



BOARD OF TRUSTEES REGULAR MEETING

WEDNESDAY, FEBRUARY 10, 2021

5:30pm to 8:30pm

Conference Center at Highland Care Pavilion

1411 East 31st Street Oakland, CA 94602

Ronna Jojola Gonsalves, Clerk of the Board

(510) 535-7515

LOCATION:

Open Session: Telephonic/Electronic Meeting

MEMBERS

Taft Bhuket MD, President

Tracy Jensen, Vice President

Jeniffer Esteen, Secretary/Treasurer

Kinkini Banerjee Luisa Blue

Jeanette Dong Alan E. Fox

Sblend A. Sblendorio

BOARD OF TRUSTEES MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 5:36 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Jeanette Dong, Jennifer Esteen, Alan E. Fox, Tracy Jensen, Sblend A. Sblendorio

ABSENT: Luisa Blue, excused

PUBLIC COMMENT: Non-Agenda Items

Ariana Casanova spoke regarding the IOP. She said the union and AHS leadership were close to some kind of agreement. One was to have IOP go back under John George. There was an urgent need to fix the EPIC finance and billing situation. AHS needed a wellness center model which required the County to have a signed agreement for Medi-Cal and provide some seed money. She said the current structure did not recognize the build issues for IOP behavioral health codes for the multiple visits that happen per day in EPIC.

OPEN SESSION

A. Executive Officers Report

A1. Article. The Great Refounding. May 13, 2020. Medium.com

Taft Bhuket, MD, President

Tracy Jensen, Vice-President

Jennifer Esteen, Secretary/Treasurer

Trustee Bhuket reviewed the article beginning on agenda packet page eight.

Trustee Banerjee said that crisis was a good time to change because having a reset changed what was being done.

Trustee Dong said the article made her think about where they were, given the pandemic, the organizational change, and the governance structure conversations. She said it was pertinent to where they were as a system.

Trustee Esteen appreciated the article's analogy about a marble in a bowl. She said they needed to resist settling back into the way that took them to that moment. They had an opportunity to change and it was theirs to do the best with.

Trustee Jensen said that, as the article suggested, they had an opportunity to improve and to partner to create change. She spoke about the COVID vaccination program. She appreciated the transparency and updates with the Restoration Oversight Committee. She encouraged leadership to partner with the Mayor and establish a vaccination site in Alameda.

Trustee Esteen said that rebuilding trust was a current focus and transparency was a huge undertaking. She said she was looking forward to a presentation at the next QPSC meeting regarding nursing education. They were working with the stakeholders to address the ongoing IOP concerns.

B. CEO Report

James E.T. Jackson, Interim Chief Executive Officer

Dr. Swift reviewed the presentation beginning on agenda packet page 16.

Mr. Jackson spoke regarding Governance. The AHS governance reevaluation initiated by the Alameda County Board of Supervisors was ongoing with a final recommendation scheduled for March. The County hired Health Management Associates, who were conducting interviews with key stakeholders. The Board of Trustees were actively involved in the process with the Governance Ad Hoc Committee. He said he was working closely with the Committee to ensure the opinions of AHS staff were solicited and made available to the Supervisors. He spoke regarding some key opportunities in the organization. He would work to break silos, establish synergies among individuals and work units that would result in better outcomes and increased work satisfaction. All voices would be recognized. He intended to incorporate the LEAN methodology into all aspects of their work. He initiated regular CEO and COO visits to all AHS locations. He said that all staff members had the

ability to "stop the line" to ensure quality care for the patients. He spoke to "standard work" as the definition of current best practices. The standard was not fixed and should always be improved on. They would begin the work to create an updated strategic plan. They would revisit, update, and clarify the organizations pillars and goals and they would use tiered huddles to share the goals with the organization. He acknowledged Luis Fonseca, Chief Operating Officer, who was leaving the organization effective the following day. Mark Fratzke would take over the role as interim Chief Operating Officer.

Trustee Fox asked what the progress was on finding replacements for other key leadership positions that were vacant. Mr. Jackson said that work was underway. They have identified an individual who would transition into the HR leadership position. There was an internal staff member prepared to step into the interim role in Compliance.

C. MEDICAL STAFF REPORTS

- AHS Medical Staff: Irina Williams, MD (Chief of Medical Staff)
Edris Afzali, MD (SLH Leadership Committee Chair)
- AH Medical Staff: Cathy Pyun, MD (Chief of Medical Staff)

Dr. Boesch spoke regarding the report beginning on agenda packet page 38.

Dr. Boesch said his top concerns were trust, accountability, and communication. He invited the Trustees to go to the front lines and observe the operations to get a better understanding of the business.

Dr. Afzali said the San Leandro Hospital Leadership Committee met the previous week.

Dr. Afzali's top concerns were staffing, quality and education, and aging equipment such as the CT machine which currently required patients to be transferred to and from other locations.

Dr. Pyun spoke regarding the report beginning on agenda packet page 39.

Dr. Pyun's top concern was limited specialty coverage

Trustee Jensen asked about Alameda Hospital's status as stroke center. Dr. Jamaledine said they were going to continue their certification as a stroke center. There was no person on site, but they had oversight from Dr. Nathan Gains at Highland. They were recruiting a neurologist who would be available to oversee the program.

D. COMMITTEE REPORTS

D1. Quality Professional Services Committee: January 27, 2021

Taft Bhuket, MD, Committee Chair

Trustee Bhuket discussed the Quality Professional Services Committee held on January 27, 2021. Materials from the meeting are available here:

<http://www.alamedahealthsystem.org/2021-meeting-agendas-and-minutes/>

D2. Finance Committee: February 3, 2021

Jennifer Esteen, Committee Chair

Trustee Esteen discussed the report beginning on agenda packet page 43. Finance Committee materials from the meeting are available here:

<http://www.alamedahealthsystem.org/2021-meeting-agendas-and-minutes/>

Trustee Bhuket asked if they believed the WIPFLI phase two report would be ready for review in April. Trustee Esteen confirmed. She added that they were still working on the IOP details.

D3. Human Resources Committee: January 20, 2021

Luisa Blue, Committee Chair

No report was given. Materials from the meeting are available here:

<http://www.alamedahealthsystem.org/2021-meeting-agendas-and-minutes/>

D4. Executive Committee: January 20, 2021

Taft Bhuket, Committee Chair

Trustee Bhuket discussed the Executive Committee held on January 20, 2021. He said they discussed agenda forecasting for February and March. Some data was pending from WIPFLI regarding the IOP situation. They discussed the stakeholder relationships. Alameda Alliance was invited to give a presentation in March to the full Board. The retreat would be held in April, with the date to be determined. He said that some governance proposal would be ready in March so they might be able to use it guide their planning at the retreat.

D5. AHS Governance Evaluation Ad Hoc Committee Update

Jeannette Dong, Committee Chair

Trustee Dong discussed the work being done by the Governance Evaluation Ad Hoc Committee. She said they agreed that they were looking forward to an open public meeting at the end of February, date to be determined. CAPH would be invited to provide an overview of the primary organizational structures for public health systems. And HICSA would be invited to update their consultant report from HMA. She said the ad hoc committee would be used as a way to engage stakeholders who wanted to have a say in the structure.

D6. Interim CEO Recruitment/Onboarding Ad Hoc Committee Update

Kinkini Banerjee, Committee Chair

Trustee Banerjee discussed the work being done by the CEO Recruitment/Onboarding Ad Hoc Committee. She said they were focused on ensuring the Interim CEO was set up for success. He had the full authority to bring about all needed. She discussed the new Interim COO, Mark Fratzke and was looking forward to continued improvement in operational alignment. She added that once Mr. Jackson was more settled they would start working on the CEO evaluation process.

E. CONSENT AGENDA: ACTION

E1. Approval of the Minutes from the January 6, 2021, January 13, 2021, and the January 20, 2021 Board of Trustees Meetings

E2. Approval of Policies and Procedures.

The Quality Professional Services Committee recommends approval of the Policies listed below.

AHS System – December and January CPC and January MEC Approvals

- Administrative Closure of Incomplete Records
- AHS Accident in AHS Vehicle or Personal Vehicle Used for AHS Business
- AHS Acute Care Diet Manual Review and Approval
- AHS Adoption of National Incident Management Systems (NIMS) and Standardized Emergency Management Systems (SEMS)
- AHS Aortic Dissection Guidelines
- AHS Clinical Nutrition Care Manual Poster
- AHS Crisis Standard of Care (Pandemic Planning Revisions) 010621 (NOTE: Approved at a Special CPC Meeting on Tuesday, January 12, 2021)
- AHS Disaster Pet Care
- AHS Disaster Preparedness Communications
- AHS Emergency Medical Treatment and Active Labor Act (EMTALA)
- AHS ER Disposition of Trauma Activation Patients Without Injury Guidelines
- AHS Language Services (Assembly Bill 389 -- Acute Hospitals Language Assistance Services (Informational))
- AHS Long Term Care Diet Manual Review and Approval
- AHS Medications High Risk High Alert and Black Box Warning
- AHS MIDAS Safety Alert (Occurrence Reporting) Policy
- AHS NPPV-BiPAP-CPAP Bubble Helmet and Bubble Helmet Protocol (Head Tent Assembly – HTA)
- AHS Oxygen Cylinder Storage Policy
- AHS Policy on Policies
- AHS Registered Dietitian Nutritionist (RDN) Registration Competency
- AHS Surgical Subspecialty Residency Rotations at AHS Community Hospitals

Highland Hospital

- Family Birthing Center Prostaglandin E1 Administration in the Special Care Nursery
- Highland Outpatient Pharmacy Discharge Orders and ED Discharge Auto-Substitution Policy

E3. Approval of Contracts

The Finance Committee recommends approval of the Contract listed below.

- E3a.** Amendment to the agreement with Mission Linen Supply for provision of linen and laundry services. The term of the proposed amendment shall be from April 1, 2020 through December 31, 2022. The estimated impact of the proposed amendment is \$2,500,000.

Luis Fonseca, Chief Operating Officer

Trustee Jensen moved and Trustee Sblendorio seconded to approve the Consent Agenda.

ACTION: A motion was made and seconded to approve the Consent Agenda. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Dong, Esteen, Fox, Jensen, Sblendorio

NAYS: None

ABSTENTION: None

F. ACTION/DISCUSSION

F1. DISCUSSION: Homeless Center Co-Applicant Board

Damon Francis, MD, Medical Director, Ambulatory

Heather MacDonald-Fine, Practice Manager, Homeless Coordination Office

Dr. Francis reviewed the report beginning on agenda packet page 227.

Trustee Esteen asked how they would be impacted by Measure W. Dr. Francis said Measure W was a sales tax increase in Alameda County to fund services for people experiencing homelessness. The projections were between \$100M and \$150M per year, County wide. Much of it would go to housing, though some would go to services. They were working with County partners to understand how the County would prioritize the resources.

Trustee Banerjee asked if the HRSA site visit was coming up that year. Dr. Francis said that because they were a sub recipient of the funds, the monitoring of compliance was done by the County. HRSA only visited the County. He said primary care for everyone was the core of how the programs were designed. The process helped AHS work toward being the best health system they could be.

Trustee Sblendorio asked if how many visits the mobile van made. Dr. Francis said the target was about 100 medical visits per month plus they run about 100 enabling services visits. They had run lower than that target since COVID because the population flow changed. Trustee Sblendorio asked if there was a calendar to circulate the van. Dr. Francis said there was a publicly available calendar and they worked closely with the Alameda County Healthcare for the Homeless program to plan the calendar. He said they tended to focus on central and north regions of the County as the County had other contracted programs that covered other areas.

Trustee Dong discussed the critical work the van did in San Leandro. She asked how they would coordinate with the street health teams that had been implemented in the County or

the FQHCs that held the contracts. Dr. Francis said currently the coordination was primarily with the shelter health division of the Health Care for the Homeless program. They were interested in using the data in Care Connect regarding the people assigned to various programs to determine who was where in the system and what contacts they had to help with regional planning.

Trustee Dong asked how they would describe the geography of the encampments for the 4800 unduplicated patients. Dr. Francis said most of the population they served were people who were defined as HRSA homeless but not HUD homeless. Most of the people they saw would not be counted in the HUD system of care. They were not living in encampments. Trustee Dong asked what areas of the County they were from. Dr. Francis said Highland and Eastmont tended to be the wellness sites where they saw the majority of people experiencing homelessness, and some at the Hayward and Newark Wellness Centers.

Trustee Banerjee asked for a sense of the racial make-up of who was getting the COVID vaccine and what kind of outreach was needed. She said the Critical Standards of Care policy was just passed and having a racial equity lens when implemented was critical. She asked for this data to be made available to the Board in the future.

Trustee Esteen asked how patients were getting access to behavioral health. Dr. Francis said the current structure was primarily through integrated primary care. They had some behavioral health access within the clinics. There was a critical gap in this level of care. He said their Board was interested in ways to up the services in this area. There was so much substance use, depression, and anxiety and the reality was they did not have the resources to provide for those needs. Trustee Esteen invited him to join them in the discussion of what was to come for the IOP.

Trustee Bhuket asked what they needed from the BOT to be successful. Dr. Francis said they needed the Board to have an open mind, thoughtful attention, and readiness to hear from their consumer board.

F2. ACTION: Approval of EBMG President–Chitra Akileswaran, MD
Ghassan Jamaledine, MD, Interim President EBMG and Chief Medical Officer

Dr. Jamaledine discussed Dr. Akileswaran qualifications.

Trustee Fox asked what the biggest challenges facing EBMG were. Dr. Akileswaran said that if they could harness the commitment of providers with a shared vision for opportunities they could create transformational change for the patients. Some immediate issues they needed to address included defining the legal and financial, governance of the organization would be a top priority, specifically given the relationship with AHS. It would be important to set the culture, mission, and vision of the organization. Lastly, building trust needed to be a priority.

Trustee Fox asked if the group was financially integrated. Dr. Jamaledine said they worked closely with AHS legal and finance teams about the physician employment. EBMG was a subsidiary of AHS and were self-governed with their own Board. Dr. Akileswaran would sit on the AHS ELT team and give regular reports to the Board of Trustees. Their Board and Committees would work with AHS regarding incentivization. The future state would be to have

shared vision and shared risk. They would give more reports in the future that would be able to address these topics more specifically.

Trustee Bhuket asked if she felt resourced for success. Dr. Akileswaran said she still needed to determine what resources were needed to do the job well. She was working on time and eventually an ability to determine budget for appropriate staffing. She said the position sat in the middle of multiple groups of stakeholders with different thought processes including the Trustees, Directors, providers, and patients. She believed there to be more similarities than differences amount the groups, but candor and honesty was needed to move forward.

Trustee Banerjee moved and Trustee Sblendorio seconded to approve Chitra Akileswaran, MD as the East Bay Medical Group President.

ACTION: A motion was made and seconded to approve the Chitra Akileswaran, MD as the East Bay Medical Group President. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Dong, Esteen, Fox, Jensen, Sblendorio

NAYS: None

ABSTENTION: None

G. STAFF REPORTS (Written)

G1. Chief Financial Officer Report: December 2020 Financial Reports

Kimberly Miranda, Chief Financial Officer

G2. Chief Operating Officer Report: February 2021 Operations Report, Post-Acute Care

Luis Fonseca, Chief Operating Officer

G3. FY22 Budget Calendar and Process

Kimberly Miranda, Chief Financial Officer

G4. Revenue Cycle Update

Theresa “Terri” Manifesto, Vice President of Revenue Cycle

G5. Special Report: Price Transparency, COVID Payer Mix, Post COVID Charge and Payment Comparisons to California EPIC Customers

Theresa “Terri” Manifesto, Vice President of Revenue Cycle

G6. SB90, Alameda Hospital Seismic and Kitchen Relocation Project Update

Luis Fonseca, Chief Operating Officer

Mr. Moyer announced that the Board of Trustees were adjourning into Closed Session to discuss the agenda items per the applicable Government Codes.

CLOSED SESSION

1. Conference with Legal Counsel – Existing Litigation

[Government Code Section 54957.9]

M. D. Moye, General Counsel

2. Public Employee Performance Evaluation
[Government Code Section 54957(b)]

Title: Chief Executive Officer

General Counsel Report on Action Taken in Closed Session

Trustee Bhuket announced that no disclosable action was taken in Closed Session.

TRUSTEE COMMENTS: None

ADJOURNMENT: 8:55 pm

This is to certify that the foregoing is a true and correct copy of the minutes of the meeting of February 10, 2021 as approved by the Board of Trustees on March 10, 2021.

Ronna Jojola-Gonsalves
[Ronna Jojola-Gonsalves \(Mar 11, 2021 10:20 PST\)](#)
Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: M. D. Moye
[M. D. Moye \(Mar 11, 2021 09:47 PST\)](#)
M.D. Moye
General Counsel

2020-02-10 BOT Meeting Minutes FINAL









Approved

Final Audit Report

2021-03-11

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