



BOARD OF TRUSTEES MEETING

FRIDAY, APRIL 27, 2018, 9:00AM -5:00PM

Alameda Hospital, Conference Room A
2070 Clinton Avenue, Alameda CA 94501

SATURDAY, APRIL 28, 2018, 8:45AM – 1:30PM

Fairmont Hospital, Cafeteria
15400 Foothill Blvd, San Leandro, CA 94578

Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

MEMBERS

Joe DeVries, **President**
Kinkini Banerjee, **Vice President**
Maria G. Hernandez, **Secretary**
Taft Bhuket, MD Tracy Jensen
Gary Charland Michele Lawrence
Louis Chicoine Anthony Thompson

Chief of Staff – HGH/FMT/JGH/AMBULATORY Medical Staff: Gene Hern, MD

Chief of Staff - SLH Medical Staff: Joel Chiu, MD

Chief of Staff - AHD Medical Staff: Elpidio Magalong, MD

DRAFT SPECIAL MEETING MINUTES SPRING RETREAT, DAY ONE

THE MEETING WAS CALLED TO ORDER AT 9:07am.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Gary Charland, Louis Chicoine, Joe DeVries, Maria Hernandez Tracy Jensen, Michele Lawrence, and Anthony Thompson.

ABSENT:

A quorum was established.

A. CONSENT AGENDA: ACTION

- 1. Approval of the Minutes from the March 22, 2018 Board of Trustees Meeting**

2. Approval of Contracts and Authorization for the CEO or His Delegate to Execute the Following Operating Contracts:

The Finance Committee recommends approval of the contract listed below.

- a) Renewal agreement with 3M Company for the provision of coding software licenses and technical services. The term of the proposed agreement shall be from May 12, 2018 through May 11, 2021. The estimated impact of the proposed agreement is \$1,141,543.51.
Bernice Zander, Director, Health Information Management

3. The Audit and Compliance Committee Recommends Adoption of the Revised Audit and Compliance Committee Charter

Rick Kibler, Vice President of Compliance and Internal Audit

4. Approval of Policies and Procedures

The Quality Professional Services Committee recommends approval of the following policies and procedures:

- Compliance Exclusion Screening Review Policy
- Compliance Investigation Protocol
- Interactions Between Law Enforcement Personnel and Healthcare Providers
- Scope of Service – Eastmont Wellness
- Scope of Service – Hayward Wellness
- Scope of Service – Highland Ambulatory
- Scope of Service – Newark Wellness
- Sucrose Administration for Painful Procedures

Trustee Banerjee requested the Board table agenda item A3, adoption of the revised Audit and Compliance Committee Charter, so that a procedures document could be created to clarify the role of the Board in the Compliance Officer's employment, performance evaluations, and reporting structure. An ad hoc committee consisting of Trustees Banerjee, Jensen, and Charland was formed to work with the General Counsel and Chief Human Resources Officer and bring the charter and new policies document directly to the Board of Trustees.

Trustee Lawrence stated that they should use caution to not make changes that would trigger an edit of Board by laws, which would need to be approved by the Board of Supervisors.

Trustee Bhuket, speaking to agenda item A4, said they approved a policy in the Quality Professional Services Committee (QPSC) closed session, "Credentialing and Privileging of HIV/AIDS Specialists" that was not on the list of policies before the Board and requested that it be added to the May 24, 2018 meeting.

ACTION: A motion was made and seconded to approve agenda items A1, A2, and the revised agenda item A4 on the Consent Agenda and to pull item A3 creating an ad hoc committee (Banerjee, Jensen, and Charland) to further elaborate on the reporting process of the Compliance Officer and report back to the full Board. The motion passed.

AYES: Trustees Banerjee, Charland, Chicoine, DeVries, Hernandez, Jensen, Lawrence, and Thompson

NAYS: None

ABSTENTION: None

END OF CONSENT AGENDA

B. CEO REPORT

Delvecchio Finley, Chief Executive Officer

Mr. Finley reviewed the presentation available here:

<http://www.alamedahealthsystem.org/wp-content/uploads/2018/05/2018-04-27-BOT-B1-CEO-Presentation-LATE-SUBMITTAL-2nd-version.pdf>.

Trustee Hernandez requested future editions of the Behavioral Health Dashboard includes the number of assaults, as discussed at the April 26, 2018 QPSC meeting. She added that the Strategic Business Unit's dashboards had not been including the workforce data, making it impossible to compare across the units.

Trustee Bhuket said they also discussed including physician, nurse, and staff engagement scores on the dashboards.

Trustee Devries asked what the communication plan was to make sure the residents of Alameda knew that Alameda Hospital was "in-network" for Anthem Blue Cross Members. Mr. Finley said that they had instituted a communication plan that included, in part, reaching out to doctor's offices around the island and ensuring Anthem updated their materials. The Trustees suggested a variety of additional communication methods including signage on the hospital, social media, contacting former patients, sending a direct mailer, teaming up with the Rotary Club, and incorporating the information into a health fair.

Trustee Hernandez requested that the Electronic Health Record (EHR) project dates be added to the Critical Initiative – EHR Implementation Overview on page 90 of the agenda packet.

Trustee Lawrence asked that Mr. Finley forward the Groundwork Questionnaire, mentioned on page 90 of the agenda packet, to the Trustees.

The Trustees asked for a monthly summary or snapshot update of the EHR project.

C. OPERATIONAL PLAN GOALS AND OBJECTIVES FOR FISCAL YEAR 2019

Delvecchio Finley, Chief Executive Officer

Mr. Finley reviewed the report beginning on page 96 of the agenda packet.

D. FISCAL YEAR 2019 BUDGET PRESENTATION

Delvecchio Finley, Chief Executive Officer

Nancy Kaatz, Interim Chief Financial Officer

Mr. Finley and Ms. Kaatz reviewed the presentation beginning on page 108 of the agenda packet.

Trustee Hernandez said that in addition to the goals presented on slide three of the presentation, page 110 of the agenda packet, an additional goal should be added for “Development of a Culture of Excellence.” Processes within that goal should include the Leadership Academy, diversity as a way of doing work, targeted and unique quality programs, and provider resiliency.

Trustee Lawrence asked for a recap of how staff and clinical leaders were involved in the budget process. Mr. Finley said management worked with about 200 employees to determine objectives and probably accomplishments. Goals were converted to expense targets that would meet earnings before interest, depreciation and amortization (EBIDA). All levels of staff were involved, both clinical and administrative.

Trustee Jensen asked about the Medicare/Medicaid reimbursement rate improving, she thought the predicted decrease from five percent to two percent seemed too conservative. Mr. Finley said that the projection reflected a change in supplemental programs and a shift in services.

Trustee Lawrence asked what the net affect was when they changed the way employee costs were calculated. Mr. Finley said it was about \$5M increase in expenses.

Trustee Thompson said that in January when they approved the EHR project they expected the revenue growth to be four percent. Mr. Finley said the adjustment reflected several changes, including how some of the delayed revenues had materialized and some the waiver programs had improved.

Trustee DeVries asked if Alameda Health System (AHS) lobbied the Governor to prevent State reimbursements from being reduced. Mr. Finley said the elimination of the 340B program was going through the legislature and could have a \$15M impact on the system. AHS was part of the effort to discourage the State Legislature from approving the bill.

Trustee Hernandez requested a separate page with the narrative on projections and assumptions for line items 1-21 on the Summary Financial Plan on page 111 of the agenda packet.

Trustee Jensen said there was a release of surgical doctors at Alameda Hospital and asked how that related to the increase in surgeries shown on page seven of the presentation. Mr. Finley said it's a change in service delivery, it was not a net reduction of surgeons.

Trustee Charland requested a future conversation about immediate liability around defined retirement liability and projected future liability for the organization.

Trustee Jensen asked how the bed shortage was decreasing when the number of in-patients was increasing. Ms. Kaatz said the average daily census was down one. There was an increase in gross in patient revenues but not as much as expected with a rate increase of an average of 2.4%.

Trustee Lawrence asked about the revenue cycle clean-up activities mentioned on page 119 of the agenda packet. Ms. Kaatz clarified that they expected to be done with the current clean-up process (old receivables). However, they had ongoing revenue cycle initiatives for the upcoming fiscal year as well, for an estimated \$4M in additional revenue capture.

Trustee Hernandez asked if it would be possible to have two budget statements, one that represented the least amount of assumptions and one that represented the most likely. She felt it would help at the end of the process to understand which pieces were more speculative. Trustee Lawrence said she supported a more detailed philosophical forecasting. Mr. Finley said that they could report out at a high level the opportunities for the major approved supplemental programs.

BREAK 11:55-12:03

Trustee Lawrence asked about the connection between the absentee rate and the high cost of registry. Tony Redmond, Chief Human Resources Officer, said that there wasn't always a connection. The first step to fill an absence was to utilize an existing staff member. Registry numbers were high at Alameda due to historically lower pay rates and a longer hiring process. Registry costs would remain higher until that adjusted.

Because of a conversation Trustee Lawrence initiated, it was determined to bring an analysis of absenteeism to a Human Resources Committee meeting.

BREAK 12:40-12:50

E. BUDGETING FUTURE PLANNING

NICU Case Study

Ishwari Venkataraman, Vice President, Strategy and Business Planning

Ms. Venkataraman and Donna Carey, Interim Chair, Department of Pediatrics, discussed the presentation beginning on page 151 of the agenda packet.

Trustee DeVries asked how the percentage of Neonatal Intensive Care Unit (NICU) babies in AHS compared to other systems. Ms. Carey said it was a little high, which could be a result of the population base being a high percentage of immigrants and having lower incomes.

Trustee Lawrence asked how Population Health would help reduce pre-term births. Ms. Carey said improved prenatal care would have an impact, but there were still other factors.

Trustee Lawrence asked about the overhead cost of the NICU program. Ms. Venkataraman said that it was usually about 30%.

Trustee Thompson asked how the birthing program overall was doing in terms of the census. Mr. Finley said when the building first opened it was a 30% increase, in the current year that number dropped a little and was consistent with the market.

Trustee Lawrence discussed the future of the NICU program with respect to the imminent closure of the Alta Bates Hospital. Mr. Finley said that Children's Hospital was considering offering OB Services. He said that, along with the Alta Bates closure, would impact the future of the NICU program as well as the OB and Well Baby services at AHS.

Trustee Bhuket said, referring to the "Options to Re-Structure Program Cost" on page 164 of the agenda packet, another option was to absorb the cost, as the NICU service was part of the organization's value system of serving the most vulnerable in our population. Mr. Finley said this process allowed them to look at the cost structure, operations, and do a deeper dive into the program. They had to use caution when discussing which programs could operate at a negative cost as it had to take away from another program. While AHS was a safety net system, they would continue to provide these levels of care, reviews such as this helped provide clarity about where they could achieve some cost savings.

F. FUTURE OF HEALTH CARE SERVICES ON ALAMEDA ISLAND

Tracy Jensen, Trustee

Delvecchio Finley, Chief Executive Officer

Luis Fonseca, Chief Operating Officer

Mike Moyer, General Counsel

Ishwari Venkataraman, Vice President, Strategy and Business Planning

Trustee Jensen reviewed the history of Alameda Hospital and the continued support the voters of Alameda have had for the hospital. Alameda Hospital had not always been able to support their staff or negotiate new contracts as they would have liked to. In 2014 they entered a joint powers agreement (JPA) with AHS. This allowed staff to have salary increases and the system gained expertise with AHS. Alameda Hospital was the acute care leader at AHS.

Mr. Finley agreed that while the relationship had challenges some services had been provided because of the partnership. He outlined the agenda for the presentation clarifying that this was not a discussion to lead to a decision, but rather to continue a dialogue with the community. He added that the timing was driven by the deadline for the seismic compliance requirements that would be discussed during the presentation.

Mr. Moyer reviewed the Joint Powers Agreement portion of the presentation beginning on page 178 of the agenda packet.

Mr. Fonseca reviewed the SB1953 Compliance Plan, beginning on page 180 of the agenda packet.

Trustee DeVries asked if the original hospital only had administrative services in it, if it would still have to be vacated. Mr. Fonseca said no, the scope of work was developed to comply with SB90 and was only to relocate the kitchen. Once that service was removed, the building wouldn't have to comply with SB1953 because it wouldn't have acute care services.

Trustee Thompson asked if plans had been submitted. Mr. Fonseca confirmed that plans had been submitted, but they had not yet obtained a permit.

Trustee Thompson asked if they committed to moving the kitchen. Mr. Finley said they accommodated for the 2020 requirements in budget for the next two years. It would be a \$15-20M investment to get to the 2022, with the understanding that 2030 was still coming. He said there was a subcommittee of the City of Alameda District Board looking at the different options for 2030 and what they might entail as far as cost and feasibility. The cost piece associated with 2030 was not an obligation of AHS's, but rather the district.

Trustee Thompson asked if they were committing to moving the kitchen. He asked if it was management's intent to bring before the Board a proposal to move the kitchen then further study the needs for compliance in 2030. Trustee Jensen said AHS had committed by signing a JPA. Mr. Finley agreed that AHS committed to keeping the hospital compliant past 2020.

Ishwari Venkataraman, Vice President, Strategy and Business Planning, reviewed the presentation beginning on page 191 of the agenda packet.

Public Comment on Item F

Michael Williams, City of Alameda Health Care District, reminded the Board that Alameda Hospital was a critical piece of infrastructure on an Island that could become isolated in an emergency. He said the community was very engaged with the hospital, and had committed to spending their own money to do so through tax assessments. Planning for 2030 needed to happen immediately.

Dennis Popalardo, City of Alameda Health Care District Board Member, said that he thought a seismic study was being done to determine whether the hospital could stay on its existing site past 2030. He thought the results were due months prior. He asked for the results of that study. He also thought the retrofit was approved already and voiced surprise to find out it wasn't.

Dr. John Lee, General Surgeon at Alameda Hospital, said he and his peers had been informed several times that their employment with Alameda Health Partners (AHP) would be terminated and the on-call coverage would be handed over to Highland Hospital. He said that went against the stated purpose of AHP.

Dr. Robert Deutsch, Vice President of the City of Alameda District Board and a member of the critical care medical staff. He said the community had an acute care facility for 120 years, uninterrupted. People in Alameda felt the hospital was a part of the fabric of the community. Depriving the community of an acute care facility would be devastating.

Dr. Tamina Isolani spoke regarding the family atmosphere of Alameda Hospital and wanted to ensure the facility's long and healthy future.

Dr. Naini Sharma, discussed the education and confidence she received as a doctor at Alameda Hospital and the importance of the Hospital in the community.

Board Discussion on Item F

Trustee DeVries clarified that the Board of Trustees was meeting at Alameda Hospital to show their support for the system. He discussed the need to develop a strategic plan to ensure that the island of Alameda had access to meet all the health care needs. He suggested a motion to set up an ad hoc committee to work with the AHP and hold some joint sessions soon to work on the strategic plan and to hold some joint meetings in the near future.

Trustee Thompson asked if AHP commissioned the study mentioned by one of the public speakers. Mr. Fonseca said the study was to review all sites to determine what would be required to meet SB90 requirements beyond 2020. As part of that study they asked how and what were the projections for use beyond 2030. They made some recommendations that were qualified with the need for extra testing. That was where the work of the subcommittee would come in.

Trustee Hernandez asked that if the study came back with the determination that this site could no longer hold the hospital, has any work been done to consider an alternate site. Mr. Fonseca said that the work of determining how to move forward would be done by the subcommittee as defined by the JPA. Trustee Hernandez asked if there wasn't a lot of fundraising that had to be done either way. Mr. Finley agreed but reminded the Trustees that that onus fell to the district. Trustee Hernandez, Trustee Banerjee, and Trustee DeVries all agreed that the work was urgent.

Trustee Jensen said that that there was no responsibility for AHS to do a soil study. Mr. Finley said they wanted to be a good partner, conversations could take place, but it was not their responsibility. Trustee Jensen said that as both sides were committed to providing services, it was difficult to commit to the strategic plan without knowing if there could be a hospital on site and the only way to do that was to have the seismic study. Mr. Finley said he had no resistance to the study.

Trustee Jensen said the 2020 seismic retrofit was a priority at the Health Care District Board and should move forward before Office of Statewide Health Planning and Development (OSHPD) decided to not approve the project for lack of documentation. Mr. Finley reminded the Board that management had every intention of moving forward with the project. The intent of the presentation was to ensure that the Board understood the options and ramifications. The 2030 piece was right behind this one, and a much bigger piece.

Trustee Lawrence said it was not realistic to set aside the parcel tax dollars for the project as they were used for existing services. It was not realistic to think dollars could be set aside without cutting services.

Trustee Chicoine said the community was worried about losing something they valued and it would be important to bifurcate the two pieces. The immediate need was to finish the work to meet the 2020 requirement and meet the obligation in the JPA. The other obligation was full of uncertainty. While they might get approval to build a new building on site and meet the 2030 requirement it could be excessively expensive. Answers could be less about working around challenges and trying to address the need in the community.

Trustee DeVries said the 2020 retrofit included a new kitchen and a new morgue and required the restructuring of some current space and the shoring of the external infrastructure. If AHS could not use the existing space for acute care in the future they could use it for something else. He requested a timeline for the 2030 soil testing. Mr. Finley said he would look into it, depending on the amount as it was the district's responsibility.

Trustee Jensen said the district could add a budget line item for the soil study. She asked Mr. Finley to discuss it with the district. She requested an update on the OSHPD permit, the soil test time line, and the legislation at the June meeting.

Trustee Hernandez asked if the district was forming a community advisory board to explore the possibility of using other resources on the island differently. Emergency services could remain on the island but look different. Trustee Jensen said they have looked at that and have worked with community agencies.

G. BOARD PRESIDENT REPORT

Joe DeVries, President

H. COMMITTEE REPORTS

1. Quality Professional Services Committee Report
Taft Bhuket, Committee Chair
2. Human Resources Committee Report
Tracy Jensen, Committee Chair
3. Finance Committee Report
Anthony Thompson, Committee Chair

I. MEDICAL STAFF REPORTS

Trustee DeVries announced that agenda item I would be held on day two of the retreat.

1. Highland Hospital, John George Psychiatric Hospital, Fairmont Hospital, Ambulatory Wellness Report

Gene Hern, MD, Chief of Staff – HGH/FMT/JGH/AMBULATORY reviewed the report beginning on page 213 of the agenda packet.

Trustee DeVries asked if the issue of hospital overcrowding Dr. Hern discussed would be addressed at a QPSC meeting. Dr. Ghassan Jamaledine said that there were nationally reportable metrics relatable to average length of stay and ERs and they would bring a report back to QPSC.

Trustee Lawrence asked if there was a connection between the wellness committee and the peer review process. Dr. Hern said there was a Wellness Task Force that focused on global wellness, a Wellbeing Committee of medical staff that is a focused approach, the peer review process you can recommend providers go through those committees.

2. San Leandro Hospital Report
Joel Chiu, MD, Chief of Staff – SLH, reviewed the report beginning on page 215 of the agenda packet.
3. Alameda Hospital Report
Elpidio Magalong, MD, Chief of Staff – AHD, reviewed the report beginning on page 216 of the agenda packet.

J. INFORMATION REPORTS

1. AHS Community Engagement Report
Terry Lightfoot, Director, Public Affairs and Community Engagement
2. Legislative Affairs/Local Government Strategy
Terry Lightfoot, Director, Public Affairs and Community Engagement

3. Media Relations Report

Terry Lightfoot, Director, Public Affairs and Community Engagement

Employee Recognition

Felipe Garing, Nursing Services Technician; Paulette Gairey, Surgical Services Unit Coordinator; Patricia A. Reynolds, RN, Manager Surgical Services; Jorge Cobain, Project Coordinator, Enterprise Project Management Office; Forum Shah, Project Coordinator, Enterprise Project Management Office; and Teena Tabet, Lean Consultant, System Transformation and Re-engineering of Alameda Hospital were recognized.

PUBLIC COMMENT

John Pearson, SEIU, discussed the use of registry to fill in core staff positions for sick calls and FMLA. He said the RN Back Payment expense was a preventable expense and a result of mismanagement and nurses working through unpaid time. He read an email from a nurse about the short staffing issue.

ADJOURNMENT, DAY ONE: 4:32pm

**DRAFT SPECIAL MEETING MINUTES
SPRING RETREAT, DAY TWO**

THE MEETING WAS CALLED TO ORDER AT 8:56am.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Louis Chicoine, Joe DeVries, Maria Hernandez (left at 12:15), Tracy Jensen, and Michele Lawrence, Anthony Thompson (left at 1:54)

ABSENT: Gary Charland

A quorum was established.

CLOSED SESSION

A. Public Employee Performance Evaluation

[Government Code Section 54957(b)]

Title: Chief Executive Officer

(Reconvene to Open Session)

OPEN SESSION

A. REPORT ON ACTION TAKEN IN CLOSED SESSION

Trustee DeVries announced that no action was taken.

B. COMPLIANCE EXERCISE

Rick Kibler, Vice President of Compliance and Internal Audit

Trustee DeVries announced that agenda item B would be held at the end of the meeting.

Mr. Kibler took the Board and staff through a Compliance exercise.

C. RETREAT UPDATE/GOALS

*Joe DeVries, Board of Trustees President
Delvecchio Finley, Chief Executive Officer*

D. PROVIDER CORPS UPDATE AND DISCUSSION

Ghassan Jamaledine, MD, Chief Medical Officer

Trustee Bhuket explained the intent of the conversation was to help the Trustees understand the landscape of the provider landscape.

Dr. Jamaledine reviewed the presentation beginning on page seven of the agenda packet.

Trustee Bhuket asked how Dr. Jamaledine defined success for the Provider Corps. Dr. Jamaledine said delivering the best and safest care for every patient every time, being adaptable, working together on the social determinate of health for the community, and measuring we do to be clear about how to improve.

Trustee Lawrence asked about the formal structure of communication particularly with the contracted individuals. Dr. Jamaledine said he communicates through the chairs with regular meetings every week. The medical staff had a process they were in the process of standardizing. He said he'd consider having more formal sit-down meetings with Alameda and San Leandro Hospitals.

Trustee Bhuket asked how much was spent on providers in the budget, including contractors. Dr. Jamaledine said \$112M, about 10% of the operating budget.

E. ALAMEDA HEALTH PARTNERS: PARTNERSHIP REVIEW

Nick Pirnia, MD, President Alameda Health Partners

Dr. Pirnia reviewed the presentation beginning on page 20 of the agenda packet.

Trustee Jensen asked about professional fees not managed by AHS. Dr. Pirnia said all providers have assigned billing to AHS – they were contracted entities paid for services rendered and it's AHS's responsibility to earn their professional fees. In the prior state it was a challenge operating under one tax id.

Dr. Pirnia and the Chiefs of Staff discussed how Dr. Pirnia had been selecting members to serve on the Physician Operations Council, who serve for two-year terms, and quantifying quality of care and physician wellness transitioning from AHS to AHP. Dr. Pirnia said measurements had not been put into place by AHP to date as they tended to

exist at a department level. He said that it was not who employs someone that determines the quality of the practice but the environment they work in.

Trustee Jensen asked where the Medical Executive Committees (MEC's) fit in on the diagram on page 29 of the agenda packet. She asked if there was direct communication between the MECs and AHP regarding resources. Dr. Pirnia said he heard mostly from physicians. They were still trying to sort out how the MECs fit into everything.

Trustee Hernandez asked what the relationship should be between AHP and QPSC. Dr. Hern said the quality peer review falls under the Med Staff bylaws and traveled up through the MEC and then to QPSC. Trustee Hernandez asked if it would make sense for a member of the Board to be a member of AHP. Mr. Finley said the AHS board appointed the AHP members.

Public Comment on Item E

Tiffany Howell spoke to the Board saying they had a pediatrician available 24 hours a day. They managed with a wide variety of complicated cases.

Veronica Sood said they manage many cases where the baby would end up in the NICU if they weren't there to provide the level of service that they do.

Valerie Ng, PhD, MD said she chose to serve this community. None of the clinicians had enough time. She said AHP relied on the credentialing work of QPSC. The alignment at AHS circled around services they got paid for.

Ray Yeh discussed the document he handed out, available here:
<http://www.alamedahealthsystem.org/meeting-agendas-and-minutes>.

Roberto Celada spoke regarding his tenure and dedication to the community. He was grateful to AHP for the opportunity to work with them. He was disappointed he hadn't been able to talk to anyone about a call contract.

Swapnil Shah was thankful that he got to serve the community and work with an administration who was willing to work with them. He said that most of the doctors had been there since residency, they had a calling, and should be treated as such.

Kevin Gardner said Highland had a national reputation and he was there because of that. Training to become a physician was more than memorizing treatment, it was about becoming a manager of your patient's health.

Nick Nelson said that AHS embodied the same morality he did. He spoke regarding Highland's role in helping asylum seekers in the region.

David Tian said he was compelled to work at highland because of the community and the support of his department chair. He discussed substance abuse treatments and program resources.

Katie McKee spoke regarding the robust mid wife program. She said it provided an intergraded approach to prenatal care.

Laura Wise spoke regarding some well-check infant cases she managed the day before and the important role she played in assisting the patients who had been discharged from the hospital.

BREAK 12:30-12:45

Dr. Ballard spoke regarding the University of California, San Francisco (UCSF) department of surgery structure. Seven people cover six in patient services and it did not add up. They were also responsible for teaching and publishing in peer reviewed journals. She said they needed to learn to be more intelligent about the design of how they did things.

Dr. Savio spoke regarding the hand out available here:
<http://www.alamedahealthsystem.org/meeting-agendas-and-minutes>. Like the others he came to Highland because of their national reputation and was happy to be there. He gave an overview of Oakcare and their function at AHS. He discussed, based on Trustee questions, quantifying patient satisfaction. Mr. Finley described the patient satisfaction survey and how it was attributable to the providers. Dr. Savio said the goal was one cohesive unit and he said the Kaiser model was very effective.

Trustee Jensen asked about expanding care. Who would decide if it was UCSF, Oakcare, or AHP. Mr. Finley said they would work with AHP. Mr. Pirnia said contract volume played a role in determining the mix. Dr. Hern said the AHS structure was inherited and part of the challenge was in that less than 50% were members of that group. Dr. Pirnia said the design was to protect the allocation of resources.

PUBLIC COMMENT: None

ADJOURNMENT: 2:20pm

This is to certify that the foregoing is a true and correct copy of the minutes of the special meeting of April 27 and 28, 2018 as approved by the Board of Trustees on June 28, 2018:


Renna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 
M.D. Moyer
General Counsel