



CEO Board Report  
Board of Trustee Meeting  
June 8<sup>th</sup>, 2022



# AHS Operations and Program Update

# Community Connection



*A note from*

JAMES E. T. JACKSON, CEO

### **Gun Violence Strikes a Tulsa Medical Facility**

Another senseless act of gun violence has devastated a community – this time at a medical facility in Tulsa, Oklahoma. This shooting comes days after the horrific massacre of children in Uvalde, Texas, and on the 101st anniversary of the Tulsa race massacre of 1921. The legacy of violence that plagues our culture has deep historic roots and festers on. We are tired of being heartbroken; we want change.

As the only level-one trauma center in the East Bay, we are on the front lines of gun violence every day. We see firsthand what bullets do to bodies, families and communities. We are tasked with the work of healing physical, emotional, and spiritual wounds from gun violence. It is unconscionable that health care workers just like us would be the targets of violence in a facility intended for healing. Although this latest tragedy occurred in Tulsa, it feels incredibly close to home.

I have directed our security team to review and, if necessary, revise our security protocols. Our security officers have received Active Shooter Training and vigilantly observe each of our campuses for suspicious activity. AHS Security and our law enforcement partners are on high alert.

According to the CDC, guns are now the leading cause of death among children. The gun violence epidemic in America claims over 40,000 lives annually. Shootings in our streets, schools, movie theaters, concerts, and places of worship have become regular occurrences. There is a shared sentiment being expressed all over the country: Enough is enough. People across the nation want comprehensive cultural and policy reform to address gun violence, mental health service needs, and community safety.

As we confront this violence, AHS has an important role. We are educating our communities about firearm violence, supporting local violence prevention efforts, and treating the wounded. Our job is to heal.

Our mission is Caring, Healing, Teaching, Serving All.

It has never been more important work.

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# SUSTAINABILITY

# NNB and Net Income (Loss) trending 1999-2023

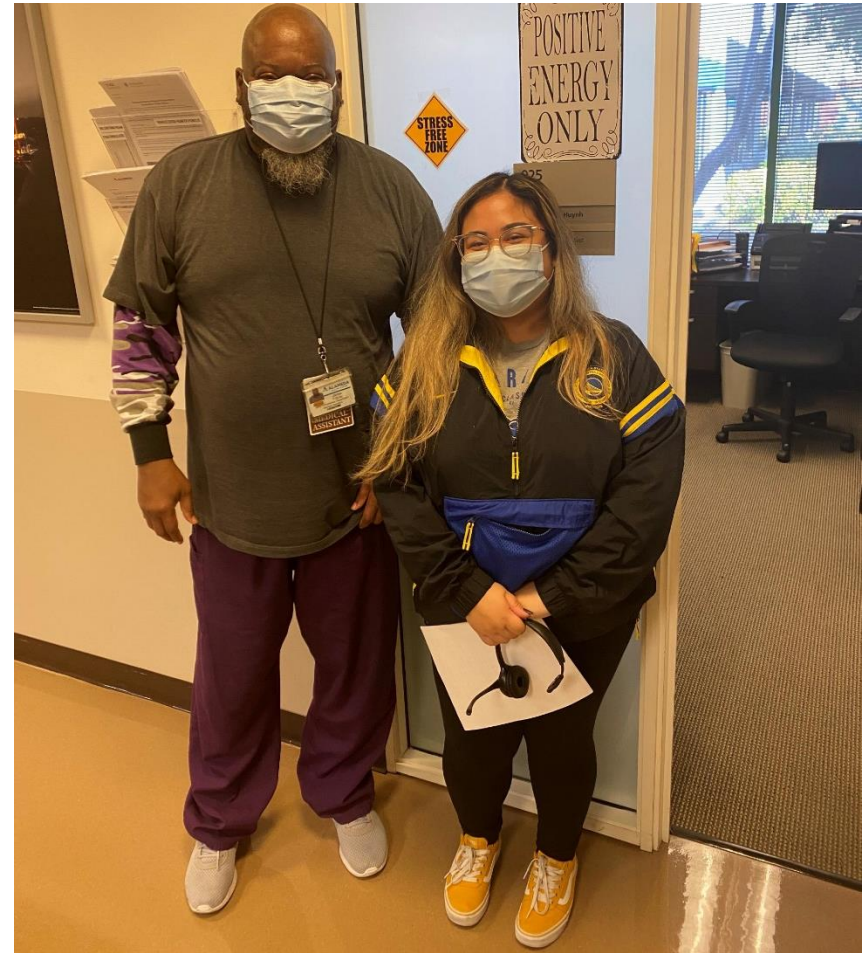
Alameda Health System			
Fiscal Year	NNB	Net Income/(Loss)	
1999	(32,679)	19,674	
2000	(3,503)	(7,417)	
2001	3,889	(15,466)	
2002	(68,438)	(37,721)	
2003	(124,805)	(57,555)	
2004	(172,899)	(48,540)	
2005	(154,740)	987	
2006	(133,121)	5,506	
2007	(153,594)	3,116	
2008	(146,519)	19,349	
2009	(135,189)	142	
2010	(118,542)	(3,259)	
2011	(119,984)	68,005	
2012	(127,721)	14,112	
2013	(121,792)	18,851	
2014	(169,783)	(39,141)	
2015	(137,218)	(62,230)	
2016	(101,628)	28,557	
2017	(105,830)	(135)	
2018	(62,147)	(11,007)	
2019	(84,567)	(30,606)	
2020	(83,006)	(13,960)	
2021	(14,527)	(13,156)	
2022-F	16,255	101,596	As of 4/30/22, receivable position
2023-B	(11,370)	12,006	
F = forecast			
B = budget			



# Trust

# CEO Rounding

- ❑ Productive way to connect with staff and identify and eliminate obstacles.
- ❑ Can contribute to a positive work environment.
- ❑ Rounding at all AHS sites:
  - ❖ 65 facility visits
  - ❖ 132 meetings with individual staff
  - ❖ 88 meetings with physicians



# “The Walks” w/ the CEO Lake Merritt (5/14/2022)



- 7 + Employees participated (***pets are welcomed***).
- Parking spaces provided in partnership w/ the DT Senior Center located in the historic Veteran’s Memorial Building.
- T-shirts, baseball caps, towels, water provided.

# Quality Care

# Centers for Medicare & Medicaid Services (CMS) Vaccination Data Alameda Post-Acute Sites

## Resident vaccination

↑ *Higher percentages are better*

**92.1%**

National average: 87.9%

California average: 89.9%

## Resident boosters

↑ *Higher percentages are better*

**86.5%**

National average: 80.5%

California average: 84.3%

## Staff vaccination

↑ *Higher percentages are better*

**99.1%**

National average: 87.1%

California average: 95.1%

## Staff boosters

↑ *Higher percentages are better*

**97.9%**

National average: 50.7%

California average: 88.4%



# Centers for Medicare & Medicaid Services (CMS) Vaccination Data

## Fairmont Post-Acute Site

### Resident vaccination

↑ Higher percentages are better

**98.1%**

National average: 87.9%  
California average: 89.9%

### Resident boosters

↑ Higher percentages are better

**97.1%**

National average: 80.5%  
California average: 84.3%

### Staff vaccination

↑ Higher percentages are better

**96.4%**

National average: 87.1%  
California average: 95.1%

### Staff boosters

↑ Higher percentages are better

**92.1%**

National average: 50.7%  
California average: 88.4%

# Preliminary JCAHO Results from Alameda Hospital

Organization Identification Number: 9725  
 Unannounced Full Event: 06/01/2022 - 06/10/2022

## Hospital Accreditation Program

Likelihood to Harm a Patient/Visitor/Staff	ITL			
	High	PC.02.01.01 EP15		
	Moderate	EC.02.04.03 EP3 RI.01.03.01 EP1 PC.06.03.01 EP3	IC.02.02.01 EP2 HR.01.06.01 EP1	
	Low	IC.02.02.01 EP4		
		Limited	Pattern	Widespread
		Scope		

# Preliminary JCAHO Results from Alameda Hospital (cont.)

Standard	Summary of Standard	Finding
PC.02.01.01 EP 15	Blood transfusions and intravenous medications are administered in accordance with state law and approved medical staff policies and procedures.	Informed consent for blood transfusion was not given to patient. Vital signs were not taken at frequency required by policy.
IC.02.02.01 EP 2	The hospital implements infection prevention and control activities when performing intermediate and high-level disinfection and sterilization.	Used instruments were not sprayed with the enzymatic cleanser to keep it moist prior to processing.
HR.01.06.01 EP 1	The hospital defines the competencies it requires of its staff.	Competency was not completed on an employee file reviewed.
EC.02.04.03 EP 3	The hospital inspects, tests, and maintains non-high-risk equipment.	One blanket warmer was greater than 120°
RI.01.03.01 EP 1	The hospital follows a written policy on informed consent.	Informed consent form was not dated and timed.
PC.06.03.01 EP 3	Reduce the likelihood of harm related to maternal severe hypertension / preeclampsia	Role-specific education was not conducted for all staff in the ED.
IC.02.02.01 EP 4	The hospital implements infection prevention and control activities when storing medical equipment, devices and supplies.	First aid kit with expired supplies at the Wound Care Clinic.

# Next Steps:

- ❑ Develop system-wide action plan for each finding.
- ❑ Continued focus on high-risk areas:
  - ❖ Suicide Prevention
  - ❖ High Level Disinfection / Sterilization
  - ❖ Sterile Compounding
  - ❖ Dialysis
- ❑ Spread / Reinforce identified “good” practices
  - ❖ Eyewash station inspections
  - ❖ SPD processes
  - ❖ Interpreter process for consents
  - ❖ **Equity work cited as a best practice!**

# Staff and Patient Experience



# COVID-19 Vaccination Update



- ❑ As of June 6<sup>th</sup>, 2022, we have Active employees only (LOA/WC/ACTIVE – Fully Vaccinated):  
Total – 5,303
- ❑ 95% - Active Employees Fully Vaccinated.
- ❑ 5% - AHS Employees Unvaccinated.
- ❑ 96% - AHS employees received boosters.
- ❑ The COVID patient vaccination clinic at HCP-3 will offer the 2<sup>nd</sup> booster to employees as patients only.

### What is the 21-Day Challenge?

CA4Health challenges you to make daily time and space to build more effective social justice habits - particularly those dealing with issues of race, power, privilege and leadership - for 21 days.

Participants who have signed up for the challenge will receive daily tasks via email to help foster their understanding and awareness, including activities such as:

- Reading an article
- Watching a video
- Reflecting on personal experience.

Participation in an activity like our 21-Day Challenge helps us to discover how racial inequity and social injustice impact our community, to connect with one another and identify ways to dismantle racism and other forms of discrimination.



### The challenge will begin June 6th, 2022.

**How do I know if I am up for the Challenge?** This challenge was created to be for anyone interested in learning, analyzing, and reflecting more about racial equity and examining these issues in our own communities—whether you consider yourself an ally, advocate, or an interested community member. This challenge is for you.

*NOTE: Most of the videos have a closed caption option, but we don't currently have the capacity to offer transcription or sign language service during the optional, live discussions groups. Please contact us with any questions.*

### What is racial equity?

It is both an **outcome and a process**. As a process, we apply racial equity to policies, systems, structures and institutions by analyzing data so we can identify, uncover and remove barriers that produce disparate (unfavorable) outcomes based on race. As an outcome, racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares in society.

### Why should a group or team at my organization do the Challenge?

We think the Challenge is one of the most powerful interventions an organization can do to build community and create an inclusive culture. The Challenge can lead to transformative results, including:

- Building new, positive habits that can change ourselves, our teams, our organizations and our communities.
- Taking small actions alongside one another to create momentum and a sense of teamwork.
- Creating a profound, elevating experience to increase the likelihood that participants will take action.
- Participating in meaningful conversations about racism and social justice.

Already completed a previous Challenge? Go through it again to refresh your skills AND find a Challenge buddy to join you! You can work together on the daily tasks, meet along the way to discuss topics, and deepen learnings together.

**Are you up for the challenge? Register [HERE](#).**

