

**PUBLIC NOTICE**  
CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS  
**REGULAR MEETING AGENDA**  
**Monday, March 2, 2015**

**7:00 P.M (CLOSED SESSION) | 7:30 P.M. (OPEN SESSION)**

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

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

- I. Call to Order (7:00 p.m. – 888 Willow Street, Unit B)** J. Michael McCormick
- II. Roll Call** Kristen Thorson
- III. Adjourn into Executive Closed Session**
- IV. Closed Session Agenda (7:00 p.m. – 888 Willow Street, Unit B)**
- A. Call to Order
  - B. Approval of Minutes
    - February 2, 2015
  - C. Consultation with Legal Counsel Regarding Pending and Threatened Litigation Gov't Code Sec. 54957.6
  - D. Public Employee Performance Evaluation Gov't Code Sec 54957  
Title: Legal Counsel
  - E. Public Employee Performance Evaluation Gov't Code Sec 54957  
Title: District Clerk
  - F. Adjourn into Open Session
- V. Reconvene to Public Session (Expected to start at 7:30 p.m. – Dal Cielo Conference Room)**
- A. Announcements from Closed Session J. Michael McCormick
- VI. Regular Agenda**
- A. Consent Agenda **ACTION ITEMS**
    - ✓ 1) Approval of February 2, 2015 Minutes (Regular) [enclosure] (pages 3-7)
    - ✓ 2) Election of Officers [enclosure] (pages 8-11)
  - B. Alameda Health System and Alameda Hospital Update
    - 1) Chief Administrative Officer Report Bonnie Panlasigui, CAO  
INFORMATIONAL
    - ✓ 2) Financial Report David Cox, CFO  
INFORMATIONAL [enclosure] (pages 12-32)
    - ✓ 3) Quality Report Bonnie Panlasigui, CAO  
INFORMATIONAL [enclosure] (pages 33-34)

C. District Updates

1) President's Report & Operational Updates **INFORMATIONAL**

J. Michael McCormick

- President's Report
- ✓ ACHD Membership Information **[enclosure]** (pages 35-61)
- ✓ January Finance Update **[enclosure]** (pages 62)

2) Vision 2015 Update  
**INFORMATIONAL**

Jim Meyers, DrPH  
Kathryn Sáenz Duke

D. Alameda Health System Board of Trustees Report **INFORMATIONAL**

Tracy Jensen

**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, February 2, 2015 Regular Meeting

Board Members Present	Legal Counsel Present	AHS Management / Guests	Excused
Robert Deutsch, MD J. Michael McCormick, President Tracy Jensen Kathryn Sáenz Duke Jim Meyers, DrPH	Thomas Driscoll, Esq.	Bonnie Panlasigui, CAO	
Submitted by: Kristen Thorson, District Clerk			

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 7:06 p.m.	
II. Roll Call	Kristen 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 7:07 p.m.	
IV. Closed Session Agenda		
V. Reconvene to Public Session	The meeting was reconvened into public session at 7:42 p.m.	
	A. Announcements from Closed Session Director Deutsch announced that the minutes from January 12, 2015 were approved in closed session.	
VI. <b><u>Regular Agenda</u></b>		
A. Consent Agenda	1) Approval of December 1, 2014 Minutes (Regular) 2) Approval of January 12, 2015 Minutes (Regular) 3) Adoption of Resolution No. 2015-1 Recognizing Lynn Bratchett, RN	Director Jensen made a motion to approve the consent agenda as presented. Director Deutsch seconded the motion. The motion carried.

Topic	Discussion	Action / Follow-Up
	Ms. Thorson noted that the Board did not vote on adopting the resolution at the January 12, 2015 meeting.	
B.	Alameda Health System and Alameda Hospital Update	
	<p>1) Chief Administrative Officer (CAO) Report</p> <p>Ms. Panlasigui began her report with the preview of the new ad campaign and TV commercials. She noted her report on pages 10-18 of the packet and let the Board know if there were any questions to let her know.</p> <p>Director Meyers inquired about strategic planning for the hospital and new business opportunities for the hospital. Ms. Panlasigui noted that she has a team called Project Island that is looking at different areas of opportunities such as a geriatric evaluation center, orthopedic expansion, urology growth and general surgery expansion as areas of focus. Ms. Panlasigui also outlined a new data program called Crimson Market Advantage to assist in business decisions and physician referral data.</p> <p>Ms. Panlasigui introduced Dan Boggan, Interim Chief Executive Officer for Alameda Health System and invited him to say a few words. Mr. Boggan stated that it was important for Alameda Hospital to succeed as it was important to the strategic vision of the System and important to the sustainability of a growing System. He said it was a pleasure to have a good working relationship with the District Board.</p>	No action taken.
	<p>2) Financial Report</p> <ul style="list-style-type: none"> <li>• Approval of Revisions to the FY 2014-2015 Parcel Tax Budget</li> </ul> <p>A revised parcel tax budget was distributed at the meeting which will be included in the packet posted online and will be available in Administration. Ms. Panlasigui reviewed the distributed document. Revisions from the approved budget included moving \$1.5 M from <i>Other Capital to Accounts Payable Backlog</i> (\$1,095,000) and <i>Repayment of the Alameda Hospital Foundation Loan</i> (\$405,000). Ms. Panlasigui noted that the Alameda Hospital Foundation agreed to forgive the interest on the loan and committed to granting up to \$200,000 toward capital projects identified by the Hospital. Moving additional funds to pay off accounts payable backlog will help with supply management and vendor relationships at the hospital.</p>	Director Meyers made a motion to approve the revision as outlined. Director Jensen seconded the motion. The motion carried with one abstention (Deutsch).
	<p>3) Quality Report</p> <p>Ms. Panlasigui reviewed the quality report as presented in the packet on pages 20-22. She highlighted the HCAPHS data and noted that the hospital will be changing from NRC Picker to Press Ganey. The major change in the survey process will be a phone survey as opposed to a</p>	No action taken.

Topic	Discussion	Action / Follow-Up
	written survey which is what is currently being done.	
C.	District Updates	No action taken.
	<p>1) District Board President's Report &amp; Operational Updates</p> <p>Director McCormick stated that he had no report at this time.</p>	No action taken.
	<p>2) Subcommittee Update</p> <p>Director Sáenz Duke outlined the work that she and Director Meyers had been working on as part of the subcommittee that was formed at the January 12<sup>th</sup> meeting to look at the role and scope of the District post affiliation. She noted that the proposed name of for the subcommittee was "Vision 2015" and read the proposed charter as follows; <i>To study and report on the direction, purpose and scope of work the Board of Directors should pursue as we adjust to significantly different primary responsibilities and opportunities for our Board activities</i>". She noted that the Board's "vision" work complements the responsibility to stay informed about and interactive with AHS as it operates the District's health facilities and spends the District tax funds. The Vision 2015 would focus less on oversight of Alameda Health System issues and more on our District's role in assessing and advocating for our community's health and well-being. These complementary responsibilities are in the spirit of California H&amp;S Code Section 32121.9.</p> <p>Director Sáenz Duke reviewed some of the specific actions that have begun or will be discussed such as gathering written information on other Healthcare Districts not operating hospitals, talking with relevant people, and looking for synergies with our District stakeholders' (including AHS, Alameda County, and City of Alameda) goals relating to health.</p> <p>Director McCormick noted that the Board should not lose sight over the oversight of the parcel tax. He referenced a idea from Director Sáenz Duke about the format of future meetings and alternating AHS updates and new District activities.</p> <p>Director Meyers discussed exploring an information scan, performed by a outside contractor, that would look at other healthcare district that do not operate hospitals and what they do to gleam ideas on what the District may decide to do. He thought that such work would entail approximately 80 hours of work for \$10,000-12,000.</p> <p>Director Deutsch suggested that the District ask other District's to come and speak with our District for a nominal fee instead of paying a consultant. Director Meyers agreed with Dr. Deutsch that there would be great value in having other District's come speak to our District.</p> <p>There was continued discussion on the subcommittee work and proposed activities including</p>	No action taken.

Topic	Discussion	Action / Follow-Up
	<p>looking more in depth at the Association of California Healthcare Districts (ACHD) and membership opportunities, continued research on other similar districts, reviewing the role and duties of the District Clerk and how that informs the Vision 2015 work. There was discussion on the Brown Act and guideline on how to gather information from other Board members without violating the Brown Act. The Board requested an overview of ACHD and membership opportunities.</p> <p>Director Jensen stated that she agreed with the direction of the subcommittee. She agreed that there should be resources allocated to this work and that we should look at community partnerships as outlined by Director Sáenz Duke.</p> <p>There was a discussion on support for activities of the vision work. The board requested a job description and normal role of a clerk to inform the Board and to guide the vision 2015 work.</p>	
	<p>3) District Financial Update</p> <p>Ms. Thorson presented a financial report on the District's expenses and revenue from July 2014 – December 2014 compared to the FY 14-15 budget which was discussed briefly amongst the Board.</p>	No action taken.
D.	<p>Alameda Health System Board of Trustees Report</p> <p>Director Jensen informed the Board of Directors that the Board of Trustees (BOT) met on January 20, 2015 and she informed the BOT that they were not responding in a timely manner to the requirement to appoint District Directors to the AHS BOT committees in the JPA. She encouraged the Board of Directors to attend all the public AHS board meetings and committee meetings. She noted that AHS is focused on fiscal improvement. Upcoming meetings were noted as follows.</p> <ul style="list-style-type: none"> <li>• Finance Committee – 2/17</li> <li>• Quality and Professional Services Committee – 2/26</li> <li>• Special Board of Trustees Meeting – 2/19</li> </ul> <p>AHS will be holding approximately 6 community forums in March and April instead of one large annual meeting which was done historically. Alameda Hospital will host one in conjunction with the League of Women Voters on March 11, 2015.</p>	No action taken.
I.	<b>General Public Comment</b>	No general public comments
II.	<b>Board Comments</b>	No board comments

Topic	Discussion	Action / Follow-Up
<b>III. Adjournment</b>	Being no further business the meeting was adjourned at 9:36 p.m.	

Attest:

\_\_\_\_\_  
J. Michael McCormick  
President

\_\_\_\_\_  
Tracy Jensen  
Secretary

DRAFT

## CITY OF ALAMEDA HEALTH CARE DISTRICT

---

Date: February 25, 2015  
For: March 2, 2015 District Board Meeting  
To: City of Alameda Health Care District, Board of Directors  
From: 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 March 2, 2015 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, including the basic duties of each office, is attached for reference.

The following is a list of the current officers:

Current Office	Board Member Name
President	J. Michael McCormick
1 <sup>st</sup> Vice President	Robert Deutsch, MD
2 <sup>nd</sup> Vice President	Vacant
Treasurer	Vacant
Secretary	Tracy Jensen

The Board has been polled as to preference for office for 2015 is indicated below.

Board Member Name	Preference for 2015
J. Michael McCormick	President, 2 <sup>nd</sup> Vice President
Robert Deutsch, MD	1 <sup>st</sup> Vice President
Tracy Jensen	Secretary
Kathryn Saenz Duke	No preference
Jim Meyers, DrPH	Treasurer, Secretary

The current President, Michael McCormick, will call for nominations for each office beginning with President and proceed with discussion and voting for each office. The nominations, discussion and voting will continue in the following order: 1<sup>st</sup> Vice President, 2<sup>nd</sup> Vice President, Treasurer, and Secretary.



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

## ARTICLE I

### OFFICERS

#### Section 1. Officers

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

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

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

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

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

#### Section 2. President

A. The President shall perform the following duties:

1. Preside over the meetings of the Board of Directors;
2. Sign and execute jointly with the Secretary, in the name of the District, all contracts and conveyances and all other instruments in writing that have been authorized by the Board of Directors;
3. Exercise the power to co-sign, with the Secretary checks drawn on the funds of the District whenever:
  - a. There is no person authorized by resolution of the Board of Directors to sign checks on behalf of the District regarding a particular matter; or

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

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

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

### Section 3. Vice-Presidents

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

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

### Section 4. Secretary

The Secretary shall have the following duties:

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

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

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

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

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

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

### Section 5. Treasurer

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

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

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

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

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



# MEMORANDUM

1411 East 31st Street  
Oakland, CA 94602

**TO:** AHS Finance Committee  
**FROM:** David Cox, Chief Financial Officer  
**DATE:** February 18, 2015  
**SUBJECT:** January 2015 Financial Report

For the month of January, AHS reported a loss of \$2,113,000, which is below budget by \$1,777,000. Overall patient activity remains lower than budget – with Adjusted Discharges below budget by 6.7% compared to the YTD 5.1% budget shortfall. Gross charges were 0.8% favorable to budget in the month even with the larger negative volume variance. Inpatient charges were over budget by 2.4% for the month and were 2.1% under budget YTD. Both outpatient and professional fee charges were below budget in the month (1.9% and 0.9% respectively). AHS charges were below budget for January YTD by \$9,473,000 (0.7%).

Estimated collection ratio on these charges for January was 20.5% compared to the budget of 22.9%; YTD collection ratio is 20.9%, and below the budget of 22.9%. Medicare for both in and outpatient improved in the month with an offsetting favorable decrease in HPAC patients for both in and outpatient. Net Operating Revenue of \$69.3M was \$4.6M (6.3%) under budget for January and \$34.5M (6.7%) under budget for the YTD.

All patient days were below budget by 498 (2.8%). YTD patient days are 6,909 (5.6%) below budget. All outpatient visits (including ED) were below budget by 5,341 (14%) in the month and 48,758 (18%) visits below budget for the YTD.

Total operating expenses decreased during the month compared to December, and were below budget by \$2.8M (3.8%) for the month and \$18.0M (3.5%) for the YTD. AHS expenses per adjusted discharge (a key industry metric) are over budget by 1.6% YTD, and Salaries and Benefits as a Percent of Net Revenues are at 69.7% YTD, well over the budget of 67.1%.

	Month-To-Date				Year-To-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Adjusted discharges	2,532	2,715	(183)	-6.7%	17,846	18,801	(955)	-5.1%
Net operating revenue per adj discharge	\$ 27,373	\$ 27,232	\$ 142	0.5%	\$ 26,772	\$ 27,247	\$ (475)	-1.7%
Expense per adj discharge	\$ 28,205	\$ 27,343	\$ (861)	-3.1%	\$ 27,662	\$ 27,214	\$ (448)	-1.6%
Oper income per adj discharge	\$ (831)	\$ (112)	\$ (720)	-644.9%	\$ (890)	\$ 33	\$ (923)	-2797.0%
Paid Full time equivalents	3,932	4,123	191	4.6%	3,945	4,073	128	3.1%
Paid FTE's per adjusted occupied bed	4.79	4.82	0.03	0.6%	4.82	4.78	(0.04)	-0.8%
Salaries, benefits & registry % of net re	71.0%	67.7%	-3.4%		69.7%	67.1%	-2.6%	

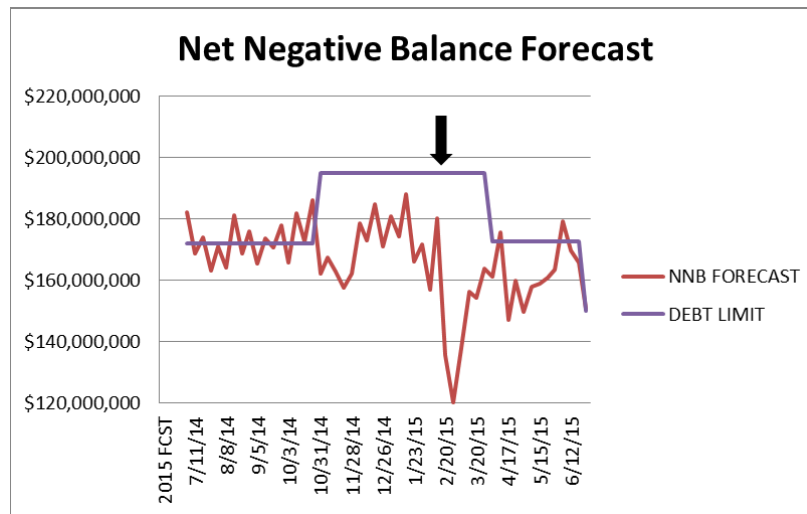
Memorandum to the Board of Trustees  
January 2015 Operating Results

In terms of Business Unit performance, AHS reported an operating loss in the month of \$1,012,000 compared to a budgeted profit of \$743,000; San Leandro reported an operating loss of \$1,120,000 compared to a budgeted operating loss of \$412,000; and Alameda Hospital reported operating income of \$26,000 compared to budgeted operating income of \$288,000.

Income Summary	Current Month				Year-To-Date			
	Revenue	Expense	Income	%	Revenue	Expense	Income	%
AHS (Core)	\$ 55,957	\$ 56,969	\$ (1,012)	-1.8%	393,321	400,166	(6,845)	-1.7%
San Leandro Hospital	5,738	6,858	(1,120)	-19.5%	36,369	43,174	(6,805)	-18.7%
Alameda Hospital	7,614	7,588	26	0.3%	48,091	50,325	(2,234)	-4.6%
<b>AHS Total</b>	<b>\$ 69,309</b>	<b>\$ 71,415</b>	<b>\$ (2,106)</b>	<b>-3.0%</b>	<b>\$ 477,781</b>	<b>\$ 493,665</b>	<b>\$ (15,884)</b>	<b>-3.3%</b>

### Cash Management/County Relationship

An Interim Agreement extension to March 31, 2015 has been approved by the County in order to provide time to refine our long term liquidity requirements. AHS remains in compliance with the current Net Negative Balance (NNB) Limit of \$195 million. As of February 20, 2015, AHS is at about \$135 million NNB, and this will drop to approximately \$120 million over the next couple of weeks.



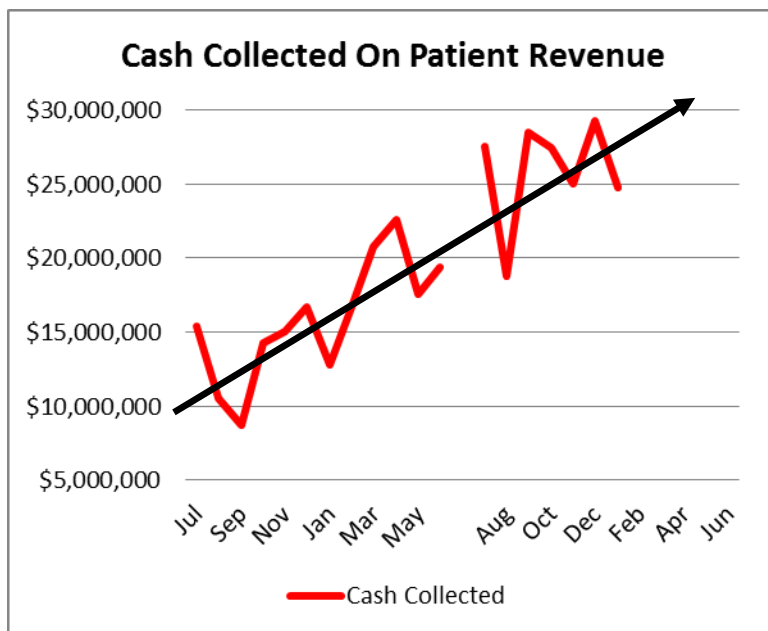
### Revenue Cycle Improvement Program

AHS continues to make progress on the revenue cycle improvement program. Net Accounts Receivable (at AHS) increased slightly to (98.0 days) as charges posted continue to increase -- \$139M in January compared to the prior YTD monthly average of \$127M. Soarian Cash as % of Net Revenue had a second very good month in January (121.2%) following December's much improved result.

Memorandum to the Board of Trustees  
January 2015 Operating Results

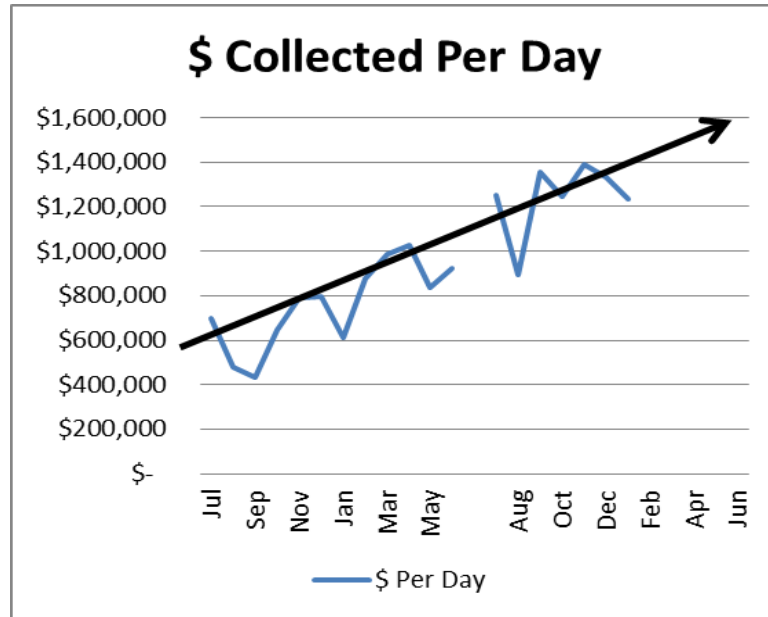
<b>Selected RCIP Metrics</b>	<b>Jan-15</b>	<b>Dec-14</b>	<b>Nov-14</b>
Soarian Cash as % of Net Revenue	121.2%	113.7%	67.8%
Days in Accounts Receivable	98.0	96.8	101.5
Billed AR > 90% Gross AR	57.3%	60.5%	59.9%
Clean Claims Rate	75.9%	83.5%	84.1%
EBEW Avg Days Outstanding	57.0	47.0	36.0
Denials Overturned by Appeal	33.2%	31.5%	26.8%

Trending against individual targets are Days in Accounts Receivable, Clean Claims Rate, EBEW Average Days Outstanding and Denials Overturned by Appeal.



Recent accomplishments in our revenue cycle include:

- Patient Financial Services
  - Established centralized correspondence unit
  - Planned re-org is complete
  - Denials unit creation is underway
  - EBEW is holding at \$45M as of February 15th.
  - Departmental organizational being developed
  - Billing provider ID obtained for Alameda Hospital, allowing us to be bill and recover approximately \$12 million of claims.



- Patient Access
  - Training complete for 100+ patient access staff
  - Authorization unit has been established and pilot underway for Surgery
  - Vendor selection of QA system is underway
- Revenue Integrity
  - New Director has been on boarded, has taken charge of the department, and is making immediate contributions.
  - Currently evaluating Charge Description Master (CDM) programs for ongoing maintenance.
  - Developing communication program for our department managers.
  - Establishing Revenue and Usage Reporting for the entire organization.
- Reporting
  - RevCore project has kicked off and underway

Our current areas of focus include implementation of a system-wide Authorization Process, rebuild of our Professional Billing department, Charge Capture, and standardized reporting.

### Balance Sheet Status

Other Receivables includes about \$87M due from the State for the Waiver, about \$15M from the State for DSRIP, Measure A receivable of \$16M and last year's SNF supplemental due from the State of about \$5M accounting for \$123M of the total \$143M. AHS received \$28M in the month of January from the State for fiscal 2014's Supplemental for Persons with Disability (\$18M) and \$2.3M from the State for fiscal 2013 and \$12.5 from the Waiver.

**ALAMEDA HEALTH SYSTEM (consolidated)**  
**Statement of Revenues and Expenses**  
**For the Period Ended January 31, 2015**  
(In Thousands)

	Month-To-Date				Year-To-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Inpatient service revenue	\$ 123,241	\$ 120,368	\$ 2,873	2.4%	\$ 810,839	\$ 828,588	\$ (17,749)	-2.1%
Outpatient service revenue	57,644	58,772	(1,128)	-1.9%	415,343	401,956	13,387	3.3%
Professional service revenue	21,424	21,608	(184)	-0.9%	147,077	152,188	(5,111)	-3.4%
<b>Gross patient service revenue</b>	<b>202,309</b>	<b>200,748</b>	<b>1,561</b>	<b>0.8%</b>	<b>1,373,259</b>	<b>1,382,732</b>	<b>(9,473)</b>	<b>-0.7%</b>
Deductions from revenues	(160,891)	(154,705)	(6,186)	-4.0%	(1,085,883)	(1,065,682)	(20,201)	1.9%
<b>Net patient service revenue</b>	<b>41,418</b>	<b>46,043</b>	<b>(4,625)</b>	<b>-10.0%</b>	<b>287,376</b>	<b>317,050</b>	<b>(29,674)</b>	<b>-9.4%</b>
Medi-Cal Waiver	7,000	7,667	(667)	-8.7%	49,000	53,667	(4,667)	-8.7%
Health Program of Alameda County	2,837	2,837	0	0.0%	19,857	19,857	0	0.0%
Measure A, Parcel Tax, Other Support	8,236	9,005	(769)	-8.5%	59,194	63,032	(3,838)	-6.1%
CA Hospital Fee	-	-	0	0.0%	-	-	0	0.0%
DSRIP Revenue	3,751	2,133	1,618	75.9%	17,549	14,931	2,618	17.5%
Supplemental Programs	4,486	4,834	(348)	-7.2%	35,206	33,839	1,367	4.0%
Grants & Research Protocol	288	370	(82)	-22.2%	1,976	2,593	(617)	-23.8%
Other Operating Revenue	1,187	756	431	57.0%	6,877	5,290	1,587	30.0%
Incentives	106	289	(183)	-63.3%	745	2,021	(1,276)	-63.1%
<b>Net operating revenue</b>	<b>69,309</b>	<b>73,934</b>	<b>(4,625)</b>	<b>-6.3%</b>	<b>477,780</b>	<b>512,280</b>	<b>(34,500)</b>	<b>-6.7%</b>
Salaries and wages	33,478	35,109	1,631	4.6%	229,865	239,329	9,464	4.0%
Employee benefits	14,437	13,894	(543)	-3.9%	92,967	97,371	4,404	4.5%
Registry	1,319	1,028	(291)	-28.3%	10,156	7,130	(3,026)	-42.4%
Contracted physician services	6,084	7,390	1,306	17.7%	42,668	51,729	9,061	17.5%
Purchased services	6,576	5,873	(703)	-12.0%	41,136	41,097	(39)	-0.1%
Pharmaceuticals	1,728	2,059	331	16.1%	13,369	13,359	(10)	-0.1%
Medical Supplies	2,665	2,378	(287)	-12.1%	18,229	16,283	(1,946)	-12.0%
Materials and supplies	1,398	1,670	272	16.3%	10,269	11,529	1,260	10.9%
Outside medical services	9	160	151	94.4%	3,334	1,117	(2,217)	-198.5%
General & administrative expenses	750	1,318	568	43.1%	8,820	9,225	405	4.4%
Repairs/maintenance/utilities	1,208	1,593	385	24.2%	9,573	11,138	1,565	14.1%
Building/equipment leases & rentals	748	737	(11)	-1.5%	5,521	5,143	(378)	-7.3%
Depreciation	1,014	1,028	14	1.4%	7,757	7,193	(564)	-7.8%
<b>Total operating expense</b>	<b>71,414</b>	<b>74,237</b>	<b>2,823</b>	<b>3.8%</b>	<b>493,664</b>	<b>511,643</b>	<b>17,979</b>	<b>3.5%</b>
<b>Operating Income</b>	<b>(2,105)</b>	<b>(303)</b>	<b>(\$1,802)</b>	<b>-594.7%</b>	<b>(15,884)</b>	<b>637</b>	<b>(\$16,521)</b>	<b>-2593.6%</b>
Interest income	31	14	17	121.4%	133	97	36	37.1%
Interest expense	(67)	(76)	9	11.8%	(390)	(531)	141	-26.6%
Other Non-operating income(expense)	28	29	(1)	-3.4%	193	200	(7)	-3.5%
<b>Income</b>	<b>\$ (2,113)</b>	<b>\$ (336)</b>	<b>\$ (1,777)</b>	<b>-528.9%</b>	<b>\$ (15,948)</b>	<b>\$ 403</b>	<b>\$ (16,351)</b>	<b>-4057.3%</b>
Operating Margin	-3.0%	-0.4%			-3.3%	0.1%		
EBIDA Margin	-1.5%	1.0%			-1.6%	1.6%		
Collection %	20.5%	22.9%			20.9%	22.9%		
Acute & SNF discharges	1,725	1,824	(99)	-5.4%	11,801	12,660	(859)	-6.8%
Acute & SNF patient days	17,335	17,833	(498)	-2.8%	116,353	123,262	(6,909)	-5.6%
ALOS	10.05	9.78	0.27	2.8%	9.86	9.74	0.12	1.2%
ADC	559	575	(16)	-2.8%	541	573	(32)	-5.6%
Adjusted patient days	25,443	26,540	(1,097)	-4.1%	175,953	183,058	(7,105)	-3.9%
Adjusted discharges	2,532	2,715	(183)	-6.7%	17,846	18,801	(955)	-5.1%
Net operating revenue per adj discharge	\$ 27,373	\$ 27,232	\$ 142	0.5%	\$ 26,772	\$ 27,247	\$ (475)	-1.7%
Expense per adj discharge	\$ 28,205	\$ 27,343	\$ (861)	-3.1%	\$ 27,662	\$ 27,214	\$ (448)	-1.6%
Oper income per adj discharge	\$ (831)	\$ (112)	\$ (720)	-644.9%	\$ (890)	\$ 33	\$ (923)	-2797.0%
Paid Full time equivalents	3,932	4,123	191	4.6%	3,945	4,073	128	3.1%
Paid FTE's per adjusted occupied bed	4.79	4.82	0.03	0.6%	4.82	4.78	(0.04)	-0.8%
Salaries, benefits & registry % of net reven	71.0%	67.7%	-3.4%		69.7%	67.1%	-2.6%	



**ALAMEDA HEALTH SYSTEM**  
**Statement of Revenues and Expenses**  
**For the Period Ended January 31, 2015**  
(In Thousands)

	Month-To-Date				Year-To-Date				FY 2014
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD
Inpatient service revenue	\$ 85,947	\$ 86,633	\$ (686)	-0.8%	\$ 590,037	\$ 600,851	\$ (10,814)	-1.8%	\$ 500,860
Outpatient service revenue	38,379	39,389	(1,010)	-2.6%	285,531	274,836	10,695	3.9%	239,024
Professional service revenue	21,371	21,608	(237)	-1.1%	147,025	152,188	(5,163)	-3.4%	105,954
<b>Gross patient service revenue</b>	<b>145,697</b>	<b>147,630</b>	<b>(1,933)</b>	<b>-1.3%</b>	<b>1,022,593</b>	<b>1,027,875</b>	<b>(5,282)</b>	<b>-0.5%</b>	<b>845,838</b>
Deductions from revenues	(117,317)	(114,306)	(3,011)	-2.6%	(815,924)	(795,865)	(20,059)	-2.5%	(688,590)
<b>Net patient service revenue</b>	<b>28,380</b>	<b>33,324</b>	<b>(4,944)</b>	<b>-14.8%</b>	<b>206,669</b>	<b>232,010</b>	<b>(25,341)</b>	<b>-10.9%</b>	<b>157,248</b>
Medi-Cal Waiver	7,000	7,667	(667)	-8.7%	49,000	53,667	(4,667)	-8.7%	52,500
Health Program of Alameda County	2,837	2,837	0	0.0%	19,857	19,857	0	0.0%	54,453
Measure A, Parcel Tax, Other Support	7,939	8,523	(584)	-6.9%	55,574	56,158	(584)	-1.0%	52,750
DSRIP Revenue	3,751	2,133	1,618	75.9%	17,549	14,931	2,618	17.5%	15,692
Supplemental Programs	4,486	4,461	25	0.6%	35,206	29,229	5,977	20.4%	24,083
Grants & Research Protocol	288	370	(82)	-22.2%	1,976	2,593	(617)	-23.8%	2,502
Other Operating Revenue	1,170	718	452	63.0%	6,745	4,987	1,758	35.3%	6,910
Incentives	106	202	(96)	-47.5%	745	1,414	(669)	-47.3%	2,534
<b>Net operating revenue</b>	<b>55,957</b>	<b>60,235</b>	<b>(4,278)</b>	<b>-7.1%</b>	<b>393,321</b>	<b>414,846</b>	<b>(21,525)</b>	<b>-5.2%</b>	<b>368,672</b>
Salaries and wages	26,463	27,728	1,265	4.6%	184,019	188,648	4,629	2.5%	167,427
Employee benefits	12,328	11,392	(936)	-8.2%	78,840	80,148	1,308	1.6%	75,071
Registry	1,030	730	(300)	-41.1%	8,258	5,066	(3,192)	-63.0%	8,142
Contracted physician services	5,287	6,571	1,284	19.5%	36,336	45,995	9,659	21.0%	32,629
Purchased services	4,860	4,579	(281)	-6.1%	33,176	32,051	(1,125)	-3.5%	29,990
Pharmaceuticals	1,374	1,652	278	16.8%	10,892	10,571	(321)	-3.0%	10,418
Medical Supplies	1,762	1,643	(119)	-7.2%	12,349	11,384	(965)	-8.5%	11,815
Materials and supplies	973	1,253	280	22.3%	8,077	8,669	592	6.8%	7,773
Outside medical services	9	160	151	94.4%	3,334	1,117	(2,217)	-198.5%	5,972
General & administrative expenses	650	1,092	442	40.5%	7,629	7,640	11	0.1%	6,241
Repairs/maintenance/utilities	800	1,299	499	38.4%	7,391	9,080	1,689	18.6%	6,349
Building/equipment leases & rentals	580	473	(107)	-22.6%	3,592	3,307	(285)	-8.6%	3,032
Depreciation	853	920	67	7.3%	6,273	6,437	164	2.5%	6,110
<b>Total operating expense</b>	<b>56,969</b>	<b>59,492</b>	<b>2,523</b>	<b>4.2%</b>	<b>400,166</b>	<b>410,113</b>	<b>9,947</b>	<b>2.4%</b>	<b>370,969</b>
<b>Operating Income</b>	<b>(1,012)</b>	<b>743</b>	<b>(\$1,755)</b>	<b>236.2%</b>	<b>(6,845)</b>	<b>4,733</b>	<b>(\$11,578)</b>	<b>244.6%</b>	<b>(2,297)</b>
Interest income	31	13	18	138.5%	133	88	45	51.1%	92
Interest expense	(52)	(76)	(24)	-31.6%	(375)	(531)	(156)	-29.4%	(229)
Other Non-operating income(expense)	-	1	1	100.0%	-	4	4	100.0%	-
<b>Income</b>	<b>\$ (1,033)</b>	<b>\$ 681</b>	<b>\$ (1,714)</b>	<b>251.7%</b>	<b>\$ (7,087)</b>	<b>\$ 4,294</b>	<b>\$ (11,381)</b>	<b>265.0%</b>	<b>\$ (2,434)</b>
Operating Margin	-1.8%	1.2%			-1.7%	1.1%			-0.6%
EBIDA Margin	-0.2%	2.8%			-0.1%	2.7%			
Collection %	19.5%	22.6%			20.2%	22.6%			18.6%
Acute & SNF discharges	1,162	1,258	(96)	-7.6%	8,568	8,732	(164)	-1.9%	8,151
Acute & SNF patient days	9,678	10,281	(603)	-5.9%	66,774	71,252	(4,478)	-6.3%	67,018
ALOS	8.33	8.17	0.16	2.0%	7.79	8.16	(0.37)	-4.5%	8.22
ADC	312	332	(20)	-6.0%	311	331	(20)	-6.0%	312
Adjusted patient days	14,000	14,955	(955)	-6.4%	99,087	103,843	(4,756)	-4.6%	99,001
Adjusted discharges	1,681	1,830	(149)	-8.1%	12,714	12,726	(12)	-0.1%	12,041
Net operating revenue per adj discharge	\$ 33,288	\$ 32,915	\$ 373	1.1%	\$ 30,936	\$ 32,598	\$ (1,662)	-5.1%	\$ 30,618
Expenses per adj discharge	\$ 33,890	\$ 32,509	\$ (1,381)	-4.2%	\$ 31,474	\$ 32,226	\$ 752	2.3%	\$ 30,809
Oper income per adj discharge	\$ (602)	\$ 406	\$ 1,008	-248.3%	\$ (538)	\$ 372	\$ 910	-244.6%	\$ (191)
Paid Full time equivalents	3,044	3,150	106	3.4%	3,079	3,105	26	0.8%	2,907
Paid FTE's per adjusted occupied bed	6.74	6.53	(0.21)	-3.2%	6.68	6.43	(0.25)	-3.9%	6.31
Salaries, benefits & registry % of net reven	71.2%	66.2%	-5.0%		68.9%	66.0%	-2.9%		68%

**SAN LEANDRO HOSPITAL**  
**Statement of Revenues and Expenses**  
**For the Period Ended January 31, 2015**  
(In Thousands)

	Month-To-Date				Year-To-Date				FY 2014
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD
Inpatient service revenue	\$ 15,851	\$ 15,317	\$ 534	3.5%	\$ 93,677	\$ 100,183	\$ (6,506)	-6.5%	\$ 35,781
Outpatient service revenue	10,630	10,151	479	4.7%	69,010	63,257	5,753	9.1%	21,521
Professional service revenue	-	-	0	0.0%	-	-	0	0.0%	-
<b>Gross patient service revenue</b>	<b>26,481</b>	<b>25,468</b>	<b>1,013</b>	<b>4.0%</b>	<b>162,687</b>	<b>163,440</b>	<b>(753)</b>	<b>-0.5%</b>	<b>57,302</b>
Deductions from revenues	(20,753)	(19,500)	(1,253)	-6.4%	(127,374)	(125,138)	(2,236)	-1.8%	(44,800)
<b>Net patient service revenue</b>	<b>5,728</b>	<b>5,968</b>	<b>(240)</b>	<b>-4.0%</b>	<b>35,313</b>	<b>38,302</b>	<b>(2,989)</b>	<b>-7.8%</b>	<b>12,502</b>
Medi-Cal Waiver	-	-	0	0.0%	-	-	0	0.0%	-
Health Program of Alameda County	-	-	0	0.0%	-	-	0	0.0%	-
Measure A, Parcel Tax, Other Support	-	583	(583)	-100.0%	1,000	4,083	(3,083)	-75.5%	14,000
CA Hospital Fee	-	-	0	0.0%	-	-	0	0.0%	-
DSRIP Revenue	-	-	0	0.0%	-	-	0	0.0%	-
Supplemental Programs	-	333	(333)	-100.0%	-	2,333	(2,333)	-100.0%	-
Grants & Research Protocol	-	-	0	0.0%	-	-	0	0.0%	-
Other Operating Revenue	10	7	3	42.9%	56	49	7	14.3%	20
Incentives	-	-	0	0.0%	-	-	0	0.0%	-
<b>Net operating revenue</b>	<b>5,738</b>	<b>6,891</b>	<b>(1,153)</b>	<b>-16.7%</b>	<b>36,369</b>	<b>44,767</b>	<b>(8,398)</b>	<b>-18.8%</b>	<b>26,522</b>
Salaries and wages	3,269	3,587	318	8.9%	21,535	24,282	2,747	11.3%	9,054
Employee benefits	882	1,369	487	35.6%	5,761	9,294	3,533	38.0%	2,655
Registry	167	136	(31)	-22.8%	920	940	20	2.1%	262
Contracted physician services	485	570	85	14.9%	3,834	3,992	158	4.0%	1,001
Purchased services	1,093	684	(409)	-59.8%	4,144	4,780	636	13.3%	3,409
Pharmaceuticals	156	164	8	4.9%	1,090	1,090	0	0.0%	65
Medical Supplies	398	400	2	0.5%	2,799	2,630	(169)	-6.4%	902
Materials and supplies	183	158	(25)	-15.8%	967	1,058	91	8.6%	169
Outside medical services	-	-	0	0.0%	-	-	0	0.0%	-
General & administrative expenses	15	45	30	66.7%	132	315	183	58.1%	1,132
Repairs/maintenance/utilities	132	147	15	10.2%	1,005	1,030	25	2.4%	533
Building/equipment leases & rentals	8	31	23	74.2%	140	211	71	33.6%	98
Depreciation	70	12	(58)	-483.3%	847	86	(761)	-884.9%	34
<b>Total operating expense</b>	<b>6,858</b>	<b>7,303</b>	<b>445</b>	<b>6.1%</b>	<b>43,174</b>	<b>49,708</b>	<b>6,534</b>	<b>13.1%</b>	<b>19,314</b>
<b>Operating Income</b>	<b>(1,120)</b>	<b>(412)</b>	<b>(\$708)</b>	<b>171.8%</b>	<b>(6,805)</b>	<b>(4,941)</b>	<b>(\$1,864)</b>	<b>37.7%</b>	<b>7,208</b>
Interest income	-	-	0	0.0%	-	-	0	0.0%	-
Interest expense	-	-	0	0.0%	-	-	0	0.0%	-
Other Non-operating income(expense)	-	-	0	0.0%	-	-	0	0.0%	-
<b>Income</b>	<b>\$ (1,120)</b>	<b>\$ (412)</b>	<b>\$ (708)</b>	<b>171.8%</b>	<b>\$ (6,805)</b>	<b>\$ (4,941)</b>	<b>\$ (1,864)</b>	<b>37.7%</b>	<b>\$ 7,208</b>
Operating Margin	-19.5%	-6.0%			-18.7%	-11.0%			27.2%
EBIDA Margin	-18.3%	-5.8%			-16.4%	-10.8%			
Collection %	21.6%	23.4%			21.7%	23.4%			21.8%
Acute discharges	282	294	(12)	-4.1%	1,619	2,040	(421)	-20.6%	692
Acute patient days	1,227	1,333	(106)	-8.0%	7,356	8,877	(1,521)	-17.1%	3,123
ALOS	4.35	4.53	(0.18)	-4.0%	4.54	4.35	0.19	4.4%	4.51
ADC	40	43	(3)	-7.0%	34	41	(7)	-17.1%	34
Adjusted patient days	2,050	2,216	(166)	-7.5%	12,775	14,482	(1,707)	-11.8%	5,001
Adjusted discharges	471	489	(18)	-3.7%	2,812	3,328	(516)	-15.5%	1,108
Net operating revenue per adj discharge	\$ 12,183	\$ 14,092	\$ (1,909)	-13.5%	\$ 12,933	\$ 13,452	\$ (519)	-3.9%	\$ 23,937
Expense per adj discharge	\$ 14,561	\$ 14,935	\$ 374	2.5%	\$ 15,353	\$ 14,936	\$ (417)	-2.8%	\$ 17,431
Oper income per adj discharge	\$ (2,378)	\$ (843)	\$ (1,535)	182.1%	\$ (2,420)	\$ (1,485)	\$ (935)	63.0%	\$ 6,505
Paid Full time equivalents	348	403	55	13.6%	334	398	64	16.1%	300
Paid FTE's per adjusted occupied bed	5.26	5.64	0.38	6.7%	5.62	5.91	0.29	4.9%	5.58
Salaries, benefits & registry % of net reven	75.3%	73.9%	-1.4%		77.6%	77.1%	-0.5%		45%

**ALAMEDA HOSPITAL**  
**Statement of Revenues and Expenses**  
**For the Period Ended January 31, 2015**  
(In Thousands)

	Month-To-Date				Year-To-Date				FY 2014
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD
Inpatient service revenue	\$ 21,443	\$ 18,418	\$ 3,025	16.4%	\$ 127,125	\$ 127,554	\$ (429)	-0.3%	\$ -
Outpatient service revenue	8,635	9,232	(597)	-6.5%	60,803	63,863	(3,060)	-4.8%	-
Professional service revenue	52	-	52	0.0%	52	-	52	0.0%	-
<b>Gross patient service revenue</b>	<b>30,130</b>	<b>27,650</b>	<b>2,480</b>	<b>9.0%</b>	<b>187,980</b>	<b>191,417</b>	<b>(3,437)</b>	<b>-1.8%</b>	<b>-</b>
Deductions from revenues	(22,821)	(20,899)	(1,922)	-9.2%	(142,585)	(144,679)	2,094	1.4%	-
<b>Net patient service revenue</b>	<b>7,309</b>	<b>6,751</b>	<b>558</b>	<b>8.3%</b>	<b>45,395</b>	<b>46,738</b>	<b>(1,343)</b>	<b>-2.9%</b>	<b>-</b>
Medi-Cal Waiver	-	-	0	0.0%	-	-	0	0.0%	-
Health Program of Alameda County	-	-	0	0.0%	-	-	0	0.0%	-
Measure A, Parcel Tax, Other Support	297	482	(185)	-38.4%	2,620	3,374	(754)	-22.3%	-
CA Hospital Fee	-	-	0	0.0%	-	-	0	0.0%	-
DSRIP Revenue	-	-	0	0.0%	-	-	0	0.0%	-
Supplemental Programs	-	373	(373)	-100.0%	-	2,610	(2,610)	-100.0%	-
Grants & Research Protocol	-	-	0	0.0%	-	-	0	0.0%	-
Other Operating Revenue	8	37	(29)	-78.4%	76	262	(186)	-71.0%	-
Incentives	-	87	(87)	-100.0%	-	607	(607)	-100.0%	-
<b>Net operating revenue</b>	<b>7,614</b>	<b>7,730</b>	<b>(116)</b>	<b>-1.5%</b>	<b>48,091</b>	<b>53,591</b>	<b>(5,500)</b>	<b>-10.3%</b>	<b>-</b>
Salaries and wages	3,746	3,794	48	1.3%	24,311	26,399	2,088	7.9%	-
Employee benefits	1,227	1,133	(94)	-8.3%	8,366	7,929	(437)	-5.5%	-
Registry	123	162	39	24.1%	979	1,124	145	12.9%	-
Contracted physician services	312	249	(63)	-25.3%	2,498	1,741	(757)	-43.5%	-
Purchased services	623	611	(12)	-2.0%	3,816	4,267	451	10.6%	38
Pharmaceuticals	199	243	44	18.1%	1,388	1,698	310	18.3%	-
Medical Supplies	505	335	(170)	-50.7%	3,081	2,269	(812)	-35.8%	-
Materials and supplies	242	258	16	6.2%	1,226	1,802	576	32.0%	72
Outside medical services	-	-	0	0.0%	-	-	0	0.0%	-
General & administrative expenses	84	182	98	53.8%	1,059	1,270	211	16.6%	472
Repairs/maintenance/utilities	276	147	(129)	-87.8%	1,176	1,027	(149)	-14.5%	-
Building/equipment leases & rentals	160	232	72	31.0%	1,788	1,625	(163)	-10.0%	-
Depreciation	91	96	5	5.2%	637	670	33	4.9%	-
<b>Total operating expense</b>	<b>7,588</b>	<b>7,442</b>	<b>(146)</b>	<b>-2.0%</b>	<b>50,325</b>	<b>51,821</b>	<b>1,496</b>	<b>2.9%</b>	<b>582</b>
<b>Operating Income</b>	<b>26</b>	<b>288</b>	<b>(\$262)</b>	<b>-91.0%</b>	<b>(2,234)</b>	<b>1,770</b>	<b>(\$4,004)</b>	<b>-226.2%</b>	<b>(582)</b>
Interest income	-	1	(1)	-100.0%	-	9	(9)	-100.0%	-
Interest expense	(15)	-	15	0.0%	(15)	-	15	0.0%	-
Other Non-operating income(expense)	28	28	0	0.0%	193	196	3	1.5%	-
<b>Income</b>	<b>\$ 39</b>	<b>\$ 317</b>	<b>\$ (278)</b>	<b>-87.7%</b>	<b>\$ (2,056)</b>	<b>\$ 1,975</b>	<b>\$ (4,031)</b>	<b>-204.1%</b>	<b>\$ (582)</b>
Operating Margin	0.3%	3.7%			-4.6%	3.3%			
EBIDA Margin	1.9%	5.3%			-2.9%	4.9%			
Collection %	24.3%	24.4%			24.1%	24.4%			
Acute & SNF discharges	281	272	9	3.3%	1,614	1,888	(274)	-14.5%	
Acute & SNF patient days	6,430	6,219	211	3.4%	42,223	43,133	(910)	-2.1%	
ALOS	22.88	22.86	0.02	0.1%	26.16	22.85	3.31	14.5%	
ADC	207	201	6	3.0%	196	201	(5)	-2.5%	
Adjusted patient days	9,019	9,336	(317)	-3.4%	62,418	64,729	(2,311)	-3.6%	
Adjusted discharges	394	408	(14)	-3.4%	2,386	2,833	(447)	-15.8%	
Net operating revenue per adj discharge	\$ 19,325	\$ 18,946	\$ 379	2.0%	\$ 20,155	\$ 18,917	\$ 1,238	6.5%	
Expense per adj discharge	\$ 19,259	\$ 18,240	\$ (1,019)	-5.6%	\$ 21,092	\$ 18,292	\$ (2,800)	-15.3%	
Oper income per adj discharge	\$ 66	\$ 706	\$ (640)	-90.7%	\$ (937)	\$ 625	\$ (1,562)	-249.9%	
Paid Full time equivalents	541	569	28	4.9%	532	570	38	6.7%	
Paid FTE's per adjusted occupied bed	1.86	1.89	0.03	1.6%	1.83	1.89	0.06	3.2%	
Salaries, benefits & registry % of net reven	66.9%	65.8%	-1.1%		70.0%	66.2%	-3.8%		

**ALAMEDA HEALTH SYSTEM (consolidated)**

**Balance Sheet**

**For the Period Ended January 31, 2015**

(In Thousands)

	<b>Current Month</b>	<b>Prior Month</b>	<b>FY 2014</b>
<b>ASSETS</b>			
Current assets:			
Cash & Cash Equivalents	\$5,047	\$8,344	\$23,064
Cash Held in Trust	22	27	43
Net Patient Receivables	129,112	122,132	110,603
Due from County of Alameda & Others	76,447	84,865	72,389
Inventories	8,541	8,573	8,656
Prepaid expenses	1,692	1,823	2,429
Other receivables	142,981	171,425	112,635
<b>TOTAL CURRENT ASSETS</b>	<b>363,842</b>	<b>397,189</b>	<b>329,819</b>
Restricted Cash Hospital Fee	0	0	7,397
Cash Held Board Designated	23,404	23,404	23,378
<b>TOTAL RESTRICTED CASH</b>	<b>23,404</b>	<b>23,404</b>	<b>30,775</b>
<b>PROPERTY, PLANT &amp; EQUIPMENT</b>			
Land, Buildings, Leasehold Improve, CIP	74,599	73,289	72,334
Equipment, Software	132,565	133,992	128,746
Subtotal - Property, Plant & Equipment	207,164	207,281	201,080
Less: Accumulated Depreciation	(121,826)	(120,812)	(114,069)
<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	<b>85,338</b>	<b>86,469</b>	<b>87,011</b>
<b>TOTAL ASSETS</b>	<b>\$472,584</b>	<b>\$507,062</b>	<b>\$447,605</b>
<b>LIABILITIES &amp; NET ASSETS</b>			
Accounts Payable	71,449	72,136	51,463
Compensation Related Liabilities	39,339	35,197	42,909
Estimated third-party settlements payable	54,722	78,558	74,247
Due to County of Alameda & State	52,699	53,302	13,801
Other Payables	18,294	21,286	19,453
<b>TOTAL CURRENT LIABILITIES</b>	<b>236,503</b>	<b>260,479</b>	<b>201,873</b>
Self Insurance Liability	20,459	20,459	20,459
Working Capital Loan - Long-term Portion	194,862	204,052	193,161
Pension and Postemployment	64,395	63,595	58,795
Other Long-term Liabilities	10,804	10,804	11,808
<b>TOTAL LONG TERM LIABILITIES</b>	<b>290,520</b>	<b>298,910</b>	<b>284,223</b>
<b>TOTAL LIABILITIES</b>	<b>527,023</b>	<b>559,389</b>	<b>486,096</b>
Capital Contribution - County	46,535	46,535	46,535
Capital Contribution - Foundation	6,020	6,020	6,020
Fund Balance -- Prior Years	(91,046)	(91,046)	(51,905)
Current Year Income / (Loss)	(15,948)	(13,836)	(39,141)
<b>FUND BALANCE</b>	<b>(54,439)</b>	<b>(52,327)</b>	<b>(38,491)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$472,584</b>	<b>\$507,062</b>	<b>\$447,605</b>
Days in Cash	2	4	10
Gross Days in AR	110	105	118
Net Days in AR	98	90	97
Current Ratio	>1.5	0.90	0.91
		0.91	0.92

**ALAMEDA HEALTH SYSTEM (consolidated)**  
**Statement of Cash Flows**  
**For the Period Ended January 31, 2015**  
(In Thousands)

	<u>Current Month</u>	<u>Year-to Date</u>
<b>Operating Activities</b>		
Net Income (Loss)	(\$2,113)	(\$15,948)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,014	7,757
Net changes in operating assets and liabilities:		
(Increase)/Decrease Patient account receivables, net	(6,980)	(18,509)
(Increase)/Decrease Due from County of Alameda & Others	8,418	(4,058)
(Increase)/Decrease Inventories	32	115
(Increase)/Decrease Prepaid expenses	131	737
(Increase)/Decrease Other receivables	28,444	(30,346)
(Decrease)/Increase in Accounts payable, accrued expenses and estimated third-party settlements	(23,971)	34,634
<b>Net Cash Provided (Used) by operating activities</b>	<b>4,975</b>	<b>(25,618)</b>
<b>Investing Activities</b>		
Change in Cash Held in Trust	5	21
Change in Restricted Cash	0	7,371
Net Purchases of property, plant and equipment	117	(6,084)
Change in Self-insurance, pension, and other long-term liabilities	800	4,596
<b>Net Cash Provided (Used) by investing activities</b>	<b>922</b>	<b>5,904</b>
<b>Financing Activities</b>		
Change in Working Capital Loan	(9,190)	1,701
<b>Net Cash Provided (Used) by financing activities</b>	<b>(9,190)</b>	<b>1,701</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>(3,293)</b>	<b>(18,013)</b>
<b>Cash and Equivalents at beginning of period</b>	<b>8,344</b>	<b>23,064</b>
<b>Cash and Equivalents at end of period</b>	<b>\$5,051</b>	<b>\$5,051</b>

**ALAMEDA HEALTH SYSTEM**  
**HIGHLAND CAMPUS - Patient Volumes**  
**For the month ending January 31, 2015**  
 Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>INPATIENT VOLUMES</b>									
Admissions (net of NB)	872	967	(95)	-10%	6,579	6,709	(130)	-2%	6,223
Adjusted Admissions	1,266	1,403	(137)	-10%	9,684	9,735	(51)	-1%	9,795
Patient Days (Net of NB)	3,889	4,256	(367)	-9%	26,999	29,466	(2,467)	-8%	28,092
Adjusted Patient Days	5,647	6,175	(528)	-9%	39,743	42,755	(3,012)	-7%	44,217
Average Daily Census (Net of NB)	125	137	(12)	-9%	126	137	(11)	-8%	131
Average Length of Stay	4.5	4.4	(0.1)	-2%	4.1	4.4	0.3	7%	4.5
<b>EMERGENCY &amp; URGENT CARE</b>									
ED-HGH Admits	691	665	26	4%	4,822	4,611	211	5%	4,595
ED-HGH Visits	5,862	6,489	(627)	-10%	40,630	45,005	(4,375)	-10%	42,228
ED-HGH LWBS	229	334	(105)	-31%	1,340	2,316	(976)	-42%	3,379
<b>Total Urgent &amp; Emergent</b>	<b>6,782</b>	<b>7,488</b>	<b>(706)</b>	<b>-9%</b>	<b>46,792</b>	<b>51,932</b>	<b>(5,140)</b>	<b>-10%</b>	<b>50,202</b>
Trauma Cases (incl in ED-HGH Pts Seen)	227	177	50	28%	1,337	1,229	108	9%	1,185
LWBS % of Total ED-HGH	3.4%	4.5%	1.1%		2.9%	4.5%	1.6%		6.7%
<b>DELIVERIES</b>									
	79	119	(40)	-34%	656	797	(141)	-18%	672
<b>SURGERIES</b>									
Inpatient	235	233	2	1%	1,640	1,615	25	2%	1,619
Outpatient	204	298	(94)	-32%	1,629	2,068	(439)	-21%	1,709
<b>Total Surgeries</b>	<b>439</b>	<b>531</b>	<b>(92)</b>	<b>-17%</b>	<b>3,269</b>	<b>3,683</b>	<b>(414)</b>	<b>-11%</b>	<b>3,328</b>
<b>ANCILLARIES</b>									
Cardiology services and clinic	2,929	3,262	(333)	-10%	20,554	22,726	(2,172)	-10%	20,150
Vascular	360	378	(18)	-5%	2,346	2,622	(276)	-11%	2,450
Cath Lab and Interventional Rad	434	104	330	317%	1,758	720	1,038	144%	831
Clinical Lab & Blood Bank	72,960	68,501	4,459	7%	481,222	475,087	6,135	1%	462,632
Imaging Services	18,910	25,914	(7,004)	-27%	131,867	181,501	(49,634)	-27%	145,230
Pharmacy	175,967	185,309	(9,342)	-5%	1,236,991	1,285,209	(48,218)	-4%	1,208,758
Other Ancillaries	405	707	(302)	-43%	2,579	4,903	(2,324)	-47%	4,520
<b>THERAPIES</b>									
Occupational	217	42	175	417%	1,174	290	884	305%	255
Physical Therapy	2,021	1,475	546	37%	13,751	10,231	3,520	34%	9,928
Respiratory	11,922	14,305	(2,383)	-17%	67,330	99,211	(31,881)	-32%	72,779
<b>OTHER STATISTICS</b>									
Outpatient Factor	1.452	1.451	0.001		1.472	1.451	0.021		1.574
<b>PATIENT DAYS</b>									
HGH INTENSIVE CARE UNIT ICU	560	565	(5)	-1%	3,638	3,919	(281)	-7%	3,914
HGH Intensive Care Nursery Level II	92	142	(50)	-35%	672	948	(276)	-29%	813
HGH Step Down Unit	687	544	143	26%	4,436	3,760	676	18%	3,704
HGH MED SURG 5E ANNEX	181	44	137	311%	1,106	306	800	261%	-
HGH Med Surg 5E	592	691	(99)	-14%	4,072	4,791	(719)	-15%	4,666
HGH Med Surg 7E	767	939	(172)	-18%	5,652	6,513	(861)	-13%	6,387
HGH Med Surg 7W	723	922	(199)	-22%	5,296	6,394	(1,098)	-17%	6,265
HGH OBSTETRICS	287	409	(122)	-30%	2,127	2,835	(708)	-25%	2,343
HGH Nursery	123	202	(79)	-39%	1,058	1,400	(342)	-24%	1,148
Total Patient Days	4,012	4,458	(446)	-10%	28,057	30,866	(2,809)	-9%	29,240
Total Pt days net of Nursery	3,889	4,256	(367)	-9%	26,999	29,466	(2,467)	-8%	28,092
HGH Observation Days (OBS)	-	44	(44)	-100%	-	306	(306)	-100%	-

**ALAMEDA HEALTH SYSTEM**  
**HIGHLAND CAMPUS - Patient Volumes**  
**For the month ending January 31, 2015**  
Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>ANCILLARIES</b>									
<b>Cardiology services and clinic</b>									
3300-IP EKG Tests	450	727	(277)	-38%	3,533	5,041	(1,508)	-30%	2,560
3304-OP EKG Tests	2,309	2,211	98	4%	15,749	15,335	414	3%	15,541
HGH Cardiology Clinic	170	280	(110)	-39%	1,272	2,044	(772)	-38%	2,049
Total Cardiology Svcs + Clinic	2,929	3,262	(333)	-10%	20,554	22,726	(2,172)	-10%	20,150
<b>Vascular Studies</b>									
3550-IP Vascular Lab Test	-	210	(210)	-100%	-	1,458	(1,458)	-100%	1,414
3554-OP Vascular Lab Test	360	168	192	114%	2,346	1,164	1,182	102%	1,036
Total Cardiology Svcs + Clinic	360	378	(18)	-5%	2,346	2,622	(276)	-11%	2,450
<b>Cath Lab and Interventional Rad</b>									
1450-IP Cardiac Caths	18	32	(14)	-44%	162	222	(60)	-27%	115
1454-OP Cardiac Caths	284	9	275	3056%	802	61	741	1215%	289
1460-IP Interventional Radiology	95	40	55	138%	569	278	291	105%	268
1464-OP Interventional Radiology	37	23	14	61%	225	159	66	42%	159
Total Cath Lab + inter radiology	434	104	330	317%	1,758	720	1,038	144%	831
<b>Clinical Lab &amp; Blood Bank</b>									
3200-IP Laboratory Tests	25,088	24,876	212	1%	173,737	172,526	1,211	1%	155,020
3204-OP Laboratory Tests	43,514	38,808	4,706	12%	275,522	269,154	6,368	2%	274,920
3250-IP Blood Tests	1,538	1,956	(418)	-21%	13,556	13,566	(10)	0%	14,402
3254-OP Blood Tests	2,820	2,861	(41)	-1%	18,407	19,841	(1,434)	-7%	18,290
Total Lab & Blood Bank volume	72,960	68,501	4,459	7%	481,222	475,087	6,135	1%	462,632
<b>Imaging Services</b>									
3500-IP X-Rays	2,122	2,433	(311)	-13%	13,030	16,873	(3,843)	-23%	15,963
3504-OP X-Rays	8,708	9,772	(1,064)	-11%	58,128	67,772	(9,644)	-14%	69,474
3600-IP MRIs	148	200	(52)	-26%	1,202	1,386	(184)	-13%	1,255
3604-OP MRIs	450	722	(272)	-38%	4,040	5,006	(966)	-19%	5,145
3700-IP Sonograms	186	266	(80)	-30%	1,262	1,846	(584)	-32%	1,739
3704-OP Sonograms	2,126	2,870	(744)	-26%	15,440	19,904	(4,464)	-22%	18,553
3800-IP CAT Scans	508	719	(211)	-29%	4,122	4,987	(865)	-17%	4,013
3804-OP CAT Scans	3,610	3,741	(131)	-4%	27,046	25,947	1,099	4%	26,583
4200-IP Nuclear Tests	38	89	(51)	-57%	523	617	(94)	-15%	732
4204-OP Nuclear Tests	289	213	76	36%	1,516	1,477	39	3%	1,773
Total Imaging volume	18,185	21,025	(2,840)	-14%	126,309	145,815	(19,506)	-13%	145,230
<b>Offsite imaging Services</b>									
NWK IMAGING SVCS	251	-	251	0%	1,953	-	1,953	0%	-
EWC IMAGING SERVICES	474	4,889	(4,415)	-90%	3,605	35,686	(32,081)	-90%	31,745
	725	4,889	(4,164)	-85%	5,558	35,686	(30,128)	-84%	31,745
<b>THERAPIES &amp; OTHER</b>									
<b>Occupational Therapy</b>									
5500-IP OT Treatments	217	41	176	429%	1,174	283	891	315%	252
5504-OP OT Treatments	-	1	(1)	-100%	-	7	(7)	-100%	3
Total Occupational Therapy volume	217	42	175	417%	1,174	290	884	305%	255
<b>Physical Therapy</b>									
5400-IP PT Treatments	1,235	941	294	31%	8,182	6,527	1,655	25%	6,052
5404-OP PT Treatments	786	534	252	47%	5,569	3,704	1,865	50%	3,876
Total Physical Therapy volume	2,021	1,475	546	37%	13,751	10,231	3,520	34%	9,928
<b>Respiratory Therapy</b>									
6400-IP Items Charged	7,176	5,261	1,915	36%	40,599	36,487	4,112	11%	43,690
6404-OP Items Charged	4,746	9,044	(4,298)	-48%	26,731	62,724	(35,993)	-57%	29,089
Total Respiratory volume	11,922	14,305	(2,383)	-17%	67,330	99,211	(31,881)	-32%	72,779

**ALAMEDA HEALTH SYSTEM**  
**HIGHLAND CAMPUS - Patient Volumes**  
**For the month ending January 31, 2015**  
 Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>OTHER ANCILLARIES</b>									
3350-IP Electromyographies	-	-	-	0%	7	-	7	0%	-
3354-OP Electromyographies	122	440	(318)	-72%	824	3,052	(2,228)	-73%	2,931
3400-IP EEG Tests	6	4	2	50%	20	28	(8)	-29%	30
3404-OP EEG Tests	10	28	(18)	-64%	66	194	(128)	-66%	60
5760-IP PICC Line Procedures	167	169	(2)	-1%	1,104	1,171	(67)	-6%	1,045
5764-OP PICC Line Procedures	4	8	(4)	-50%	54	56	(2)	-4%	53
6600-IP Treatments	96	58	38	66%	503	402	101	25%	401
6604-OP Treatments	-	-	-	0%	1	-	1	0%	-
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Other ancillaries volume	405	707	(302)	-43%	2,579	4,903	(2,324)	-47%	4,520

<b>SURGICAL CASES BY TYPE</b>	<b>Fiscal 2015</b>	<b>Fiscal 2014</b>	<b>Delta</b>	<b>% change</b>	<b>Fiscal 2015</b>	<b>Fiscal 2014</b>	<b>Delta</b>	<b>% change</b>
Dental	4	7	(3)	-43%	39	43	(4)	-9%
Endoscopy	-	2	(2)	-100%	1	4	(3)	-75%
ENT	9	13	(4)	-31%	81	77	4	5%
General	156	168	(12)	-7%	1,172	1,220	(48)	-4%
GYN	39	29	10	34%	232	199	33	17%
Neuro Surgery	22	23	(1)	-4%	137	151	(14)	-9%
Obstetrics	-	4	(4)	-100%	2	8	(6)	-75%
Ophthalmology	28	30	(2)	-7%	215	192	23	12%
Oral Surgery	17	18	(1)	-6%	125	119	6	5%
Organ harvest	-	1	(1)	-100%	3	3	-	0%
Orthopedic	104	112	(8)	-7%	765	836	(71)	-8%
Plastic Surgery	8	9	(1)	-11%	64	73	(9)	-12%
Podiatry	20	15	5	33%	171	155	16	10%
Trauma	7	6	1	17%	71	52	19	37%
Urology	25	31	(6)	-19%	191	195	(4)	-2%
Vascular Surgery	-	-	-	0%	-	1	(1)	-100%
	-----	-----	-----	-----	-----	-----	-----	-----
	439	468	(29)	-6%	3,269	3,328	(59)	-2%



**ALAMEDA HEALTH SYSTEM**  
**BEHAVIORAL HEALTH SERVICES - Patient Volumes**  
For the month ending January 31, 2015  
Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>INPATIENT VOLUMES</b>									
Admissions	253	238	15	6%	1,704	1,652	52	3%	1,648
Adjusted Admissions	336	355	(19)	-5%	2,513	2,465	48	2%	2,123
Patient Days	2,132	2,120	12	1%	14,769	14,704	65	0%	14,751
Adjusted Patient Days	2,833	3,163	(330)	-10%	21,784	21,938	(154)	-1%	18,999
Average Daily Census	69	68	1	1%	69	68	1	1%	69
Average Length of Stay	8.4	8.9	0.5	6%	8.7	8.9	0.2	2%	9.0
<b>EMERGENCY &amp; URGENT CARE</b>									
Psych emergency visits	1,218	1,224	(6)	0%	8,572	8,488	84	1%	7,470
<b>ANCILLARIES</b>									
Cardiology and Interventional Rad	11	603	(592)	-98%	151	4,183	(4,032)	-96%	68
Pharmacy	175,967	185,309	(9,342)	-5%	1,236,991	1,285,209	(48,218)	-4%	1,208,758
<b>AMBULATORY</b>									
Psych partial hospitalization									
Fairmont	861	874	(13)	-1%	6,278	6,062	216	4%	5,675
Highland	658	853	(195)	-23%	5,262	5,915	(653)	-11%	5,601
Consult & Liaison									
Eastmont	-	120	(120)	-100%	-	871	(871)	-100%	110
Fairmont	12	-	12	0%	227	-	227	0%	-
Highland	32	299	(267)	-89%	139	2,183	(2,044)	-94%	81
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Behavioral outpatient	1,563	2,146	(583)	-27%	11,906	15,031	(3,125)	-21%	11,467
<b>OTHER STATISTICS</b>									
Outpatient Factor	1.329	1.492	(0.163)		1.475	1.492	(0.017)		1.288
<b>PATIENT DAYS</b>									
JGP IP ACUTE B	713	706	7	1%	4,935	4,898	37	1%	4,917
JGP IP ACUTE C	707	707	-	0%	4,926	4,903	23	0%	4,917
JGP IP ACUTE D	712	707	5	1%	4,908	4,903	5	0%	4,917
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Patient Days	2,132	2,120	12	1%	14,769	14,704	65	0%	14,751
<b>ANCILLARIES</b>									
<b>Cardiology and Interventional Rad</b>									
3300-IP EKG Tests	-	7	(7)	-100%	63	49	14	29%	14
3304-OP EKG Tests	11	596	(585)	-98%	88	4,134	(4,046)	-98%	54
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Cardiology Volume	11	603	(592)	-98%	151	4,183	(4,032)	-96%	68

**ALAMEDA HEALTH SYSTEM**  
**FAIRMONT CAMPUS - Patient Volumes**  
For the month ending January 31, 2015  
Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>INPATIENT VOLUMES</b>									
Acute Admissions	26	40	(14)	-35%	210	280	(70)	-25%	194
Acute Patient Days	456	634	(178)	-28%	3,178	4,396	(1,218)	-28%	3,391
Average daily census	14.7	20.5	(5.8)	-28%	14.8	20.4	(5.6)	-27%	15.8
Acute Length of Stay	17.5	15.9	(1.6)	-10%	15.1	15.7	0.6	4%	17.5
<hr/>									
Long Term Care Admissions	11	13	(2)	-15%	72	91	(19)	-21%	76
Long Term Care Patient Days	3,201	3,271	(70)	-2%	21,976	22,685	(709)	-3%	21,076
Average daily census	103.3	105.5	2.2	2%	102.2	105.5	3.3	3%	98.0
Long Term Length of Stay	291.0	251.6	(39.4)	-16%	305.2	249.3	(55.9)	-22%	277.3
<hr/>									
<b>ANCILLARIES</b>									
Clinical Lab	5,253	4,495	758	17%	34,609	31,175	3,434	11%	30,558
Imaging Services	46	103	(57)	-55%	255	715	(460)	-64%	681
Pharmacy	88,140	100,317	(12,177)	-12%	550,184	695,749	(145,565)	-21%	350,378
<hr/>									
<b>THERAPIES</b>									
Occupational	1,527	1,882	(355)	-19%	10,048	13,052	(3,004)	-23%	-
Physical	1,988	2,331	(343)	-15%	16,104	16,165	(61)	0%	14,596
Respiratory Therapy	1,800	1,171	629	54%	13,772	8,121	5,651	70%	8,731
Speech & Audio	553	551	2	0%	3,998	3,821	177	5%	3,673
<hr/>									
<b>AMBULATORY</b>									
Rehab Clinic	16	30	(14)	-47%	98	221	(123)	-56%	221
<hr/>									
<b>PATIENT DAYS</b>									
SUBACUTE B 1	105	186	(81)	-44%	979	1,290	(311)	-24%	958
FMT Acute Rehab	456	634	(178)	-28%	3,178	4,396	(1,218)	-28%	3,391
FMT Skilled Nursing B-4	929	903	26	3%	6,352	6,263	89	1%	5,776
FMT Skilled Nursing Facility B 1	417	355	62	17%	2,922	2,463	459	19%	2,578
FMT Skilled Nursing Facility B 3	814	854	(40)	-5%	5,416	5,920	(504)	-9%	5,499
FMT Skilled Nursing Facility B 2	936	973	(37)	-4%	6,307	6,749	(442)	-7%	6,265
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Patient Days	3,657	3,905	(248)	-6%	25,154	27,081	(1,927)	-7%	24,467

**ALAMEDA HEALTH SYSTEM**  
**FAIRMONT CAMPUS - Patient Volumes**  
For the month ending January 31, 2015  
Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>ANCILLARIES</b>									
<b>Cardiology and Interventional Rad</b>									
5750-IP Cardio Lab Services	Incl at HGH	Incl at HGH	-	0%	Incl at HGH	Incl at HGH	-	0%	Incl at HGH
5754-OP Cardio Lab Services	Incl at HGH	Incl at HGH	-	0%	Incl at HGH	Incl at HGH	-	0%	Incl at HGH
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Cardiology Volume	-	-	-	0%	-	-	-	0%	-
<b>Clinical Lab</b>									
3200-IP Laboratory Tests	4,061	3,635	426	12%	27,431	25,211	2,220	9%	24,896
3204-OP Laboratory Tests	1,192	860	332	39%	7,178	5,964	1,214	20%	5,662
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Clinical Lab	5,253	4,495	758	17%	34,609	31,175	3,434	11%	30,558
<b>Imaging Services</b>									
3500-IP X-Rays	46	43	3	7%	250	299	(49)	-16%	283
3504-OP X-Rays	-	60	(60)	-100%	5	416	(411)	-99%	398
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Imaging services	46	103	(57)	-55%	255	715	(460)	-64%	681
<b>Pharmacy</b>									
3900-IP Pharmacy Unit Doses	88,140	100,298	(12,158)	-12%	550,180	695,616	(145,436)	-21%	350,114
3904-OP Pharmacy Scripts	-	19	(19)	-100%	4	133	(129)	-97%	264
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Pharmacy scripts	88,140	100,317	(12,177)	-12%	550,184	695,749	(145,565)	-21%	350,378
<b>THERAPIES</b>									
<b>Occupational Therapy</b>									
5500-IP OT Treatments	1,109	1,200	(91)	-8%	7,529	8,322	(793)	-10%	7,761
5504-OP OT Treatments	418	682	(264)	-39%	2,519	4,730	(2,211)	-47%	3,171
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Occupational Therapy volume	1,527	1,882	(355)	-19%	10,048	13,052	(3,004)	-23%	10,932
<b>Physical Therapy</b>									
5400-IP PT Treatments	1,054	1,285	(231)	-18%	8,435	8,911	(476)	-5%	8,283
5404-OP PT Treatments	934	1,046	(112)	-11%	7,669	7,254	415	6%	6,313
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Physical Therapy volume	1,988	2,331	(343)	-15%	16,104	16,165	(61)	0%	14,596
<b>Respiratory Care volume</b>									
5000-IP Respiratory Care Items	1,800	1,171	629	54%	13,772	8,121	5,651	70%	8,731
<b>Speech &amp; Audio</b>									
6600-IP Treatments	387	406	(19)	-5%	2,549	2,816	(267)	-9%	2,659
6604-OP Treatments	166	145	21	14%	1,449	1,005	444	44%	1,014
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Speech & Audio Therapy volur	553	551	2	0%	3,998	3,821	177	5%	3,673

**ALAMEDA HEALTH SYSTEM**  
**SAN LEANDRO CAMPUS- Patient Volumes**  
**For the month ending January 31, 2015**  
Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>INPATIENT VOLUMES</b>									
Admissions	282	294	(12)	-4%	1,619	2,040	(421)	-21%	2,076
Adjusted Admissions	471	457	14	3%	2,812	3,095	(283)	-9%	3,386
Patient Days	1,098	1,280	(182)	-14%	6,651	8,953	(2,302)	-26%	3,123
Adjusted Patient Days	1,835	1,990	(155)	-8%	11,553	13,582	(2,029)	-15%	5,094
Average Daily Census	35	41	(6)	-15%	31	42	(11)	-26%	15
Average Length of Stay	3.9	4.4	0.5	11%	4.1	4.4	0.3	7%	1.5
<b>EMERGENCY CARE</b>									
Inpatient	1,282	1,042	240	23%	7,282	7,226	56	1%	7,235
Outpatient	1,886	1,438	448	31%	11,973	9,974	1,999	20%	-
Total Emergency Dept volume	<b>3,168</b>	<b>2,480</b>	<b>688</b>	<b>28%</b>	<b>19,255</b>	<b>17,200</b>	<b>2,055</b>	<b>12%</b>	<b>7,235</b>
<b>SURGERIES</b>									
Inpatient	87	80	7	9%	473	449	24	5%	308
Outpatient	47	80	(33)	-41%	401	449	(48)	-11%	-
Total Surgeries	<b>134</b>	<b>160</b>	<b>(26)</b>	<b>-16%</b>	<b>874</b>	<b>898</b>	<b>(24)</b>	<b>-3%</b>	<b>308</b>
<b>OTHER STATISTICS</b>									
Outpatient Factor	1.671	1.555	0.116		1.737	1.517	0.220		1.631
<b>PATIENT DAYS</b>									
SLH INTENSIVE CARE UNIT	166	155	11	7%	940	1,075	(135)	-13%	432
SLH MED SURG SECOND FLOOR	932	1,125	(193)	-17%	5,711	7,878	(2,167)	-28%	1,361
SLH MED SURG THIRD FLOOR	-	-	-	0%	-	-	-	0%	1,330
Total Patient Days	1,098	1,280	(182)	-14%	6,651	8,953	(2,302)	-26%	3,123
SLH Observation Days (OBS)	129	-	129	0%	703	-	703	0%	-

SURGICAL CASES BY TYPE	Fiscal 2015	Fiscal 2014	Delta	% change	Fiscal 2015	Fiscal 2014	Delta	% change
ENT	4	2	2	100%	28	2	26	1300%
General	40	19	21	111%	243	19	224	1179%
Orthopedic	8	-	8	0%	40	-	40	0%
Pacemaker	2	4	(2)	-50%	8	4	4	100%
Plastic	-	-	-	0%	5	-	5	0%
Podiatry	8	2	6	300%	53	2	51	2550%
Urology	2	4	(2)	-50%	49	4	45	1125%
Vascular	69	58	11	19%	447	58	389	671%
Other	-	-	-	0%	-	-	-	0%
Total Surgical cases by type	134	90	44	49%	874	90	784	871%

**ALAMEDA HEALTH SYSTEM**  
**ALAMEDA CAMPUS - Patient Volumes**  
**For the month ending January 31, 2015**  
 Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var
<b>INPATIENT VOLUMES</b>								
Acute Admissions	178	199	(21)	-11%	1,079	1,405	(326)	-23%
Acute Patient Days	1,198	847	351	41%	6,221	6,133	88	1%
Average daily census	38.6	27.3	11.3	41%	28.9	28.5	0.4	1%
Acute Length of Stay	6.7	4.3	(2.4)	-56%	5.8	4.4	(1.4)	-32%
<hr/>								
Long Term Care Admissions	39	23	16	70%	188	159	29	18%
Long Term Care Patient Days	5,231	5,172	59	1%	36,076	35,872	204	1%
Average daily census	168.7	166.8	1.9	1%	167.8	166.8	1.0	1%
Long Term Length of Stay	29.4	26.0	(3.4)	-13%	33.4	25.5	(7.9)	-31%
<hr/>								
<b>EMERGENCY &amp; URGENT CARE</b>								
ED-HGH Pts Seen	1,769	1,441	328	23%	10,398	9,995	403	4%
<hr/>								
<b>SURGERIES</b>								
Inpatient	58	47	11	23%	387	325	62	19%
Outpatient	157	136	21	15%	1,047	944	103	11%
Total Surgeries	<b>215</b>	<b>183</b>	<b>32</b>	<b>17%</b>	<b>1,434</b>	<b>1,269</b>	<b>165</b>	<b>13%</b>
<hr/>								
<b>ANCILLARIES</b>								
Cardiology and Interventional Rad	588	444	144	32%	3,765	3,074	691	22%
Clinical Lab & Blood Bank	15,377	10,889	4,488	41%	88,060	75,511	12,549	17%
Imaging Services	1,949	1,980	(31)	-2%	14,086	13,638	448	3%
Pharmacy	27,983	22,472	5,511	25%	150,919	154,244	(3,325)	-2%
Other Ancillaries	301	164	137	84%	1,658	1,138	520	46%
<hr/>								
<b>THERAPIES</b>								
Occupational	462	612	(150)	-25%	4,389	4,244	145	3%
Physical Therapy	2,918	2,285	633	28%	19,081	15,847	3,234	20%
<hr/>								
<b>AMBULATORY CLINIC</b>								
AHD ORTHO CLINIC	224	195	29	15%	1,493	1,353	140	10%
AHD Adult Medicine Clinic	140	161	(21)	-13%	1,072	1,110	(38)	-3%
AHD WOUND CARE CLINIC	453	586	(133)	-23%	3,832	4,064	(232)	-6%
	-----	-----	-----	-----	-----	-----	-----	-----
Total Clinic Visits	817	942	(125)	-13%	6,397	6,527	(130)	-2%
<hr/>								
<b>OTHER STATISTICS</b>								
Outpatient Factor	1.470	1.490	(0.020)		1.485	1.501	(0.016)	
<hr/>								
<b>ACUTE PATIENT DAYS</b>								
AHD CORONARY CARE UNIT (CCU)	173	153	20	13%	899	1,061	(162)	-15%
AHD DEFINITIVE OBSERVATION	457	360	97	27%	2,617	2,590	27	1%
AHD 3RD WEST MED SURG	568	334	234	70%	2,705	2,482	223	9%
	-----	-----	-----	-----	-----	-----	-----	-----
Total Acute Patient Days	1,198	847	351	41%	6,221	6,133	88	1%
AHD Observation Days (OBS)	64	79	(15)	-19%	344	547	(203)	-37%
<hr/>								
<b>SKILLED NURSING AND SUBACUTE PATIENT DAYS</b>								
AHD SUB ACUTE 2ND FLOOR	1,054	1,000	54	5%	7,106	6,936	170	2%
AHD SOUTH SHORE SNF	703	742	(39)	-5%	5,093	5,146	(53)	-1%
AHD WATERS EDGE SNF	3,474	3,430	44	1%	23,877	23,790	87	0%
	-----	-----	-----	-----	-----	-----	-----	-----
Total Long Term Care Patient Days	5,231	5,172	59	1%	36,076	35,872	204	1%
TOTAL PATIENT DAYS net of OBS	6,429	6,019	410		42,297	42,005	292	

**ALAMEDA HEALTH SYSTEM**  
**ALAMEDA CAMPUS - Patient Volumes**  
**For the month ending January 31, 2015**  
Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var
<b>ANCILLARIES</b>								
<b>Cardiology and Interventional Rad</b>								
3300-IP EKG Tests	521	357	164	46%	3,115	2,474	641	26%
3304-OP EKG Tests	67	87	(20)	-23%	650	600	50	8%
Total Cardiology Volume	588	444	144	32%	3,765	3,074	691	22%
<b>Clinical Lab &amp; Blood Bank</b>								
3200-IP Laboratory Tests	9,600	6,318	3,282	52%	51,244	43,810	7,434	17%
3204-OP Laboratory Tests	5,777	4,571	1,206	26%	36,816	31,701	5,115	16%
Total Lab & Blood Bank volume	15,377	10,889	4,488	41%	88,060	75,511	12,549	17%
<b>Imaging Services</b>								
3500-IP X-Rays	327	242	85	35%	1,924	1,722	202	12%
3504-OP X-Rays	1,133	1,180	(47)	-4%	8,352	8,044	308	4%
3600-IP MRIs	17	18	(1)	-6%	111	126	(15)	-12%
3604-OP MRIs	51	73	(22)	-30%	497	507	(10)	-2%
3700-IP Sonograms	35	22	13	59%	172	150	22	15%
3704-OP Sonograms	130	154	(24)	-16%	1,083	1,070	13	1%
3800-IP CAT Scans	72	49	23	47%	389	341	48	14%
3804-OP CAT Scans	184	242	(58)	-24%	1,558	1,678	(120)	-7%
Total Imaging volume	1,949	1,980	(31)	-2%	14,086	13,638	448	3%
<b>THERAPIES &amp; OTHER</b>								
<b>Occupational Therapy</b>								
5500-IP OT Treatments	190	153	37	24%	1,251	1,061	190	18%
5504-OP OT Treatments	272	459	(187)	-41%	3,138	3,183	(45)	-1%
Total Occupational Therapy volume	462	612	(150)	-25%	4,389	4,244	145	3%
<b>Physical Therapy</b>								
5400-IP PT Treatments	935	552	383	69%	4,876	3,828	1,048	27%
5404-OP PT Treatments	1,983	1,733	250	14%	14,205	12,019	2,186	18%
Total Physical Therapy volume	2,918	2,285	633	28%	19,081	15,847	3,234	20%
<b>Speech Therapy</b>								
6600-IP Treatments	207	92	115	125%	989	638	351	55%
6604-OP Treatments	94	72	22	31%	669	500	169	34%
Total Speech Therapy volume	301	164	137	84%	1,658	1,138	520	46%
<b>SURGICAL CASES BY TYPE</b>								
	Fiscal 2015	Fiscal 2014	Delta	% change	Fiscal 2015	Fiscal 2014	Delta	% change
Gastroenterology	27	39	(12)	-31%	200	199	1	1%
General	65	79	(14)	-18%	458	541	(83)	-15%
GYN	16	-	16	0%	96	-	96	0%
Minor Procedure	15	7	8	114%	89	100	(11)	-11%
Ophthalmology	59	44	15	34%	346	341	5	1%
Orthopedics	2	5	(3)	-60%	47	5	42	840%
Pain	31	20	11	55%	196	20	176	880%
Urology	-	-	-	0%	1	-	1	0%
Total surgical cases	215	194	21	11%	1,433	1,206	227	19%

**ALAMEDA HEALTH SYSTEM**  
**AMBULATORY DIVISION - Patient Volumes**  
**For the month ending January 31, 2015**  
 Fiscal 2015

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>PRIMARY CARE</b>									
Highland	6,834	7,724	(890)	-12%	48,080	56,380	(8,300)	-15%	41,872
Eastmont	5,415	4,889	526	11%	37,675	35,686	1,989	6%	31,745
Winton / Hayward	2,691	3,029	(338)	-11%	15,702	22,114	(6,412)	-29%	18,745
Newark	2,091	2,208	(117)	-5%	14,443	16,115	(1,672)	-10%	15,797
Fairmont	101	131	(30)	-23%	653	958	(305)	-32%	804
<b>Total primary care</b>	<b>17,132</b>	<b>17,981</b>	<b>(849)</b>	<b>-5%</b>	<b>116,553</b>	<b>131,253</b>	<b>(14,700)</b>	<b>-11%</b>	<b>108,963</b>
<b>SPECIALTY CARE</b>									
Highland	7,040	7,483	(443)	-6%	49,493	54,631	(5,138)	-9%	53,686
Eastmont	700	1,861	(1,161)	-62%	4,471	13,585	(9,114)	-67%	7,397
<b>Total specialty care</b>	<b>7,740</b>	<b>9,344</b>	<b>(1,604)</b>	<b>-17%</b>	<b>53,964</b>	<b>68,216</b>	<b>(14,252)</b>	<b>-21%</b>	<b>61,083</b>
<b>Total visits</b>	<b>24,872</b>	<b>27,325</b>	<b>(2,453)</b>	<b>-9%</b>	<b>170,517</b>	<b>199,469</b>	<b>(28,952)</b>	<b>-15%</b>	<b>170,046</b>
<b>HIGHLAND</b>									
<b>PRIMARY CARE</b>									
HGH ADULT MEDICINE CLINIC	2,146	2,433	(287)	-12%	14,665	17,758	(3,093)	-17%	14,786
HGH LACTATION SERVICES	161	10	151	1510%	1,052	71	981	1382%	52
HGH MCH/OB CLINIC	1,885	2,247	(362)	-16%	14,045	16,406	(2,361)	-14%	13,835
HGH Pediatric Clinic	1,115	1,169	(54)	-5%	7,392	8,533	(1,141)	-13%	6,636
HGH SAME DAY CLINIC	1,527	1,865	(338)	-18%	10,926	13,612	(2,686)	-20%	6,563
Subtotal HGH Primary Care	<b>6,834</b>	<b>7,724</b>	<b>(890)</b>	<b>-12%</b>	<b>48,080</b>	<b>56,380</b>	<b>(8,300)</b>	<b>-15%</b>	<b>41,872</b>
<b>SPECIALTY CARE</b>									
HGH Adult Immunology Clinic	271	331	(60)	-18%	2,095	2,418	(323)	-13%	2,209
HGH Cast Room	2	5	(3)	-60%	13	33	(20)	-61%	20
HGH HEMATOLOGY/ONCOLOGY CLINIC	257	318	(61)	-19%	1,876	2,322	(446)	-19%	2,130
HGH CLINIC-OPHTHAL	568	583	(15)	-3%	4,018	4,260	(242)	-6%	3,888
HGH CLINIC-ORAL SURG	678	498	180	36%	1,781	3,635	(1,854)	-51%	6,586
HGH Dental Clinic	806	956	(150)	-16%	8,960	6,980	1,980	28%	3,080
HGH HCP-5 SPECIALTY CLINICS	352	531	(179)	-34%	2,531	3,877	(1,346)	-35%	3,874
HGH INFUSION SERVICES CENTER	554	636	(82)	-13%	3,696	4,645	(949)	-20%	4,261
HGH K7 PAIN MGMT CLINIC	53	163	(110)	-67%	366	1,189	(823)	-69%	613
HGH K7 Specialty Clinics Inpt	-	40	(40)	-100%	-	292	(292)	-100%	-
HGH K7 Specialty Clinics Outpt	3,499	3,422	77	2%	24,157	24,980	(823)	-3%	27,025
Subtotal HGH Specialty Care	<b>7,040</b>	<b>7,483</b>	<b>(443)</b>	<b>-6%</b>	<b>49,493</b>	<b>54,631</b>	<b>(5,138)</b>	<b>-9%</b>	<b>53,686</b>
<b>Total Highland Visits</b>	<b>13,874</b>	<b>15,207</b>	<b>(1,333)</b>	<b>-9%</b>	<b>97,573</b>	<b>111,011</b>	<b>(13,438)</b>	<b>-12%</b>	<b>95,558</b>
<b>EASTMONT</b>									
<b>PRIMARY CARE</b>									
EWC WELLNESS CENTER	5,415	4,889	526	11%	37,675	35,686	1,989	6%	31,745
EWC REFUGEE PREVENTATIVE HLTH	-	-	-	0%	-	-	-	0%	-
Subtotal Eastmont Primary Care	<b>5,415</b>	<b>4,889</b>	<b>526</b>	<b>11%</b>	<b>37,675</b>	<b>35,686</b>	<b>1,989</b>	<b>6%</b>	<b>31,745</b>
<b>SPECIALTY CARE</b>									
EWC DENTAL HEALTH SERVICES	515	548	(33)	-6%	3,204	4,000	(796)	-20%	2,833
EWC SPECIALTY CLINICS	185	1,313	(1,128)	-86%	1,267	9,585	(8,318)	-87%	4,564
Subtotal Eastmont Specialty Care	<b>700</b>	<b>1,861</b>	<b>(1,161)</b>	<b>-62%</b>	<b>4,471</b>	<b>13,585</b>	<b>(9,114)</b>	<b>-67%</b>	<b>7,397</b>
<b>Total Eastmont Visits</b>	<b>885</b>	<b>3,174</b>	<b>(2,289)</b>	<b>-72%</b>	<b>5,738</b>	<b>23,170</b>	<b>(17,432)</b>	<b>-75%</b>	<b>11,961</b>
<b>WINTON / HAYWARD</b>									
<b>PRIMARY CARE</b>									
HAY WELLNESS CENTER	2,691	3,029	(338)	-11%	15,702	22,114	(6,412)	-29%	18,745
<b>NEWARK</b>									
<b>PRIMARY CARE</b>									
NWK WELLNESS CENTER	2,091	2,208	(117)	-5%	14,443	16,115	(1,672)	-10%	15,797
<b>FAIRMONT</b>									
<b>PRIMARY CARE</b>									
FMT ADULT IMMUNOLOGY CLINIC	101	131	(30)	-23%	653	958	(305)	-32%	804

**ALAMEDA HEALTH SYSTEM**  
**" CORE without Ambu - Patient Volumes "**  
**For the month ending January 31, 2015**  
**Fiscal 2015**

	ACTUAL	BUDGET	VARIANCE	%	YTD	BUDGET	Variance	% Var	PYTD
<b>INPATIENT VOLUMES</b>									
Admissions (net of NB)	1,162	1,258	(96)	-8%	8,565	8,732	(167)	-2%	8,141
Adjusted Admissions	1,847	1,837	10	1%	11,040	10,896	144	1%	12,188
Patient Days (Net of NB)	9,678	10,281	(603)	-6%	66,922	71,251	(4,329)	-6%	67,310
Adjusted Patient Days	14,244	15,009	(765)	-5%	85,113	88,887	(3,774)	-4%	87,683
Average Daily Census (Net of NB)	312	332	(20)	-6%	311	331	(20)	-6%	2,171
Average Length of Stay	8.3	8.2	(0.1)	-1%	7.8	8.2	0.4	5%	8.3
<b>EMERGENCY &amp; URGENT CARE</b>									
ED-HGH Admits	691	665	26	4%	4,822	4,611	211	5%	4,595
ED-HGH Visits	5,862	6,489	(627)	-10%	40,630	45,005	(4,375)	-10%	42,228
ED-HGH LWBS	229	334	(105)	-31%	1,340	2,316	(976)	-42%	3,379
PES Visits	1,218	1,224	(6)	0%	8,572	8,488	84	1%	7,470
<b>Total Urgent &amp; Emergent</b>	<b>8,000</b>	<b>8,712</b>	<b>(712)</b>	<b>-8%</b>	<b>55,364</b>	<b>60,420</b>	<b>(5,056)</b>	<b>-8%</b>	<b>57,672</b>
Trauma Cases (incl in ED-HGH Pts Seen)	227	177	50	28%	1,337	1,229	108	9%	1,185
LWBS % of Total ED-HGH	2.9%	3.8%	0.9%		2.4%	3.8%	1.4%		5.9%
<b>DELIVERIES</b>	<b>79</b>	<b>119</b>	<b>(40)</b>	<b>-34%</b>	<b>656</b>	<b>797</b>	<b>(141)</b>	<b>-18%</b>	<b>672</b>
<b>SURGERIES</b>									
Inpatient	235	233	2	1%	1,640	1,615	25	2%	1,619
Outpatient	204	298	(94)	-32%	1,629	2,068	(439)	-21%	1,709
<b>Total Surgeries</b>	<b>439</b>	<b>531</b>	<b>(92)</b>	<b>-17%</b>	<b>3,269</b>	<b>3,683</b>	<b>(414)</b>	<b>-11%</b>	<b>3,328</b>
<b>ANCILLARIES</b>									
Cardiology services and clinic	2,940	3,865	(925)	-24%	20,705	26,909	(6,204)	-23%	20,218
Vascular	360	378	(18)	-5%	2,346	2,622	(276)	-11%	2,450
Cath Lab and Interventional Rad	434	104	330	317%	1,758	720	1,038	144%	831
Clinical Lab & Blood Bank	78,213	72,996	5,217	7%	515,831	506,262	9,569	2%	493,190
Imaging Services	18,956	26,017	(7,061)	-27%	132,122	182,216	(50,094)	-27%	145,911
Pharmacy	440,074	470,935	(30,861)	-7%	3,024,166	3,266,167	(242,001)	-7%	2,767,894
<b>THERAPIES</b>									
Occupational	2,605	2,798	(193)	-7%	17,500	19,404	(1,904)	-10%	5,930
Physical Therapy	4,009	3,806	203	5%	29,855	26,396	3,459	13%	24,524
Respiratory	13,722	15,476	(1,754)	-11%	81,102	107,332	(26,230)	-24%	81,510
Speech & Audio	553	551	2	0%	3,998	3,821	177	5%	3,673



## Alameda Hospital Monthly Quality Dashboard (CY 2014)

QUALITY INDICATORS		AH CURRENT PERFORMANCE												CURRENT	
		JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014	OCT 2014	NOV 2014	DEC 2014	BENCH MARK / GOAL	COMPARISON ORGANIZATION
I.	<b>30-Day Readmissions: (all diagnoses)</b>														
	(#of readmits/#of total admissions X100)	N/A	N/A	N/A	N/A	5.1%	5.4%	5.7%	3.9%	5.3%	4.6%	3.5%	3.2%	15.8%	HSAG/CMS(CA)
II.	<b>Medication Errors:</b>														
	• Acute (# errors/doses dispensed)	0.08%	0.09%	0.12%	0.05%	0.04%	0.10%	0.10%	0.07%	0.05%	0.01%	0.05%	0.13%	≤ 0.1%	AH
	• Acute (#errors/patient days)	0.019%	0.024%	0.029%	0.012%	0.009%	0.024%	0.024%	0.017%	0.013%	0.003%	0.013%	0.032%		
	• LTC (#errors/patient days)	0.004%	0.003%	0.001%	0.000%	0.000%	0.001%	0.001%	0.000%	0.0001%	0.000%	0.000%	0.000%		
III.	<b>HAPU: (per 1000 patient days)</b>														
	• Acute	0.00	0.00	0.00	0.00	2.26	0.00	0.00	0.00	0.00	1.01	0.00	1.05	1.27	CALNOC
	• Long Term Care (Sub-Acute; SSC;WE) (per 1000 pt days)	0.56	0.43	1.38	0.10	0.70	0.60	0.00	0.37	1.17	.93	1.39	0.19	2.54	NE
IV.	<b>Falls: (per 1000 patient days)</b>														
	• Acute (CCU/TELE/3W/ECC)	0.39	1.86	2.53	0.42	0.43	1.46	1.33	0.90	1.73	0.42	0.0	1.29	2.89	CALNOC
	• Long Term Care (Sub-Acute SSC;WE)	2.63	1.95	3.56	2.00	2.30	1.40	1.96	3.50	1.17	.93	1.58	1.36	5.78	MQI
V.	<b>Infection Prevention:</b>														
	• Catheter Associated Urinary Tract Infections: per catheter days (# of infections/catheter days)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.56%	SIR 2.99
	• Hand Hygiene	95%	93%	89%	81%	72%	96%	89%	93%	94%	88%	90%	90%	90%	TJC
	• Surgical Site Infections: (per inpatient elective orthopedic procedures)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	SIR 1.64
VI.	<b>Core Measures:</b>														
	• SCIP: Venous Thrombosis Embolism (VTE) prophylaxis received	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NR	99.9%	CMS / TJC
	• SCIP: Antibiotics within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NR	99.9%	CMS / TJC
	• SCIP: Antibiotics dc'd within 24 hours	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	NR	99.8%	CMS / TJC
	• OP: Time to EKG (minutes)	N/A	N/A	139	8	4	12	N/A	7	110	12	N/A	NR	10 min	CMS / TJC
VII.	<b>HCAHPS: Target goal selected at 75 percentile</b>														
	• Communication with Nurses	71.1	63.6	63.0	64.3	71.7	72.5	71.2	53.8	69.3	66.7	62.8	NR	82.1	Target Goal
	• Staff Responsiveness	40.4	42.1	58.7	38.1	56.1	38.9	45.7	50.0	57.6	50.0	56.5	NR	70.3	Target Goal
	• Pain Management	63.2	57.1	68.8	63.3	66.7	65.0	50.0	66.7	55.6	50.0	73.3	NR	75.0	Target Goal
	• Communication about Medications	44.4	40.0	61.1	38.1	47.7	46.2	33.3	50.0	62.0	38.9	50.0	NR	67.0	Target Goal
	• Willingness to Recommend the Hospital	60.7%	59.1%	52.0%	46.2%	64.1%	66.7%	43.5%	63.6%	56.8%	64.3%	68.0%	55.6%	74.4%	Target Goal
	• Quiet Around Room at Night (Question part of Environment domain)	36.7%	25.0%	46.7%	33.3%	53.5%	44.8%	24.0%	26.9%	41.7%	46.2%	48.1%	35.7%	65.0%	Target Goal
VIII.	<b>*ECC Turn-Around-Times (TAT/Hours):</b>														
	• Door ➔ Doctor Time	31	29	N/A	N/A	30	31	32	38	30	28	28	30	31 min	AHS True North
	• Door ➔ Admit	2.3	2.8	N/A	N/A	2.8	2.5	4.38	3.00	2.02	2.28	3.43	3.32	2.8 Hrs.	AHS True North
IX.	<b>Stroke (Mean Times)</b>														
	• Door ➔ CT for Code Stroke	21	15	29	20	19	19	18	32	16	21	21	17	≤ 25 min	Am St Assoc
	• Door ➔ Alteplase	49	53	51	59	49	56	47	61	41	54	49	54	≤ 60 min	Am St Assoc

NA = Not Available / NC = No Cases / NE = Not Established  
 Green = Meets or exceeds goal; Yellow = Just below goal; Red = Significantly below goal  
 NR=No Responses

# Alameda Hospital Monthly Quality Dashboard (CY 2014)

## COMMENTS:

### **I. 30-Day Readmissions: (all diagnoses):**

- Medicare reports for 30-Day Readmissions have been delayed due to CMS data calculation issues for AMI, CHF, & Pneumonia. In addition, rates currently available are calculated from Medicare and VA data on patients discharged between July 1, 2009 and June 30, 2012. As reported by CMS, Alameda Hospital is “no different than the National Rate”. Local reporting from Meditech shows rates continue to be low and cases are monitored by Case Management.

### **II. MEDICATION ERRORS:**

- Reporting in the month of December increased by 300%. Inservices for reporting medication errors were conducted for Nursing Staff in November. This led to the increase of medication errors reported.

### **III. HAPU:**

- Alameda Hospital has received the National Sharon Baranoski Foundation’s Award from the 29<sup>th</sup> Annual Clinical Symposium on Advances in Skin & Wound Care
- HAPU and Falls Data will be combined together in future reports as part of the AHS True North Reduction in Patient Harm Data.
- Data source currently is collected manually but will begin being collected from coding abstraction in the near future.
- LTC had 5 HAPU in October & 7 HAPU in November

### **IV. FALLS:**

- Alameda Hospital has been recognized and presented with the Performance Excellence in the Prevention of Injury Falls Award from CALNOC
- HAPU and Falls Data will be combined together in future reports as part of the AHS True North Reduction in Patient Harm Data
- A Falls Harm Reduction Team has been in place for several months to identify patient who may be at risk for falls. AHS system wide falls team will be developed to help reduce the falls. Team is in the process of educating Nursing Staff in Assessments, obtaining new bedside commodes, and helping to implement a revised Administrative Policy for Fall Reduction. This team meets monthly to review data and identify needs.
- LTC has reduced falls overall since the beginning of 2014 with efforts focused on debriefing huddles when a fall occurs to identify preventable efforts, falling star program was implemented and discussions with staff about prevention. LTC has 5 falls in October and 9 falls in November with no injuries.

### **VI. Core Measures:**

- Heart Failure Indicator retired; a new indicator was selected. OP SCIP Antibiotic Timing was selected since the number of OP surgeries has increased in 2014 due to the affiliation with AHS.

### **VII. HCAHPS:**

- Inpatient Responses- Volume of responses is low so that rate of return has a higher impact on scores.
- Studer training for leaders and employee rounding as well as AIDET training for staff has started and is expected to improve the communication scores. Physician training will also need to receive focus to improve communication. Communication scores impact the Value based purchasing scores.
- It is important to note that this information is preliminary and may not have been verified by the vendor
- Willingness to Recommend is another indicator of the overall perception of the hospital.
- Quiet Round Room At Night was added Medical Committee. Automatic Doors opening and closing, Central Nursing location is a gathering area instead of the break room.

### **VIII. ECC Turn-Around-Times**

- Time increases due to ECC Electronic Physician Order Entry implementation

### **IX. Stroke Mean Times**

- November: There were 4 Code Strokes, the shortest time to CT Imaging completion was 10 minutes and longest was 34 minutes. One patient received Alteplase with a Door to Drug Time of 49 minutes
- December: There were 6 Code Strokes, the shortest time to CT Imaging completion was 11 minutes and longest was 33 minutes. One patient received Alteplase with a Door to Drug Time of 54 minutes

## CITY OF ALAMEDA HEALTH CARE DISTRICT

---

Date: February 25, 2015  
For: March 2, 2015 District Board Meeting – Closed Session  
To: City of Alameda Health Care District, Board of Directors  
From: Kristen Thorson, District Clerk  
Subject: ACHD Overview

---

As follow up to the February 2, 2015 District Board Meeting the following is a summary of the membership of the Association of California Healthcare Districts (ACHD) as well as a roster and information on Healthcare Districts in California.

The cost of ACHD membership is \$10,000 annually. This is a decrease from the 2014 annual dues of \$26,250 that was established prior to the affiliation with Alameda System. It is noted that if the District were to participate in ACHD's related ALPHA Fund shared workers compensation risk pool, ACHD dues would be reduced by 25%, although there is no requirement to participate in ALPHA Fund. However, the District does not have any employees thus would not participate in ALPHA Fund.

Membership in ACHD provides the District with access to the My ACHD (members only) section on our web page which is populated with educational materials relevant to Healthcare Districts. There is also access (at no cost) to an on-line Board Self-Assessment tool, on line CEO evaluation, information on legislative matters relating to Healthcare Districts, and discounted rates for ACHD educational activities such as the Leadership Academy, Legislative Day and the Annual Meeting.

Kenneth B. Cohen, Executive Director of ACHD provided a document that was prepared for the September 2014 Legislative Tour of three of the ACHD member Districts. Mr. Cohen noted page 16, a listing of the California Healthcare Districts and page 14, which provides an overview of the History of California's Healthcare Districts, as they have evolved from "hospital districts" to "healthcare districts" due to their rapidly changing scope and missions. He also noted that there is a growing number of community based Healthcare Districts in California, as they continue to provide their districts with healthcare leadership, advocacy, and in some instances, direct funding of local services.

ACHD also maintains an "in house" advocacy service specifically focused on state legislation, executive and departmental rulemaking, and we keep members abreast of all proposed state legislation. They actively participate in a number of stakeholder groups regarding: healthcare reform, community and public health, children's services, manpower, government and tax, and insurance. ACHD works directly with each District to help coordinate legislative advocacy, and to advance their various local interests.

The Association of California Healthcare Districts (ACHD) & ALPHA Fund Presents:



**ACHD**

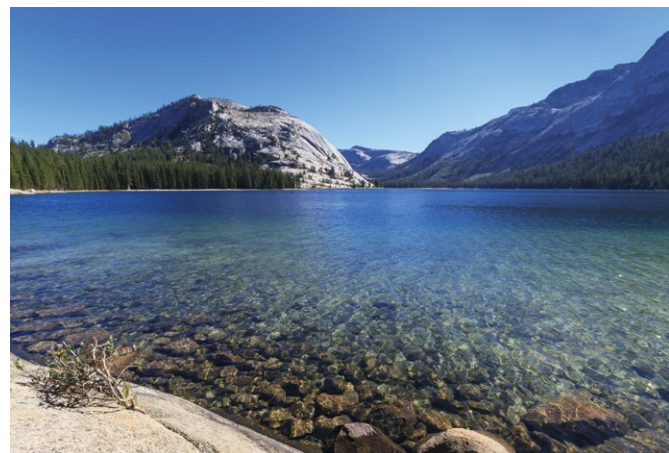
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS



# Experience the Diversity

of California's Healthcare Districts & Workforce in Rural California

**CHOWCHILLA MEMORIAL HEALTHCARE DISTRICT (Chowchilla)**  
**JOHN C. FREMONT HEALTHCARE DISTRICT (Mariposa)**  
**SOUTHERN MONO HEALTHCARE DISTRICT (Mammoth Lakes)**



SEPTEMBER 18-19, 2014

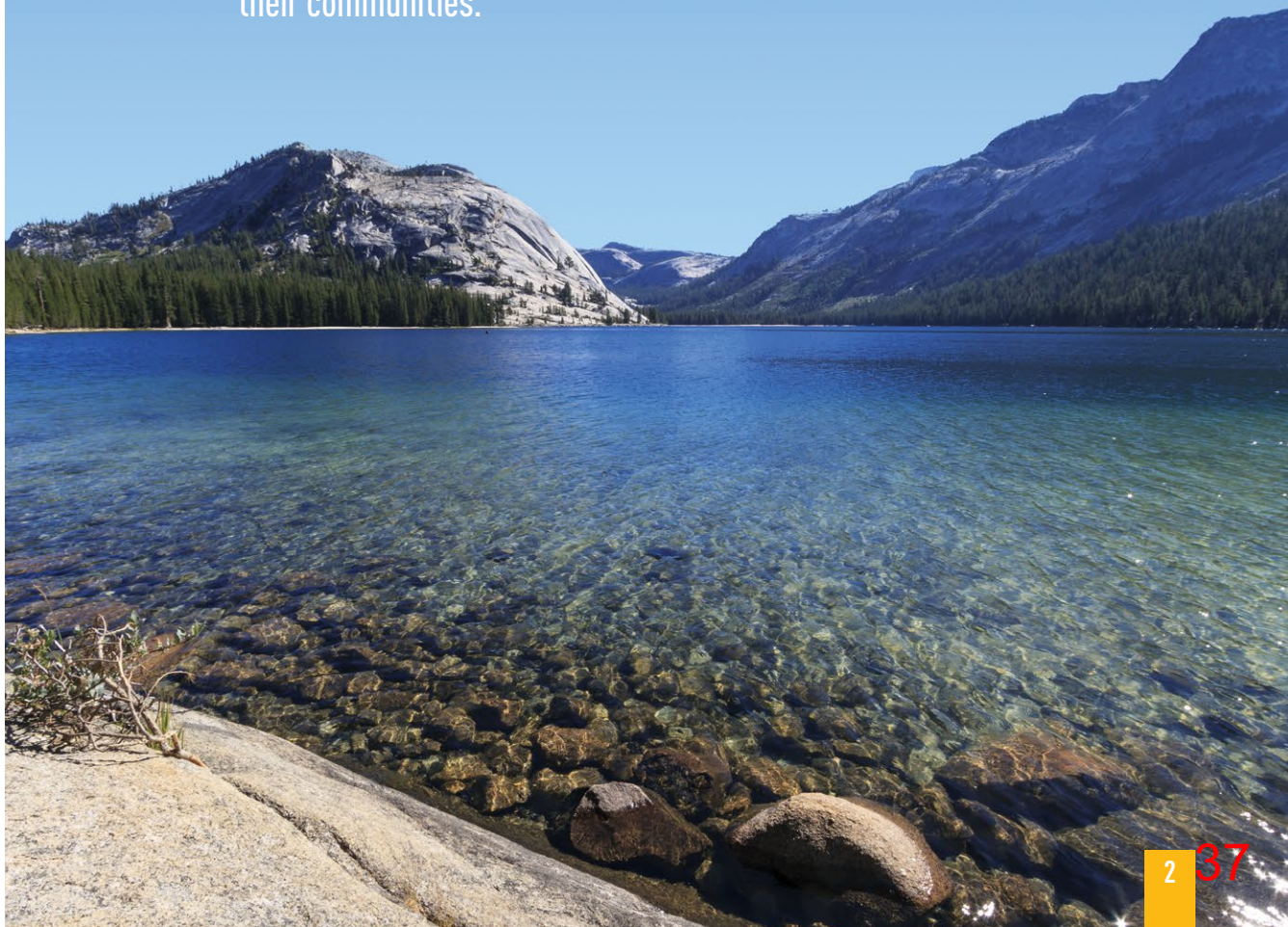




# Educational Goals

At the completion of this learning experience, participants will be able to:

- Discuss the unique nature of Healthcare Districts;
- Describe the communities/constituents that Healthcare Districts serve;
- Explain workforce challenges and opportunities in rural California, and;
- Communicate the positive impact Healthcare Districts make in their communities.





# Schedule

## THURSDAY, SEPTEMBER 18, 2014

<b>7:00 AM</b>	Meet at Esquire Plaza for Departure
<b>7:00 AM - 9:30 AM</b>	Travel to Chowchilla
<b>9:30 AM - 11:00 AM</b>	Tour Chowchilla Memorial Healthcare District (coffee & pastries served)
<b>11:00 AM - 12:00 PM</b>	Travel to Mariposa
<b>12:00 PM - 1:30 PM</b>	Tour John C. Fremont Healthcare District (lunch served)
<b>1:30 PM - 4:30 PM</b>	Travel to hotel in Mammoth Lakes
<b>6:00 PM</b>	Dinner

## FRIDAY, SEPTEMBER 19, 2014

<b>8:30 AM - 10:30 AM</b>	Tour Southern Mono Healthcare District (coffee & pastries served)
<b>10:30 AM - 4:00 PM</b>	Travel to Sacramento (lunch provided)

# Contents

## 3 SCHEDULE

## 4 CALIFORNIA'S RURAL EDUCATIONAL EXPERIENCE

- 4 Chowchilla Memorial Healthcare District
- 7 John C. Fremont Healthcare District
- 10 Southern Mono Healthcare District

## 13 RESOURCES

- 14 About California's Healthcare Districts
- 15 About ACHD & ALPHA Fund
- 16 Healthcare District Comprehensive List
- 19 Healthcare District Map
- 20 ALPHA Fund Participants
- 23 Glossary of Terms
- 25 Contact Information



# CHOWCHILLA MEMORIAL HEALTHCARE DISTRICT



# CHOWCHILLA MEMORIAL HEALTHCARE DISTRICT

### BOARD MEMBERS

- Kelby Hooper, *President*
- Leland Decker, *Vice President*
- Val Tarabini, *Vice President*
- Dan Flanagan, *Secretary*
- Larry Pistoresi, Sr., *Treasurer*
- Gerry Green
- Nicholas Nomicos, MD

### CHIEF EXECUTIVE OFFICER:

Cathy J. Flores

### SERVICES PROVIDED

- 24-Hour Nursing Care
- Rehabilitation Services
- Wound Care
- Massage Therapy
- Diabetic Care
- Restorative Therapy Program
- X-Ray Diagnostic Services

### CONTACT INFO

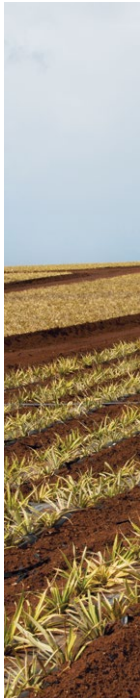
1104 Ventura Avenue, Chowchilla, CA 93610  
 (559) 665-3781  
[www.chowchillaskillednursing.com](http://www.chowchillaskillednursing.com)

### HISTORY

In 1957, Chowchilla Memorial Hospital District opened for business as an acute care hospital. After decades of providing services to the community at the hospital and clinic, the District was faced with financial challenges that painted a picture of uncertainty for its continuing existence particularly with major hospitals located just 17 miles to the north and south. However, the District survived a transformation from the small rural hospital into a well-respected and vital healthcare entity now known as the Chowchilla Memorial Healthcare District (CMHD) comprised of the Chowchilla Skilled Nursing Facility, the Chowchilla Wellness Center housing diagnostic x-ray services and massage therapy, and the Chowchilla Medical Center managed and operated by Madera Community Hospital.

The Chowchilla Skilled Nursing Facility's (SNF) staff of licensed nurses and certified nursing assistants provides quality care around the clock. A full range of nursing services include 24-hour licensed nursing supervision, short-term rehabilitation, wound care, diabetic care, restorative therapy programs, as well as portable diagnostic x-ray services.

CMHD's 7-member Board of Directors and its management team live and work in close proximity to the facility. Together they bring many years of experience to management. All are dedicated to keeping the Chowchilla Skilled Nursing Facility's home-like atmosphere warm and inviting by engaging residents and family members in a wide assortment of regularly-scheduled activities and numerous special events throughout the year — all for the purpose of enhancing each resident's quality of life and creating lasting memories for each family member.

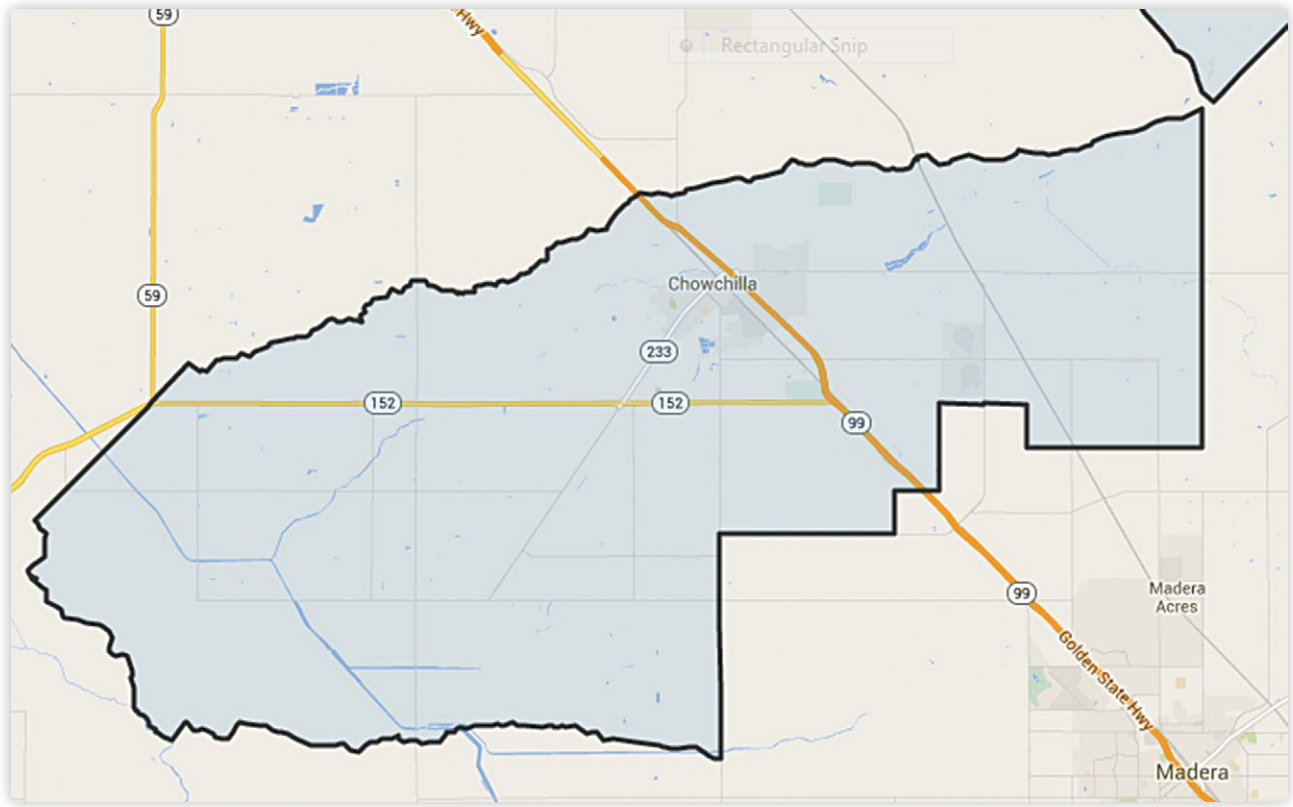






# CHOWCHILLA MEMORIAL HEALTHCARE DISTRICT (CONTINUED)

## DISTRICT MAP



## DISTRICT PROFILE

<b>CITIES</b>	Chowchilla
<b>COUNTIES</b>	Madera
<b>DISTRICT BOUNDARIES</b>	Approx. 345 sq. miles
<b>POPULATION</b>	Approx. 27,700

## 2012-13 FINANCIALS

<b>TOTAL INCOME</b>	\$2,755,516
<b>PROPERTY TAX</b>	\$605,546
<b>FULL-TIME EMPLOYEES</b>	Approx. 56

## ALPHA FUND FACTS

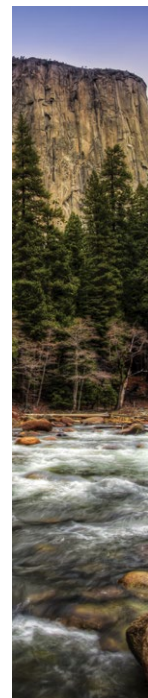
<b>COVERED PAYROLL</b>	\$1,506,696
<b>FULL TIME EQUIVALENTS</b>	45
<b>PARTICIPANT SINCE</b>	1987



# JOHN C. FREMONT HEALTHCARE DISTRICT



# JOHN C. FREMONT HEALTHCARE DISTRICT



## BOARD MEMBERS

Samuel "Mike" McCreary, *Chair*  
Carl E. Wood, *Secretary-Treasurer*  
Michael Fagalde, J.D., M.S.  
Candy O'Donel-Browne  
Suzette Prue

## CHIEF EXECUTIVE OFFICER

Alan MacPhee

## MISSION

To excel in the provision of quality health care services

## SERVICES PROVIDED

- Ancillary Services, Cardio, Lab, Imaging (CT, MRI, Mammo, X-ray, Ultrasound)
- Diagnostic Testing
- 24/7 Emergency Services
- Home Health Care & Private Duty Care
- Acute Nursing Care
- Hospice Care
- Long Term Care & Swing
- Outpatient Services, Three Rural Health Clinics, Surgery/Procedures
- Community Education in CPR and First Aid

## CONTACT INFO

5189 Hospital Road, Mariposa, CA 95338  
(209) 966-3631  
[www.jcf-hospital.com](http://www.jcf-hospital.com)

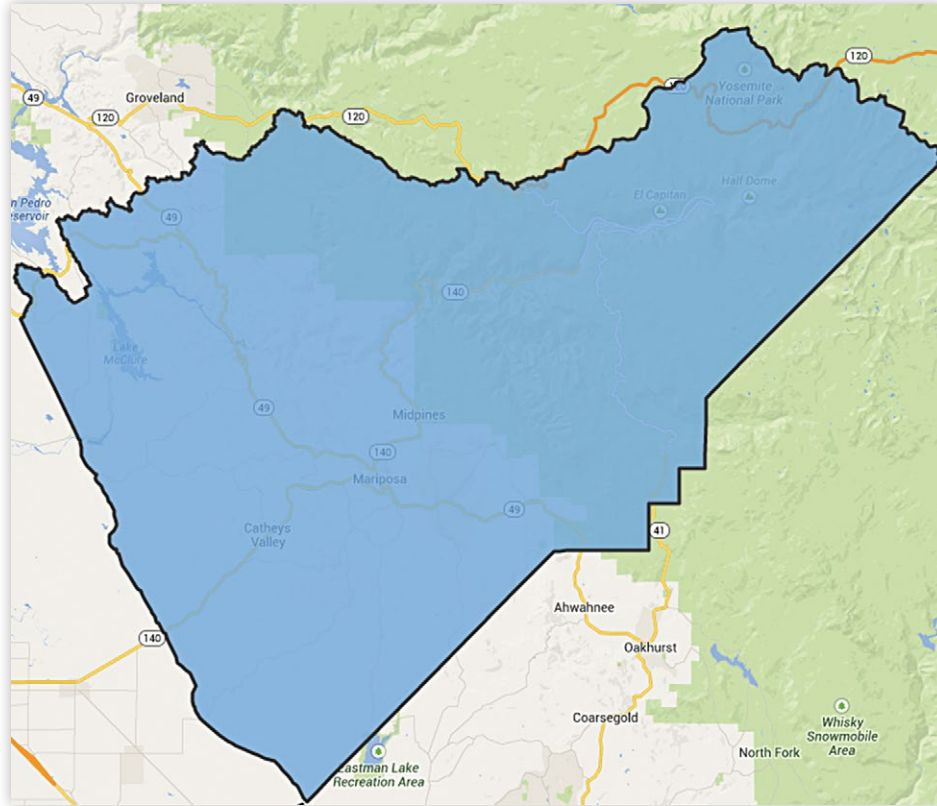
## HISTORY

The John C. Fremont Healthcare District is a political subdivision of the State of California, created in 1947, under the provisions of California Local Hospital District Law. The District, governed by an elected five member board serving without compensation, opened its doors in 1951, as an acute care hospital, adding a skilled nursing facility in the state and is the only provider of 24 hour emergency, acute, and skilled nursing care. The District also operates three rural health clinics and a Home Health/Hospice Agency. The hospital is located on a 20 acre campus in the town of Mariposa.



# JOHN C. FREMONT HEALTHCARE DISTRICT (CONTINUED)

## DISTRICT MAP



## DISTRICT PROFILE

<b>CITIES</b>	Mariposa
<b>COUNTIES</b>	Mariposa
<b>DISTRICT BOUNDARIES</b>	Approx. 1,463 sq. miles
<b>POPULATION</b>	Approx. 17,905 (2012 census)

## FINANCIALS

	2009-2010	2011-2012
<b>TOTAL INCOME</b>	\$15,952,262	\$16,243,725
<b>PROPERTY TAX</b>	\$703,990	\$711,814
<b>FULL-TIME EMPLOYEES</b>	Approx. 263	204

## ALPHA FUND FACTS

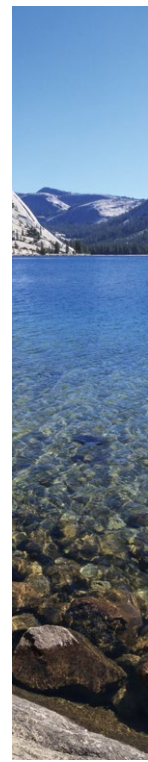
<b>COVERED PAYROLL</b>	\$8,415,912
<b>FULL TIME EQUIVALENTS</b>	165
<b>PARTICIPANT SINCE</b>	2009



# SOUTHERN MONO HEALTHCARE DISTRICT



# SOUTHERN MONO HEALTHCARE DISTRICT



## BOARD MEMBERS

Helen Shepherd, *Chair*  
Maria King, D.O., *Vice Chair*  
Stephen Swisher, M.D., *Treasurer*  
Dennis Crunk, M.D., *Secretary*  
Edward Forstenzer

## CHIEF EXECUTIVE OFFICER

Gary Myers, *PT, MA, OCS*

## MISSION

To promote the well-being and improve the health of our residents and visitors.

## SERVICES PROVIDED

- Inpatient Acute Care
- Short Term Intensive Care
- Outpatient Services
- Surgical Services
- Physician Clinic Services
- Medical Imaging
- Laboratory Services
- Physical, Occupational, and Speech Therapy
- Nutritional Services
- Respiratory Services
- Dental Services

## CONTACT INFO

P.O. Box 660, 85 Sierra Park Road  
Mammoth Lakes, CA 93546  
(760) 934-3311 Admitting  
(760) 924-4114 Executive Office  
[www.mammothhospital.com](http://www.mammothhospital.com)

## HISTORY

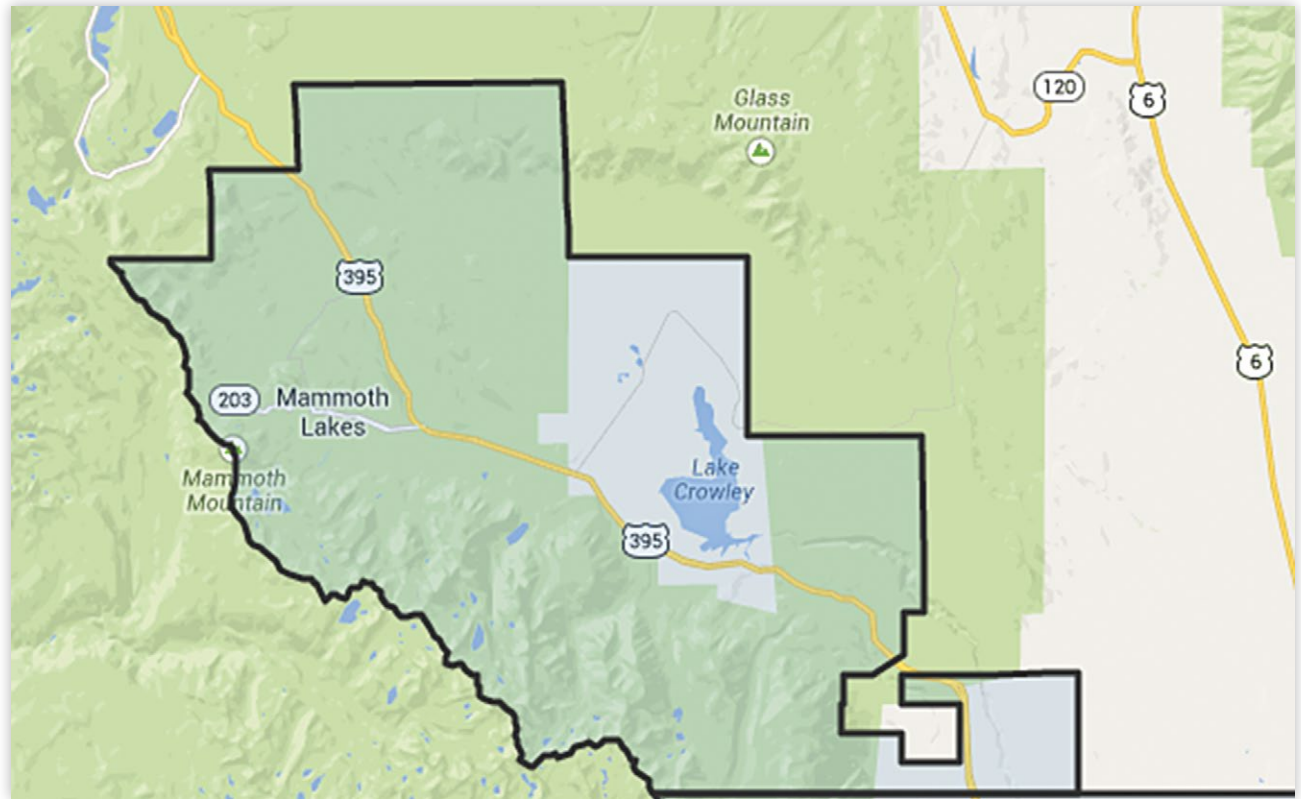
The Southern Mono Healthcare District was organized in 1974 and the newly constructed 20,000 square foot hospital opened in 1978. Thirty five years later, Mammoth Hospital and Clinics have grown to 100,000 square feet of facilities, more than 50 active medical staff members, and serves the medical needs of 15,000 residents and an estimated 3 million visitors to the region. Mammoth Hospital is a federally designated Critical Access Hospital and operates a Rural Health Clinic on the hospital campus in Mammoth Lakes as well as Rural Health Clinic in Bridgeport, CA, 50 miles to the north. The Emergency Department has won national recognition for several years running for patient satisfaction and the Orthopedic and Sports Medicine service is recognized regionally as the provider of choice for high quality orthopedic care.





## SOUTHERN MONO HEALTHCARE DISTRICT (CONTINUED)

### DISTRICT MAP



### DISTRICT PROFILE

<b>CITIES</b>	Mammoth Lakes
<b>COUNTIES</b>	Mono
<b>DISTRICT BOUNDARIES</b>	Approx. 3,000 sq. miles
<b>POPULATION</b>	Approx. 15,000 residents, 3 million visitors annually

### 2012-13 FINANCIALS

<b>TOTAL INCOME</b>	\$58,992,844
<b>PROPERTY TAX</b>	\$1,997,021
<b>FULL-TIME EMPLOYEES</b>	Approx. 260

### ALPHA FUND FACTS

<b>COVERED PAYROLL</b>	\$17,979,860
<b>FULL TIME EQUIVALENTS</b>	253
<b>PARTICIPANT SINCE</b>	1999



# RESOURCES





# ABOUT CALIFORNIA'S HEALTHCARE DISTRICTS

## HISTORY

In 1945, Post World War II, access to acute hospital care for many areas of the state, particularly in rural areas of California, was marginal at best. In an effort to mitigate that dilemma, the legislature enacted the Local Hospital District Act; legislation that enabled a community, with voter approval, to form a Special District and impose property taxes to support the construction and operation of hospitals. Residents in these Districts elect local boards to oversee the spending of their local tax dollars in pursuit of improved community health. The meetings of these publicly elected officials are open and subject to the provisions of the Ralph M. Brown Act, providing for public input and a high degree of transparency relative to the board's decisions.

The first Hospital District formed in California was Sequoia Hospital District (1946) and the first Hospital District to open a Hospital was Lompoc Hospital District (1947). In 1994, in recognition of the rapidly expanding role of hospitals, the State Legislature broadened the scope of Hospital Districts and renamed them, "Healthcare Districts."

## HEALTHCARE DISTRICTS TODAY

Currently, California has 78 Healthcare Districts in both urban and rural settings. Healthcare Districts offer a variety of services including: community grant making, chronic disease management, education, senior services, ambulance services, primary care clinics, dental clinics, nutritional counseling, physical education, skilled nursing, senior housing and acute hospital care. In many instances, Healthcare Districts

are the sole source of health and medical services in the community; serving as an integral part of the Safety-Net for the state's uninsured/underinsured.

Each Healthcare District is unique, focusing on the specific needs of their community. Despite the varying revenue streams, size of workforce, services offered and geographic location, the core mission of Healthcare Districts remains the same; to provide health services to the communities that created them.

Healthcare Districts are funded through a variety of funding mechanisms including: property taxes, special taxes, bond funds for infrastructure, insurance reimbursement, and Medi-Cal and Medicare reimbursement. Each District is funded differently; for example, not all Districts receive property taxes.

## TYPES OF HEALTHCARE DISTRICTS

### HOSPITALS

As defined, a hospital is a health care institution providing patient treatment with specialized staff and equipment.

Each District's Hospital provides a variety of services and is primarily funded by reimbursed medical services. Many District Hospitals are located in rural and Health Professional Shortage Areas (HPSA).

Examples of services provided include:

- Ambulance
- Acute Care
- Surgery
- Obstetrics and Gynecology
- Urgent Care
- Rural Health or Community Clinics

### COMMUNITY BASED DISTRICTS

Community-based Districts do not operate a hospital and are often focused on preventative health services.

Community-based Districts may provide grants to community health related non-profits, provide access to healthy foods, or maintain community/school gardens. Additionally, many community-based Districts partner with local school districts to provide healthcare services or nutrition/physical education to students. The majority of Community Based Districts are located in urban areas.

Examples of services provided include:

- Grants Programs
- Adult Day Care
- Chronic Disease Management
- School Health
- Healthcare Transportation

### STAND-ALONE FACILITIES/SERVICES

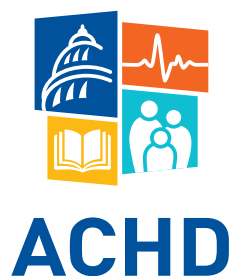
Some Healthcare Districts operate stand-alone Skilled Nursing Facilities, operate or partner with a Rural Health Clinic, partner with a Federally Qualified Health Center, or a Community Clinic. A number of Districts also operate stand-alone ambulance services. The majority of these facilities are located in rural areas and some were created for this sole purpose.

Examples of services provided include:

- Ambulance
- Community Clinics
- Skilled Nursing Care



# ABOUT ACHD & ALPHA FUND



**The Association of California Healthcare Districts (ACHD)** is a valuable resource for members of the Legislature, staff and consultants. ACHD provides current information relating to California's Healthcare Districts including where they are located, how they function and the services they provide. With the majority of Healthcare Districts located in rural areas, ACHD understands the unique challenges of sustaining access to healthcare in underserved communities. ACHD also offers information about topics that are important to healthcare policy, providing a library of news, annual reports and other information about California's Healthcare Districts.



**ALPHA Fund** is California's premier self-insured workers' compensation Participant group, serving public and non-profit health care organizations.

For over 35 years, ALPHA Fund has provided a broad range of innovative safety and savings programs to diverse health care communities throughout the state.

ALPHA Fund's professional staff provides a unique understanding of the workplace risks and needs of today's health care workers. This expertise leads to a record of proven performance, as ALPHA Fund remains the market leader in minimizing the personal, business and financial costs related to workplace injuries in health care environments.

As true partners in employee safety, success is made possible by the value driven ALPHA Fund programs and the outstanding commitment of our Participants.



# HEALTHCARE DISTRICT COMPREHENSIVE LIST

HEALTHCARE DISTRICT	COUNTY	CITY	URBAN/ RURAL	SERVICES
Alta Hospital District	Tulare	Dinuba	Rural	Inactive
Antelope Valley Healthcare District	Los Angeles	Lancaster	Urban	Hospital
Avenal Hospital District	Kings	Avenal	Urban	Ambulance
Beach Cities Health District	Los Angeles	Redondo Beach	Urban	Community Based
Bear Valley Community Healthcare District	San Bernardino	Big Bear Lake	Rural	Hospital
Bloss Memorial Healthcare District	Merced	Atwater	Rural	Clinic
Camarillo Healthcare District	Ventura	Camarillo	Urban	Community Based
Cambria Health Care District	San Luis Obispo	Cambria	Rural	Ambulance
Chowchilla Memorial Healthcare District	Madera	Chowchilla	Rural	Skilled Nursing Facility
City of Alameda Health Care District	Alameda	Alameda	Urban	Hospital; state of re-organization
Cloverdale Health Care District	Sonoma	Cloverdale	Rural	Ambulance
Coalinga Hospital District	Fresno	Coalinga	Rural	Hospital
Coast Life Support District	Mendocino	Gualala	Rural	Ambulance
Corcoran Hospital District	Kings	Corcoran	Rural	State of re-organization
Corning Healthcare District	Tehama	Corning	Rural	Community Based
Del Norte Healthcare District	Del Norte	Crescent City	Rural	Clinic
Del Puerto Health Care District	Stanislaus	Patterson	Rural	Clinic
Desert Healthcare District	Riverside	Palm Springs	Urban	Community Based
East Kern Health Care District	Kern	California City	Rural	Community Based
Eastern Plumas Healthcare District	Plumas	Portola	Rural	Hospital
Eden Township Healthcare District	Alameda	Castro Valley	Urban	Community Based
El Camino Healthcare District	Santa Clara	Mountain View	Urban	Hospital
Exeter Ambulance	Tulare	Exeter	Rural	Ambulance
Fallbrook Healthcare District	San Diego	Fallbrook	Rural	Community Based
Grossmont Healthcare District	San Diego	La Mesa	Urban	Community Based



## HEALTHCARE DISTRICT COMPREHENSIVE LIST (CONTINUED)

HEALTHCARE DISTRICT	COUNTY	CITY	URBAN/ RURAL	SERVICES
Heffernan Memorial Hospital District	Imperial	Calexico	Rural	Clinic
Hi-Desert Memorial Health Care District	San Bernardino	Joshua Tree	Rural	Hospital
Indian Valley Health Care District	Plumas	Greenville	Rural	Inactive; state of re-organization
John C. Fremont Healthcare District	Mariposa	Mariposa	Rural	Hospital
Kaweah Delta Health Care District	Tulare	Visalia	Urban	Hospital
Kern Valley Healthcare District	Kern	Lake Isabella	Rural	Hospital
Kingsburg Hospital District	Fresno	Kingsburg	Rural	Hospital
Last Frontier Health Care District	Modoc	Alturas	Urban	Hospital
Lindsay Local Hospital District	Tulare	Lindsay	Rural	Community Based
Lompoc Healthcare District	Santa Barbara	Lompoc	Rural	Hospital
Los Medanos Community Healthcare District	Contra Costa	Pittsburg	Urban	Community Based
Marin Healthcare District	Marin	Corte Madera	Urban	Hospital
Mark Twain Health Care District	Calaveras	San Andreas	Rural	Community Based
Mayers Memorial Hospital District	Shasta	Fall River Mills	Rural	Hospital
Mendocino Coast Healthcare District	Mendocino	Fort Bragg	Rural	Hospital
Mountain Communities Healthcare District	Trinity	Weaverville	Rural	Hospital
Mt. Diablo Health Care District	Contra Costa	Concord	Urban	Community Based
Muroc Healthcare District	Kern	Boron	Rural	Ambulance
North Kern South Tulare Hospital District	Kern	Delano	Rural	Skilled Nursing Facility
North Sonoma County Healthcare District	Sonoma	Healdsburg	Rural	Hospital
Northern Inyo County Local Hospital District	Inyo	Bishop	Rural	Hospital
Oak Valley Hospital District	Stanislaus	Oakdale	Rural	Hospital
Palm Drive Health Care District	Sonoma	Sebastopol	Rural	Hospital; state of re-organization
Palo Verde Health Care District	Riverside	Blythe	Rural	Hospital
Palomar Pomerado Health	San Diego	San Diego	Urban	Hospital
Peninsula Health Care District	San Mateo	Burlingame	Urban	Community Based
Petaluma Health Care District	Sonoma	Petaluma	Urban	Community Based



## HEALTHCARE DISTRICT COMPREHENSIVE LIST (CONTINUED)

HEALTHCARE DISTRICT	COUNTY	CITY	URBAN/ RURAL	SERVICES
Pioneers Memorial Healthcare District	Imperial	Brawley	Rural	Hospital
Plumas District Hospital	Plumas	Quincy	Urban	Hospital
Redbud Healthcare District	Lake	Clearlake	Rural	Community Based
Salinas Valley Memorial Healthcare System	Monterey	Salinas	Urban	Hospital
San Benito Health Care District	San Benito	Hollister	Rural	Hospital
San Bernardino Mountains Community Healthcare District	San Bernardino	Lake Arrowhead	Rural	Hospital
San Geronio Memorial Health Care District	Riverside	Banning	Rural	Hospital
Selma Healthcare District	Fresno	Selma	Rural	Community Based
Seneca Healthcare District	Plumas	Chester	Rural	Hospital
Sequoia Healthcare District	San Mateo	Redwood City	Urban	Community Based
Sierra Kings District Hospital	Fresno	Reedley	Rural	Hospital
Sierra View Local Healthcare District	Tulare	Porterville	Rural	Hospital
Soledad Community Health Care District	Monterey	Soledad	Rural	Skilled Nursing Facility
Sonoma Valley Health Care District	Sonoma	Sonoma	Urban	Hospital
Southern Humboldt Community Healthcare District	Humboldt	Garberville	Rural	Hospital
Southern Inyo Healthcare District	Inyo	Lone Pine	Rural	Hospital
Southern Mono Healthcare District	Mono	Mammoth Lakes	Rural	Hospital
Surprise Valley Health Care District	Modoc	Cedarville	Rural	Hospital
Tahoe Forest Hospital District	Nevada	Truckee	Rural	Hospital
Tehachapi Valley Healthcare District	Kern	Tehachapi	Rural	Hospital
Tri-City Healthcare District	San Diego	Oceanside	Urban	Hospital
Tulare Local Healthcare District	Tulare	Tulare	Rural	Hospital; state of re-organization
Washington Township Health Care District	Alameda	Fremont	Urban	Hospital
West Contra Costa Healthcare District	Contra Costa	San Pablo	Urban	Hospital
West Side Community Healthcare District	Stanislaus	Newman	Rural	Ambulance; Community Based
West Side Health Care District	Kern	Taft	Rural	Ambulance



# HEALTHCARE DISTRICTS



**78** | California Healthcare Districts

**40** | Counties represented by Healthcare Districts

**400** | Approximately 400 District Trustees elected statewide

**32,000** | Healthcare District Employees



# ALPHA FUND PARTICIPANTS

ALPHA FUND PARTICIPANT	COUNTY	CITY	URBAN/ RURAL	SERVICES
Alameda Health Consortium	Alameda	San Leandro	Urban	Healthcare
Beach Cities Health District	Los Angeles	Redondo Beach	Urban	Community Based
Bear Valley Community Healthcare District	San Bernardino	Big Bear Lake	Rural	Hospital
Bloss Memorial Hospital District	Merced	Atwater	Rural	Community Based
Borrego Community Health Foundation	San Diego	Borrego Springs	Urban	Clinic
Camarillo Health Care District	Ventura	Camarillo	Urban	Community Based
Casa Colina	Los Angeles	Pomona	Urban	Hospital
Castle Family Health Centers, Inc.	Merced	Atwater	Rural	Clinic
Catalina Island Medical Center	Los Angeles	Avalon	Urban	Hospital
Central Coast Community Healthcare, Inc.	Monterey	Monterey	Rural	Community Based
CHI Management, Inc.	Stanislaus	Modesto	Rural	Hospice
Chowchilla Memorial Hospital District	Madera	Chowchilla	Rural	Skilled Nursing
Clinica Sierra Vista	Kern	Bakersfield	Rural	Clinic
Cloverdale Health Care District	Sonoma	Cloverdale	Rural	Community Based
Coalinga Regional Medical Center	Fresno	Coalinga	Rural	Hospital
Colusa Regional Medical Center	Colusa	Colusa	Rural	Hospital
Community Health Center Network	Alameda	San Leandro	Urban	Healthcare
Community Hospice Foundation	Stanislaus	Modesto	Rural	Hospice
Community Hospice, Inc.	Stanislaus	Modesto	Rural	Hospice
Del Puerto Health Care District	Stanislaus	Patterson	Rural	Community Based
Delano Regional Medical Center	Kern	Delano	Rural	Hospital
East Bay Integrated Care, Inc.	Contra Costa	Pleasant Hill	Urban	Hospice
Eastern Plumas Health Care District	Plumas	Portola	Rural	Hospital
Enloe Medical Center	Butte	Chico	Rural	Hospital
Escalon Community Ambulance, Inc.	Stanislaus	Escalon	Rural	Ambulance
Fallbrook Healthcare District	San Diego	Fallbrook	Urban	Community Based
Gardner Family Care Corporation	Santa Clara	San Jose	Urban	Clinic
Gardner Family Health Network	Santa Clara	San Jose	Urban	Clinic



## ALPHA FUND PARTICIPANTS (CONTINUED)

ALPHA FUND PARTICIPANT	COUNTY	CITY	URBAN/ RURAL	SERVICES
George L. Mee Memorial Hospital	Monterey	King City	Rural	Hospital
Glenn Medical Center	Glenn	Willows	Rural	Hospital
Hi-Desert Memorial Health Care District	San Bernardino	Joshua Tree	Rural	Hospital
Hinds Hospice	Fresno	Fresno	Rural	Hospice
Hope Hospice, Inc.	Alameda	Dublin	Urban	Hospice
Hospice of Santa Cruz County	Santa Cruz	Scotts Valley	Urban	Hospice
Hospice of the Foothills	Nevada	Grass Valley	Rural	Hospice
Hospice Services of Lake County	Lake	Lakeport	Rural	Hospice
John C. Fremont Healthcare District	Mariposa	Mariposa	Rural	Hospital
Kern Valley Healthcare District	Kern	Lake Isabella	Rural	Hospital
La Maestra Family Clinic	San Diego	San Diego	Urban	Clinic
Marin General Hospital	Marin	Greenbrae	Urban	Hospital
Marshall Medical Center	El Dorado	Placerville	Rural	Hospital
Mayers Memorial Hospital District	Shasta	Fall River Mills	Rural	Hospital
Mendocino Coast Health Care District	Mendocino	Fort Bragg	Rural	Hospital
Mission Hospice of San Mateo County	San Mateo	San Mateo	Urban	Hospice
Modoc Medical Center	Modoc	Alturas	Rural	Hospital
Mountain Communities Healthcare District	Trinity	Weaverville	Rural	Hospital
Napa Valley Hospice	Napa	Napa	Urban	Hospice
North Kern-South Tulare Hospital District	Kern	Delano	Rural	Skilled Nursing
North Sonoma County Hospital District	Sonoma	Healdsburg	Rural	Hospital
Northern Inyo County Local Hospital District	Inyo	Bishop	Rural	Hospital
Oak Valley Hospital District	Stanislaus	Oakdale	Rural	Hospital
Omni Family Health	Kern	Bakersfield	Rural	Clinic
Orchard Hospital	Butte	Gridley	Rural	Hospital
Oroville Hospital	Butte	Oroville	Rural	Hospital
Palm Drive Health Care District	Sonoma	Sebastapol	Rural	Hospital
Palo Verde Healthcare District	Riverside	Blythe	Rural	Hospital
Palomar Health	San Diego	Escondido	Urban	Hospital
Parkview Community Hospital Medical Center	Riverside	Riverside	Urban	Hospital
Pathways Continuous Care	Santa Clara	Sunnyvale	Urban	Hospice
Pathways Home Health and Hospice	Santa Clara	Sunnyvale	Urban	Hospice





## ALPHA FUND PARTICIPANTS (CONTINUED)

ALPHA FUND PARTICIPANT	COUNTY	CITY	URBAN/ RURAL	SERVICES
Peach Tree Clinic	Placer	Marysville	Rural	Clinic
Petaluma Health Care District	Sonoma	Petaluma	Urban	Community Based
Pioneers Memorial Healthcare District	Imperial	Brawley	Rural	Hospital
QueensCare	Los Angeles	Los Angeles	Urban	Clinic
QueensCare Health Centers	Los Angeles	Los Angeles	Urban	Clinic
Ridgecrest Regional Hospital	Kern	Ridgecrest	Rural	Hospital
San Geronio Memorial Hospital	Riverside	Banning	Rural	Hospital
San Ysidro Health Center	San Diego	San Diego	Urban	Clinic
Seneca Healthcare District	Plumas	Chester	Rural	Community Based
Sequoia Healthcare District	San Mateo	Redwood City	Urban	Hospital
Sierra View Local Healthcare District	Tulare	Porterville	Rural	Hospital
Snowline Hospice of El Dorado County, Inc.	El Dorado	Diamond Springs	Rural	Hospice
Soledad Community Health Care District	Monterey	Soldedad	Rural	Skilled Nursing
Southern Humboldt Community Health Care District	Humboldt	Garberville	Rural	Hospital
Southern Inyo Healthcare District	Inyo	Lone Pine	Rural	Hospital
Southern Mono Health Care District	Mono	Mammoth Lakes	Rural	Hospital
Surprise Valley Health Care District	Modoc	Cedarville	Rural	Hospital
Tehachapi Valley Healthcare District	Kern	Tehachapi	Rural	Hospital
The Elizabeth Hospice	San Diego	Escondido	Urban	Hospice
Tiburcio Vasquez Health Center	Alameda	Hayward	Urban	Clinic
Torrance Health Association, Inc.	Los Angeles	Torrance	Urban	Hospital
Torrance Memorial Medical Center	Los Angeles	Torrance	Urban	Hospital
UCSF Benioff Children’s Hospital Oakland	Alameda	Oakland	Urban	Hospital
United Health Centers	Fresno	Parlier	Rural	Clinic
Valley Community Clinic	Los Angeles	North Hollywood	Urban	Clinic
Watts Healthcare	Los Angeles	Los Angeles	Urban	Clinic
West Side Community Healthcare District	Stanislaus	Newman	Rural	Community Based
West Side Taft	Kern	Taft	Rural	Community Based
Woodville Public Utility District	Tulare	Woodville	Rural	Community Based
Yolo Hospice, Inc.	Yolo	Davis	Rural	Hospice



# GLOSSARY OF TERMS

## **AB 1234**

Mandatory ethics training course required for all local elected officials

## **ACA**

Affordable Care Act

## **BETA**

BETA Healthcare Group provides professional liability coverage and risk management services to hospitals, healthcare facilities and medical groups in California

## **CAH**

Critical Access Hospital

## **CALOSHA**

Commission on Health and Safety and Workers' Compensation

## **CAJPA**

California Association of Joint Powers Authorities

## **CATH LAB**

Cardiac catheterization laboratory

## **CCWC**

California Coalition on Worker's Compensation

## **CHA**

California Hospital Association

## **CMA**

California Medical Association

## **CMAC**

California Medicare Administrative Contractor

## **CMS**

Centers for Medicare & Medicaid Services (Federal)

## **CPE**

Certified Public Expenditures, payment system

## **CSDA**

California Special Districts Association

## **CSRHA**

California State Rural Health Association

## **DHCS**

Department of Healthcare Services

## **DHLF**

District Hospital Leadership Forum

## **DIR**

California Department of Industrial Relations

## **DPH**

Department of Public Health

## **DPSNF**

Distinct Part Skilled Nursing Facility

## **DRG**

Diagnosis-Related Groups, payment system

## **DWC**

California Department of Workers' Compensation

## **ED**

Emergency Department

## **EMR**

Electronic Medical Records

## **FPPC**

Fair Political Practices Commission

## **FQHC**

Federally Qualified Health Clinic

## **FRONTIER**

An area where remote sites are located and where weather and distance can prevent patients who experience severe injury or illness from obtaining immediate transport to an acute care hospital (Federal)

## **GAC**

General Acute Care Hospital



## GLOSSARY OF TERMS (CONTINUED)

### **HHS**

Department of Health & Human Services (Federal)

### **HIT**

Health Information Technology

### **HRSA**

Health Resources & Services Administration (Federal)

### **HPSA**

Health Professional Shortage Area

### **IBR**

Independent Billing Review

### **IMR**

Independent Medical Review

### **JPA**

Joint Powers Authority

### **LAFCO**

Local Area Formation Commission

### **LIHP**

Low Income Health Program

### **MEDICAID**

A joint federal and state program that helps with medical costs for some people with limited income and resources (Federal)

### **MEDI-CAL**

California's Medicaid program - a public health insurance program which provides needed health care services for low-income individuals

### **MEDICARE**

The federal health insurance program for people who are age 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease

### **MICRA**

California's Medical Injury Compensation Reform Act

### **MSR**

Municipal Service Review

### **MUA**

Medically Underserved Area

### **MUP**

Medically Underserved Population

### **OSHPD**

Office of Statewide Health Planning & Development

### **OSIP**

Office of Self Insurance Plans

### **PPS**

Prospective Payment System

### **PROPERTY TAX**

1% ad valorem

### **RHC**

Rural Health Clinic

### **SAFETY-NET**

The safety-net includes health care providers that by legal mandate, explicit mission, or contract provide care to patients regardless of their ability to pay

### **SB 863**

Most recent workers' compensation reform bill, passed in 2013

### **SNF**

Skilled Nursing Facility; long term care

### **SOI**

Sphere of Influence

### **TELEHEALTH**

The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site

### **UR**

Utilization Review

### **WCIRB**

Workers' Compensation Insurance Rating Bureau of California



# CONTACT INFORMATION

## ACHD CONTACTS

**Tom Petersen, Executive Director**

Phone: (916) 266-5210

Email: Tom.Petersen@achd.org

**Amber Wiley, Senior Legislative Advocate**

Phone: (916) 266-5207

Email: Amber.Wiley@achd.org

**Sheila Johnston, Legislative Advocate**

Phone: (916) 266-5208

Email: Sheila.Johnston@achd.org

**Samantha Kesner, Legislative Assistant**

Phone: (916) 266-5204

Email: Samantha.Kesner@achd.org

## ALPHA FUND CONTACTS

**David McGhee, Chief Executive Officer**

Phone: (916) 266-6100

Email: David.McGhee@alphafund.org

**Brenda McGuire, Director of Participant Services**

Phone: (916) 266-5216

Email: Brenda.McGuire@alphafund.org

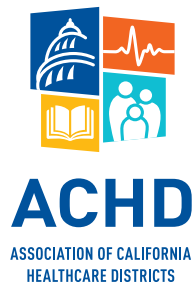
**Pam Marcum, Director of Claims**

Phone: (916) 266-5227

Email: Pam.Marcum@alphafund.org



1215 K Street, Suite 2012, Sacramento, CA 95814 • (916) 266-5200 • [www.achd.org](http://www.achd.org) • [www.alphafund.org](http://www.alphafund.org)



City of Alameda Health Care District  
Comparison of FY July 1, 2014 - June 30, 2015  
Budget with YTD January 31, 2015

	Budget	Jul-14 - Dec-14	Jan-15	YTD
<b>District Revenue Sources</b>				
Jaber Property Gross Revenues	166,800	86,762	14,225	100,987
District Property Tax Revenues	5,780,000	3,158,612	-	3,158,612
Other		-	-	-
Interest		-	-	-
<b>Total Revenues</b>	<b>5,946,800</b>	<b>3,245,374</b>	<b>14,225</b>	<b>3,259,599</b>
<b>Administrative Expenses</b>				
Salary, Wages and Benefits	49,500	-	-	-
Board Stipend	6,000	600	300	900
Education & Conferences	5,000	-	-	-
Dues & Subscriptions	5,000	202	2,060	2,262
Insurance - General, D&O, Property	138,000	112,818	-	112,818
Accounting	10,000	-	-	-
Annual Independent audit	17,500	10,180	-	10,180
General Counsel	60,000	55,559	12,177	67,736
Office Expenses	4,800	597	47	644
District Marketing, Promotions	2,500	281	-	281
Consultant Fees	25,400	4,136	900	5,036
Lease expense (Equipment & Building)	27,700	12,000	2,000	14,000
Utilities, Phones, Maintenance	4,800	957	74	1,030
Jaber Property	38,997	12,095	3,703	15,797
Interest Expense	51,672	17,341	17,432	34,773
Other misc Operating Expenses	3,600	1,398	15	1,413
Food/Meals	2,250	1,158	379	1,537
Election Year Expenses	120,000	-	-	-
<b>Total Administrative Expenses</b>	<b>572,719</b>	<b>229,322</b>	<b>39,086</b>	<b>268,409</b>
<b>Capital Outlay</b>				
Principal on Note	25,808	8,485	8,395	16,880
Leasehold Improvements, Furnishings	15,000	7,094	-	7,094
<b>Sum of Total Uses</b>	<b>613,527</b>	<b>244,901</b>	<b>47,481</b>	<b>292,382</b>
<b>Total Revenue Sources</b>	<b>5,946,800</b>	<b>3,259,599</b>		
<b>Minus Total District Uses</b>	<b>613,527</b>	<b>292,382</b>		
<b>Balance to Transfer to Alameda Health System</b>	<b>5,333,273</b>	<b>2,967,216</b>		

Footnote:

<sup>1</sup> This is a cash budget. Depreciation of \$34,720.49/month or \$416,646/year will be recorded in