minutes of Board and Committee meetings. Currently, links are available for agendas, complete board packets, and meeting videos (same as in Option 1).**

D. **All documents (and individual pages of documents) will be printable.**

E. **The archive page with previous meeting packets and video links will remain the same with the addition of a separate link for the final agenda and minutes of Board and Committee meetings (same as Option 1).**

F. **Add "District Board" to the main navigation on the website home page with three subpages (Meeting Notices, Meeting Archives, and Meeting Calendar) and update the code throughout each page. This will provide a direct link to District Board page (same as Option 1).**

Pros:

- Individual documents can be accessed more easily.
- Each document will be an individual PDF which will decrease the size and time to download each file.
- Accessibility to final meeting minutes will be improved.

Cons:

- Separate PDF files must be created and uploaded for each agenda item that has a supporting document.

Cost and operational impact:

- 4-6 hours of staff time per Board meeting to create and upload individual files to the web site (1-2 hrs per Committee meeting)
- Approximately $1,200 for the addition of web pages, the addition of "District Board" to the main navigation, and coding of each page

Option 3:

A. **Recoding and redesign of all the "District Board" web pages. This will include all items in Option 2 plus the following:**

- **Allow visitors to register for RSS feeds regarding meeting announcements**
- **Allows the ability to search District Board documents by key words utilizing a custom "Google" search for documents**

Pros:

- Those registered for RSS feeds may be automatically alerted to District meeting announcements.

- Future District Board documents can be searched by key word.
- Individual documents can be accessed more easily.
- Each document will be an individual PDF which will decrease the size and time to download each file.
- Accessibility to final meeting minutes will be improved.

Cons:

- Separate PDF files must be created and uploaded for each agenda item that has a supporting document.

Cost and operational impact:

- 4-6 hours of staff time per Board meeting to create and upload individual files to the web site (1-2 hrs per Committee meeting)
- Approximately $3,000 for web design, reformatting and coding of the District Board pages and the addition of “District Board” to the main navigation.

Attachment 1

about us
services & programs
find a doctor
classes & events
career & volunteer opportunities
what to expect
giving / foundation
health library
my health e-newsletter
cheer cards
contact us
home

mission | ceo statement | hist ks

District Board & Commitee Meeting Notices and Announcements

Click belowto download detailed agendas and complete Board & Committee packets.

City of Alameda Health Care District Board Meetings

Regular Board Meeting
Monday, December 5, 2011
Agenda (Updated 12-2-11) |Board Packet (Updated 12-2-11) | Video | Minutes
Closed Session at 6:00 p.m.
Open Session at approximately 7:00 p.m. **(Note Time Change)**
Location: Alameda Hospital (Dal Cielo Conference Room)

Special Board Meeting
Wednesday, November 30, 2011
Agenda
Closed Session at 7:00 p.m.
Open Session at approximately 9:00 p.m.
Location: Alameda Hospital (2-East Board Room)

Regular Board Meeting
Monday, November 7, 2011
Agenda (Posted 11-4-11) | Board Packet (Posted 11-4-11) | Video
Closed Session at 6:00 p.m.
Open Session at approximately 7:00 p.m. **(Note Time Change)**
Location: Alameda Hospital (Dal Cielo Conference Room)

Public Workshop Regarding Long Term Care Expansion
Announcement | Agenda (Posted 10-28-11) | Video
Wednesday, November 2, 2011
7:00 p.m.
Location: Alameda Hospital (Dal Cielo Conference Room)

Finance and Management Committee Meetings

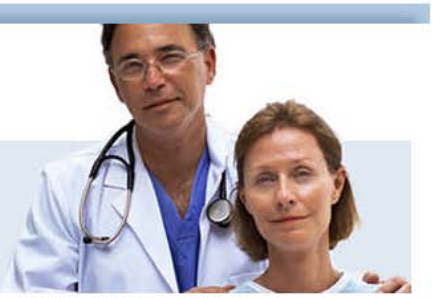
Regular Committee Meeting
Wednesday, January 4, 2012 at 7:30 a.m. **(Note Date Change)**
Location: Alameda Hospital (Dal Cielo Conference Room)

December 28, 2011 Meeting Rescheduled for January 4, 2012

Regular Committee Meeting
Agenda
Committee Packet
Wednesday, November 30, 2011 at 7:30 a.m.
Location: Alameda Hospital (Dal Cielo Conference Room)

Attachment 2

Alameda Hospital
Quality Care - Close To Home



about us

- about us
- services & programs
- find a doctor
- classes & events
- career & volunteer opportunities
- what to expect
- giving / foundation
- health library
- my health e-newsletter
- cheer cards
- contact us
- home

Add Link for agenda and final minutes. Same for all Meetings on this page. Order -
1. Agenda
2. Minutes
3. Packet
4. Video

mission | ceo statement | history | district board | health links

City of Alameda Health Care District Board & Committee Meetings Archive

Click below to download complete Board & Committee packets and view District Board meeting videos.

- **City of Alameda Health Care District Board Meetings**
- **Finance and Management Committee Meetings**
- **Community Relations Committee Meetings**

City of Alameda Health Care District Board Meetings

October 10, 2011 Board Packet | Video | Minutes | Agenda
September 28, 2011 Agenda
September 12, 2011 Board Packet | Video
August 8, 2011 Board Packet | Video
July 11, 2011 Board Packet | Video
June 6, 2011 Board Packet) | Video
May 9, 2011 Board Packet | Video
April 27, 2011 Agenda
April 4, 2011 Board Packet | Video Link
March 9, 2011 Board Packet
February, 7 2011 Board Packet / Video Link
January 20, 2011 Board Packet / Video Link
December 13, 2010 Board Packet / Video Link Part 1 / Part 2
November 8, 2010 Board Packet /Video Link
October 11, 2010 Board Packet / Video Link
October 4, 2010 Board Packet / Video Link
September 13, 2010 Board Packet / Video Link
July 23, 2010 Agenda
July 12, 2010 Board Packet / Video Link
June 23 2010 Board Packet
June 7, 2010 Board Packet / Video Link
May 18, 2010 Board Packet
May 3, 2010 Board Packet /Video Link
April 12, 2010 Board Packet / Video Link
March 16, 2010 Board Packet
March 1, 2010 Board Packet / Video Link
February 3, 2010 Board Packet / Video Link
January 11, 2010 Board Packet / Video Link
December 9, 2009 Board Packet / Video Link
December 7, 2009 Agenda / Video Link
November 2, 2009 Board Packet / Video Link
October 12, 2009 Board Packet /Video Link
September 14, 2009 Board Packet / Video Link
August 10, 2009 Board Packet

Attachment 3

Event Information

In this section:

Press Releases
Community Resources
Demographics
Elected Officials
Historic Preservation
History
Maps
Parking
Paratransit Services
Transportation
Quality of Life
Sister Cities
Coast Guard City

Alameda Access
Webcasts/ Podcasts
I Want To...
Community Calendar
Newsroom
Jobs

REVISED Regular Meeting of the Alameda City Council - includes link to Closed Session agenda

Add to Calendar

Date and Time
December 6, 2011 7:00 PM

Meeting Location
3rd Floor
2263 Santa Clara Avenu
City Hall
Alameda, CA 94501

Related agenda
Special Joint Meeting of the City Council, Alameda Reuse and Redevelopment Authority (ARRA), and Community Improvement Commission (CIC) - Closed Session

1. Roll Call

2. Agenda Changes

3. Proclamations, Special Orders of the Day and Announcements

3.A. Update Regarding the Activities of the City's America's Cup Ad Hoc Committee. (Economic Development)
view 2011-12-06 3-A (94.6 k)

4. Oral Communications, Non Agenda (Public Comment)

A limited number of speakers may address the Council in regard to any matter over which the Council has jurisdiction or of which it may take cognizance that is not on the agenda; this section is limited to 15 minutes; additional public comment will be addressed under Section 8

5. Consent Calendar

Consent Calendar items are considered routine and will be enacted, approved or adopted by one motion unless a request for removal for discussion or explanation is received from the Council or a member of the public

5.A. Minutes of the Special and Regular City Council Meetings held on November 1, 2011, and Special Joint City Council and Alameda Reuse and Redevelopment Authority Meeting held on November 2, 2011. (City Clerk)
view 2011-12-06 5-A (98.2 k)

5.B. Bills for Ratification. (Finance)
view 2011-12-06 5-B (649 k)

5.C. Recommendation to Accept the Work of Gallagher and Burk, Inc. for Otis Drive Rehabilitation, No. P.W. 08-10-21. (Public Works)
view 2011-12-06 5-C (3.54 M)

5.D. Recommendation to Accept the Work of Gallagher and Burk, Inc. for the Repair and Resurfacing of Certain Streets, Phase 30, P.W. 10-10-26. (Public Works)
view 2011-12-06 5-D (771 k)

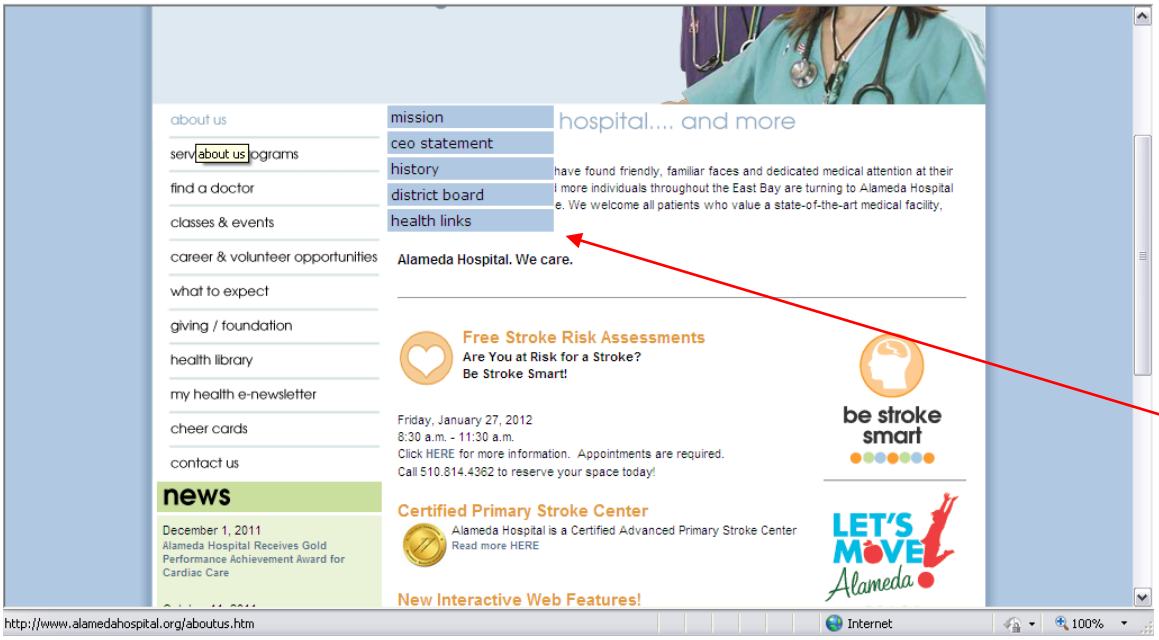
5.E. Recommendation to Accept the Work of Gallagher and Burk, Inc. for the Parking Rehabilitation of the Main Street and Harbor Bay Ferry Terminals, No. P.W. 05-11-14. (Public Works)
view 2011-12-06 5-E (5.45 M)

5.F. Recommendation to Accept the Work of Power Engineering for the Installation of Mechanical Trash Racks at Stormwater Pump Stations, No. P.W. 08-09-23. (Public Works)
view 2011-12-06 5-F (201 k)

5.G. Adoption of Resolution of Intention to Approve an Amendment to the Contract Between the Board of Administration California Public Employees' Retirement System and the City Council of the City of Alameda to Include Provisions Pursuant to Government Code 20516 "Cost Sharing" for Local Police Members and for Local Fire Members. (Human Resources)
view 2011-12-06 5-G

6. Regular Agenda Items

6.A. Introduce an Ordinance authorizing the City Manager to execute a lease agreement with the Friends of the Alameda Animal Shelter for the operation of the Alameda Animal Shelter. (City Manager/Police) [Requires four affirmative votes]
view 2011-12-06 6-A REVISED



Add "District Board" to the main navigation on the website home page with three subpages (Meeting Notices, Meeting Archive, and Meeting Calendar)

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Handouts from

January 9, 2012

District Board Meeting

Alameda Hospital
CITY OF ALAMEDA HEALTH CARE DISTRICT

Sub-Acute Unit
2011 Performance Improvement Summary

2011 Performance Improvement Highlights

Monitors that met or exceeded goal thresholds for 90% compliance this year:

- Effectiveness of Pain Management
- Documentation and Reduction of mood altering drugs
- Reduction of Acetaminophen use

Reduction of High-Alert Medication errors

- "High-alert" medications are those (e.g. insulin, coumadin) that warrant especially careful dosing and administration.
- High-alert medication errors in the Subacute unit have increased from 4 errors to 7 over the past two quarters.
- Although our error rate remains very low, we felt that this increase in the number of errors needed to be addressed.

To reduce high-alert medication errors, a Performance Improvement Plan was implemented. Our Plan includes:

- Documenting all "High Alert" medication administration on colored sheets to alert the nurses to the need for extra vigilance.
- 2-Nurse verification process: the second (verifying) nurse reads the physician's order to the nurse administering the medication.
- Registry/Agency nurses are required to have unit-specific training in administering high-alert medications.
- All Subacute nurses have received additional training in Medication Safety.

2011 State Survey Recommendations: 2012 Goals implemented Q4 2011

- Prevent muscle contractures and maintain joint mobility.
- Train House Supervisors and staff in emergency utility management.
- Maintain low rates of infection (< 1%) through prevention.

2011 Infection Prevention YTD Scorecard

Type	Pneumonia	Ventilator Associated Pneumonia	Upper Respiratory Infection	Gastrointestinal Infection	Genitourinary Infection	Skin and Soft Tissue
Infection Rate	0.02%	0.13 %	0.03 %	0 %	0.57 %	0.09 %
% **Compliance**	**99.9%**	**99.8%**	**99.9%**	**100%**	**99.4%**	**99%**