

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, February 13, 2017

OPEN SESSION: 5:30 P.M.

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

Kathryn Sáenz Duke

II. Roll Call

III. General Public Comments

IV. Regular Agenda

A. Alameda Health System and Alameda Hospital Updates

- ✓ 1) FY 2016-2017 (Q2, October-November-December) AHS
Financial Report [ENCLOSURE \(PAGES 4-15\)](#)

David Cox
Chief Financial Officer

- Insurance Contracting Update

- 2) Hospital CAO Report

James E.T. Jackson, M.P.H.
Chief Administrative Officer

- ✓ 3) FY 2016-2017 (Q2, October-November-December) AHS
Quality Dashboard [ENCLOSURE \(PAGES 16-17\)](#)

James E.T. Jackson, M.P.H.
Chief Administrative Officer

- 4) Alameda Hospital Medical Staff Report

Elpido Magalong, MD
President, Medical Staff

B. District & Operational Updates

- ✓ 1) Review and Discussion of City of Alameda - Community
Needs Assessment Survey with Jim Franz

Kathryn Sáenz Duke
Jim Franz

[ENCLOSURE \(PAGES 18-27\)](#)

- 2) District Liaison Reports

[INFORMATIONAL](#)

- ✓ a. Alameda Health System Liaison Report Tracy Jensen
ENCLOSURE (PAGES 28-32)
- b. Alameda Hospital Liaison Report Robert Deutsch, MD
 - Report on Ad Hoc Hospital Facilities and Seismic Planning Committee**VERBAL REPORT**
- c. President's Report Kathryn Sáenz Duke
- d. Other District Outreach Reports and Member Updates All
- 3) Analysis of Jaber Will and Use of Funds **PRESENTATION** Thomas Driscoll
- 4) LAFCo and Ballot Language Analysis on Use of Parcel Tax Funds **PRESENTATION** Thomas Driscoll
- ✓ 5) Overview of Loan with Bank of Marin **ENCLOSURE (PAGES 33-34)** Kristen Thorson
- ✓ 6) Annual Report of Parcel Tax Uses by Alameda Health System - Fiscal Year 2015-2016 **ENCLOSURE (PAGES 35-37)** Kristen Thorson
- 7) Executive Director Search / District Staffing Update Kathryn Sáenz Duke
 - a. Report from Ad Hoc Committee Advisory Committee for Executive Director Search Tracy Jensen

D. Action Items

ACTION ITEMS

- ✓ 1) Acceptance of December 12, 2016 Meeting Minutes **ENCLOSURE (PAGES 38-35)**
- ✓ 2) Acceptance of Financial Statements: November/December 2016 **ENCLOSURE (PAGES 46-52)**
- ✓ 3) Approval of December 2016 Parcel Tax Installment Transfer to Alameda Health System **ENCLOSURE (PAGE 53)**
- ✓ 4) Review and Approval of Expenditure of Funds for Services to Assess Long Term Capital Investments for Jaber Properties **ENCLOSURE (PAGES 54-59)**
- ✓ 5) Approval to Bind General and Excess Property Insurance for Jaber Properties for renewal year 3/19/17 to 3/19/18 **ENCLOSURE (PAGE 60)**

E. April 10, 2017 Agenda Preview

Kristen Thorson

INFORMATIONAL - SUBJECT TO CHANGE

- 1) Executive Director Search / District Staffing Update
- 2) Review and Approval of FY 2017-2018 Operating Budget
- 3) Approval of FY 2015-2016 Parcel Tax True Up Transfer to Alameda Health System
- 4) Closed Session – Discussion on Trade Secrets

F. June 12, 2017 Agenda Preview

Kristen Thorson

INFORMATIONAL - SUBJECT TO CHANGE

- 1) Adoption of Parcel Tax Levy Resolution
- 2) Review and Approval of 2017-2018 Parcel Tax Budget
- 3) Review and Approval of Mutual Certification and Indemnification Agreement
- 4) Review and Approval of FY 2017-2018 Insurance Renewals
- 5) FY Q3 (Jan-Feb-Mar) AHS Reporting

V. General Public Comments

VI. Board Comment

VII. Adjournment

<p>Next Meeting April 10, 2017</p>	<p>Time: TBD Closed Session Location TBD</p> <p>Time: TBD Open Session Dal Cielo Conference Room Alameda Hospital</p>
--	---

Alameda Health System

Alameda Healthcare District
February 13, 2017

David Cox, Chief Financial Officer

Financial Overview – December 2016

Financial Performance

- AHS is profitable YTD, and just slightly below budget.
- Favorable Net Patient Service Revenue (NPSR) and Supplemental Revenue is offset by expense variances, which are 4.5% negative to budget YTD.
- Areas of focus are Registry utilization, Contracted Physician Services, Supplies, and Maintenance.
- Discharges are below budget, offset by ALOS and CMI increase.
- Clinic Visits continue to run negative to budget, but slightly higher than prior year.

Projects Underway

- Ambulatory Access Redesign
- Benchmarking and Productivity Management
- Physician Charge Capture Assessment
- Soarian Financials Physician Billing Rebuild
- Commercial Contracting
- Registry Utilization Improvement

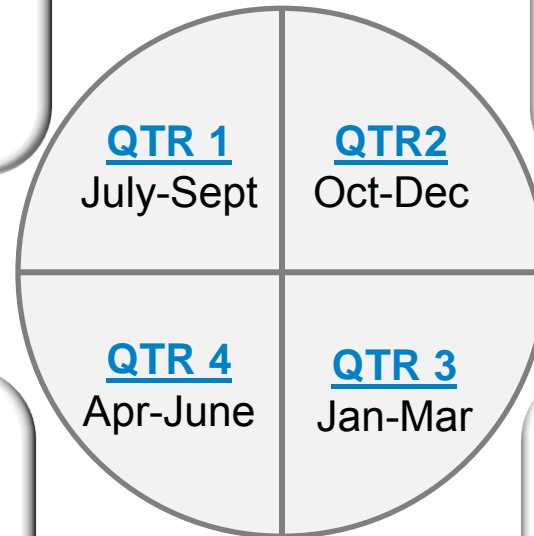
Profitability by Facility – December YTD

	Highland Campus	Support Services	Ambulatory	John George Behavioral Health	Professional Services	Fairmont Campus	San Leandro Campus	Alameda Hospital	AHS Total
Net Patient Service Revenue	154,104	-	20,853	30,368	20,423	20,286	32,717	41,297	320,049
Total Supplemental Revenue	35,282	56,280	29,265	6,272	8,774	5,239	8,886	11,468	161,465
Net Operating Revenue	189,387	56,280	50,118	36,640	29,197	25,524	41,603	52,765	481,514
Salaries and wages	75,782	29,416	21,702	18,734	10,224	15,385	22,789	24,368	218,399
Employee benefits	25,779	10,265	7,392	6,370	2,891	5,231	7,748	8,291	73,966
Registry	8,089	2,090	200	251	-	521	1,533	2,824	15,508
Contracted physician services	1,028	55	3	120	40,152	-	67	57	41,483
Professional services	11,211	-	16,409	483	(28,319)	101	1	113	0
Purchased services	4,917	22,270	1,029	412	705	1,630	2,104	4,507	37,574
Pharmaceuticals	9,878	31	762	227	-	418	977	1,501	13,794
Medical Supplies	9,701	6	890	66	-	520	2,511	4,579	18,274
Materials and supplies	4,018	1,058	324	317	-	983	1,026	1,249	8,976
Outside medical services	-	1,214	-	-	-	-	-	-	1,214
General & administrative expenses	292	7,776	106	(31)	311	4	37	113	8,608
Repairs/maintenance/utilities	2,769	4,158	267	444	-	715	784	856	9,994
Building/equipment leases & rentals	1,242	751	777	-	-	44	160	1,497	4,470
Depreciation	703	4,703	490	50	-	19	575	770	7,310
Total operating expense	155,409	83,793	50,351	27,443	25,963	25,570	40,313	50,726	459,569
Operating Income	33,978	(27,513)	(233)	9,198	3,234	(46)	1,290	2,039	21,946
Operating Margin	17.9%	-48.9%	-0.5%	25.1%	11.1%	-0.2%	3.1%	3.9%	4.6%
EBIDA Margin	18.3%	-40.4%	0.5%	25.2%	11.1%	-0.1%	4.5%	5.6%	6.1%
Collection % - NPSR	19.8%	0.0%	48.6%	23.8%	20.4%	22.7%	15.3%	21.1%	20.7%
Collection % - Total	24.4%	0.0%	116.8%	28.7%	29.1%	28.5%	19.4%	27.0%	31.1%

Annual Strategic & Financial Planning and Reporting Cycle

1
Finance: AHS operates with new FY rolling budget
HR: Annual Performance Reviews/Build in new FY goals
Planning and Operations: Develop Operational plans/Business Plans/Dashboard Metrics
Board: Approves FY Goals and Incentives

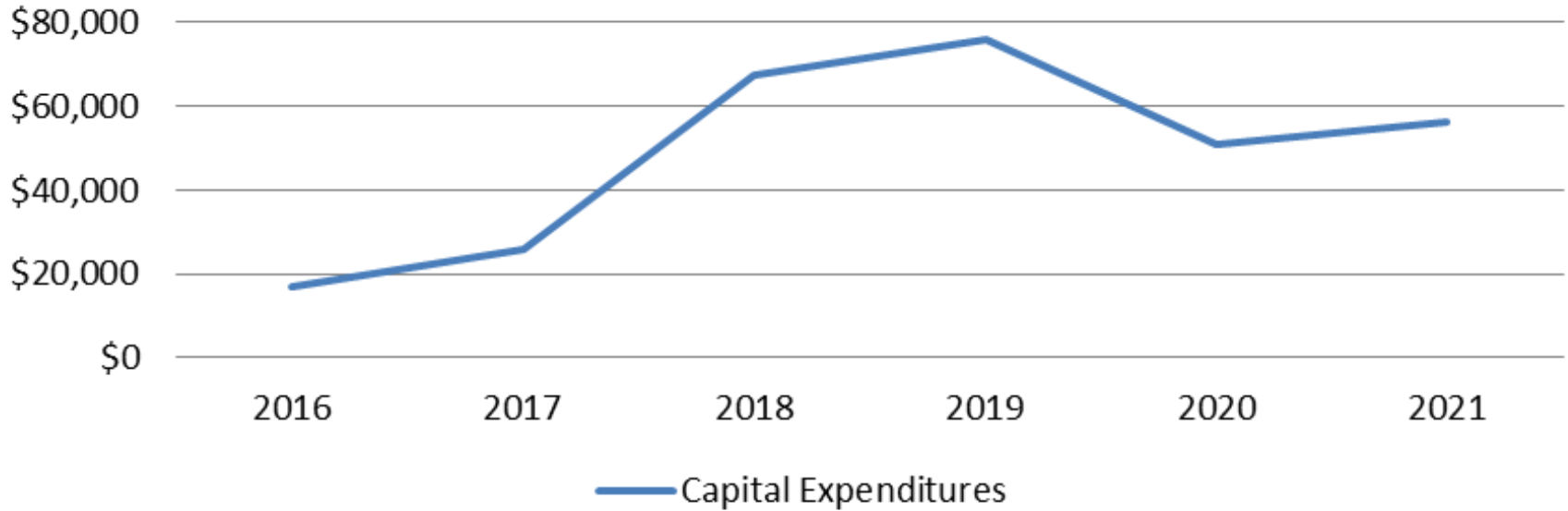
2
Finance: Commence review of plan based on audit and current performance
HR: Effect Annual salary incr.
Planning and Operations: Develop Business plans for ongoing year/ Assess volume forecasts for new FY
BOT Retreat



4
ELT: Retreat to outline key priorities
Finance: Present Budget to BOT
HR: Management incentive plans/calculate and communicate annual awards/Develop goal weighting
Planning and Operations: Commence planning for new FY Plans/review of current year metrics/targets
BOT Retreat: Confirms Strategic Plan & Approves budget

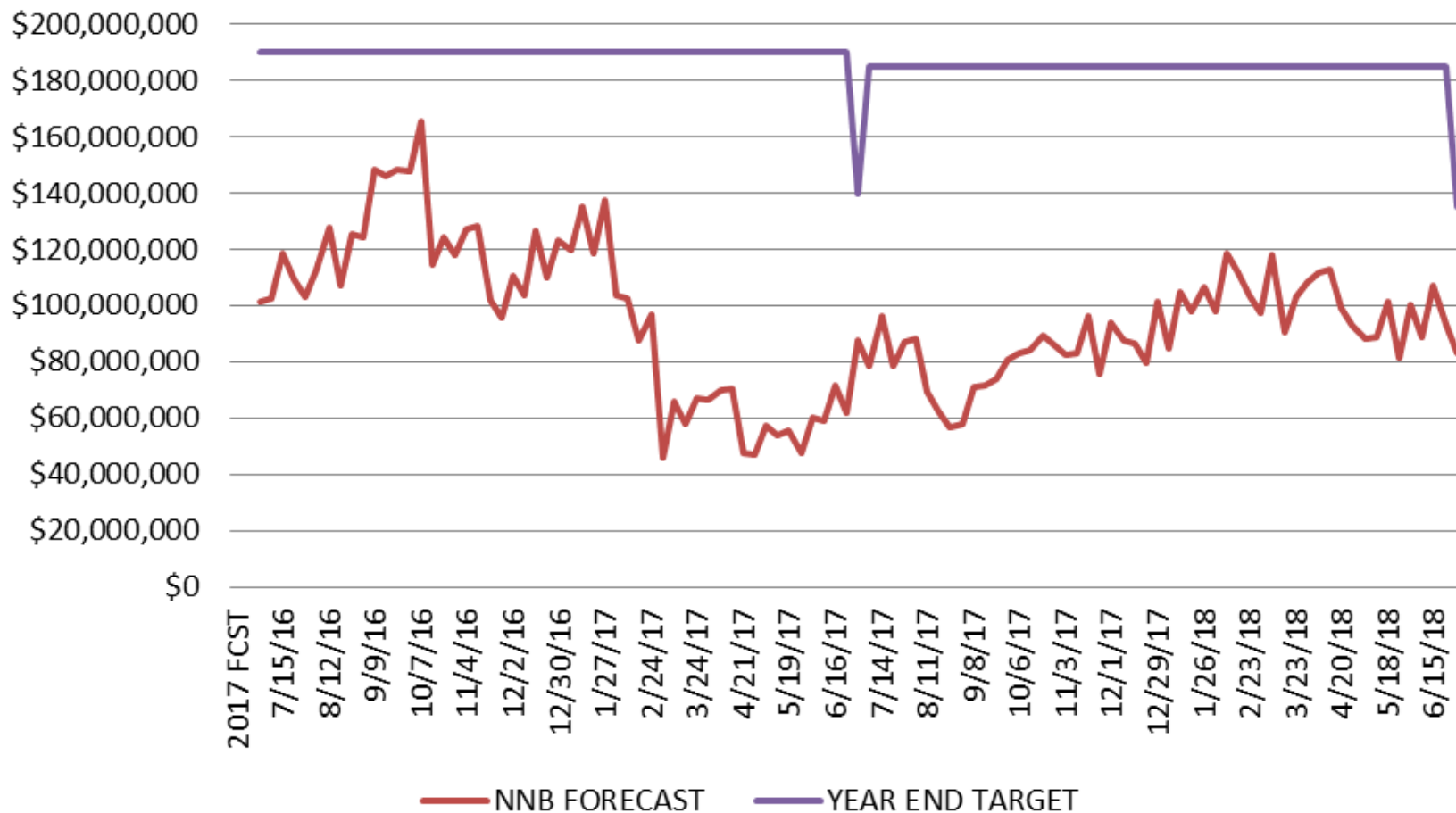
3
Finance: Establishes financial targets for next FY/Capital Budget
HR:
Planning and Operations: Environmental assessment, volume forecasts and develop annual goals/objectives plan draft with SBUs/ELT
Board: Establishes budget targets.

AHS CapEx Requirements



	Capital Expenditures		2016	2017	2018	2019	2020	2021
13	Facilities	\$ (31.1)	(3,591)	(6,500)	(7,000)	(7,000)	(7,000)	(7,000)
14	Equipment	(37.2)	(9,189)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)
15	Information Technology	(36.3)	(4,259)	(9,000)	(12,000)	(6,000)	(5,000)	(5,000)
16	Electronic Medical Record	(96.0)	-	(1,000)	(25,000)	(40,000)	(30,000)	(10,000)
17	Negotiation Adjustment	35.0	-	-	10,000	20,000	5,000	(20,000)
18	San Leandro Rehab	\$ (33.2)	-	(1,500)	(18,259)	(13,428)	-	-
19	SB90 Seismic - AH Kitchen	(17.5)	-	-	(8,100)	(7,400)	(2,000)	(2,000)
20	John George Expansion	(10.0)	-	-	-	(10,000)	-	-
21	Strategic Opportunities	(11.0)	-	(1,000)	-	(5,000)	(5,000)	(5,000)
22	Capital Expenditures	\$ (237.2)	(17,039)	(26,000)	(67,359)	(75,828)	(51,000)	(56,000)

AHS NNB Forecast



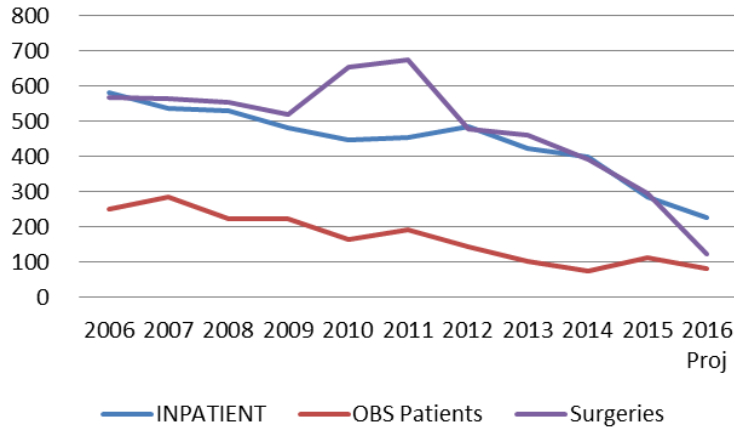
AHS Fiscal Financial Plan - Assuming a 5% growth in Net Revenues, maintain a 6% EBIDA Margin, which would generate \$58.8 million in Free Cash Flow. Capital requirements would exceed this by \$21.3 million in FY18 and FY19. This assumes \$5 million of funding from AHS Foundation and \$6 million in EMR support, as well as use of the \$7 million County Capital Reserve Fund.

The \$42.6 million would be funded either through use of the County Line of Credit or access to Commercial Debt.

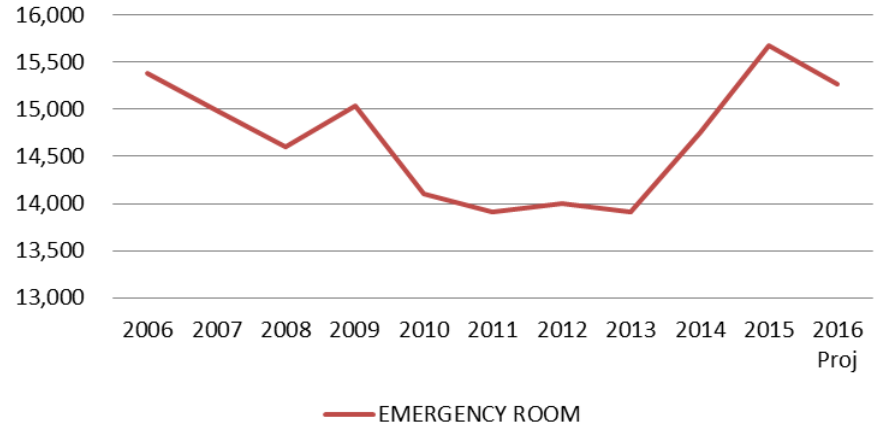
	(\$ in thousands)		Actual	Projected	Forecast	Forecast	Forecast	Forecast
	Summary Financial Plan		2016	2017	2018	2019	2020	2021
1	Net Revenue	5.0%	\$ 925,634	\$ 950,831	\$ 980,000	\$ 1,029,000	\$ 1,080,450	\$ 1,134,473
2	EBIDA Margin		6.6%	6.0%	6.0%	6.0%	6.0%	6.0%
3	Free Cash Flow (EBIDA)	\$ 303.5	\$ 61,092	\$ 57,050	\$ 58,800	\$ 61,740	\$ 64,827	\$ 68,068
4	Working Capital	9.1	34,935	(4,200)	(4,862)	(8,167)	(8,575)	(9,004)
5	Total Debt Service	(88.5)	(17,681)	(18,252)	(18,848)	(17,135)	(16,612)	(12,155)
6	Capital Expenditures	(237.2)	(17,039)	(26,000)	(67,359)	(75,828)	(51,000)	(56,000)
7	EMR Fundraising	18.0	-	-	6,000	6,000	6,000	6,000
8	Additional Borrowing	-	-	-	-			
9	County Capital Reserve Fund	14.0	-	-		7,000	7,000	7,000
10	Other Sources	18.0	-	3,000	5,000	5,000	5,000	5,000
11	Total Cash Needs	(266.6)	215	(45,452)	(80,069)	(83,130)	(58,187)	(59,159)
12	Cash Surplus/(Shortfall)	\$ 36.9	\$ 61,307	\$ 11,598	\$ (21,269)	\$ (21,390)	\$ 6,640	\$ 8,910

Alameda Hospital Trends – Commercial Market Share has been declining for years, Medi-Cal is growing.

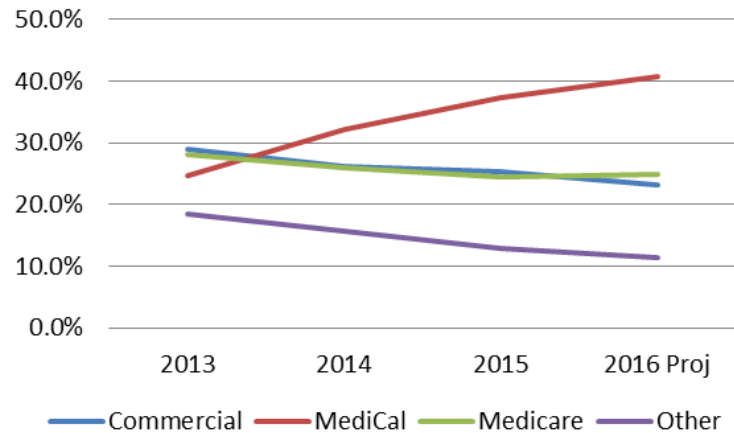
AH - Commercial Patients



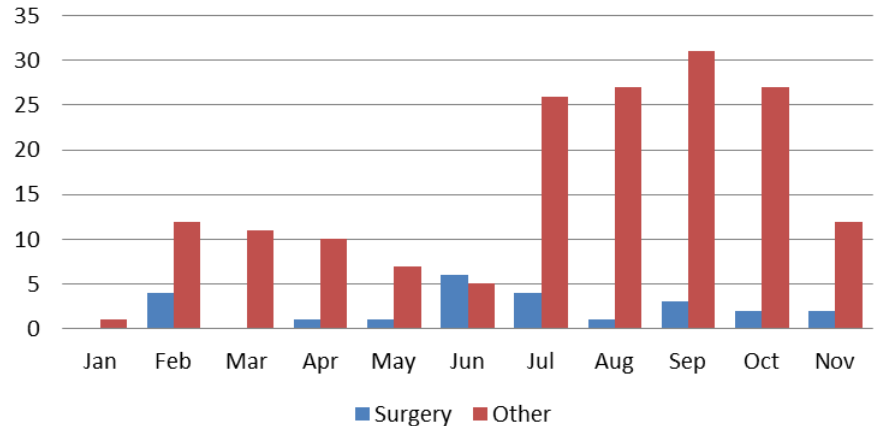
AH - Total ED Visits



AH - ED Payer Mix



AH - Non Par Discount Patients



IP Discharges by Location, Alameda Discharges by Payer

InPatient Discharges by Zip Code Patient Origin (with insurance breakdown)								
City	2013	2014	2015	2016	2013	2014	2015	2016
ALAMEDA	2,004	1,775	1,588	1,383	70.9%	68.6%	70.2%	65.1%
OAKLAND	492	483	438	508	17.4%	18.7%	19.4%	23.9%
SAN LEANDRO	60	68	48	52	2.1%	2.6%	2.1%	2.5%
HAYWARD	33	31	33	25	1.2%	1.2%	1.5%	1.2%
OTHER	236	229	155	155	8.4%	8.9%	6.9%	7.3%
TOTAL	2,825	2,586	2,262	2,124	100.0%	100.0%	100.0%	100.0%
<ul style="list-style-type: none"> 5% shift from Alameda to Oakland comparing CY 2015 vs 2016 								
ALAMEDA--Zip Codes 94501 &94502								
Financial Class	2013	2014	2015	2016	2013	2014	2015	2016
COMMERCIAL	283	279	196	161	10.0%	10.8%	8.7%	7.6%
OTHER	35	15	14	14	1.2%	0.6%	0.6%	0.7%
KAISER	6	7	6	4	0.2%	0.3%	0.3%	0.2%
MEDI-CAL	104	128	75	76	3.7%	4.9%	3.3%	3.6%
MEDI-CAL HMO	157	150	191	181	5.6%	5.8%	8.4%	8.5%
MEDICARE	1,142	985	925	788	40.4%	38.1%	40.9%	37.1%
MEDICARE HMO	204	185	156	137	7.2%	7.2%	6.9%	6.5%
PATIENT PAY	73	26	25	21	2.6%	1.0%	1.1%	1.0%
SUB-TOTAL ALAMEDA ZIP CODES					70.9%	68.6%	70.2%	65.1%
<ul style="list-style-type: none"> In Alameda, decline in discharges are Medicare and Commercial insurances. 								

Inpatient and Outpatient Surgeries

Inpatient Surgeries								
Financial Class	2013	2014	2015	2016	2013	2014	2015	2016
COMMERCIAL	133	133	109	68	23.4%	21.7%	19.7%	13.0%
OTHER	14	10	22	20	2.5%	1.6%	4.0%	3.8%
KAISER	2	-	1	-	0.4%	0.0%	0.2%	0.0%
MEDI-CAL	35	30	38	43	6.2%	4.9%	6.9%	8.2%
MEDI-CAL HMO	50	164	129	127	8.8%	26.8%	23.3%	24.3%
MEDICARE	259	226	208	223	45.6%	36.9%	37.6%	42.7%
MEDICARE HMO	53	39	35	31	9.3%	6.4%	6.3%	5.9%
PATIENT PAY	22	11	11	10	3.9%	1.8%	2.0%	1.9%
TOTAL	568	613	553	522	100.0%	100.0%	100.0%	100.0%
Outpatient Surgeries								
Financial Class	2013	2014	2015	2016	2013	2014	2015	2016
COMMERCIAL	460	392	294	122	32.3%	22.3%	16.1%	7.9%
OTHER	5	2	5	-	0.4%	0.1%	0.3%	0.0%
KAISER	6	9	4	1	0.4%	0.5%	0.2%	0.1%
MEDI-CAL	1	35	30	15	0.1%	2.0%	1.6%	1.0%
MEDI-CAL HMO	175	623	766	785	12.3%	35.4%	42.0%	51.0%
MEDICARE	674	609	697	578	47.3%	34.6%	38.3%	37.5%
MEDICARE HMO	94	86	24	37	6.6%	4.9%	1.3%	2.4%
PATIENT PAY	9	4	2	1	0.6%	0.2%	0.1%	0.1%
TOTAL	1,424	1,760	1,822	1,540	100.0%	100.0%	100.0%	100.0%

Emergency Room Visits and Elective Admissions

ER Visits								
Financial Class	2013	2014	2015	2016	2013	2014	2015	2016
COMMERCIAL	4,047	3,810	3,895	3,400	29.1%	25.8%	24.9%	22.3%
OTHER	438	420	393	384	3.1%	2.8%	2.5%	2.5%
KAISER	344	328	327	332	2.5%	2.2%	2.1%	2.2%
MEDI-CAL	372	649	854	885	2.7%	4.4%	5.4%	5.8%
MEDI-CAL HMO	3,329	4,422	5,379	5,758	23.9%	30.0%	34.3%	37.7%
MEDICARE	2,322	2,311	2,488	2,618	16.7%	15.7%	15.9%	17.2%
MEDICARE HMO	617	626	483	396	4.4%	4.2%	3.1%	2.6%
PATIENT PAY	2,439	2,190	1,854	1,492	17.5%	14.8%	11.8%	9.8%
TOTAL	13,908	14,756	15,673	15,265	100.0%	100.0%	100.0%	100.0%

<u>Elective Admissions (with insurance breakdown)</u>								
Financial Class	2013	2014	2015	2016	2013	2014	2015	2016
COMMERCIAL	41	63	35	15	16.2%	19.4%	16.1%	7.4%
OTHER	2	4	5	5	0.8%	1.2%	2.3%	2.7%
KAISER	-	-	1	2	0.0%	0.0%	0.5%	1.1%
MEDI-CAL	34	44	12	32	13.4%	13.5%	5.5%	15.4%
MEDI-CAL HMO	16	67	68	77	6.3%	20.6%	31.2%	37.8%
MEDICARE	140	126	80	70	55.3%	38.8%	36.7%	34.0%
MEDICARE HMO	16	20	15	2	6.3%	6.2%	6.9%	1.1%
PATIENT PAY	4	1	2	1	1.6%	0.3%	0.9%	0.5%
TOTAL	253	325	218	205	100.0%	100.0%	100.0%	100.0%

Contracting Status

AHS' strategy is to obtain market rates and reasonable terms to position AHS in the commercial market. Previous agreements were very bad and contributed directly to poor financial performance.

Renegotiations were reached quickly with Kaiser, HealthNet, and Canopy and all of the small PPO's; this was a significant contributor to our financial turnaround. Some contracts lapsed and a Self Pay Discount Policy for PPO patients was implemented. Collection Rates have increased substantially, and the plans are negotiating. We are making good progress and are targeting first quarter of CY2017 to complete system-wide commercial contracts.

- Aetna - Agreed to overall discount, now modeling specific rates, completing language review.
- Cigna – Awaiting final response to rates and language, very close to completing.
- Blue Cross – They are reviewing our rates and language and will be back in a few weeks.
- Blue Shield – Evaluating our proposal and will be back next week (has been out sick).
- Canopy Health will be introducing 1 to 2 more payers shortly.
- Alameda Alliance – signed, with retro payment recapture; working on Gain Sharing.
- Affinity Medical Group – agreement to support this IPA in place, new products underway.

We are now in the end game of negotiations, and continued Board support is appreciated.

Our long term strategy is to convert to capitation, and our success will be dependent on developing a commercial **Primary Care Network**; capitation follows the PCP.

Alameda Hospital Balanced Score Card (FY 2017)

QUALITY INDICATORS	AH BASELINE FY16	YTD FY17	AH CURRENT PERFORMANCE						BENCHMARK /GOAL	COMPAR- ISON ORG.
			Sep-16	n	Oct-16	n	Nov-16	n		
I. 30-Day Readmissions (all diagnoses):										
30-Day Readmissions (# of readmits # of total admissions)	9.10%	9.70%	8.57%	15/175	8.30%	14/168	13.79%	24/174	15.20%	HSAG/ CMS(CA)
II. Medication Errors:										
Acute (# errors reported/doses dispensed)	0.06%	0.22%	0.19%	41/ 21419	0.33%	67/ 20403	0.32%	65/ 23255	N/A	N/A
Acute (# errors reported/100 patient days)	1.10	1.70	1.53	41/ 2673	2.45	67/ 2739	2.28	65/ 2851	N/A	N/A
LTC (# errors reported/100 patient days)	0.020	0.031	0.00	0/ 5112	0.09	5/ 5277	0.02	1/ 5086	N/A	N/A
III. HAPI:										
Acute patients w/ at least 1 HAPI stage 2 and higher per 1,000 pt days	0.13	0.60	0.00	0/1317	0.79	1/1263	1.41	2/1419	1.00	CALNOC
Total number of HAPIS Long-Term Care (Sub-Acute; SSC; WE)	0.52	0.31	0.78	4/5212	0.57	3/5277	0.20	1/5086	2.54	NE
IV. Falls (per 1000 patient days):										
Acute (CCU/TELE/3W)	1.59	2.14	3.02	4/1326	2.28	3/1317	1.41	2/1419	2.43	CALNOC
Long-Term Care (Sub-Acute; SSC; WE)	1.75	2.16	1.91	10/5249	2.35	12/5112	3.03	16/5277	5.78	MQI
V. Infection Prevention:										
Catheter Associated Urinary Tract Infections (per catheter days)	0%	0%	0%	197	0%	217	0%	217	0.56%	NHSN
Hand Hygiene (percent compliance)	91%	71%	74%	60/81	76%	56/74	67%	128/ 194	TBD	AHS
Surgical Site Infections (per inpatient elective orthopedic procedures)	0%	0%	0.00%	0	0.00%	0	0.00%	0	0.00%	NHSN
VI. Core Measures (percent compliance):										
Inpatient Perfect Care (All or None)	96.7%	94%	85.71%	7	TBD		TBD		90%	AHS TNM
Immunizations Measure Set Perfect	97.3%	N/A	N/A		N/A		N/A		90%	AHS TNM
Stroke Measure Set Perfect Care	95.2%	100%	100%	5	TBD		TBD		90%	AHS TNM
Venous Thromboembolism Measure Set Perfect Care	97.8%	75%	50%	2	TBD		TBD		90%	AHS TNM
Tobacco Cessation Measure Set	83.2%	85.00%	84.21%	76	TBD		TBD		90%	AHS TNM
OP-5 Median Time from ED Arrival to ECG (min)	15	3.5	2.5	2	0	0	TBD		10	CMS / TJC
Sepsis Bundle Compliance		22.00%	37.5%	8	14.3%	7	TBD		TBD**	
VII. HCAHPS (Top Box Percent):										
Rate the Hospital 9 or 10	58.9	68.6	69.4	18	70.5	15	TBD		68.3	Press Ganey
VIII. ED Turn-Around-Times (TAT):										
Door ➔ Doctor Time (min)	24	19	29	1422	17	903	17	896	30	AHS TNM
Door ➔ Admit (hrs)	4.4	4.0	3.9	176	4.2	164	3.9	158	4.0	AHS TNM
IX. Stroke (Mean Times):										
Door ➔ CT for Code Stroke	22	16	19	7	17	4	9	4	20	Am St Assoc
Door ➔ Alteplase	54	42	58	1	51	1	23	1	45	Am St Assoc

Note: Some metrics take up to 90 days to be

* Tobacco Core Measures data collection did not start until January 2015.

Updated 01/27/16

** There is no CMS Sepsis Compliance Bundle Benchmark at this time.

DP=Data pending/ NA = Not Available / NC = No Cases / NE = Not Established/ TBD = To Be Determined
 Green = Meets or exceeds goal; Yellow = slightly below goal (10%); Red = Significantly below goal (more than 10%)

Alameda Hospital Balanced Score Card (FY 2017)

I. 30-Day Readmissions (all diagnoses):

- **Successes:** The readmission rate rose in November but is still below benchmark. Alameda Hospital had a number of complex patients in November who required Social Work Services. Social Workers also continue to work with patients on each readmission associated with alcohol abuse. Two readmissions were due to post-op complications.

II. Medication Errors:

- The higher Medication Error rates for this Fiscal Year are likely driven by increased reporting due to the transition from MedMarx to the Safety Alert System.

III. HAPI:

- **Successes:** There was one LTC HAPI. LTC HAPIs remain below the benchmark.

- **Opportunities for Improvements:** There were 2 coded Stage 2 HAPIs for patients discharged in November. We are reviewing the coding for one of these patients. The other patient had several risk factors which led to his hospitalization and HAPI. Actions to prevent future HAPIs include turning and repositioning, air mattresses, treatment such as diet and incontinence care.

IV. FALLS:

- **Successes:** There were two acute patient falls in November. This rate has been decreasing steadily for the past three months. The Falls Committee reviews each fall, looks for trends, and provides guidance to reduce falls and maintain the low falls rate.

- LTC falls have gone down dramatically. There were no falls in South Shore and subacute in November. The Park Bridge Performance Improvement Plan for falls had a positive impact: there were seven Falls in November, compared to 14 in October. PB continues to monitor and analyze patient falls to further reduce their fall rate.

V. Infection Prevention:

- **Successes:** There have been no CAUTI and Elective Orthopedic SSIs for the past two years.

- **Continuing Opportunities for Improvement:** Hand hygiene compliance was measured at 66% for November. A new Hand Hygiene Campaign being implemented to raise compliance includes visual reminders, education, and education for all healthcare workers.

VI. Core Measures:

- **Successes:** This month Alameda Hospital fell below the 90% target with 85.71% compliance. The Stroke measure set has five qualifying cases, all of which met the measure.

- **Continuing Opportunities for Improvement** – 13 out of 85 cases fell out. Only one of the cases qualified in the Perfect Care measure which for VTE; case was missing warfarin therapy discharge instructions. This is an opportunity to re-educate staff and review discharge protocols. The remaining 12 fall outs are opportunities for improvement in the tobacco measure set which is not part of the Perfect Care composite. Staff continues to miss documentation for tobacco cessation counseling in the patient record. Quality Coordinator will reemphasize to Medicine staff the importance of ordering cessation medication for patients that use tobacco. Providers have been given access to Tobacco cessation education documents in Meditech.

- Sepsis Core Measure for October: Six out of seven cases failed the measure. Reasons for failure were the physician's order for the fluid administration did not meet the CMS requirement, the ED and IP Severe Sepsis/ Septic Shock Physician Orders sets were not used, and there was no IP physician order for an initial lactate w/in the 3 hr timeframe. All cases have been reviewed at the Sepsis HRT cte. The revised IP Severe Sepsis/Septic Shock order set has been approved and is available to the physicians. The revised ED sepsis orders set is in progress.

VII. HCAHPS:

- **Successes:** Alameda Hospital has reported two months of performance above the "Rate the Hospital 9-10" (70.5%) goal (69.4%) and continues to demonstrate consistent performance in preliminary data for November. Scores in October for the Communication with Nurses domain (86.1%) and the Response of Hospital Staff domain (73.6%) is the above goal and their highest scores in the last twelve months. Both domains are the in the top priority drivers for improvement and largely responsible for the high performance overall.

VIII. ED Turn-Around-Times

- **Successes:** Door to Doctor times continue to meet the goal per CEP data.

Alameda met its ED Door to Admit Flow goal for November.

IX. Stroke Mean Times:

Both these measures are now below the year-to-date goal and met their goal for this month.

- Door to CT for Code Stroke: There were three Code Strokes with average time of nine minutes

- Door to Alteplase: Alteplase was given one time in 23 minutes.

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2017

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

FROM: Kristen Thorson, District Clerk

SUBJECT: Review and Discussion of City of Alameda - Community Needs Assessment Survey with Jim Franz

At the February 13, 2017 meeting, Jim Franz, City of Alameda, Community Development and Resiliency Coordinator will be discussing with the Board possible edits and/or additions to the Community Needs Assessment Survey that would benefit the mission of the District.

The draft survey is attached for your review.

Introduction:

The Social Service Human Relations Board (SSHRB) is an advisory board to Alameda's city council and makes annual funding recommendations for community and social service projects within the city of Alameda. SSHRB wants you to have a voice in how this money is invested. Information collected by this survey will be useful for the City of Alameda, the Alameda Unified School District, and Alameda social services agencies as they plan for the future of Alameda. Please assist us by completing this survey. Please complete ONE survey for each household.

1. COMMUNITY SERVICES

Consider the community's need for the following SERVICES in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Food Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Services (ages 13 to 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Services(ages 5 to 12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Services (under age 5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literacy (Adult/Child) Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and Anti-Crime Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental and Utility Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fair Housing Counseling/Mediation/Tenants Rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Assistance/Translation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreclosure Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment and Business Development Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Information and Communication Technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. COMMUNITY FACILITIES

Consider the community's need for the following FACILITIES in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High need
Senior Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Centers (ages 13 to 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Centers (ages 5 to 12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Centers (under age 5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation and Parks: Facilities (Fields, Courts, Paths, Picnic Areas and Open Spaces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation and Parks: Community Pools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation and Parks: Recreation Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. SPECIAL NEEDS SERVICES

Consider the needs for SERVICES FOR PEOPLE WITH SPECIAL NEEDS in the community of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Domestic Violence Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless Shelters/Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglected/Abused Children Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for People with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for Transitional Age Youth (Ages 17 to 24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. BUSINESS AND JOBS

Consider the community's need for BUSINESS AND JOBS in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Employment Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Creation/Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start Up Business Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Business Loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Finance Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. HOUSING

Consider the community's need for HOUSING in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Affordable Rental Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy Efficient Improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeowners Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing for People with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing for Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Family Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead-Based Paint Abatement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single Family Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single Person Homeownership (non disabled or elderly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please add any comments or suggestions for issues that you think are needs for the residents and community of Alameda.

Housing Discrimination

7. Do you believe housing discrimination is an issue in your neighborhood in Alameda?

Yes

No

8. Have you ever experienced discrimination in housing in Alameda?

Yes

No

9. If you have experienced discrimination in housing in Alameda, who do you believe discriminated against you?

- Landlord/Property Manager
- Mortgage Lender or Bank
- Real Estate Agent
- Mortgage Insurer

10. If you have experienced discrimination in housing in Alameda, on what basis do you believe you were discriminated against?

- Race
- Age
- Disability
- Gender
- National Origin
- Sexual Orientation
- Color
- Religion
- Familial Status
- Other (please specify)

11. If you have experienced discrimination in housing in Alameda, did you report the incident?

- Yes
- No

12. If you have experienced discrimination in housing in Alameda and you did not report it, why not?

- Did not know where to report
- Afraid of retaliation
- Did not believe it would make a difference
- Too much trouble
- Other (please specify)

13. Please add any comments. If you feel you have been discriminated against, please contact the Department of Housing and Urban Development (HUD) or Eden Counseling for Hope & Opportunity (ECHO)

Demographic Information

Please respond to the following questions about the household in which you live. All responses will be used for statistical purposes only.

14. How many adults and children live in your household?

- 1 4 7
 2 5 8 or more
 3 6

15. How many children under the age of 18 live in your household?

- 0 3 6 or more
 1 4
 2 5

16. Based on the total number of people in your household, please indicate the total income for the household. Include all sources of income from all ind

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Total Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Is the head of household a single parent?

- Yes, female single parent
 Yes, male single parent
 No

18. Is the head of household Hispanic/Latino?

- Yes
 No

19. Is the head of household age 65 or older?

- Yes
 No

20. Please indicate which of the following best describes the head of household. Select all that apply.

- American Indian or Alaska Native
 Asian
 Black or African American
 Filipino
 Native Hawaiian or Other Pacific Islander
 White
 Other (please specify)

21. Have you or someone in your household been diagnosed with a disability or impairment? Select all that apply.

- Hearing difficulty:** deaf or having serious difficulty hearing (DEAR)
- Vision difficulty:** blind or having serious difficulty seeing, even when wearing glasses (DEYE)
- Cognitive difficulty:** because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM)
- Ambulatory difficulty:** having serious difficulty walking or climbing stairs (DPHY)
- Self-care difficulty:** having difficulty bathing or dressing (DDRS)
- Independent living difficulty:** because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT)
- Other (please specify)

22. Please indicate which of the following agencies or organizations you or any members of your household have received services from in the past 12 months. Select all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> 211 (Eden I & R) | <input type="checkbox"/> One Stop Career Center (at the College of Alameda) | <input type="checkbox"/> AUSD Afterschool Program |
| <input type="checkbox"/> Alameda Food Bank | <input type="checkbox"/> Family Violence Law Center | <input type="checkbox"/> Bessie Coleman Court |
| <input type="checkbox"/> Alameda Point Collaborative | <input type="checkbox"/> Bananas Childcare Resource and Referral | <input type="checkbox"/> Faith Based Programs |
| <input type="checkbox"/> Midway Shelter | <input type="checkbox"/> Four Bridges | <input type="checkbox"/> Meals on Wheels/ Friendly Visitors |
| <input type="checkbox"/> Alameda Boys and Girls Club | <input type="checkbox"/> Echo Fair Housing | <input type="checkbox"/> Operation Dignity |
| <input type="checkbox"/> Girls Inc of the Island City | <input type="checkbox"/> Alameda Recreation and Park Department | <input type="checkbox"/> St. Vincent de Paul Society |
| <input type="checkbox"/> Mastick Senior Center | <input type="checkbox"/> Alameda Firefighters Toy Program | <input type="checkbox"/> EAP/EASE Utility Assistance from Alameda Municipal Power |
| <input type="checkbox"/> Alameda Free Library | <input type="checkbox"/> School Based Health Centers (formerly Tri-High) | <input type="checkbox"/> Utility Assistance Programs |
| <input type="checkbox"/> Alameda Head Start/Early Start | <input type="checkbox"/> Alameda Housing Authority | <input type="checkbox"/> Centerforce Youth Court |
| <input type="checkbox"/> Alameda Family Services | <input type="checkbox"/> Alameda Island Kids | <input type="checkbox"/> Family Support Center |

Other (please specify)

23. For statistical purposes only, please provide the last 4 digits of your primary phone number. If you do not have a phone number, please enter 0000.

24. Do you

	Yes/No	If Yes, What Area?
live in Alameda?	<input type="text"/>	<input type="text"/>
work in Alameda?	<input type="text"/>	<input type="text"/>
have children under age 18 who attend school in Alameda?	<input type="text"/>	<input type="text"/>

25. If you have children under the age of 5 in your household, please indicate any childcare program(s) or play group(s) they are attending, or childcare arrangement that you have made for them. Select all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Alameda Head Start/Early Start | <input type="checkbox"/> Alameda Recreation and Park Department | <input type="checkbox"/> Child stays at home with caregiver |
| <input type="checkbox"/> Woodstock Child Development Center | <input type="checkbox"/> Child stays at home with adult family member | |

Other (please specify)

26. If you have children K- 5, please indicate any school(s) they are currently attending. Select all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Ruby Bridges Elementary School | <input type="checkbox"/> Edison Elementary School | <input type="checkbox"/> Alameda Christian School |
| <input type="checkbox"/> Paden Elementary School | <input type="checkbox"/> Amelia Earhart Elementary School | <input type="checkbox"/> Central Christian School |
| <input type="checkbox"/> Maya Lin Elementary School | <input type="checkbox"/> Bay Farm Elementary School | <input type="checkbox"/> Peter Pan Academy |
| <input type="checkbox"/> Franklin Elementary School | <input type="checkbox"/> NEA Community Learning Center | <input type="checkbox"/> Rising Star |
| <input type="checkbox"/> Donald Lum Elementary School | <input type="checkbox"/> St. Joseph's Elementary School | <input type="checkbox"/> Child Unique Montessori School |
| <input type="checkbox"/> Henry Haight Elementary School | <input type="checkbox"/> St. Phillip Neri School | <input type="checkbox"/> Academy of Alameda |
| <input type="checkbox"/> Frank Otis Elementary School | <input type="checkbox"/> Chinese Christian School | <input type="checkbox"/> Home School |

Other (please specify)

27. If you have children between grade 6-8 please indicate any school(s) they are currently attending. Select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Will C. Wood Middle School | <input type="checkbox"/> Academy of Alameda | <input type="checkbox"/> Chinese Christian School |
| <input type="checkbox"/> Lincoln Middle School | <input type="checkbox"/> Bay Farm | <input type="checkbox"/> Encinal Jr. & Sr. High |
| <input type="checkbox"/> ACLC: Alameda Community Learning Center | <input type="checkbox"/> St Joseph's School | <input type="checkbox"/> Alameda Christian School |
| <input type="checkbox"/> NEA Community Learning Center | <input type="checkbox"/> St. Phillip Neri School | <input type="checkbox"/> Home School |
| <input type="checkbox"/> Other (please specify) | | |

28. If you have children between grade 9-12, please indicate any school(s) they are currently attending. Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Encinal Jr. & Sr. High School | <input type="checkbox"/> ACLC: Alameda Community Learning Center | <input type="checkbox"/> St Joseph-Notre Dame High School |
| <input type="checkbox"/> Alameda High School | <input type="checkbox"/> ASTI: Alameda Science and Technology Institute | <input type="checkbox"/> NEA Community Learning Center |
| <input type="checkbox"/> Island High School | <input type="checkbox"/> Chinese Christian School | <input type="checkbox"/> Home School |

Other (please specify)

29. Where do your school age children spend time afterschool (approximately between 3 and 6 pm)?

- | | |
|---|---|
| <input type="checkbox"/> Alameda Unified School District afterschool program | <input type="checkbox"/> at home, supervised by parent |
| <input type="checkbox"/> Alameda Recreation and Park Department afterschool program | <input type="checkbox"/> at home, supervised by caregiver |
| <input type="checkbox"/> Alameda Boys and Girls Club | <input type="checkbox"/> at home, supervised by older sibling |
| <input type="checkbox"/> Girls Inc of the Island City | <input type="checkbox"/> at home, unsupervised |
- Other (please specify)

30. Does someone in your household (Or do any of your school age children) receive free or reduced school breakfast/lunch? If not, why? (If interested, learn more about Alameda Unified School District's [Free & Reduced Price Meals Program](#).)

- Did not feel person qualified
- Did not know program existed
- Embarrassed to apply
- Other (please specify)

31. Do you or someone in your household receive food from the Alameda Food Bank? If not, why? (If interested, learn more about the Alameda Food Bank programs, contact www.alamedafoodbank.org)

- Did not feel qualified
- Did not know program existed
- Embarrassed to apply
- Other (please specify)

32. Thank you for taking the time to complete this survey. Your responses will be helpful in building a stronger community in Alameda. If you would like to speak with a staff member about the survey please contact Jim Franz at jfranz@alamedaca.gov, or call 510-747-6883. If you would like to receive a copy of the summary report of the survey results, please write your email address below.

MEETING DATE: February 13, 2017
TO: City of Alameda Health Care District, Board of Directors
FROM: Tracy Jensen
SUBJECT: Alameda Health System Liaison Report

Board of Trustee Updates

AHS resignation: Jim Lugannini, AHS Finance Committee Chair and the most senior member of the AHS board, has stepped down for personal reasons.

Election of Officers: At the annual meeting on January 26 the AHS board re-elected Michele Lawrence as the board chair. Please note that I have the following committee assignments: (Pension Funds) Investment Committee, Quality and Professional Standards Committee, Human Resources Committee (chair).

Management Updates

Insurer Contracts: CEO Finley advised the AHS board of progress in negotiations with commercial insurance carriers. In 2015 several commercial contracts with Alameda Hospital expired; since then the goal of AHS has been to establish commercial contracts that include all AHS facilities. The board discussed concerns about the ability of Alameda residents to utilize Alameda Hospital for acute and ancillary services. CEO Finley maintained that the insurers have limited incentives to negotiate fair rates because Alameda has relatively few AHS-affiliated primary care providers who are or would refer patients to Alameda Hospital.

Attached is information from the 1/26 CEO report to AHS board.

System Updates

San Leandro Hospital: State regulators have approved the AHS plan to relocate the Fairmont Hospital acute rehabilitation service to San Leandro Hospital. This will require extensive remodeling of the existing facility which will begin in early 2017. The project should be completed by mid-2019.

Attachment

Excerpt from Presentation to AHS BOT

AHS Board of Trustees Annual Business Meeting

CEO REPORT **JANUARY 26, 2017**

Contracting Update

AHS strategy is to require **market rates and reasonable terms** to position AHS in the commercial market. Previous agreements were very bad and contributed directly to poor financial performance.

Renegotiations were reached quickly with Kaiser, HealthNet, and Canopy and all of the small PPO's; this was a significant contributor to our financial turnaround. Some contracts lapsed and a Self Pay Discount Policy for PPO patients was implemented. **Collection Rates have increased substantially**, and the plans are negotiating. We are making good progress and are targeting first quarter of CY2017 to complete system-wide commercial contracts.

- Aetna - We have submitted a counter proposal and it is under consideration.
- Anthem – They are now staffed and working up a rate proposal.
- Cigna – We have met, reviewed their proposal and are preparing a counter.
- Blue Shield – back next week.
- Canopy Health will be introducing 1 to 2 more payers shortly.
- Alameda Alliance – signed, with retro payment recapture; working on Gain Sharing.
- Affinity Medical Group – agreement to support this IPA in place, new products underway.

We are **now in the end game of these negotiations**, and continued Board support is important. Suggestions to “keep agreements in place while we negotiate” are completely unrealistic. The Plans had no incentive to negotiate until Collection Ratios increased.

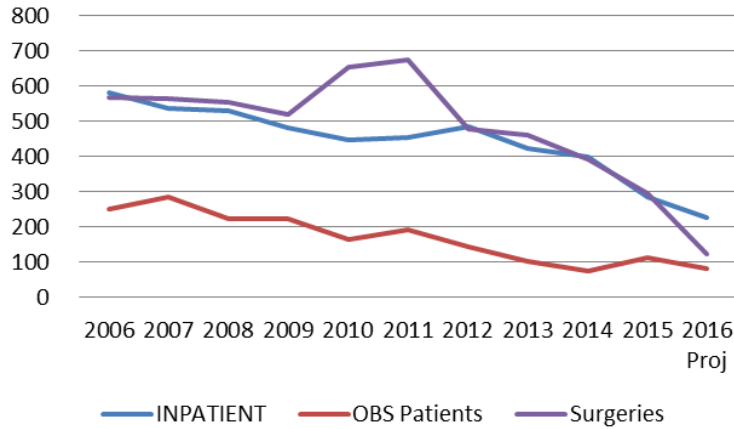
Long term success will be dependent on developing a commercial **Primary Care Network**; capitation follows the PCP.

AHS Non-Participating Discount Policy

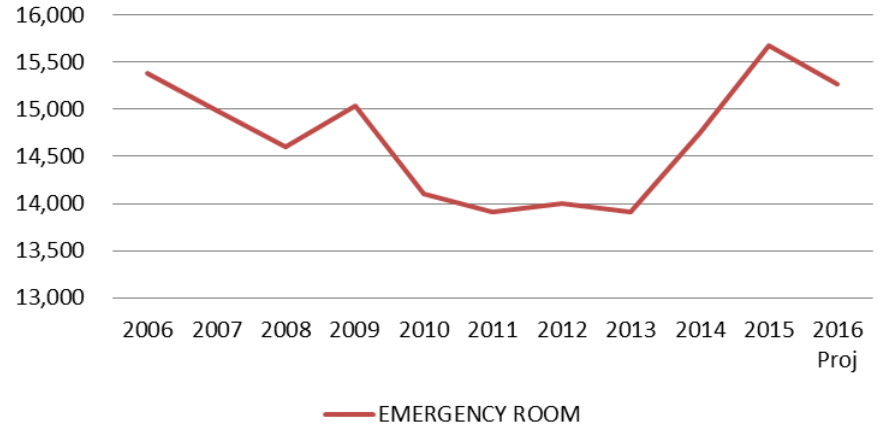
- AHS has a **system-wide policy** and process which allows non-participating PPO patients to pay the same out of pocket as if they were “in network”.
- AHS has a dedicated Customer Service Line for patients to call regarding their out-of-network bills, and our financial counselors are trained to address questions up front and staff is trained to escalate if there is an issue.
- Through our Non-participating Discount Policy, patient’s out-of-network bills are adjusted to in-network rates. The policy was put in place to help relieve patients from having to pay high cost out-of-network medical bills and allow them to use AHS facilities if they wanted to.
- We are logging and tracking this program and have good participation – Surgery, Imaging, Lab, etc. – and are not receiving complaints from the participating patients.
- At Alameda Hospital, we have been averaging 25 to 30 patients per month.

Alameda Hospital Trends – Commercial Market Share has been declining for years, Medi-Cal is growing.

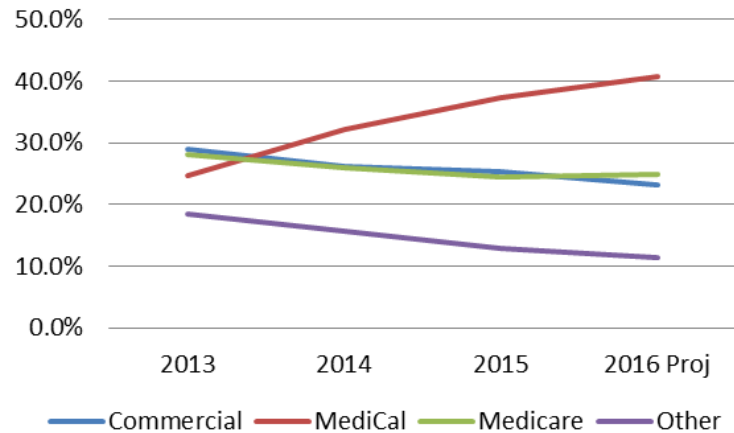
AH - Commercial Patients



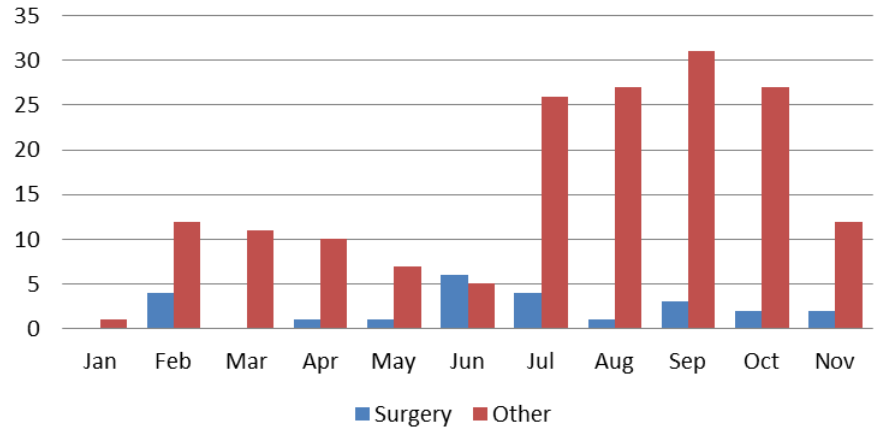
AH - Total ED Visits



AH - ED Payer Mix



AH - Non Par Discount Patients



CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2017
TO: City of Alameda Health Care District, Board of Directors
FROM: Kristen Thorson, District Clerk
SUBJECT: Overview of Loan with Bank of Marin

As follow-up from the December District Board Meeting, Director Meyers has requested an overview of the Loan with Bank of Marin to look at the possibility of paying off the loan.

In 2012, Management of the hospital worked with the Bank of Alameda (now known as Bank of Marin) to restructure a line of credit with a long term loan using the two parcels of real property gifted to the Hospital and later transferred in title to the District, by the Jaber Trust. This allowed the hospital to convert a current liability into a long term liability, thereby improving the current ratios and increasing the funds available to the Hospital in a financially challenging period prior to cash flow being generated by new program development at the time.

The two properties were appraised in 2012 at a total of \$1.825 M.

Loan Overview:

Loan Date:	08-17-2012
Maturity:	10-15-2022
Loan Amount:	\$1,125,000.00
Current Interest Rate:	4.75%
Disbursement Date	10-15-2012
Monthly Payment:	\$6,456.70
Balance as of 12-31-2016	\$1,017,887.82

- A 10 year loan term
- Interest Rate
 - Next rate change in 11-5-2017
 - Treasury constant maturities rate plus margin of 3.5%
 - Floor of 4.75% (the lowest the rate could be)
- Balloon payment of approximately \$857,479.35 or refinance at the end of 10 year term.
 - Refinance takes approximately 6 months
- Loan Covenants
 - The District has remained compliant with all loan covenants listed on page 2.

CITY OF ALAMEDA HEALTH CARE DISTRICT

AFFIRMATIVE COVENANTS. Borrower covenants and agrees with Lender that, so long as this Agreement remains in effect, Borrower will: **Notices of Claims and Litigation.** Promptly inform Lender in writing of (1) all material adverse changes in Borrower's financial condition, and (2) all existing and all threatened litigation, claims, investigations, administrative proceedings or similar actions affecting Borrower or any Guarantor which could materially affect the financial condition of Borrower or the financial condition of any Guarantor.

Financial Records. Maintain its books and records in accordance with GAAP, applied on a consistent basis, and permit Lender to examine *and* audit Borrower's books and records at all reasonable times.

Financial Statements. Furnish Lender with the following:

Additional Requirements.

1. **Interim Statements.** As soon as available, but in no event later than sixty (60) days after the fiscal quarter, Borrower's balance sheet and Income statement for the year ended, prepared by Borrower.
2. **Annual Statements.** As soon as available, but in no event later than one-hundred-twenty (120) days after the end of each fiscal year, Borrower's balance sheet and Income statement for the year ended, prepared by a certified public accountant satisfactory to Lender, on an audited basis.
3. **Reporting Requirements for pledged collateral only:**
 - a. **Annual Statements.** As soon as available, but in no event later than one-hundred-twenty (120) days after the end of each fiscal year, balance sheet and income statement for pledged collateral, prepared by the property management company.

As soon as available, but in no event later than one-hundred-twenty (120) days after the end of each fiscal year, Rent Roll for the pledged collateral prepared by the property management company.

All financial reports required to be provided under this Agreement shall be prepared in accordance with GAAP, applied on a consistent basis, and certified by Borrower as being true and correct.

Additional Information. Furnish such additional information and statements, as Lender may request from time to time.

Additional Requirements.

1. **Depository Accounts.** Borrower agrees to maintain their primary operating accounts including but not limited to, accounts related to the collateral with Lender.

Financial Covenants and Ratios - For pledged collateral on a collective basis for the pledged properties. Comply with the following covenants and ratios:

1. **Debt Service.** Maintain a ratio of Cash Flow/Current Maturity (LTDI) in excess of 1.25 to 1:00. The ratio of "Cash Flow/Current Maturity (LTD)" means the collateral's (on a combined basis) net operating income divided by the collateral's (on a combined basis) Current Portion of Long-Term Indebtedness. This 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.** This ratio will be evaluated as of year-end.

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2017

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

FROM: Kristen Thorson, District Clerk

SUBJECT: Annual Report of Parcel Tax Uses by Alameda Health System –
Fiscal Year 2015-2016

The attachments reflect the budget and actual uses of the parcel tax funds by Alameda Health System for Fiscal Years, 2014-2015, 2015-2016 and current year to date for Fiscal Year 2016-2017. The second attachment identifies the specific capital equipment and facilities projects specific to Fiscal Year 2015-2016.

**ALAMEDA HEALTH SYSTEM
PARCEL TAX DISTRIBUTION RECONCILIATION
YEAR ENDING 6/30/2016**

	Fiscal 2014 Two Months	Fiscal 2014-2015 Budget Approved	Fiscal 2015-2016 Budget Approved	Fiscal 2016-2017 Budget Approved	Total
Alameda Healthcare District Approved Budget					
1		\$ 5,784,199	\$ 5,830,966	\$ 5,957,818	\$ 17,572,983
2		613,527	400,130	611,998	1,625,655
3		\$ -	\$ 5,430,836	\$ 5,345,820	\$ 15,947,328
4					
5	AHS Anticipated Uses of Funds				
6	-	1,598,438	-	-	1,598,438
7	-	405,000	-	-	405,000
8	-	231,038	3,000,000	1,000,000	4,231,038
9	-	1,000,000	2,000,000	1,000,000	4,000,000
10	-	1,936,196	-	-	1,936,196
11	-	-	-	1,845,820	1,845,820
12	-	-	430,836	1,000,000	1,430,836
13	-	-	-	500,000	500,000
14		\$ 5,170,672	\$ 5,430,836	\$ 5,345,820	\$ 15,947,328
15	Total Anticipated Uses				
16					
17					
	Actual 2014	Actual 2015	Actual 2016	Thru Oct 2016 Actual 2017	Thru Oct 2016 Actual 2017
20	\$ -	\$ 5,271,714	\$ 5,484,222	\$ -	\$ 10,755,936
21					
22					
23					
24	AHS Actual Uses of Funds				
25	-	1,621,406	-	-	1,621,406
26	-	405,000	-	-	405,000
27	-	323,450	735,526	1,441,668	2,500,644
28	-	-	1,872,128	2,448,200	4,320,328
29	-	-	-	79,135	79,135
30	3,023,976	8,739,346	718,590	30,060	12,511,972
31	-	-	-	-	-
32	-	-	-	-	-
33	-	-	-	-	-
34	-	14,582,740	(6,298,709)	(1,913,763)	6,370,268
35		\$ 3,023,976	\$ 25,671,942	\$ 2,085,300	\$ 27,808,753
36					
37		\$ (3,023,976)	\$ (20,400,228)	\$ (2,085,300)	\$ (17,052,817)

ALAMEDA HEALTH SYSTEM

Alameda Hospital District Parcel Tax Funds Reconciliation
Budget Year 2016

Item #	BUDGET YEAR	TYPE Facilities / Equipment / IT/ Strategy	Department/ Location	Project/Item Description	FY-2016	FY-2017	Encumbered	CAPEX Approved, NO Funds	Payments Made to Date
42	2016	Equipment	Urology	Urology OR Equipment	220,000	-	283,714		179,898
49	2016	Equipment	AHD Clinical Labs	Chemistry/Immuno Analyzers (2)	320,000	-	331,406		-
246	2016	Facilities		Patient room Refurb 2nd and 3rd floor		240,000	933,141	Y	235,000
270	2016	Facilities	South Shore convalescent	Replace South shore Fire alarm system		40,000	21,658		-
276	2016	Equipment	AHD boiler room	Replace all hot water circulating pumps	50,000		25,017		-
285	2016	Equipment	AHD West & South Bldgs.	Chiller compressor Replacement	140,000	50,000	71,175	Y	-
301	2016	Equipment	Waters Edge	Kitchen Upgrade	45,000	200,000	7,797	Y	7,388
369	2016	Equipment	CCU/ER/Short Stay/Tele	Tele/Patient Monitor - GE		1,262,071	222,464	Y	220,218
374	2016	Equipment	Respiratory Therapy	Ventilator - Nellcor		21,458	13,659	Y	-
fy16-426	2016	Equipment	AHD NURSING	MATTRESSES	61,180		68,886	Y	68,573
FY16-439	2016	Equipment	AHD Physical Therapy	Upright ergometer exercise units			16,995		6,985
394	2016	Equipment	AHD RESPIRATORY THERAPY	10 EA Crash Carts			15,433		16,539
401	2016	Equipment	AHD BIOMEDICAL	Alaris Pump Replacement			9,984		9,984
405	2016	Equipment	AHD Surgery	AHD Yellowfin stirrups and martin arm			14,468		15,610
406	2016	Equipment	AHD Surgery	GYN Myosure and Fluid Management			25,085		-
407	2016	Equipment	AHD Surgery	Eye YAG Lazer			53,900		60,221
408	2016	Equipment	AHD Surgery	Ortho Large/Small Drill			116,352		82,593
409	2016	Equipment	AHD Surgery	Ortho Hana Table			83,314		91,369
410	2016	Equipment	AHD Surgery	Tram for Cardiac Intervention			49,594		24,297
411	2016	Equipment	AHD Surgery	ViewPoint 6 Expert			63,740		-
413	2016	Equipment	AHD Surgery	Ortho Arthroscopy Equipment			84,037		61,034
415	2016	Equipment	AHD Surgery	Replacement of Harmonic Scalpel Generator			7,660		-
416	2016	Equipment	AHD Surgery	Replace Two Video Towers			297,132		263,274
420	2016	Equipment	AHD NURSING ADMIN	AHD Communication boards			9,745		35,631
421	2016	Equipment	AHD PHYSICAL THERAPY	Light Therapy Equipment			8,516		8,516
423	2016	Equipment	AHD WATERS EDGE NSG	LONG TERM CARE PATIENT BEDS			114,707		-
426	2016	Equipment	AHD Alameda Materials Manager	AHD Materials Management Optimization			215,267		-
427	2016	Equipment	AHD Surgery	Glidescope for Intubation			21,940		-
428	2016	Equipment	AHD	BLADDER SCANNER			11,168		-
431	2016	Equipment	AHD EMERGENCY	ED Gurney Replacements			99,142		-
433	2016	Equipment	AHD RESPIRATORY THERAPY	High Flow Oxygen Therapy			7,967		-
437	2016	Facilities	AHD PLANT MAINTENANCE	Construction to consolidate BABJ & general surgeon offices			265,526		265,526
438	2016	Facilities	AHD ADMINISTRATION	Patient Floors Replacement & Painting			933,141		235,000
444	2016	Facilities	AHD Plant Maintenance	Replace Sanitary Sewer Line at Waters Edge			63,208		-
448	2016	Equipment	AHD BIOMEDICAL	Alaris Pump Replacement			1,512,897		719,998

SUBTOTALS 836,180 1,813,529 6,079,835 2,607,654

FACILITIES	\$	-	\$	280,000	\$	2,216,674	\$	735,526
EQUIPMENT	\$	836,180	\$	1,533,529	\$	3,863,161	\$	1,872,128
	\$	836,180	\$	1,813,529	\$	6,079,835	\$	2,607,654

CITY OF ALAMEDA HEALTH CARE
DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Monday, December 13, 2016 Meeting

Board Members Present		Legal Counsel Present	Excused / Absent
Robert Deutsch, MD Tracy Jensen	Jim Meyers, DrPH Kathryn Sáenz Duke	Thomas Driscoll, Esq.	Michael Williams
Submitted by: Kristen Thorson, District Clerk			

Topic	Discussion	Action / Follow-Up
I. Oath of Office	Kathryn Sáenz Duke recited her oath office and was sworn in to office.	
II. Call to Order	The meeting was called to order at 5:40 p.m.	
III. Roll Call	Kristen Thorson called roll, noting a quorum of Directors was present with Director Williams being absent from the meeting.	
IV. General Public Comments	None	
V. Regular Agenda		
A. Community Health, Safety and Wellness Focus Presentation		No action taken.
a. City of Alameda, Social Services and Human Relations Board	<p>Jim Franz, Community Development and Resiliency Coordinator provided an overview of the activities that he coordinates within the City of Alameda. One of the major initiatives currently being developed is the Community Needs Assessment Survey.</p> <p>It was decided that at the next meeting the Board would review the draft survey from Mr. Franz and the Social Services and Human Relations Board which would provide an opportunity to the Board to give input on the survey as it relates to community health and well being.</p>	
B. Alameda Health System and Alameda Hospital Updates		
1) FY 2016-2017 (Q1, July-August-September) AHS Financial Report	Mr. Cox presented the System Financial Performance – October YTD. Alameda Hospital	No action taken.

Topic	Discussion	Action / Follow-Up
	<p>Performance, including Income Statement, Patient Activity, Payer Mix and a contracting update. Copies of the presentation will be posted to the website.</p> <p>Director Meyers expressed concern about revenues exceeding hospital requirements and how will we continue to look at EBIDA.</p> <p>Ms. Thorson noted that in February a parcel tax accounting will be presented to the Board.</p> <p>Mr. Cox, noted the following updates to the insurance contracting: 1) In process of completing two year agreements with Blue Cross, Blue Shield, Aetna, Cigna, and United; 2) Tricare will move January, 2018, from United to Health Net Federal Services. We are negotiating a professional and facility agreement that will be in effect, January 2018, 3) Affinity is developing a new Full-Service Medicare Advantage product that will include Alameda County.</p> <p>Director Deutsch stated that it has been one year since the contracts lapsed and while he is not minimizing what has been done thus far, the non contracted insurance issue is having an impact on patients and the community.</p> <p>Mr. Cox also noted that discussions with Affinity have been productive and there is a new product from Affinity that could be beneficial to the organization however, without a primary care network there is minimal leverage with insurance carriers.</p>	
	<p>2) Hospital CAO Report</p> <p>Mr. Jackson directed the Board to page 55 of the packet and the written CAO report. He reviewed the report in detail. In regards to the stats presented, Director Deutsch noted that the reason why surgeries were down is due to the no contract issue. Director Deutsch noted that he has need a improvement in Nursing since the salary issue and California nurse Association (CNA) contract was ratified giving nurses at Alameda hospital a significant raise. He seed improvements in quality and patient and employee satisfaction.</p> <p>Director Meyers thanked AHS on behalf of the Board for settling the CNA contract and improving the wages for the nurses.</p> <p>Director Jensen noted that she has been vocal on the Board of Trustees to move quickly on wage issues for Alameda Hospital and is appreciative of the work done by Chief Human Resource Officer, Jeanette Loudon-Corbett to be fair and equitable. She also noted that Ms. Loudon-Corbett will be leaving the organization</p>	No action taken.
	<p>3) FY 2016-2016 (Q1, July-August-September) AHS Quality Dashboard</p> <p>The Quality Dashboard was reviewed as presented.</p>	
C.	District Updates & Operational Updates	

Topic	Discussion	Action / Follow-Up
1) District Liaison Reports		
	<p>a. Community Health Liaison Report</p> <p>Director Meyers noted that attended and participate in the Little Hoover Commission in Sacramento. He noted that there has been concern about special districts stepping outside of their boundaries. There is active work being done to better define what health care districts should do and an effort to make better laws governing health care districts. He commented that it brought up a lot of questions for him relating to the District.</p>	No action taken.
	<p>b. Alameda Health System Liaison Report</p> <p>Director Jensen directed the board to her written report on page 8 of the board packet. Director Deutsch asked if the Board f Trustees saw the advisory resolution from the District regarding the insurance contracting issue. Director Jensen replied that the Board president did see the resolution. Director Jensen stated that AHS continues to work to negotiate contracts and that she continues to suggest access issues for the community without these major contracts in place. She also stated that there is a lack of response from the insurance carriers.</p> <p>Director Meyers expressed caution to the Board about comments and recognized a lot of work being done to correct the situation.</p>	No action taken.
	<p>c. Alameda Hospital Liaison Report</p> <p>Director Deutsch</p>	No action taken.
	<p>d. Other District Outreach Reports and Member Updates</p> <p>Director Saenz Duke noted that she and several board members participated in the hospital health Fair in October. Handouts regarding the District were available to the community and she recognized that the community does not recognize the District as a separate from the hospital. She noted that she attended a LAFCo Meeting pertaining to Eden healthcare District on November7, 2016 and informed the Board that the next City/ District Liaison Committee meeting was scheduled for January 5, 2017.</p>	No action taken.
2) Follow-up from October 3, 2015 Board Meeting	<p>Mr. Driscoll reviewed a presentation outlining the details of the items below. Copies of the presentation will be posted on the website. There was discussion and comments between director Meyers and legal Counsel relating to differences in the language of the JPA, LAFCo and Ballot language.</p> <p>Director Meyers commented that LAFCo references different language than the ballot</p>	No action taken.

Topic	Discussion	Action / Follow-Up
	<p>language. Director Meyers also noted that the Jaber Will had specific restrictions on use of funds and amount for distribution on an annual basis. He requested an analysis of the LAFCo and Ballot language as it relates to use of the parcel tax. He also asked for a review of the how the Jaber funds are to be used and distributed per the Will.</p>	
	<p>a. Responsibilities of the District under California Law</p>	
	<p>b. Role of District under JPA pertaining to operations of Alameda Hospital</p>	
	<p>c. Overview of Seismic and capital Investments under the JPA</p>	
	<p>3) Review of FY 2015 and FY 2016 Parcel Tax True-Up Transfer to Alameda Health System</p> <p>Ms. Thorson referred the Board to page 11-12 of the packet and suggested timeline for true-up transfers of the parcel tax and Jaber revenues to Alameda Health System. Formal action items regarding the amount of the transfers will be presented to the Board at upcoming meetings.</p>	<p>No action taken.</p>
<p>General Public Comments.</p> <p>The Board took a public comment out of agenda order from John Iocco, MD, Alameda Hospital Medical Staff President. Dr. Iocco thanks the Board and AHS for keeping the hospital open and commented on the commitment and loyalty of the physicians to the hospital. Dr. Iocco's term as President of the Medical Staff ends at the end of the calendar year. Director Jensen thanked him for his services and commented that he has been a great advocate for the physicians and hospital during his term.</p>		
	<p>4) Executive Director Search / District Staffing Update</p>	
	<p>a. Review and Approval of Job Descriptions</p> <p>Due to the absence of Director Williams, there were no job descriptions to review and approve.</p>	<p>No action taken</p>
	<p>b. Review and Approval of Ad Hoc Committee Advisory Committee for Executive Director Search</p> <p>Director Jensen noted that there was not a job description for an Executive Director and felt that the approach of forming an Ad Hoc Advisory Committee would be a good way to proceed.</p> <p>Director Saenz Duke welcomed ideas from the community and expressed the need of as much input as possible from the community</p> <p>Director Meyers stated that he was not in favor of delaying the hiring of an Executive Director. He noted that HFS Consultants have recommended moving forward with hiring of an Executive Director. He continued to state that there are very complete job descriptions drafted</p>	<p>Director Saenz Duke made a motion. She moved to to proceed as suggested in the memo which was to work with at least one other board member until director Williams was able to return and to put together an advisory committee with input from the Board on people to include on the committee and to convene the</p>

Topic	Discussion	Action / Follow-Up
	<p>and expressed that the District should be moving forward as per the approved timeline and said he was surprised that there were not candidates in front of the Board for review.</p> <p>Director Saenz Duke stated she understood the urgency of moving forward. She also noted that in discussions with Director Williams on the job descriptions, there was concern about the job description perhaps being too much for a 0.5 FTE. Executive Director. She continued to state that she was concerned with moving forward with such a divided Board and only four members at the meeting. She stated it was important to do it right and to ensure that the job descriptions were accurate and appropriate for the District at this time. Director Williams did not have an opportunity to make revisions to Director Duke's original job descriptions.</p> <p>Director Meyers asked the Board to make a motion and that he would support the Board in whatever decision was made, however he felt that the Board was not following through on decision made to date which was frustrating to him.</p> <p>She stated that the advisory group will help move the process forward of hiring an executive Director. She asked for a volunteer from the Board to help until such time Director Williams returns to the Board. Director Jensen volunteered to work with Director Saenz Duke on the advisory committee.</p> <p>Director Meyers asked if the Board would be delaying the hiring of a Executive Director until the committee is formed, the committee reviews the job description and then the Board approves the job descriptions at a future date. Director Saenz Duke affirmed his understanding of the process and said that the committee would be used to help look for possible candidates. Director Meyers noted that the work done with Vision 2015 is very similar to what is proposed for the advisory committee.</p> <p>After the motion was approved, Director Jensen stated that she felt strongly about moving forward with the proposed plan and was not trying to hold up progress but wanted to proceed carefully.</p>	<p>group and to use that group to educate the larger community of the need and advantages of having out own direct staff. Director Jensen seconded the motion. Motion carried 3-1 (Meyers – No).</p>
E.	Action Items	
	<p>1) Acceptance of October 3, 2016 Meeting Minutes</p> <p>Ms. Thorson noted that a redline version with input from Director Meyers and Director Deutsch was included in the printed packet for review.</p>	<p>Director Jensen made a motion to accept the minutes with changes presented at the meeting and Director Saenz Duke seconded. The motion carried 3-1 (Meyers – Abstention)</p>
	<p>2) Acceptance of Financial Statements: September / October 2016</p>	<p>Director Jensen made a motion to accept the financial statements as presented and Director Saenz</p>

Topic	Discussion	Action / Follow-Up
		Duke seconded. The motion carried 3-1 (Meyers – Abstention)
3) Review and Approval of Creating an Ad Hoc Committee and Charter on Alameda Hospital Facilities & Seismic Planning	<p>Director Meyers stated he drafted a outline of what we might do in relation to seismic and facilities planning He stated that he felt the Board should have a closed session discussion on the business aspect of this in regards to being a district before we move forward to joint meeting (with AHS). I don't know that it will amount to anything but felt that it is due diligence to think of the property being ours and what it might mean to negotiate with AHS for building or not building a hospital and who would owns it at that point and collecting the money and would want to discuss in closed session to come out as a united front and would like some assistance with that on the legal side. He stated he is ready to go for the joint committee but between now and then he felt the Board should have a closed door session. He would like to see what AHS on information relating to this particular land (current site of Hospital) and can a hospital be built on the current site. He further stated that if we did have to leave the current site and build elsewhere, that would be good to know at the City level and commented on conversations and the formation of a sub committee of the City and District Liaison committee to have the former CAO meet with the VA and bring back and input about if we have to build a new building, is there any chance that we could partner with the VA. He stated that the Mayor insisted that we have an answer to the 2030 seismic issue in the very near future (now). He continued to state that he was told by the former CAO that there was a possibility that we could not build on the current site because of the easement and has also been told that we can build on the site. He looks forward to meeting with AHS as soon as possible and after a closed session.</p> <p>Director Deutsch thought it was an action item and felt it was non controversial and made a motion. He also agreed with the notion of a closed session to discuss. Director Duke asked for clarification on the closed session. Director Deutsch noted that guests could be invited to closed session, including AHS to bring forth information. Even though the JPA states 2020 to meet with AHS, he also felt discussions should start now.</p> <p>Director Duke asked if he is endorsing the charter. Director Deutsch stated that agreed in concept to forming a committee and that the details of the charter could be worked out later.</p> <p>Director Meyers noted that he would not be able to participate on the committee until there was an Executive Director hired. Director Deutsch said he would be a committee of one.</p>	Director Deutsch made a motion to approve the formation of a committee and to have a closed session before the next regular meeting with two board members. Director Duke called for a second. Director Jensen seconded. The motion carried.
4) Recommendation to amend the Parcel Tax Consulting Services with SCI Consulting Group to include Manual Billing of Unsecured/Possessory Interest Parcels and Extend term to June 30, 2020.		Director Deutsch made a motion to amend the agreement with SCI Consulting services as stated in the memo and Director seconded

Topic	Discussion	Action / Follow-Up
	<p>Ms. Thorson presented a recommendation to amend the current consulting agreement with SCI to include the manual billing of unsecured parcels and to extend the term of the agreement to June 30, 2020 as outlined in the memo on page 37 of the Board packet.</p> <p>Director Meyers felt a shorter term would be more appropriate and commented that the District should be cognizant of the fact that the District continuing to pay other people to do what a 0.5 Executive Director and 1.0 FTE clerk could be doing if they were on board.</p> <p>Director Deutsch commented that if there was an Executive Director was on board it may not be appropriate for that person to do as it is specialized. He recommended moving forward with the contract as is.</p>	<p>the motion. Motion carried 3-1 (Meyers – No).</p>
<p>5) Authorization to Seek Services for an Assessment of Long Term Capital Investments for Jaber Properties</p>		<p>Director Meyers made a motion to authorize the Clerk to seek services for an assessment of long term capital investments of the Jaber properties and Director Deutsch seconded. Motion carried.</p>
<p>6) Formalizing Regular Public Input from Alameda Hospital Medical Staff Leadership</p>	<p>Director Deutsch informed the Board that while he was under the impression that the Bylaws stated that the hospital Medical Staff was an ex-officio member of the Board of Directors, it does not state such in the bylaws. It was only practice pre-affiliation when the District was operating the hospital that the Medical Staff President sat with the Board. He requested that the Medical Staff President be invited to the Board meetings to give a short presentation as the physician perspective is different from the Board, community and administration of the hospital.</p> <p>Director Meyers was in favor of a regular agenda item for physician updates but felt that no one else should be sitting with the Board. He also stated that the comments should be limited to 3 minutes, the same as public comment.</p> <p>Director Jensen noted that physician leadership sits with the Board of Trustees at AHS through the Quality and Professional Services Committee. She was in favor of a regular agenda item and agreed with Director Meyers that the medical staff president should not sit with the Board.</p>	<p>Director Deutsch made the motion to have a regular agenda item for the Alameda Hospital Medical Staff President to provide updates to the Board of Directors and Director Jensen seconded the motion. The motion carried 3-1 (Meyers-No).</p>
<p>F. February 13, 2017 Agenda Preview</p>	<p>Ms. Thorson noted the scheduled agenda items for the February including the follow-up requested during the meeting.</p> <p>Director Meyers stated that he may need to attend the meeting via teleconference and it he</p>	

Topic	Discussion	Action / Follow-Up
	could not attend the meeting by teleconference perhaps the meeting could be postponed.	
	<ol style="list-style-type: none"> 1) Executive Director Search / District Staffing Update 2) Approval of December 2016 Parcel Tax Installment Transfer to Alameda Health System 3) Approval of FY 2015 Parcel Tax True-up Transfer to Alameda Health System 	
VI. General Public Comments		None
VII. Board Comments		None
VIII. Adjournment	Being no further business the meeting was adjourned at	

Attest:

Michael Williams
Secretary

DRAFT

MEETING DATE: February 13, 2017
TO: City of Alameda Health Care District, Board of Directors
FROM: Kristen Thorson, District Clerk
SUBJECT: November and December 2016 Financial Statements

Action

Acceptance of the November and December 2016 District Financials

Discussion Highlights

The financials show a comparison of Actual (prior fiscal year and YTD) to YTD Budget. A variance percentage is shown from actual compared to budget. Some expense categories will show greater variances (positive and negative) on a month to month basis because the budget is spread evenly over the fiscal year.

Requests for additional information or clarification on the Financial Statements can be brought to the District Clerk and a response will be coordinated through the District's financial consultant.

December, 2016

- Cash and Cash equivalents as of 12/31/16 are \$3.6 M due to the December parcel tax installment.
- Professional Fees are 4% over budget as of December 31, 2016. This category comprises Accounting, Consulting Fees, Legal and Audit fees.
 - There was an additional expense in October to the Audit fee to true up the fixed assets and depreciation which contributed to this causing the negative variance.
 - Accounting fees are on budget
 - Legal Fees and Consulting fees are both under budget for the first 6 months of the fiscal year.
- Other Expense categories remain significantly under budget.
- Total Expenses for the first 6 months of the fiscal year are \$135,862 out of a budget of \$248,262. This is net of Depreciation and Amortization.

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2015	As of 6/30/2016	As of 11/30/2016
Assets			
<u>Current assets:</u>			
Cash and cash equivalents	\$ 292,794	\$ 471,592	\$ 666,420
Grant and other receivables	291,854	293,921	2,407,083
Prepaid expenses and deposits	88,075	19,710	42,660
Total current assets	672,723	785,223	3,116,163
Assets limited as to use	255,304	328,241	356,692
Capital Assets, net of accumulated depreciation	3,650,181	3,535,723	3,367,213
	4,578,208	4,649,187	6,840,068
Other Assets	16,433	14,192	13,259
Total assets	\$ 4,594,641	\$ 4,663,380	\$ 6,853,327
Liabilities and Net Position			
<u>Current liabilities:</u>			
Current maturities of debt borrowings	\$ 26,940	\$ 28,405	\$ 29,804
Accounts payable and accrued expenses	5,653	8,700	9,700
Total current liabilities	32,592	37,105	39,504
Debt borrowings net of current maturities	1,031,855	1,003,450	990,505
Total liabilities	1,064,447	1,040,555	1,030,008
Net position:			
Invested in capital assets, net of related debt	3,650,181	3,535,723	3,367,213
Restricted, by contributors	255,304	328,241	356,692
Unrestricted (deficit)	(375,291)	(241,139)	2,099,414
Total net position (deficit)	3,530,194	3,622,825	5,823,319
Total liabilities and net position	\$ 4,594,641	\$ 4,663,380	\$ 6,853,327

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 11/30/2016	Budget YTD 11/30/2016	Variance	
Revenues and other support						
District Tax Revenues	\$ 5,737,101	\$ 5,778,442	\$ 2,407,977	\$ 2,406,819	(1,158)	0%
Rents	172,112	181,283	76,566	75,605	(961)	-1%
Other revenues	1,990	289,969	6	-	(6)	
Total revenues	5,911,203	6,249,693	2,484,549	2,482,424	(2,125)	
Expenses						
Salaries, wage and benefits	-	-	-	39,583	39,583	100%
Professional fees	116,102	82,236	46,830	42,875	(3,955)	-9%
Supplies	3,906	3,960	1,271	1,958	687	35%
Purchased services	-	-	1,000	1,500	500	33%
Repairs and maintenance	11,113	12,972	8,370	8,750	380	4%
Rents	22,150	24,835	10,558	10,545	(13)	0%
Utilities	7,148	7,914	4,125	4,350	225	5%
Insurance	82,516	75,474	20,472	20,833	361	2%
Depreciation and amortization	455,541	406,665	169,444	188,875	19,431	
Interest	71,360	50,541	20,737	20,448	(289)	-1%
Travel, meeting and conferences	2,057	1,527	260	4,583	4,324	94%
Other expenses	74,112	6,716	988	51,458	50,470	98%
Total expenses	846,006	672,839	284,055	395,760	111,705	
Operating gains	5,065,197	5,576,854	2,200,494	2,086,665	(113,829)	-5%
Transfers	(3,585,725)	(5,484,222)	-	(2,074,204)		
Increase in net position	1,479,472	92,632	2,200,494	12,461		
Net position at <i>beginning of the year</i>	2,050,722	3,530,194	3,622,825	3,622,825		
Net position at the <i>end of the period</i>	\$ 3,530,194	\$ 3,622,825	\$ 5,823,319	\$ 3,635,286		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 11/30/2016	Budget YTD 11/30/2016
Increase in net position	\$ 1,479,472	\$ 92,632	\$ 2,200,494	\$ 12,461
Add Non Cash items				
Depreciation	455,541	406,665	169,444	188,875
Changes in operating assets and liabilities				
Grant and other receivables	(571)	(2,067)	(2,113,162)	-
Prepaid expenses and deposits	(88,075)	68,365	(22,950)	-
Accounts payable and accrued expenses	(111,939)	3,047	1,000	-
Net Cash provided(used) by operating activities	1,734,428	568,641	234,825	201,336
Cash flows from investing activities				
Acquisition of Property Plant and Equipment	(14,481)	(289,966)	(0)	(1,042)
Changes in assets limited to use	68,517	(72,937)	(28,451)	-
Net Cash used in investing activities	54,037	(362,903)	(28,451)	(1,042)
Cash flows from financing activities				
Principal payments on debt borrowings	(1,525,806)	(26,940)	(11,547)	(11,835)
Net cash used by financing activities	(1,525,806)	(26,940)	(11,547)	(11,835)
Net change in cash and cash equivalents	262,658	178,798	194,828	188,458
Cash at the beginning of the year	30,136	292,794	471,592	292,794
Cash at the end of the period	\$ 292,794	\$ 471,592	\$ 666,420	\$ 481,253

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2015	As of 6/30/2016	As of 12/31/2016
Assets			
<u>Current assets:</u>			
Cash and cash equivalents	\$ 292,794	\$ 471,592	\$ 3,570,074
Property tax and other receivables	291,854	293,921	-
Prepaid expenses and deposits	88,075	19,710	36,337
Total current assets	672,723	785,223	3,606,411
Assets limited as to use	255,304	328,241	363,711
Capital Assets, net of accumulated depreciation	3,650,181	3,535,723	3,333,511
	4,578,208	4,649,187	7,303,633
Other Assets	16,433	14,192	13,072
Total assets	\$ 4,594,641	\$ 4,663,380	\$ 7,316,705
Liabilities and Net Position			
<u>Current liabilities:</u>			
Current maturities of debt borrowings	\$ 26,940	\$ 28,405	\$ 29,804
Accounts payable and accrued expenses	5,653	8,700	10,700
Total current liabilities	32,592	37,105	40,504
Debt borrowings net of current maturities	1,031,855	1,003,450	988,087
Total liabilities	1,064,447	1,040,555	1,028,590
Net position:			
Invested in capital assets, net of related debt	3,650,181	3,535,723	3,333,511
Restricted, by contributors	255,304	328,241	363,711
Unrestricted (deficit)	(375,291)	(241,139)	2,590,892
Total net position (deficit)	3,530,194	3,622,825	6,288,114
Total liabilities and net position	\$ 4,594,641	\$ 4,663,380	\$ 7,316,705

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 12/31/2016	Budget YTD 12/31/2016	Variance	
Revenues and other support						
District Tax Revenues	\$ 5,737,101	\$ 5,778,442	\$ 2,912,181	\$ 2,888,183	23,998	1%
Rents	172,112	181,283	92,295	90,726	1,569	2%
Other revenues	1,990	289,969	7	-	7	
Total revenues	5,911,203	6,249,693	3,004,483	2,978,909	25,574	
Expenses						
Salaries, wage and benefits	-	-	-	47,500	47,500	100%
Professional fees	116,102	82,236	53,451	51,450	(2,001)	(4%)
Supplies	3,906	3,960	1,775	2,350	575	24%
Purchased services	-	-	1,000	1,800	800	44%
Repairs and maintenance	11,113	12,972	9,087	10,500	1,413	13%
Rents	22,150	24,835	12,669	12,654	(15)	(0%)
Utilities	7,148	7,914	4,455	5,220	765	15%
Insurance	82,516	75,474	26,795	25,000	(1,795)	(7%)
Depreciation and amortization	455,541	406,665	203,332	226,650	23,318	10%
Interest	71,360	50,541	24,776	24,538	(238)	(1%)
Travel, meeting and conferences	2,057	1,527	260	5,500	5,240	95%
Other expenses	74,112	6,716	1,593	61,750	60,157	97%
Total expenses	846,006	672,839	339,194	474,912	135,717	
Operating gains	5,065,197	5,576,854	2,665,289	2,503,998	161,291	6%
Transfers	(3,585,725)	(5,484,222)	-	(2,489,045)		
Increase in net position	1,479,472	92,632	2,665,289	14,953		
Net position at <i>beginning of the year</i>	2,050,722	3,530,194	3,622,825	3,622,825		
Net position at the <i>end of the period</i>	\$ 3,530,194	\$ 3,622,825	\$ 6,288,114	\$ 3,637,778		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 12/31/2016	Budget YTD 12/31/2016
Increase in net position	\$ 1,479,472	\$ 92,632	\$ 2,665,289	\$ 14,953
Add Non Cash items				
Depreciation	455,541	406,665	203,332	226,650
Changes in operating assets and liabilities				
Property tax and other receivables	(571)	(2,067)	293,921	-
Prepaid expenses and deposits	(88,075)	68,365	(16,626)	-
Accounts payable and accrued expenses	(111,939)	3,047	2,000	-
Net Cash provided(used) by operating activities	1,734,428	568,641	3,147,917	241,603
Cash flows from investing activities				
Acquisition of Property Plant and Equipment	(14,481)	(289,966)	(0)	(1,250)
Changes in assets limited to use	68,517	(72,937)	(35,470)	-
Net Cash used in investing activities	54,037	(362,903)	(35,470)	(1,250)
Cash flows from financing activities				
Principal payments on debt borrowings	(1,525,806)	(26,940)	(13,965)	(14,203)
Net cash used by financing activities	(1,525,806)	(26,940)	(13,965)	(14,203)
Net change in cash and cash equivalents	262,658	178,798	3,098,482	226,150
Cash at the beginning of the year	30,136	292,794	471,592	292,794
Cash at the end of the period	\$ 292,794	\$ 471,592	\$ 3,570,074	\$ 518,945

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2017

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

FROM: Kristen Thorson, District Clerk

SUBJECT: Recommendation for Parcel Tax Transfer to Alameda Health System

Action

Recommendation to transfer the December 2016 parcel tax installment to Alameda Health System in the amount of \$2,911,287.12 via wire transfer.

Background

The December 2016 remittance of the parcel tax was received on December 14, 2016. In consultation with the District's financial consultant and the District's current financials, cash on hand and anticipated expenses through April, 2017 (next installment due date), the recommendation is to transfer the full amount to Alameda Health System.

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2017

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

FROM: Kristen Thorson, District Clerk

SUBJECT: Review and Approval of Expenditure of Funds for Services to Assess Long Term Capital Investments for Jaber Properties

At the December, 2016 Board meeting the Board authorized me to seek a quote for services to assess the long term capital investments of the Jaber Properties. I had a good discussion with a local realtor about what the District was looking for an assessment and the realtor recommended getting a complete home and pest inspection. Both vendors came highly recommended and are well known in the Alameda community and in the Bay Area.

These assessments will give us a good baseline and something to compare to reports from Harbor Bay Property Management eventually bringing us to an overall understanding of the long term and potentially short term capital investments needed for the properties. Both inspections will be coordinated with Harbor Bay Property Management.

Pest Inspection

Recommend Vendor: Omega Termite & Pest Control*	
1359 Pearl Street (3 Buildings):	\$850.00
2711 Encinal Street (1 Building):	\$345.00
Sub Total:	\$1,195.00

*Verbal quote received

Home Inspection

Recommend Vendor: Buyers Protection Group ¹	
1359 Pearl Street (3 buildings includes Roof with Chandler Ham ²):	\$2,660.00
2711 Encinal Street (1 Building):	\$625.00
Sub Total:	\$3,285.00

¹Quote attached

²The home inspection requires the use of a subcontractor, Chandler Ham, due to the height of the buildings.

Total Cost:	\$4,480.00
-------------	------------

This Purchased Services expense was not anticipated during the preparation of the FY 2016-2017 District Operating Budget, however, year-to-date, overall expenses are under budget.



Property Condition Assessment Proposal (PCA)

Date: 2/9/17

Client: Kristen S. Thorson
Alameda Hospital
(510)814-4001
kthorson@alamedahealthsystem.org

Agent: N/A

Re: Property Condition Assessment Proposal
2711 Encinal Avenue and 1359 Pearl Street
Alameda, CA 94501 Alameda, CA 94501

Hello Kristen,

BPG is pleased to present the enclosed proposal for a Property Condition Assessment (PCA) at the property listed above. The assessment generally conforms to the **ASTM standard E 2018 – 08** protocol for a baseline property condition assessment.

If you are satisfied with the proposal, please sign and fax the "Acceptance of Proposal" page to our office at **Fax: 1 866 728 2552**. If you have questions about this proposal you may **call Shay Owens at 800-285-3001**.

INTRODUCTION

The fee quoted is based on the following reported property data:

Property Data	
Building Type	Commercial/Multi-unit/Retail
Number of Buildings	4
Number of Units	8
Estimated Square Footage	Pearl St – 7312 sf; Encinal – 2200sf
Number of Stories	2
Estimated Year(s) of Construction	60

The Property Condition Assessment will provide:

1. Brief descriptions of the property's systems and components and their general physical condition.
2. Identify physical deficiencies to the extent that they are observable.
3. Provide recommended remedial actions for deficiencies observed.
4. Prioritize the recommended remedial actions.
5. Provide cost estimates for remedial action on major physical deficiencies.

SCOPE OF WORK

We will perform a non-invasive physical examination designed to identify material defects in the systems, structures, and components of the building located on the property to be inspected, as they exist at the time of the inspection. Our inspection will be limited to those specific systems, structures and components that are present and visually accessible. We will only operate components and systems with normal user controls and as conditions permit. Unless we agree otherwise, we will only inspect the primary building, and its associated primary parking lot, on the property. Parking structures may require additional review or be excluded from the PCA. We will also give you a written report that describes and identifies the inspected systems, structures and components and identifies material defects. This report will be an opinion of the inspector and we may amend it within twenty-four (24) hours after completing the inspection.

Unless we agree otherwise, we will perform the inspection and issue the report in accordance with the mandatory parts of ASTM E 2018 – 08 standards or practice for Property Conditions Assessments (PCA) and subject to the Definitions, Scope, Limitations, Exceptions and Exclusions in the ASTM standards. Terms in this agreement have the same meaning as defined terms in the ASTM standards. The ASTM standards are available from our inspector or main office.

Field Assessment

The scope of work for the PCA is a non-intrusive, visual inspection of the subject property's readily accessible and visible components and systems. The following building components will be inspected:

Structure, Roofing, Exterior, Interior, Plumbing, Heating, Cooling, Electrical, Insulation and Ventilation

All reports will be placed in a standard format and delivered under one BPG report cover. The BPG inspection fee includes the cost of the entire inspection team. Generally only one visit to the site is necessary as all inspections will be completed at the same time and about two – four hours will be required on-site.

Our inspectors have a general knowledge of all systems however, in cases where there is specialized and complicated equipment we might recommend further review by a specialist in that area.

The field assessment consists of evaluating the current physical condition and identifying any physical deficiencies and unusual features or inadequacies of the property's systems and components. There are limitations to such an inspection. The conclusions formulated and reported are based on visual inspection and good judgment. There is no guarantee that all deficiencies are identified. Consequently, no guarantee or warranty can be offered or implied.

The PCA is not a technically exhaustive evaluation. Such tasks as testing, measuring, operating, or preparing engineering calculations for any system or component to determine adequacy, capacity, or compliance with any specific standard or building code is outside the scope of this proposal and the ASTM standard E 2018. A recommendation of the PCA might be that such additional testing be done.

Our report will be based on those conditions readily accessible and observed with no destructive investigation.

Representative observations of a reasonable number of samples of repetitive systems, components, areas, etc., are conducted during the field assessment. The concept of representative observations extends to all conditions, areas, equipment, components, systems, buildings, etc. to the extent that they are similar and representative of one another. It should be understood that in some cases localized problems might not be detected.

Items **excluded** from this inspection include, but not limited to the review or inspection of the following: Document research stated in Section Eight of the ASTM standards **E 2018 – 08**; Complete compliance with Title III Americans with Disabilities Act (ADA) Accessibility Guidelines for public areas of the property under owner's control; Base building certificate of occupancy; Outstanding and recorded building code violations, Recorded fire code violations; Fire protection equipment; Phase I environmental site assessment; Security systems; Telecommunication systems; Process equipment; Recreational equipment; Tenant owned equipment; Subterranean or concealed elements such as sewers, wells, etc.; Confined spaces deemed in Buyers Protection Group's opinion to be hazardous; Utility rooms and power vaults which are the property of a utility company; Concealed or inaccessible areas of the facilities, which require the use of destructive investigation beyond that proposed in the scope of work; Testing or starting equipment and systems; Work requiring specialty consultants beyond that identified in the scope of work; and Development Feasibility and Entitlement analysis and reporting.

Access to Property

Prior to the field assessment, the client will arrange for timely access to the property and any specific requested areas within the property. It is also in the best interest of the client to disclose any pertinent information that may assist in identifying physical deficiencies.

If building plans, specifications, and other pertinent records exist, they should be made available to reference for general information purposes only. Working drawings or as-built drawings are preferred.

A brief interview of any operational staff/maintenance personnel that are on-site at the time of the inspection will be conducted.

Property Condition Report

We will provide a report that describes and identifies the inspected systems, structures and components and identifies material defects. The report is not intended to provide specifications or methods for performing remedial work.

Cost estimates and suggested remedies for major physical deficiencies observed are provided and prioritized into immediate and short-term categories. The short-term repairs or replacements are deemed necessary within the next two years. Cost estimates for testing or further investigation may be included if deemed necessary. Cost estimates are not provided for repairs or replacements that are classified as cosmetic, decorative, part of a building renovation or improvement project, or preventative maintenance. The cost estimates provide an order of magnitude only. Therefore, it is recommended that professional contractors be contacted for precise estimates of repair/replacement.

Photographs will be included in the report that illustrate typical conditions and observed physical deficiencies at the time of inspection.

Other

The Property Condition Assessment is an opinion and should not be construed as a warranty or guarantee of the present or future condition of the subject property.

Client Responsibility

In order to perform the assessments described herein, the following are required:

- Notification of the property owner(s) of the pending assessment including obtaining permission to gain access to the site, and cooperation and flexibility in scheduling the site assessment
- Necessary access equipment including keys, etc.
- Any additional information or data relevant to successful performance of this assessment

AFTER TAKING POSSESSION OF THE PROPERTY IF YOU DISCOVER A DEFECT FOR WHICH WE MAY BE LIABLE TO YOU, YOU MUST NOTIFY US AND THEN GIVE US THE OPPORTUNITY TO REVIEW THE DEFECT AND OFFER A REMEDY BEFORE THE DEFECT IS REPAIRED OR REPLACED. YOUR NOTICE MUST BE IN WRITING, INCLUDE A SIGNED COPY OF THIS AGREEMENT, AND BE MAILED TO:

Buyers Protection Group, Client Relations Department
4300 Alexander Drive, Suite 200, Alpharetta, GA 30022
Toll-free Telephone: 1-888-553-5768, Extension 4524

IF WE ARE NOT NOTIFIED UNTIL AFTER A REPAIR OR REPLACEMENT OF A DEFECT IS PERFORMED, WE WILL ACCEPT NO LIABILITY FOR THE DEFECT OR COST OF REPAIR.

OUR LIABILITY TO YOU FOR CLAIMS ARISING FROM OUR INSPECTION OR OUR REPORT, WHETHER SOUNDING IN TORT (EVEN IF DUE TO NEGLIGENCE OR OTHER FAULT) OR CONTRACT, WILL NOT BE MORE THAN THE LESSER OF ACTUAL DAMAGES OR THE INSPECTION FEE.

YOU MAY NOT FILE A LEGAL ACTION, WHETHER SOUNDING IN TORT (EVEN IF DUE TO NEGLIGENCE OR OTHER FAULT) OR CONTRACT, AGAINST US OR OUR EMPLOYEES MORE THAN ONE YEAR AFTER THE INSPECTION, EVEN IF YOU DO NOT DISCOVER A DEFECT UNTIL AFTER THAT. THIS TIME LIMIT MAY BE SHORTER THAN THE LAW OTHERWISE PROVIDES.

This agreement constitutes the entire agreement and understanding between parties, and supersedes all previous agreements, promises, and representations, whether written or oral, between the parties with respect to the subject matter hereof.

YOU MUST PAY THE INSPECTION FEE BEFORE WE CAN DELIVER THE REPORT TO YOU.

PROJECT FEE & PAYMENT SCHEDULE

BPG proposes to complete the scope of work, including the written report for a fixed fee as shown below.

Fee	Payment Schedule
\$2,660.00	Building Inspection Multi-unit includes Roof with Chandler Ham
\$625.00	Building Inspection Retail

Payment required prior to delivery of reports

Schedules may be arranged depending upon circumstances. BPG will make every attempt to accommodate the scheduling needs of the client.

ACCEPTANCE OF PROPOSAL

If you are satisfied with this proposal, please sign and fax this page to our office at **Fax: 1 866 728 2552** or email the signed document back to me. A BPG customer service representative will then call you to schedule the inspection. The acceptance of this proposal signifies the acceptance of this scope of work.

Sincerely,

Melissa Clayton
Buyers Protection Group
1 800-285-3001
hicommercial@bpgwi.com

1359 Pearl Street, Alameda, CA 94501 and 2711 Encinal Avenue, Alameda, CA 94501	
Accepted By	
Signature	
Name	
Title	
Company	
Date	

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2017
TO: City of Alameda Health Care District, Board of Directors
FROM: Kristen Thorson, District Clerk
SUBJECT: Approval to Bind General and Excess Property Insurance for Jaber Properties for renewal year 3/19/17 to 3/19/18

Recommendation:

Authorize Board President, Kathryn Sáenz Duke, to execute the necessary paperwork to bind excess and general liability insurance for the Jaber Properties as outline below at an annual amount of \$4,894.

General Liability - Policy Term: 03/19/2017 - 03/19/2018

Company: General Star Indemnity Co
Coverage: \$2,000,000 with a \$500 deductible
Sub Total: \$924

Excess Liability - Policy Term: 03/19/2017 - 03/19/2018

Company: Scottsdale Insurance Company
Coverage \$5,000,000 excess of \$2,000,000
Sub Total: \$3,970

There was about a \$100 reduction in the general liability premium and excess liability remained flat over prior year.