

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

Monday, April 13, 2015

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 (7:30 p.m. – Dal Cielo Conference Room) | J. Michael McCormick |
| II. Roll Call | Kristen Thorson |
| III. Regular Agenda | |
| A. Consent Agenda | ACTION ITEMS |
| 1) Approval of March 2, 2015 Minutes (Regular) [to be distributed] | |
| B. Action Items | |
| ✓ 1) Recommendation to Change District Board Meeting Schedule
[enclosure] (pages 3-4) | J. Michael McCormick
Kristen Thorson |
| ✓ 2) Recommendation for Internet Service, Phone Service and New Email Domain Set-up at 888 Willow Office
[enclosure] (pages 5-6) | Kristen Thorson |
| ✓ 3) Recommendation to send District Board Representative(s) to Association of California Healthcare Districts (ACHD) Annual Meeting
[enclosure] (pages 7-8) | J. Michael McCormick
Kristen Thorson |
| B. Alameda Health System and Alameda Hospital Update | |
| 1) Financial Report
INFORMATIONAL | Vanetta N. Van Cleave, V.P.
of Finance |
| 2) Chief Administrative Officer Report | |
| a. Monthly Report
INFORMATIONAL [to be distributed] | Bonnie Panlasigui, CAO |
| ✓ b. Quality Report
INFORMATIONAL [enclosure] (pages 9-10) | Kerin Bashaw, RN |
| c. Alameda Fire Department - Community Paramedicine Presentation
INFORMATIONAL | Michael DeWindt
Stephen Lucero |
| 3) Alameda Health System Board of Trustees Report
INFORMATIONAL | Tracy Jensen |

C. District Updates & Operational Updates **INFORMATIONAL**

- | | |
|---|--|
| 1) President's Report | J. Michael McCormick |
| ✓ a. Public Healthcare District Mission Comparison
[enclosure] (pages 11) | |
| 3) Vision 2015 Report
INFORMATIONAL | Kathryn Saenz Duke
Jim Meyers, DrPH |
| 5) Treasurer's Report INFORMATIONAL | Jim Meyers, DrPH |
| ✓ a. February 2015 Expense to Budget Update and FY 2016
Budget Planning
[enclosure] (pages 12-13) | Kristen Thorson |
| ✓ b. Operational Summary and Financial Analysis of Jaber
Properties
[enclosure] (pages 14-16) | Kristen Thorson |
| ✓ c. Bank of Marin Loan Analysis
[enclosure] (pages 17-18) | Kristen Thorson |

VIII. General Public Comments

IX. Board Comment

X. Adjournment

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015

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

From: J. Michael McCormick, President
Kristen Thorson, District Clerk

Subject: Recommendation to change District Board Meeting Schedule

RECOMMENDATION

It is recommended that the schedule of the regular District Board meeting dates be changed to bi-monthly as indicated in the schedule below.

Month	Major Approval Items Key Business Milestones	2015 Meeting Date	2016 Meeting Date
February	<ul style="list-style-type: none">Q2 AHS Reporting (begin 2016)	N/A	February 1, 2016
April	<ul style="list-style-type: none">Budget Review and Approval (begin 2016)	N/A	April 11, 2016
<i>May</i>	<i>Special Meeting for May 2015, no meetings in May thereafter</i> <ul style="list-style-type: none"><i>FY 15-16 Budget Review and Approval</i><i>FY 13-14 Audit Review and Approval</i>	<i>May 4, 2015</i>	<i>N/A</i>
June	<ul style="list-style-type: none">Parcel Tax LevyIndemnification AgreementInsurance RenewalsQ3 AHS Reporting	June 1, 2015	June 6, 2016
August	<ul style="list-style-type: none">Q4 AHS Reporting	August 3, 2015	August 1, 2016
October	<ul style="list-style-type: none">Review and Approval of FYE Audit (begin 2016)	October 5, 2015	October 3, 2016
December	<ul style="list-style-type: none">Q1 AHS Reporting	December 7, 2015	December 5, 2016

DISCUSSION / BACKGROUND

Due to decreased business activities of the District since the affiliation with Alameda Health System we feel that monthly meetings are no longer needed. Reducing meetings to every other month will create cost savings for the District. Closed Session

meetings are anticipated to occur on a very limited basis and will be scheduled as needed. Key approval dates and business milestones are included in the table above.

Special meetings may be called as needed with 72 hour notice per the Brown Act. The meeting day will remain the same at the 1st Monday of the month.

The schedule above includes quarterly reports per the JPA from Alameda Health System based on FY Quarters (see below). CAO and Alameda Hospital updates may occur at every meeting to keep the Board informed about activities and performance of Alameda Hospital.

FY Quarters

- Q1 (July-August-September)
- Q2 (October-November-December)
- Q3 (January-February-March)
- Q4 (April-May-June)

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015

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

From: Kristen Thorson, District Clerk

Subject: Recommendation for Internet Service, Phone Service and New Email Domain Set-up at 888 Willow Office

RECOMMENDATION

It is recommended that the District authorize the District Clerk to proceed with securing internet, phones and emails service (including set-up of a new email domain) for the District with Sonic at a cost of approximately \$696 for first year and approximately \$816 per year thereafter.

DISCUSSION

The following service providers were evaluated.

	Sonic	AT&T	Comcast
Download Speed (mbps)	Up to 20	Up to 12	Up to 75
Phone	Single line Unlimited nationwide calling Voicemail	Single Line Unlimited nationwide calling Voice Over IP (VOIP) Voicemail	Single line Unlimited nationwide calling Voicemail
Email Hosting	Free for 12 months with new domain \$9.95 / month after first year	\$18/month	\$6.99/per additional email per month (\$34.95/month)
# of Email Accounts included	Up to 50	10	2
# of Email Accounts needed at this time	7 (5 board, 1 clerk, 1 general)	7 (5 board, 1 clerk, 1 general)	7 (5 board, 1 clerk, 1 general)
Installation or Activation Fees	Free self set-up with customer support available Technician Set-Up: \$150	\$99 Installation	\$29.95 Phone Activation Fee \$99 Installation fee waived with 2 year agreement
Equipment	Rent Modem/Router (\$6.50/month)	Included in monthly cost	Rent Modem/Router (\$12.95/month)

	Sonic	AT&T	Comcast																												
Approx. Cost Per Month	\$58 Breakdown <table border="1"> <tr> <td>Internet-Phone</td> <td>\$40</td> </tr> <tr> <td>Modem</td> <td>\$6.50</td> </tr> <tr> <td>Tax</td> <td>\$11</td> </tr> </table>	Internet-Phone	\$40	Modem	\$6.50	Tax	\$11	\$120 Breakdown <table border="1"> <tr> <td>Internet</td> <td>\$75</td> </tr> <tr> <td>Phone</td> <td>\$45</td> </tr> <tr> <td>Email Hosting</td> <td>\$15</td> </tr> <tr> <td>Savings</td> <td>(\$15)</td> </tr> <tr> <td>Tax (est. at 10%)</td> <td>\$12</td> </tr> </table>	Internet	\$75	Phone	\$45	Email Hosting	\$15	Savings	(\$15)	Tax (est. at 10%)	\$12	\$260 Breakdown <table border="1"> <tr> <td>Internet</td> <td>\$149.95</td> </tr> <tr> <td>Phone</td> <td>\$39.95</td> </tr> <tr> <td>Email</td> <td>\$34.95</td> </tr> <tr> <td>Modem</td> <td>\$12.95</td> </tr> <tr> <td>Savings</td> <td>(\$30)</td> </tr> <tr> <td>Tax (est. at 10%)</td> <td>\$13</td> </tr> </table>	Internet	\$149.95	Phone	\$39.95	Email	\$34.95	Modem	\$12.95	Savings	(\$30)	Tax (est. at 10%)	\$13
Internet-Phone	\$40																														
Modem	\$6.50																														
Tax	\$11																														
Internet	\$75																														
Phone	\$45																														
Email Hosting	\$15																														
Savings	(\$15)																														
Tax (est. at 10%)	\$12																														
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Email	\$34.95																														
Modem	\$12.95																														
Savings	(\$30)																														
Tax (est. at 10%)	\$13																														
Approx. Cost Per Year	Year 1 \$696 Year 2 \$816	Year 1 \$1,440 Year 2 \$1,440	Year 1 \$2,682 Year 2 \$2,652																												
Contract	1 year contract required	1 year contract required	2 year contract																												
Early Termination Fees	\$149 or monthly cost remaining in contract at time of cancellation (whatever is less).	None	75% of the remaining term (x monthly rate)																												
Other	30 day trial Requires credit card for automatic billing	\$100 Visa Reward Card for new service Free installation rebate for 100% of charge after 60 days of activation																													

BACKGROUND

Internet and phone service is now required, to bring the District office space up and running and to allow board members to effectively use the space. Currently these two services are not in service at the office. At this time, I do not feel that a fax line is needed. There are funds available in the FY 2014-2015 budget for this expense under Utilities, Phone, and Maintenance.

In addition, there has been feedback from several board members requesting a new email domain that would more clearly identify the District and the board members when email is used. Currently, Alameda Health System has been hosting and maintaining District emails (i.e. jmmccormick@alamedahealthsystem.org). Based on availability through the service provider and/or feedback from the Board, the following domains will be explored in order of preference.

1. alamedahealthcaredistrict.org
2. ahd.org
3. alamedahcdistrict.org
4. coahcd.org
5. ahcd.org

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015
To: City of Alameda Health Care District, Board of Directors
From: J. Michael McCormick
Kristen Thorson, District Clerk
Subject: Recommendation to send District Board Representative(s) to Association of California Healthcare Districts Annual (ACHD) Meeting

RECOMMENDATION

It is recommended that the District Board send one or two Directors to the annual meeting of the Association of California Healthcare Districts, at a cost not to exceed \$2,250 per person.

DISCUSSION / BACKGROUND

The Board should discuss the cost and benefit of attendance at this meeting to ensure that it is an effective use of district funds and make a decision based on such discussion. Funds are available in the FY2014-2015 budget under Educational & Conference (\$5,000 remaining for the fiscal year).

The annual meeting of ACHD will be held on May 6-8 at the Monterrey Plaza Hotel in Monterey, CA. The cost of the event is broken down in the table below.

Event Registration (Non-Member Rate, includes meals)	\$1,500.00
Hotel (2 nights @ \$209/night, \$54 resort fee, does not include taxes)	\$472.00
Mileage Reimbursement (218 Miles @ 57.5 cents/mile – roundtrip)	\$125.93
Estimated Total	\$2,097.93

An agenda for the meeting is below for reference.

Agenda

Wednesday, May 6, 2015

12:00 pm – 1:30 pm	Welcome Luncheon
1:30 pm – 3:00 pm	General Session: Delivery System Reform: Understanding the District's Role Melissa Stafford Jones Region IX Regional Director U.S. Department of Health and Human Services
3:15 pm – 4:30 pm	General Session: Coalition Building-Risks and Rewards
5:00 pm – 5:30 pm	New Trustee Welcome
5:30 pm – 7:00 pm	Welcome Reception

Thursday, May 7, 2015

7:00 am – 8:15 am

8:30 am – 9:45 am

10:00 am - 11:30 am

11:45 am - 1:15 pm

1:30 pm – 3:00 pm

1:30 pm – 3:00 pm

3:15 pm – 4:30 pm

3:15 pm – 4:30 pm

6:00 pm – 9:00 pm

Breakfast

General Session: Governance and Community
Engagement Panel Discussion

State of the Association and ACHD Elections

Lunch Keynote Speaker: Gyre Renwick, Head of
Industry, Google

Breakout Session: Case Studies: Making a
Difference with Technology Panel Discussion

Breakout Session: Technology Strategies of Payers
Don Hufford, MD

Chief Medical Officer

Western Health Advantage

Breakout Session: Advances in Telehealth

Jim Roxburgh, RN

Director

Dignity Health Telemedicine Network

Breakout Session: Quality, What Is It? How Do You
Measure It?

Julianne Morath, RN, MS

President/CEO

Hospital Quality Institute

Chair's Dinner and Awards Ceremony

Friday, May 8, 2015

7:00 am – 8:15 am

8:30 am – 10:00 am

10:15 am – 11:45 am

12:00 pm

Breakfast

General Session: Building Healthy Communities

General Session: BETA Healthcare Group Eminent
Lecturer, Paul Keckley, PhD

Closing Luncheon

Alameda Hospital Balanced Score Card (CY 2015)

QUALITY INDICATORS	AH CURRENT PERFORMANCE							BENCH MARK/ GOAL	COMPARISON ORGANIZATION
	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15		
I. 30-Day Readmissions (all diagnoses):									
(#of readmits/#of total admissions X100)	3.20%	5.40%						15.80%	HSAG/CMS(CA)
II. Medication Errors:									
• Acute (# errors/doses dispensed)	0.13%	0.05%						≤ 0.10%	AH
• Acute (#errors/patient days)	0.03%	0.01%							
• LTC (#errors/patient days)	0.00%	0.00%							
III. HAPU (per 1000 patient days):									
• Acute	1.05	1.66						1.27	CALNOC
• Long Term Care (Sub-Acute; SC; WE) (per 1000 pt days)	0.19	1.3						2.54	NE
IV. Falls (per 1000 patient days):									
• Acute (CCU/TELE/3W/ECC)	1.29	1.36						2.89	CALNOC
• Long Term Care (Sub-Acute; SSC; WE)	1.36	2.29						5.78	MQI
V. Infection Prevention:									
• Catheter Associated Urinary Tract Infections (per catheter days):	0%	DP						0.56%	SIR 2.99
• Hand Hygiene:	90%	DP						90%	TJC
• Surgical Site Infections (per inpatient elective orthopedic procedures):	0%	DP						0%	SIR 1.64
VI. Core Measures:									
Inpatient Perfect Care (All or None)	92%	95%						90%	AHS True North
Acute Myocardial Infarction Measure Set Perfect Care	100%	100%						90%	AHS True North
Heart Failure Measure Set Perfect Care	100%	100%						90%	AHS True North
Pneumonia Measure Set Perfect Care	100%	67%						90%	AHS True North
Immunizations Measure Set Perfect Care	94%	100%						90%	AHS True North
Surgical Care Improve Project Measure Set Perfect Care	79%	83%						90%	AHS True North
Stroke Measure Set Perfect Care	100%	100%						90%	AHS True North
Tobacco Cessation Measure Set Perfect Care	n/a	59%						TBD	
Venous Thromboembolism Measure Set Perfect Care	100%	97%						90.0%	AHS True North
OP-5 Median Time from ED Arrival to ECG (min)	9	11						10 min	CMS / TJC
VII. HCAHPS Target goal selected at 75 percentile:									
• Rate the Hospital 9 or 10	55.2	46.7						76	
• Recommend Hospital	55.2	63.3						74.4	Target Goal
• Communication with Nurses	67.7	67.8						82.1	Target Goal
• Staff Responsiveness	57.7	51.8						70.3	Target Goal
• Communication with Doctors	73.1	79.3						84.1	
• Hospital Environment	41.1	46.7						70.8	
• Pain Management	66.7	46.2						75	Target Goal
• Communication about Medications	35.3	57.1						67	Target Goal
• Discharge Information	76.1	91.7						88.7	
• Care Transitions	42.0	46.4						56.7	
VIII. ED Turn-Around-Times (TAT):									
• Door ➔ Doctor Time (min)	30	39						31 min	AHS True North
• Door ➔ Admit (hrs)	4.2*	4.3						2.8 hrs	AHS True North
IX. Stroke (Mean Times):									
• Door ➔ CT for Code Stroke	17	21						≤ 25 min	Am St Assoc
• Door ➔ Alteplase	54	68						≤ 60 min	Am St Assoc

COMMENTS: Some metrics take up to 90 days to be compiled.

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

Alameda Hospital Balanced Score Card (CY 2015)

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

- Readmissions remain below the goal of 13%.

II. Medication Errors:

- Meets or exceeds goal.

III. HAPU:

- Two patients developed stage II pressure ulcers. Early 1:1 bedside training with nurses in early HAPU risk recognition, prevention and interventions continues.

IV. FALLS:

V. Infection Prevention:

VI. Core Measures:

- Total of 11 cases, 2 failed. One failed due to physician's documentation, the other failed because the RN scanned the order late and the pharmacist did not readjust the timing on the Abx.

VII. HCAHPS:

VIII. ECC Turn-Around-Times

- Door to admit times remain similar to previous month, but are still not reaching the True North Metric goal.
- Door to admit recalculated in January of 2015 to include all admits for the entire month. Prior door-to-admit times were based on data for the first 10 days of the month.

IX. Stroke Mean Times:

- There was a slight increase in door to alteplase. There were 3 patients who received alteplase at 23, 75 and 106 minutes. One was a 96 year old inpatient who developed stroke symptoms and a code stroke was called. A clinical decision, as well as the family needing to weigh the pros and cons and consultation with vascular, were the reason for the delay. The second code stroke was called 14 minutes after arrival. There was also a delay in administering the alteplase once neurologist consulted. All delays are reviewed and feedback provided.

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015
 To: City of Alameda Health Care District, Board of Directors
 From: J. Michael McCormick, President
 Subject: Public Healthcare District Mission Comparison

Recent Comparative Analysis of Mission vs. Overhead Expenses

“Mission expenses” are those that support the community; everything else is overhead. Eden Township is the outlier, spending only a fraction of its total expenses on grants to support community health. Los Medanos also seems to spend more on overhead than on mission. Redbud and Alameda, however, appear to have modest outlays on overhead compared to mission outlays. So by this analysis, Alameda Health Care District looks pretty good.

	Alameda Health Care District	Eden Township Healthcare District*	Los Medanos Healthcare District	Redbud Healthcare District
Activities	Affiliated supplies parcel tax revenue	No hospital, makes grants	Leases hospital to county, makes grants	No hospital, makes grants
Total cash expenses	\$5,946,800	\$2,369,904	\$768,461	\$812,000
Mission-related expenses total	\$5,333,273	\$187,905	\$327,404	\$745,000
Total overhead (all cash expenses less mission-related expenses)	\$613,527	\$2,181,999	\$441,057	\$67,000
Mission expenses as a % of total	90%	8%	43%	92%
Overhead as a percentage of total expense (20-30% is a nonprofit benchmark)	10%	92%	57%	8%

*All expenses included here. If property management operations are excluded, mission expenses come to 15% and overhead expenses to 85%.

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015

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

From: Jim Meyers, DrPH, Treasurer
Kristen Thorson, District Clerk

Subject: February 2015 Expense to Budget and FY 2016 Budget Planning

The attached document is the February 2015 Expense to Budget Update for review by the Board of Directors. This document outlines the FY 2015 budget, year-to-date, and month-to-date amounts.

In addition, a column for FY15-16 Estimated Budget with estimates has been added. These amounts are based on the current year spending and trends. Director Meyers and I will be preparing a draft budget for review and approval at the May 4, 2015.

Director Meyers and I are requesting the Board to review the Estimated Budget column and begin to think about potential expense reduction areas and/or expenses that have may not been included. We are asking for input at the April 13, 2015 District Board meeting. Please come prepared to provide input on next year's budget and specifically in the following three areas.

1. Education and Conferences
2. Dues and Subscriptions
3. Consultant Fees

City of Alameda Health Care District

Comparison of FY July 1, 2014 - June 30, 2015 Budget with MTD and YTD Ending February 28, 2015

	July - June Fiscal Year 2015	July - February Fiscal Year 2015	Current Month	FY15-16 Budget Estimates
District Revenue Sources				
Jaber Property Gross Revenues	166,800	115,212	14,225	129,813
District Property Tax Revenues	5,780,000	3,158,612	-	5,830,966
Other	-	-	-	
Interest	-	-	-	
Total Revenues	5,946,800	3,273,824	14,225	5,960,779
Administrative Expenses				
Salary, Wages and Benefits	49,500	-	-	-
Board Stipend	6,000	1,243	343	3,000
Education & Conferences	5,000	-	-	5,000
Dues & Subscriptions	5,000	2,262	-	5,000
Insurance - General, D&O, Property	138,000	112,818	-	130,000
Accounting	10,000	-	-	9,000
Annual Independent audit	17,500	10,180	-	10,500
General Counsel	60,000	76,692	8,956	36,000
Office Expenses	4,800	644	-	2,500
District Marketing, Promotions	2,500	281	-	2,500
Consultant Fees	25,400	5,986	950	8,000
Lease expense (Equipment & Building)	27,700	16,000	2,000	24,600
Utilities, Phones, Maintenance	4,800	1,211	181	2,500
Jaber Property	38,997	17,852	2,055	8,220
Interest Expense	51,672	43,577	8,803	49,075
Other misc Operating Expenses	3,600	1,413	-	2,500
Food/Meals	2,250	1,781	244	1,650
Election Year Expenses	120,000	-	-	-
Total Administrative Expenses	572,719	291,940	23,532	300,046
Capital Outlay				
Principal on Note	25,808	20,988	4,108	28,405
Leasehold Improvements, Furnishings	15,000	12,506	5,412	2,500
Sum of Total Uses	613,527	325,434	33,051	330,951
Total Revenue Sources	5,946,800	3,273,824	14,225	5,960,779
Minus Total District Uses	613,527	325,434	33,051	330,951
Balance to Transfer to Alameda Health System	5,333,273	2,948,390	(18,826)	5,629,828

Footnote:

¹ This is a cash budget. Depreciation of \$34,720.49/month or \$416,646/year will be recorded in the audited Financial Statements

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015
To: City of Alameda Health Care District, Board of Directors
From: Kristen Thorson, District Clerk
Subject: Operational Summary and Financial Analysis of Jaber Properties

Ms. Alice Jaber established her Trust in 1992, naming Alameda Hospital as a major beneficiary. Upon her death, and pursuant to the terms of the Trust, certain Trust assets were distributed to the City of Alameda Health Care District, as the successor-in-interest to Alameda Hospital (the nonprofit corporation) in appreciation of the care given by Alameda Hospital. Among the assets are two parcels of real property located in the City of Alameda.

- 1359 Pearl Street, an apartment complex with seven 2 bedroom units and one 3 bedroom unit
- 2711 Encinal Street, a retail storefront

The properties are managed for the District by Harbor Bay Realty (HBR) Property Management. HBR provides comprehensive services including property evaluation, attracting qualified tenants, careful tenant screening and selection, rent collection, security deposit handling, accounting services, full-service property maintenance, property inspections, property analysis / determining rental values.

The attached Analysis of Revenue and Expenses for the two properties has been compiled by KHJC & Partners, accountants for the District. The accountant has taken the monthly statements from HBR and compiled into a comprehensive spreadsheet.

Notes on analysis:

Line	Item	Notes
10	Laundry income	Laundry income is collected from the coin operated washer/dryer located at the Pearl Street property. There is no regular schedule for collection and funds are recorded when collected.
17/28	Other	Other category is any other expense associated with the properties. Example: July 2014, Pearl Street, \$186, City of Alameda Business License Fee
18/29	Mngt Fee	The management fee is 5% of the total rents collected. There is a variance in the amount in several months and I am working with HBR to understand the variance. I will report out the findings at the next Board meeting.
19/29	Unexplained	From the analysis there are small variances between the net deposit, revenue and expenses. While there are more credits than debits, I still need to understand the variance. I am working with HBR to identify the source of these variances. I will report the findings out at the next Board meeting.

City of Alameda Healthcare District
 Analysis of Rental Revenue and Expense
 FYE 6/30/15

Line		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
	<u>Rents - 1359 Pearl Street</u>													
1	Unit A	1,350	1,250	1,300	1,300	1,300	1,300	1,300	1,300					10,400
2	Unit B	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350					10,800
3	Unit C	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250					10,000
4	Unit D	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000					16,000
5	Unit E	1,425	1,425	1,425	1,425	1,425	1,425	1,425	1,425					11,400
6	Unit F	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300					10,400
7	Unit G	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250					10,000
8	Unit H	1,300	1,300	1,410	1,300	1,300	1,300	1,300	1,300					10,510
9		11,225	11,125	11,285	11,175	11,175	11,175	11,175	11,175	-	-	-	-	89,510
10	Laundry						1,302							1,302
11		11,225	11,125	11,285	11,175	11,175	12,477	11,175	11,175	-	-	-	-	90,812
12														
13	<u>Expenses</u>													
14	Landscaping	250	250	250	250	250	250	250	250					2,000
15	Utilities	1,127	507	203	827	453	255	1,175	325					4,871
16	Cleaning, Inspection, Repairs	364	75	259	946	84	1,006	1,813	770					5,317
17	Other	186												186
18	Mngt Fee	560	555	669	558	558	558	558	558					4,572
19	Unexplained	-	-	520	(340)	67	(457)	(246)						(456)
20	Total Expenses	2,487	1,387	1,900	2,240	1,411	1,611	3,550	1,903	-	-	-	-	16,490
21														
22	Net	8,738	9,738	9,385	8,935	9,764	10,865	7,625	9,272	-	-	-	-	74,322
23														
24	<u>Rents - 2711 Encinal Avenue</u>													
25	Unit A	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050					24,400
26														
27	<u>Expenses</u>													
28	Other	110	2	-	-	-	-	-	-					112
29	Mngt Fee	153	153	183	153	153	153	153	153					1,251
30	Unexplained	-	1	(1)	-	-	-							-
31	Total Expenses	263	155	183	153	153	153	153	153	-	-	-	-	1,363
32	Net	2,788	2,895	2,868	2,898	2,898	2,898	2,898	2,898	-	-	-	-	23,038
33														
34	<u>Summary Rents</u>	14,275	14,175	14,335	14,225	14,225	15,527	14,225	14,225	-	-	-	-	115,212

City of Alameda Healthcare District
 Analysis of Rental Revenue and Expense
 FYE 6/30/15

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun					
35																	
36	<u>Summary Expenses</u>																
37	9520	26	Mngt Fee	713	708	852	710	710	710	710	710	710	-	-	-	-	5,822
38	9520	62	Landscaping	250	250	250	250	250	250	250	250	250	-	-	-	-	2,000
39	9520	62	Cleaning, Inspection, Repairs	364	75	259	946	84	1,006	1,813	770	770	-	-	-	-	5,317
40	9520	80	Utilities	1,127	507	203	827	453	255	1,175	325	325	-	-	-	-	4,871
41	9520	84	Other	296	2	-	-	-	-	-	-	-	-	-	-	-	298
42	9520	84	Unexplained	-	1	519	(340)	67	(457)	(246)	-	-	-	-	-	-	(456)
43			Total Expenses	<u>2,750</u>	<u>1,542</u>	<u>2,083</u>	<u>2,392</u>	<u>1,564</u>	<u>1,764</u>	<u>3,703</u>	<u>2,055</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>17,852</u>
44																	
45			Net Revenues over Expenses	<u>11,525</u>	<u>12,633</u>	<u>12,252</u>	<u>11,833</u>	<u>12,661</u>	<u>13,763</u>	<u>10,522</u>	<u>12,170</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>97,360</u>
46			Actual Deposit	<u>11,525</u>	<u>12,633</u>	<u>12,252</u>	<u>11,833</u>	<u>12,661</u>	<u>13,763</u>	<u>10,522</u>	<u>12,170</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>97,360</u>
47			Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48																	
49			<u>1359 Pearl Street</u>														
50			Security Deposits														2,175.00
51			Minimum cash balance														200.00
52																	
53			<u>2711 Encinal Avenue</u>														
54			Security Deposits														300.00
55			Minimum cash balance														200.00
																	<u>2,875.00</u>

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: April 13, 2015
To: City of Alameda Health Care District, Board of Directors
From: Kristen Thorson, District Clerk
Subject: Bank of Marin Loan Analysis

The following is background on the Bank of Marin loan referred to as the Jaber Loan.

As referenced in the memorandum on the Operation Summary and Financial Analysis of the Jaber Properties, the Jaber Fund is the result of a donation given to Alameda Hospital in 1992 by Mrs. Alice Jaber. The assets in the Fund are cash and two parcels of real property located in the City of Alameda, 1359 Pearl Street, an apartment complex, and 2711 Encinal Street, a retail store.

In 2012, Alameda Hospital was experiencing cash flow problems exacerbated by a couple of months of low volume and recent cash collection problems. This led to an increase in Accounts Payable and strained vendor relationships. It also placed the District out of compliance with financial ratio thresholds required by our Bank of Alameda (now Bank of Marin) Line of Credit and Wound Care Loan.

In August, 2012 the cash portion of the fund was \$546,000, which had been built up through rental income from two properties. Historically, the hospital had used about 20 percent of the rental income to fund a variety of capital needs each year, per the terms of the Jaber Fund. The Jaber Fund however also provides that the Board of Directors may determine, at their sole discretion, to use a greater amount of the Fund than the customary draw-down, up to the whole thereof, for the purpose of maintaining Alameda Hospital at, or restore Alameda Hospital to, its level of operation in its prior year, when there are no other reasonably available resources for this purpose.

In discussions between management and the Bank of Alameda, the Jaber Fund was identified as a unique resource both from a standpoint of providing cash and as security for a long term loan of about 75% of the value of the two properties to begin to restore our ratios and reduce Accounts Payable.

On August 6, 2012 the Board passed a resolution authorizing the CEO and CFO to mortgage the two properties and draw down on the Jaber Fund (\$546,000).

The result of the mortgage was a commercial real estate loan in the amount of \$1.125 M that was used to restore the current ratio to 1.1 with the Bank of Alameda and for the pay-down of accounts payable.

During the transition with Alameda Health System (AHS), it was determined that this loan would not be transferred to AHS as it was tied to the Jaber properties that were owned by the District. The District continues to pay the monthly loan payments out of the revenue generated by the Jaber Properties. These amounts are identified on the monthly expense to budget document under Interest Expense and Principal on Note. Details of the Loan

Loan Amount: \$1,125,000
 Loan Term: 10 Years
 Origination Date: August 17, 2012
 Maturation Date: October 15, 2022
 Interest Rate: 4.75%
 Monthly Payment: \$6,456.70
 Balance as of 2/27/15: \$1,067,769.40

The two main financial covenants associated with this loan are identified below. The District also provides the Bank of Marin with financial documents as required by the loan. President McCormick and I have met with the Bank of Marin to discuss the loan and to let them know of the current state of operations of the District. Until the District finalizes the FYE June 30, 2014 (which is anticipated to be in May 2015), it is not know at this time if the status of compliance with the covenants below.

1. Debt Service: maintain a ratio of Cash Flow / Current Maturity (LTD) in excess of 1.25 to 1.00. The ratio of Cash Flow / Current Maturity (LTD) means the collateral's (on combined basis) net operating income divided by the collaterals' (on a combined basis) Current Portion of Long Term Indebtedness. The coverage ratio will be evaluated as of year-end.
2. Maintain a combined loan to value equal to or less than 70% of the collateral value for the pledged collateral. The ratio will be evaluated as of year-end.

The amortization schedule from time of affiliation (May 1, 2014) through the end of FY 2014-2015 is listed below. The full amortization is available upon request.

		Payment	Principal	Interest	Balance
					1,088,759.71
2014	May	6,456.70	2,147.03	4,309.67	1,086,612.68
	Jun	6,456.70	2,012.15	4,444.55	1,084,600.53
	Jul	6,456.70	2,163.49	4,293.21	1,082,437.04
	Aug	6,456.70	2,029.23	4,427.47	1,080,407.81
	Sep	6,456.70	2,037.53	4,419.17	1,078,370.28
	Oct	6,456.70	2,188.15	4,268.55	1,076,182.13
	Nov	6,456.70	2,054.82	4,401.88	1,074,127.31
	Dec	6,456.70	2,204.95	4,251.75	1,071,922.36
2015	Jan	6,456.70	2,072.24	4,384.46	1,069,850.12
	Feb	6,456.70	2,080.72	4,375.98	1,067,769.40
	Mar	6,456.70	2,511.89	3,944.81	1,065,257.51
	Apr	6,456.70	2,099.50	4,357.20	1,063,158.01
	May	6,456.70	2,248.37	4,208.33	1,060,909.64
	Jun	6,456.70	2,117.28	4,339.42	1,058,792.36
		77,480.40	25,808.17	51,672.23	

Items from
District Board Meeting
including:
handouts,
“to be distributed”
documents, and
presentations

Alameda Health Care District Board of Directors

April 13, 2015

February 2015 Financial Statements

- March is not yet available; performing quarter end procedures.
- Initiating pre-audit work with MGH: A/R valuation.
- February is \$2.1 million per month loss, improving from \$2.25 average.
- **SLH Normalized Income in February was (\$811,000)**; an improvement. Reported loss due to an accounting adjustment.
- Expect ePSI/Decision Support around the end of May.
- Kaufmann Hall Long Term Financial Planning initiated.

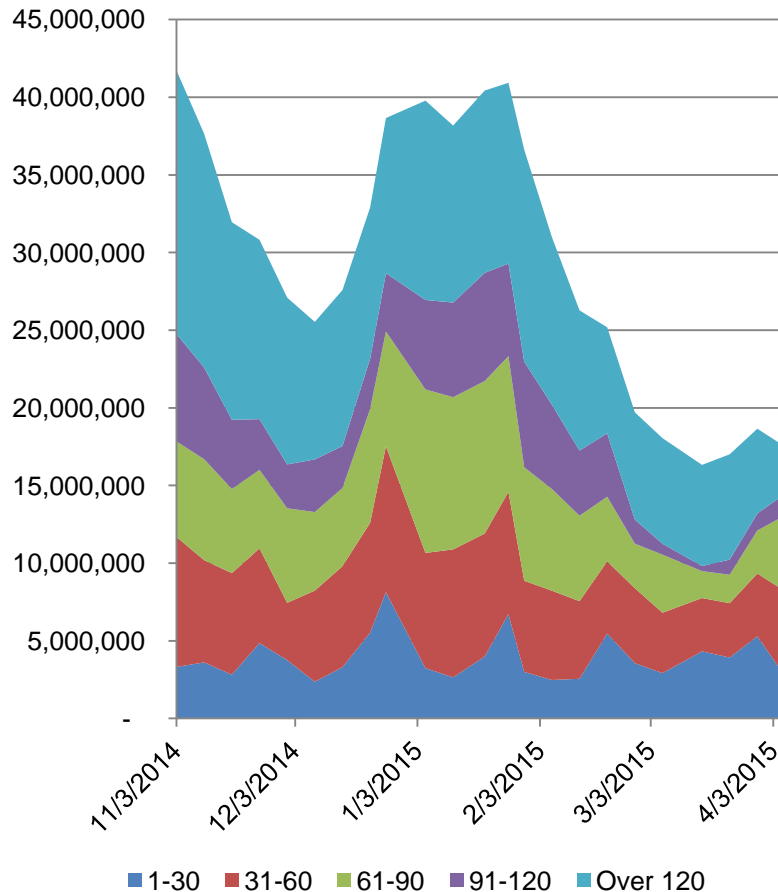
Income Summary	Current Month				Year-To-Date			
	Revenue	Expense	Income	%	Revenue	Expense	Income	%
AHS (Core)	\$ 56,774	\$ 55,141	\$ 1,633	2.9%	450,099	455,307	(5,208)	-1.2%
San Leandro Hospital	2,082	5,616	(3,534)	-169.7%	38,450	48,789	(10,339)	-26.9%
Alameda Hospital	7,323	7,550	(227)	-3.1%	55,413	57,876	(2,463)	-4.4%
AHS Total	\$ 66,179	\$ 68,307	\$ (2,128)	-3.2%	\$ 543,962	\$ 561,972	\$ (18,010)	-3.3%
Average					\$ 67,995	\$ 70,247	\$ (2,251)	

ALAMEDA HOSPITAL
Statement of Revenues and Expenses
For the Period Ended February 28, 2015
(In Thousands)

	Month-To-Date				Year-To-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Inpatient service revenue	\$ 18,937	\$ 17,150	\$ 1,787	10.4%	\$ 146,062	\$ 144,704	\$ 1,358	0.9%
Outpatient service revenue	7,884	8,532	(648)	-7.6%	68,686	72,395	(3,709)	-5.1%
Professional service revenue	185	-	185	0.0%	237	-	237	0.0%
Gross patient service revenue	27,006	25,682	1,324	5.2%	214,985	217,099	(2,114)	-1.0%
Deductions from revenues	(20,579)	(19,411)	(1,168)	-6.0%	(163,164)	(164,090)	926	0.6%
Net patient service revenue	6,427	6,271	156	2.5%	51,821	53,009	(1,188)	-2.2%
Measure A, Parcel Tax, Other Support	297	482	(185)	-38.4%	2,917	3,856	(939)	-24.4%
Supplemental Programs	570	373	197	52.8%	570	2,983	(2,413)	-80.9%
Other Operating Revenue	29	37	(8)	-21.6%	105	300	(195)	-65.0%
Incentives	-	87	(87)	-100.0%	-	693	(693)	-100.0%
Net operating revenue	7,323	7,250	73	1.0%	55,413	60,841	(5,428)	-8.9%
Total operating expense	7,550	7,020	(530)	-7.5%	57,876	58,838	962	1.6%
Operating Income	(227)	230	(\$457)	-198.7%	(2,463)	2,003	(\$4,466)	-223.0%
Operating Margin	-3.1%	3.2%			-4.4%	3.3%		
EBIDA Margin	-1.5%	4.9%			-2.7%	4.9%		
Collection %	23.8%	24.4%			24.1%	24.4%		
Acute & SNF discharges	209	220	(11)	-5.0%	1,482	1,771	(289)	-16.3%
Acute & SNF patient days	5,938	5,540	398	7.2%	48,235	47,545	690	1.5%
ALOS	28.41	25.18	3.23	12.8%	32.55	26.85	5.70	21.2%
ADC	212	198	14	7.1%	198	196	2	1.0%
Adjusted patient days	8,410	8,296	114	1.4%	70,918	71,332	(414)	-0.6%
Adjusted discharges	296	329	(33)	-10.0%	2,179	2,657	(478)	-18.0%
Net operating revenue per adj discharge	\$ 24,740	\$ 22,036	\$ 2,704	12.3%	\$ 25,430	\$ 22,898	\$ 2,532	11.1%
Expense per adj discharge	\$ 25,507	\$ 21,337	\$ (4,170)	-19.5%	\$ 26,561	\$ 22,145	\$ (4,416)	-19.9%
Oper income per adj discharge	\$ (767)	\$ 699	\$ (1,466)	-209.7%	\$ (1,131)	\$ 753	\$ (1,884)	-250.2%
Paid Full time equivalents	540	569	29	5.1%	533	570	37	6.5%
Paid FTE's per adjusted occupied bed	1.80	1.92	0.12	6.2%	1.83	1.94	0.11	5.7%
Salaries, benefits & registry % of net reven	69.1%	65.0%	-4.1%		69.9%	66.0%	-3.9%	

Core Accounts Payable has been reduced to \$17.5 million. AHS is now current with our vendors.

AHS Accounts Payable



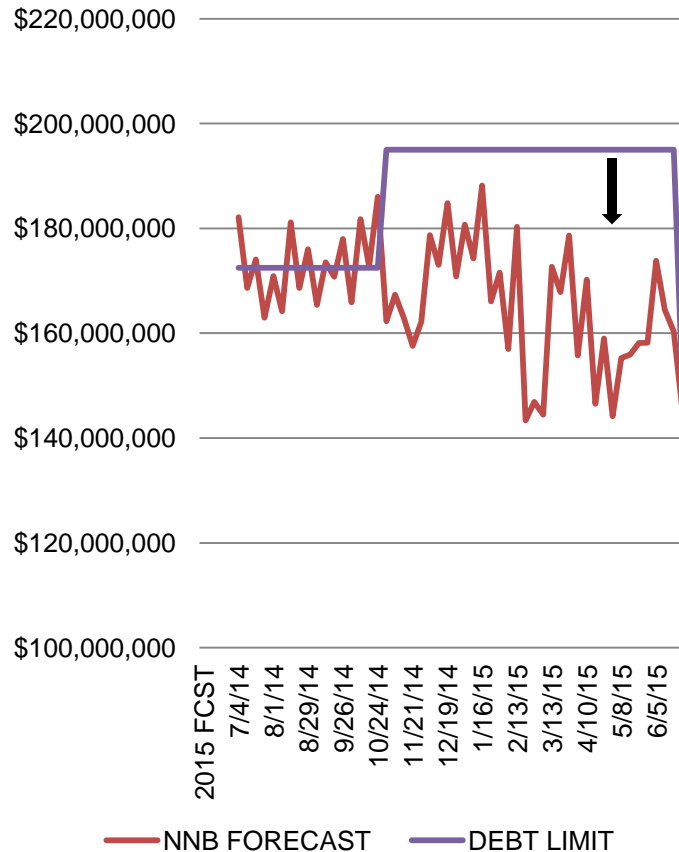
- A/P is now \$17.5 million, well below our target.
- This excludes Accruals, and we are improving our PO Process to get invoices into the system quicker for payment.
- Over 120 day amounts are either disputed or on payment plans.
- AH old invoices recently submitted contain many that were already paid.

Alameda Hospital AP

	1-30	31-60	61-90	91-120	Over 120	Total
03/10/15	271,789	429,971	152,001	7,135	3,333,413	4,194,309
03/16/15	196,376	372,373	18,151	84,774	3,221,649	3,893,324
03/24/15	226,424	282,700	22,326	13,803	2,996,827	3,542,080
03/31/15	395,471	229,050	154,805	125,304	2,851,559	3,756,191
04/06/15	135,930	298,035	217,313	103,933	213,733	968,945

Alameda County Interim and Permanent Agreements

Net Negative Balance Forecast



- AHS remains in compliance with the interim agreement.
- Now forecasting year end NNB of \$145 million based on improved cash flow.
- Permanent Agreement
 - Refining cash forecast based on budget progress to see if we can achieve \$195 million NNB during the year.
 - Productive discussions on other terms and language

AHS Fiscal 2016 Operating Budget Status

	ACTUAL 2014	PROJ 2015 (Jan YTD)	Preliminary BASELINE 2016	Target BASELINE 2016
Total Net Patient Revenue	\$289,757,672	\$493,550,352	\$504,470,352	\$527,470,352
<i>Reimbursement Rate</i>	17.0%	21.0%	21.5%	22.5%
Other Revenues	375,842,744	323,385,319	314,344,319	314,344,319
Total Revenue - All Sources	\$665,600,417	\$816,935,671	\$818,814,671	\$841,814,671
Total Labor Expenses	\$464,586,060	\$570,209,250	\$583,030,210	\$559,353,071
<i>Benefits Rate</i>	40.5%	40.7%	44.0%	44.3%
Total Non-Staff Expenses	\$242,740,308	\$273,344,267	\$273,344,267	\$253,717,711
Total Operating Expenses	\$707,326,367	\$843,553,517	\$856,374,477	\$813,070,782
			Current Requests	\$918,244,000
Operating Income	\$(41,725,950)	\$(26,617,845)	\$(37,559,805)	\$28,743,890
** <i>Operating Margin</i> **	-6.3%	-3.3%	-4.6%	3.4%
** <i>EBDITA</i> **	-4.5%	-1.6%	-3.0%	5.0%
Adjusted discharges	28,166	30,333	30,333	30,333
Net operating revenue per adj discharge	\$23,632	\$26,932	\$26,994	\$27,753
Expense per adj discharge	\$25,113	\$27,810	\$28,233	\$26,805
Oper income per adj discharge	\$(1,481)	\$(878)	\$(1,238)	\$948
Paid full time equivalents	3,715	3,950	3,950	3,725
Paid FTE's per adj occupied bed	7.06	4.82	4.82	4.54
Salaries, benefits & registry % of net reven	69.8%	69.8%	71.2%	66.4%

Performance Improvement Status Report

- Program target is \$40 million, and the “opportunity” identified so far is \$33.7 million.
- Areas of opportunity include:
 - Pharmacy Benefit - \$1,100,000
 - Laboratory - \$322,000
 - Group Purchasing - \$200,000
 - Organizational Design - \$1,100,000
 - Pharmacy 340b Program - \$967,276
 - Pharmacy Operations - \$1,650,000
 - Physician Preference Items - \$365,000
 - Process Optimization - \$4,800,000
 - Purchased Services - \$870,000
 - Productivity Management and Efficiencies

Discussion

Video Link Shown at April 13, 2015 District Board Meeting CAO Report

<http://www.health.gov/hai/trainings/partnering-to-heal/index.html>



2070 Clinton Avenue
Alameda, CA 94501

TO: City of Alameda Health Care District, Board of Directors
Alameda Hospital Medical Staff Leadership
Alameda Hospital Leadership and Employees

FROM: Bonnie Panlasigui, FACHE
Chief Administrative Officer

DATE: April 13, 2015

SUBJECT: Alameda Hospital Update – Quarter 3 (Jan-Mar) 2015

True North Goal 1: Access: Be a leader in access to quality, affordable care

Action	Goal	% Complete	Next Steps
Community Paramedicine Program with Alameda Fire Department	July 2015	25%	The Alameda Fire Department and Alameda Hospital are partnering to pilot a new community paramedicine program aimed to help reduce unnecessary repeat visits to the emergency room and possible readmissions. The pilot is scheduled to start in July of this year. We have been reviewing the baseline data to have a clear “before” picture to evaluate the success of the program. This pilot is being funded through a grant and Alameda is one of only seven such programs across the country.
Implement LEAN Performance Improvement to be more efficient and increase access	May 2015	25%	Over the past three months, there have been focused lean projects on improving the med reconciliation process to give the physicians more access to make needed edits to the information, the ER to IP admission process and the most recent project on a 5S project with materials management to better organize our supply rooms in the units.

True North Goal 2: Sustainability: Be an organization with an investment grade credit rating

Action	Goal	% Complete	Next Steps
Accounts Payable dropping	Jun 2015	90%	The total accounts payable prior to the affiliation with AHS in May 2014 was over 10 million. Each month we have been aggressively tackling this list. As of end of March, the 120 day outstanding accounts payable decreased to only \$213,000. The remaining total accounts payable post 30 days is at 1.5 million. We expect all vendors to be paid within 30 days moving forward. This is one major step in the right direction as we right size the organization from a financial standpoint.
Cash Collections improving	ongoing	25%	In the month of March, we had one of the highest cash collections, totaling 4.3 million. The majority of this is from our long term care hand billing claims and the tie in with Medi-Cal was approved.
Target to hit a 3% operating margin/expense reduction goals	Jul 2015	0%	In order to hit a 3% operating margin, the goal is to spend no more than 6.9 million per month and bring in a net revenue of 7.2 million or a dollar margin of \$300,000. We hit a 0.3% operating margin in January but had a hit of -3% operating margin in February. We need to reduce our expenses by 1.5 million each month in order to hit the target. The majority of these expenses will be decreased by reducing rental expenses and overtime/registry usage. However, we are going to be evaluating all service lines and productivity standards based on actual volumes.
Alameda Hospital Foundation Commitment	Jul 2015	50%	With the parcel tax dollars paying off the owed \$405,000 loan to the AH Foundation, the Foundation has committed to fund up to \$200,000 and the focus is on first impressions related projects. Our target is on the main hospital lobby to improve the lighting, flooring, furniture and patient flow.
Actual performance compared to budget	ongoing	10%	January had a favorable month at 0.3% operating margin and was the first month since the affiliation that was not in the red. For the month of February, AH reported a loss of (\$178,000), which is unfavorable compared to a budgeted gain of (\$259,000). Overall IP and OP patient activity was higher than budgeted for the month with revenue at 5.2% over budget, 1% over budget for net operating revenue. Adjusted discharges below budget by 20%. Total operating expenses of 7.5 million were 7.5% unfavorable for February. Salaries, benefits and registry as a % of net revenue was over budget by 4.1%. March financial statements not yet available.

Capital equipment planning	Jun 2015	25%	Parcel tax funds become available mid-April. We have budgeted 1 million to spend. The focus will be on patient care beds and mattresses and replacing the floors and aesthetic upgrades. The remaining capital funds become available in July 2015. The leadership team has prioritized their capital requests in order to replace the urgent items first over the others.
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True North Goal 3: Integration: Achieve zero preventative harm and produce the best achievable outcomes

Action	Goal	% Complete	Next Steps
Intracycle monitoring	Mar 2015	100%	Kathi Catalano has been helping the Alameda Hospital team to identify potential findings during a Joint Commission survey. From a regulatory standpoint, there are several areas of opportunity identified and we will be conducting ongoing mock surveys between now and Spring 2016, when our scheduled Joint Commission survey will take place.
Clinical Assessment	On-going	10%	A clinical assessment was done of the inpatient floors and there will be a strong emphasis on training, preceptorship and cross training across departments.
Quality metrics	On-going	FYI	See attachment with revisions to the dashboard.

True North Goal 4: Experience: Be the best to stay well, heal, and receive care

Action	Goal	% Complete	Next Steps
Improve publicly reported HCAHPS patient satisfaction scores	Dec 2015	0%	As of April 1 st , Press Ganey will be administering the patient satisfaction surveys. Our hospitalist group will be receiving HCAHPS training and strategies to improve the communication with doctors score. The month of April should be the first patient and family centered experience team meeting that will include volunteers from the community who may have been patients or family members of patients from Alameda hospital who are willing to give constructive feedback. The hospital will work in partnership to give updates on improvements made based on their feedback.

True North Goal 5: Network: Provide the highest rated community health program

Action	Goal	% Complete	Next Steps
Community Outreach		100%	There have been several community events Alameda Hospital has sponsored from January – March including speaking engagements with the League of Women Voters through a community forum that was very well attended. Alameda hospital was a sponsor at the Women Who Dare luncheon with Girls Inc and at the Lunar New Year Festival on Harbor Bay. Alameda hospital conducted a safety fair in the month of February.
Crimson Market Data Analysis	Apr 2015	80%	

True North Goal 6: Workforce: Be the best place to learn and work

Action	Goal	% Complete	Next Steps
New key positions posted	Apr 2015	50%	<p>We have filled two leadership positions. Ed Gonzalez was hired as Chief Engineer. He most recently came from Kaiser. He has a wealth of knowledge in leading a team to identify gaps from a regulatory standpoint and has many cost savings ideas.</p> <p>The Rehab Therapy Manager position was filled with an internal candidate, Michael Yep, who has been with Alameda Hospital for nearly 20 years. He has a strong relationship with our orthopedic surgeons and is prepared to grow our PT and OT services related to recovering stroke patients.</p> <p>There are a total of 14 RN positions posted. There was a job fair at Highland Hospital in which Alameda Hospital was included on April 8, 2015. With the pending closure of Doctor’s Hospital in San Pablo, AHS will be participating in an internal job fair job fair at their facility on Thursday, April 16, 2015. Ultimately the goal is to reduce the need for registry/agency usage to a minimum.</p>
Leadership Book Club	Apr 2015	0%	The leadership team will be reading the book “Hardwiring Excellence” together through a monthly book club we have started.
Physician Engagement	Mar 2015	50%	Doctor’s Day was in March and the leadership team spent time shadowing the physicians in order to better understand their world and their needs, with a focus on the hospitalists.

Alameda Hospital Balanced Score Card (CY 2015)

QUALITY INDICATORS	AH CURRENT PERFORMANCE							BENCH MARK/ GOAL	COMPARISON ORGANIZATION
	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15		
I. 30-Day Readmissions (all diagnoses):									
(#of readmits/#of total admissions X100)	3.20%	5.40%						15.80%	HSAG/CMS(CA)
II. Medication Errors:									
• Acute (# errors/doses dispensed)	0.13%	0.05%						≤ 0.10%	AH
• Acute (#errors/patient days)	0.03%	0.01%							
• LTC (#errors/patient days)	0.00%	0.00%							
III. HAPU (per 1000 patient days):									
• Acute	1.05	1.66						1.27	CALNOC
• Long Term Care (Sub-Acute; SC; WE) (per 1000 pt days)	0.19	1.3						2.54	NE
IV. Falls (per 1000 patient days):									
• Acute (CCU/TELE/3W/ECC)	1.29	1.36						2.89	CALNOC
• Long Term Care (Sub-Acute; SSC; WE)	1.36	2.29						5.78	MQI
V. Infection Prevention:									
• Catheter Associated Urinary Tract Infections (per catheter days):	0%	DP						0.56%	SIR 2.99
• Hand Hygiene:	90%	DP						90%	TJC
• Surgical Site Infections (per inpatient elective orthopedic procedures):	0%	DP						0%	SIR 1.64
VI. Core Measures:									
Inpatient Perfect Care (All or None)	92%	95%						90%	AHS True North
Acute Myocardial Infarction Measure Set Perfect Care	100%	100%						90%	AHS True North
Heart Failure Measure Set Perfect Care	100%	100%						90%	AHS True North
Pneumonia Measure Set Perfect Care	100%	67%						90%	AHS True North
Immunizations Measure Set Perfect Care	94%	100%						90%	AHS True North
Surgical Care Improve Project Measure Set Perfect Care	79%	83%						90%	AHS True North
Stroke Measure Set Perfect Care	100%	100%						90%	AHS True North
Tobacco Cessation Measure Set Perfect Care	n/a	59%						TBD	
Venous Thromboembolism Measure Set Perfect Care	100%	97%						90.0%	AHS True North
OP-5 Median Time from ED Arrival to ECG (min)	9	11						10 min	CMS / TJC
VII. HCAHPS Target goal selected at 75 percentile:									
• Communication with Nurses	67.7	67.8						82.1	Target Goal
• Communication with Doctors	73.1	79.3						84.1	
• Staff Responsiveness	57.7	51.8						70.3	Target Goal
• Hospital Environment	41.1	46.7						70.8	
• Pain Management	66.7	46.2						75	Target Goal
• Communication about Medications	35.3	57.1						67	Target Goal
• Discharge Information	76.1	91.7						88.7	
• Care Transitions	42.0	46.4						56.7	
• Rate the Hospital 9 or 10	55.2	46.7						76	
• Recommend Hospital	55.2	63.3						74.4	Target Goal
VIII. ED Turn-Around-Times (TAT):									
• Door ➔ Doctor Time (min)	30	39						31 min	AHS True North
• Door ➔ Admit (hrs)	4.2*	4.3						2.8 hrs	AHS True North
IX. Stroke (Mean Times):									
• Door ➔ CT for Code Stroke	17	21						≤ 25 min	Am St Assoc
• Door ➔ Alteplase	54	68						≤ 60 min	Am St Assoc

COMMENTS: Some metrics take up to 90 days to be compiled.

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

Alameda Hospital Balanced Score Card (CY 2015)

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

- Readmissions remain below the goal of 13%.

II. Medication Errors:

- Meets or exceeds goal.

III. HAPU:

- Two patients developed stage II pressure ulcers. Early 1:1 bedside training with nurses in early HAPU risk recognition, prevention and interventions continues.

IV. FALLS:

V. Infection Prevention:

VI. Core Measures:

- Total of 11 cases, 2 failed. One failed due to physician's documentation, the other failed because the RN scanned the order late and the pharmacist did not readjust the timing on the Abx.

VII. HCAHPS:

VIII. ECC Turn-Around-Times

- Door to admit times remain similar to previous month, but are still not reaching the True North Metric goal.
- Door to admit recalculated in January of 2015 to include all admits for the entire month. Prior door-to-admit times were based on data for the first 10 days of the month.

IX. Stroke Mean Times:

- There was a slight increase in door to alteplase. There were 3 patients who received alteplase at 23, 75 and 106 minutes. One was a 96 year old inpatient who developed stroke symptoms and a code stroke was called. A clinical decision, as well as the family needing to weigh the pros and cons and consultation with vascular, were the reason for the delay. The second code stroke was called 14 minutes after arrival. There was also a delay in administering the alteplase once neurologist consulted. All delays are reviewed and feedback provided.

CITY OF ALAMEDA HEALTH
CARE DISTRICT
APRIL 13, 2015



Accounting / Financial Contacts

- Who is involved and what they do
 - ▣ Jim Meyers, DrPH, Treasurer
 - Treasurer Duties per By-Laws
 - ▣ Kristen Thorson, District Clerk
 - Day to day bookkeeping, banking, check writing, QuickBooks, analysis, budget development, etc.
 - Oversee the annual collection of approximately \$5.8M in parcel tax revenue, including possessory interest tax bills.
 - ▣ KHJC & Partners, Inc.
 - Kelly Hohenbrink
 - Accounting consultant that provide support for monthly financials, financial analysis, bank reconciliation, etc.
 - ▣ Hewitt, Jones & Fitch
 - Teresa Fitch, CPA & Dave Hewitt, CPA
 - Tax Returns for related entity – Healthcare Corporation

Process Recommendations for FY2016

- Look at Cash vs. Accrual based accounting
 - Currently cash basis
- Spread budget over 12 months to provide more detail and better planning tools for future years
- Board recommendations?

Notes on Feb-15 Expense to Budget

- YTD Legal Counsel is over budget by approx. \$16,000. This negative variance is contributed impart to May and June 2014 invoices (prior FY) that were paid in current FY15.
 - Fees have dropped significantly since January
 - Jan to Feb: 63% decrease
 - Feb to Mar: 31% decrease
- Election Expenses
 - Invoice was paid in March (\$71,316)
 - Cost = \$1.61 per registered voter
 - 44,273 registered voters for November 2014 Election
 - Next election cycle, November 2016 (FY2017)

FY 2016 Budget Planning

- Estimates provided on Expense to Budget document
 - ▣ Based on current year expenses and trends
- Input from Board on all line items with special focus on:
 - ▣ Education and Conferences
 - ▣ Dues and Subscriptions
 - ▣ Consultant fees