

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

Monday, November 2, 2009

Location:

Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501

Office of the Clerk: (510) 814-4001

Regular Meeting

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 (6:00 p.m. – 2 East Board Room) | Jordan Battani |
| II. Roll Call | Kristen Thorson |
| III. Adjourn into Executive Closed Session | |
| IV. <u>Closed Session Agenda</u> | |
| A. Closed Session Minutes –September 14, 2009 & October 12, 2009 | |
| B. Medical Executive Committee Report and Approval of Credentialing Recommendations | <u>H & S Code Sec. 32155</u> |
| C. Consultation with Legal Counsel Regarding Pending Litigation | <u>Gov't Code Sec. 54956.9(a)</u> |
| D. Discussion of Pooled Insurance Claims | <u>Gov't Code Sec. 54956.95</u> |
| E. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions | <u>Gov't Code Sec. 54957.6</u> |
| F. Board Quality Committee Report (BQC) | <u>H & S Code Sec. 32155</u> |
| H. Consideration of Performance Evaluation of District Employees | <u>Gov't Code Sec. 54957</u> |
| G. Discussion of Report Involving Trade Secrets | <u>H & S Code Sec. 32106</u> |

V. Reconvene to Public Session (Expected to start at 7:30 p.m. – Dal Cielo Conference Room)

A. Announcements from Closed Session Jordan Battani

VI. Consent Agenda

- A. Approval of September 14, 2009 Minutes ACTION ITEM [enclosure]
- B. Approval of October 12, 2009 Minutes ACTION ITEM [enclosure]
- C. Acceptance of September 2009 Financial Statements ACTION ITEM [enclosure]
- D. Approval of Delineation of Privileges Form for Emergency Department Physician Assistants ACTION ITEM [enclosure]

VI. Regular Agenda

- A. President's Report Jordan Battani
 - 1. Approval of Extending District Board Vacancy Application Deadline ACTION ITEM [enclosure]
- B. Chief Executive Officer's Report Deborah E. Stebbins
 - 1. Overview of Employee Satisfaction Survey Results
 - 2. Public Records Act Request
- C. Strategic Planning and Community Relations Report Robert Bonta
 - 1. Committee Report – October 19, 2009
- D. Finance and Management Committee Report
 - 1. Committee Report – October 28, 2009 Robert Bonta
 - 2. CFO Report David A. Neapolitan
- E. Medical Staff President Report Alka Sharma, MD

VIII. General Public Comments

IX. Board Comments

X. Adjournment

**The next regularly scheduled board meeting is
scheduled for December 7, 2009**

**Closed Session will begin at 6:00 p.m.
Open Session will follow at approximately 7:30 p.m.**



Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the Board of Directors September 14, 2009

Directors Present:

Jordan Battani
Robert Bonta
Robert Deutsch, MD
J. Michael McCormick
Steve Wasson

Management Present:

Deborah E. Stebbins
Kerry J. Easthope
David A. Neapolitan

Medical Staff Present:

Alka Sharma, M.D.

Legal Counsel Present:

Thomas Driscoll, Esq.

Excused:

Kristen Thorson

Action		
1. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 6:10 p.m.	
2. Roll Call	Kristen Thorson called roll, noting that a quorum of Directors were present.	
3. Adjourn into Executive Closed Session	At 6:16 p.m. the meeting adjourned to Executive Closed Session.	
4. Reconvene to Public Session	Jordan Battani reconvened the meeting into public session at 7:50 p.m. and made the following closed session announcements.	

<p>5. Closed Session Announcements</p>	<p>[A] Minutes</p> <p>[B] Quality Improvement Report</p>	<p>[A] The Closed Session Minutes for the August 10, 2009 meeting were approved.</p> <p>[B] The Quality Improvement Report was for the months of June and July 2009 ere accepted as presented.</p>
<p>6. Consent Agenda</p>	<p>[A] Approval of August 10, 2009 Minutes</p> <p>[B] Acceptance of July 2009 Financial Statements</p> <p>[C] Approval to Execute Fugro West Proposal for Seismic Liquefaction Mitigation Services</p> <p>[E] Approval of Administrative Policies and Procedures</p> <ul style="list-style-type: none"> • No. 3 – Role and Scope of Services • No. 9 – Administrative Organization Chart • No. 11 – Honorary Naming of Facilities, Programs and Equipment • No. 12– Administrative Line of Responsibility • No. 13 – Contracted Services • No. 15 – Ethics Committee Purpose and Case Consultation Procedure • No. 17 – Advance Directives • No. 18 – Informed Consent • No. 25 – Withholding /Withdrawing Life Sustaining Treatment • No. 40 – Personal Use of Cell Phones • No. 45 – Smoking Policy • No. 46 – Employee Multilingual Roster • No. 5 – Medical Staff Line of Responsibility • No. 66 – Monitoring Regulatory Responsibilities • No. 70 – Use of Hospital Vehicle • No. 77 – Use of Hospital Facilities • No. 78 – Procedure for bidding Contracts 	<p>Director Wasson moved to approve Consent Agenda Items [A], [B], [C], and [E]. Director Deutsch seconded the motion. The motion carried. Mr. Wasson abstained from approving te minutes as he was absent from the last meeting.</p> <p>Director Deutsch removed Consent Agenda item [D] for discussion.</p>

- No. 91 – Governing Body

ITEM(S) REMOVED FROM CONSENT AGENDA

[D] Approval to Execute Agreement with Perot Systems for IT Capabilities Assessment

Director Deutsch asked how management came to the decision to engage Perot Systems. Mr. Neapolitan stated that 5 different firms were asked to submit proposals for an assessment of Alameda Hospital's readiness/capabilities for implementation of an electronic health record and to meet requirement of ARRA. Four of the firm presented to a committee of management, physicians and board members. As stated in the memorandum, Perot Systems was chosen by the committee based on their experience with a significant number of Meditech installations, the deliverables in their proposal, staff bench strength available from Perot, and the quality of the team that would be onsite interviewing and assessing hospital staff and current processes.

Both Director Bonta and Director Battani stated that they liked the format of the memorandum as it laid out background, process, and recommendation. Ms. Stebbins stated that this would be the standard format for memos to the Board of Directors.

Director Deutsch moved approval for management to execute an agreement with Perot Systems for and IT capabilities assessment. Director Bonta seconded the motion. The motion carried unanimously.

A. Chief Executive Officer's Report

Ms. Stebbins reported on the key statistics as indicated below:

<u>Statistics</u>	August (Prelim)	August Budget	July Actual
Average Daily Census	84	84.74	88.10
Acute	30.68	30.10	35.06
Subacute	33.61	33.13	31.32
South Shore	19.71	21.52	21.71
Patient Days	2,604	2,627	2,731
ER Visits	1,550	1,362	1,574
OP Registration	2,836	2,836	2,461
Total Surgeries	493	458	509

Ms. Stebbins noted that Emergency Room Visits were higher by 14%

compared to budget and that non-Kaiser (Alameda) surgeries we also greater than budget by 8% for the month of August.

Two new nurse managers have been hired. Pamela Spooner, RN has taken the position of 3 West Nurse Manager and Joyce Williams, RN has taken the position of Director of Perioperative Services. The two new nurse managers will bring additional strength and leadership to the Nursing Department

Hospital management and staff have begun Joint Commission tracer activities to look at processes and prepare staff for the survey process.

1. October Board Meeting Date Change to October 12, 2009
Ms. Stebbins requested that the October board meeting be changed to October 12, 2009 due to a conflict with Mr. Wasson's schedule. There were no objections from the Board to moving the meeting date.

2. Annual Health Fair
Ms. Stebbins reminded the Board and community that the hospital will be having its annual health fair on Saturday, October 17, 2009. The Hospital will be giving free flu shots as well a variety of health screenings.

B. Strategic Planning and Community Relations Report

Director Bonta reported the committee will be meeting on October 15, 2009 to which the members of the Board Finance and Management Committee will be invited. The major topic of discussion will be an educational session on capital financing structure and options.

C. Finance and Management Committee Report

Director Wasson stated that the committee met on August 26, 2009. Profit for the month was \$60,966 compared to budget of \$18,000. Average daily census was 88.1 versus 85.7 budgeted. Total gross patient revenue was greater than budget by \$1,749,000.

	<p>Statement of Revenues over Expenses per Adjusted Patient Day summary items:</p> <ul style="list-style-type: none"> ▪ Gross Revenues – 3.7% better than budgeted ▪ Net Revenues – 2.8% better than budgeted ▪ Total Expenses – only 1.4% unfavorable to budget. ▪ Registry – unfavorable by \$14.00 per APD or 36% ▪ Supplies – unfavorable by \$23.00 per APD or 13.8% ▪ Depreciation and Amortization – favorable by \$8.00 ▪ All other expense categories virtually on budget per APD <p>Director Wasson reported that Mr. Neapolitan updated the committee on the Meditech Advance Clinicals Upgrade, Time and Attendance Implementation, the Advisory Board RAC Project, and the FYE 2009 Audit.</p> <p>D. <u>Medical Staff President Report</u></p> <p>Dr. Alka Sharma reported that the Medical Staff recently completed a Continuing Medical Education Survey (CME). Although a final decision as not been made yet, the surveyor had positive comments regarding the program at the hospital.</p>
<p>9. General Public Comments</p>	<p>None.</p>
<p>10. Board Comments</p>	<p>Director Battani commented on the review process of the Policy and procedures, stating the review provided her with insight to operations at the hospital and recommended to the other board members to allow plenty of time to review the policies. Questions about the policies and procedures should be directed to Ms. Stebbins.</p>
<p>11. Adjournment</p>	<p>A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 8:25 p.m.</p>

Attest:

Jordan Battani
President

Robert Bonta
Secretary



Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the Board of Directors

October 12, 2009

Directors Present:

Jordan Battani
 Robert Bonta
 Robert Deutsch, MD
 J. Michael McCormick
 Steve Wasson

Management Present:

Deborah E. Stebbins
 Kerry J. Easthope
 David A. Neapolitan

Medical Staff Present:

Alka Sharma, M.D.

Legal Counsel Present:

Excused:

Thomas Driscoll, Esq.

Submitted by:

Kristen Thorson

Action	
1. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 6:07p.m.
2. Roll Call	Kristen Thorson called roll, noting that a quorum of Directors were present.
3. General Public Comments	None at this time.
4. Adjourn into Executive Closed Session	At 6:08 p.m. the meeting adjourned to Executive Closed Session.

<p>5. Reconvene to Public Session</p>	<p>Jordan Battani reconvened the meeting into public session at 7:36 p.m. and made the following closed session announcements.</p>	
<p>6. Closed Session Announcements</p>	<p>[A] Minutes</p> <p>[B] Board Quality Report - August 2009 Performance Improvement Report</p> <p>[C] Medical Executive Committee Report and Approval of Credentialing Recommendations</p>	<p>[A] The Closed Session Minutes for the September 14, 2009 meeting were approved.</p> <p>[B] The August 2009 Performance Improvement Report was accepted as presented.</p> <p>[C] Medical Executive Committee Report and Approval of Credentialing Recommendations were approved as presented and indicated below.</p>

Initial Appointments:

Name	Specialty	Affiliation
? Deepthi Hemrajani, MD	Internal Medicine/Hospitalist	AIM
? Tsuan, MD	Otolaryngology	Summit ENT & Assoc.

Reappointments – Medical Staff

Name	Specialty	Status	Appointment Period
? Lorraine Bonner, MD	Internal Medicine	Active	11/01/09 - 10/31/11
? Claude Burdick, MD	Pathology	Courtesy	10/01/09 - 09/30/11
? Joseph Chan, MD	Radiology	Courtesy	11/01/09 - 10/31/11
? Gary Clark, MD	General Surgery	Courtesy	10/01/09 – 12/31/10
? Matthew Dixon, MD	General Surgery	Courtesy	11/01/09 - 10/31/11
? Denis Drew, MD	Cardiology	Active	11/01/09 - 10/31/11
? Carol Gerdes, MD	Gynecology	Active	11/01/09 - 10/31/11
? Mark Goldsmith, MD	Radiology	Courtesy	11/01/09- 07/31/11
? Suzanne Johnson, DO	Emergency Medicine	Active	11/01/09 - 10/31/11

?	Tom Joseph, MD	Radiology	Courtesy	11/01/09 – 10/31/11
?	William Kammerer, MD	Emergency Medicine	Active	10/01/09 – 09/30/11
?	Teresa Kim, MD	General Surgery	Courtesy	11/01/09 -10/31/11
?	Hon-Wai Lam, MD	Family Practice	Courtesy	10/01/09 – 09/30/11
?	Amardeep Mangat, MD	Internal Medicine / Hospitalist	Courtesy	11/01/09 -10/31/11
?	MariaMilitante-Miller, MD	Internal Medicine / Hospitalist	Courtesy	10/01/09 – 09/30/11
?	Keyvan Nouri, MD	Radiology	Courtesy	11/01/09 – 11/30/10
?	Ronald Olson, MD	Radiology	Courtesy	11/01/09 – 10/31/11
?	Ashish Patel	Thoracic Surgery	Courtesy	10/01/09 –04/30/11
?	David Pfister, MD	Hematology/Oncology	Active	10/01/09 –09/30/11
?	Alice Reier, MD	Hematology/Oncology	Courtesy	10/01/09 –09/30/11
?	Pushpasree Sajja, MD	Internal Medicine/Hospitalist	Courtesy	10/01/09 –09/30/11
?	Jason Skalet, MD	Ophthalmology	Courtesy	10/01/09 –02/28/11
?	Dwayne Skinner, MD	Anesthesiology	Courtesy	10/01/09 –09/30/11
?	Susan Wakerlin, MD	Internal Medicine	Courtesy	11/01/09 – 10/31/11
?	Mitzi Williams, DPM	Podiatric Surgery	Courtesy	10/01/09 –04/30/11
?	Randolph Wright, DPM	Podiatric Surgery	Courtesy	11/01/09 – 10/31/11

Reappointment – Allied Health Professional Status

Name	Specialty
? Laura Carr, PA-C	Physician Assistant
? Katlin Le, PA-C	Physician Assistant
	11/01/09 – 10/31/11
	11/01/09 – 10/31/11

Reappointment – Allied Health Professional Status

Name	Specialty
? Joan King-Angell, MD	Internal Medicine
? Adam Schlifke, MD	Anesthesiology (Kaiser)

<p>7. Auxiliary Appreciation</p>	<p>Members of the Board of Directors publicly thanks member of the Alameda Hospital Auxiliary for their recent gift of \$40,000 to the Hospital. The money will be used to buy two new surgical tables. The Auxiliary has now donated a cumulative total over \$1 million to the Hospital. Members of the Auxiliary present to accept the recognition were:</p> <ul style="list-style-type: none"> • Joanne Sergent, Auxiliary Board President 	
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	<ul style="list-style-type: none"> • Pam Ferrero, Vice President • Lili Euker, Gift Shop Chairman • Marlene Sahr, Office Committee Chairman • Betty Sanderson, Continuous Improvement Chair 	
<p>8. Consent Agenda</p>	<p>[A] Acceptance of August 2009 Financial Statements</p> <p>[B] Approval of Executive Incentive Compensation for FY 2009</p> <p>[C] Approval of Executive Compensation for FY 2009</p> <p>[D] Approval of Amendment to Medical Staff Rules and Regulations, Article 1-A: Allied Health Professional Status</p> <p>Director Wasson reviewed the process by which the executive compensation was developed. At the beginning of the last fiscal year a program was established with specific goals for management to achieve both financially and through the other 5 pillars of the Strategic plan. The purpose of this was to make sure performance of the organization was aligned with how the management team was potentially being compensated and to be sure that the success of both was tied together. Director Wasson stated that the last year's financial performance compared to prior years is cause for celebration but there are still challenges ahead. He is optimistic that the success will continue in future years.</p> <p>Director Deutsch stated that the financial success was the most important of the current metrics and that the community is aware of the hospital's success and commitment to quality.</p> <p>Director Bonta thanked the executive team for their work over the course of the last year. The results are very dramatic and the financial turnaround very notable and something to celebrate.</p> <p>Director McCormick thanked the Board also for their work also in the oversight of achieving the proposed metrics by management.</p> <p>President Battani asked for a motion on three actions items contained in the</p>	<p>Director Wasson pulled Item [C] Approval of Executive Compensation for FY 2009 from the consent calendar for discussion and consideration.</p> <p>Director McCormick moved to approve the balance of the consent agenda accepting the August 2009 Financials and Approving the Amendment to the Medical Staff Rules and Regulations. Director Bonta seconded the motion. The motion carried unanimously</p>

	<p>memorandum. First, to approve the recommended metric scores submitted by staff second to approve payment of the CEO executive compensation, and third to authorize the CEO to pay similar incentive payments to the other participating executives.</p> <p>Ms. Stebbins thanked the Board for support throughout the year. Director Bonta pointed out that the payment of the incentive does not change the positive bottom line achieved for FY 2009, since the incentive payments were accrued as a part of FY 2009 expenses.</p>	
<p>9. President's Report</p>	<p>President Battani appointed Director Deutsch and Director McCormick to a subcommittee to review the executive compensation and market assessment for the CEO for FY 2010.</p> <p>President Battani reported that Director Steve Wasson has tendered his resignation effective immediately. Director Wasson's resignation starts the appointment process to fill this vacancy. Director Wasson stated that he has truly enjoyed serving the District. Due to family commitments and the positive status of the hospital, he felt it was a good time to make a transition. He thanked everyone for the contributions made to him as it has been a fulfilling experience for him.</p>	
<p>9. Regular Agenda</p>	<p>A. Chief Executive Officer's Report</p> <p>Ms. Stebbins reported on two upcoming events. The Annual Health Fair will be held on Saturday October 17 and the Foundation in conjunction with Angela's Bistro will be having an event on Friday, October 30, "Friday Night Flights". All Board members are invited to attend.</p> <p>Ms. Stebbins reported the Employee Satisfaction Survey has been completed and results have been reported to the executive team. Management will be conducting Town Halls to report the results to the employees. There will also be a presentation at the next Board meeting on the results of the survey.</p>	

Ms Stebbins reported on the volumes for the month of September, noting that both acute census and emergency room visit were above budget by 13.3% and 9.5 % respectively. Surgical volume was also above budget at 519 compared to a budget of 430.

<u>Statistics</u>	September (Prelim)	September Budget	August Actual
Average Daily Census	84.7	83.5	84
Acute	31.6	27.9	30.68
Subacute	34.72	33.17	33.61
South Shore	18.83	21.5	19.71
Patient Days	2,541	2,505	2,604
ER Visits	1,479	1,351	1,550
OP Registration	2,623	2,739	2,607
Total Surgeries	519	430	493

1. *Administrative Policies and Procedures Update*

Ms. Stebbins reported that a new process for reviewing the Administrative Policies and Procedures will be put into place. Instead of having the Board members review individual policies, management will put together a memo with a 1-2 sentence summary of the policy and/or procedure that requires board approval. If Board members have questions or want to review the policies, they will be made available to them.

Strategic Planning and Community Relations Report

Committee Report –September 15, 2009

Director Bonta stated that the committee met on September 15 and the major topic of discussion was seismic retrofit requirements. He reported that the committee recommended to the Board approval of spending authority of \$200,000 to advance the progress towards meeting the 2013 seismic retrofit requirements. The committee also talked briefly about the second track of seeking legislative support for relief in the requirements. The Community newsletter has been mailed to residents of Alameda, copies were made available to the Board. The committee also visited the Alameda Towne Centre medical office building

Director Bonta made a motion to approve the process for reviewing the Administrative Policies and Procedures and appointment of the Board Members for such review. Director McCormick seconded the motion. The motion carried unanimously.

Approval of Capital Expenditure Authority for Seismic Planning

The Strategic Planning and Community Relations Committee have recommended that the Board approve the spending authority for seismic planning as outlined in the memorandum. Director Battani asked if this was a budgeted item. Ms. Stebbins stated that the funding for the planning will come from the contingency fund from the capital planning budget.

C. Finance and Management Committee Report

September 30, 2009 Committee Meeting

Director Wasson reported that the committee met on September 30, 2009. Rick Jackson, from TCA Partners reported the results of the FY 2009 Financial Statement Audit and will present that report tonight. The Committee also reviewed the August Financial Statements noting the following:

- Profit for the month of \$42,000 compared to budget of \$16,000
- Average daily census of 84.0 versus 84.7 budgeted with acute and sub-acute programs favorable to budget with an ADC of 1.1 better than budget.
- ER Visits 13.8% greater than budget.
- Total gross patient revenue greater than budget by \$1,888,000 or 8% better than budgeted.

Director Wasson reported that CFO David Neapolitan updated the committee on Time and Attendance Implementation, the Alliance Decision Support tool and Debt Financing. Hospital Management will be bringing a guest speaker to the Finance Committee and Strategic Planning Committee in October to present an educational session on options for debt financing.

Director Wasson reported that CEO Deborah Stebbins reported to the committee that Hospital Management had a meeting with Kaiser and there is still no indication from them either way regarding the contract. A letter was sent to Congressman Pete Stark requesting \$250,000 to assist the hospital in its seismic planning and the Foundation Fall Gala raised \$90,000.

Director McCormick made a motion to approve the capital expenditure authority totaling \$200,000 for planning to comply with 2013 seismic requirements. Director Wasson seconded the motion. The motion carried unanimously.

	<p><u>Acceptance of FY 2009 Audited Financials</u></p> <p>David Neapolitan reviewed the Management Discussion and Analysis contained within the Audit.</p> <p>Rick Jackson from TCA Partners presented the June 30, 2009 audited financial statements. Mr. Jackson noted that the hospital has one of the largest turnarounds he has seen, improving from a loss of \$2.3 million in 2008 to a profit of \$730,307. The Board Report was distributed to the Board members. The Board Report is a by-product of the audit. Mr. Jackson reviewed some of the general accounting issues presented during the audit. The issues and suggested solutions will be reviewed by hospital management. Mr. Jackson reviewed a five year trend of operational analysis, including financial ratios, patient care information and Staffing and personnel data. Finally Mr. Jackson reviewed a comparison to like-kind hospitals in California compared to the Hospital. Director Deutsch requested comparison data for deductions from revenue for Medicare specifically. Mr. Jackson stated that he would provide that information to Mr. Neapolitan to distribute to the Board of Directors.</p> <p>D. Medical Staff President Report</p> <p>Dr. Alka Sharma reported that the Dr. Marzouk will be updating the medical staff community and staff regarding influenza on Tuesday, October 13, 2009. Board members are welcome to attend. Dr. Sharma reported that neurologist Dr. Subroto Kundu has resigned and may be back as he has taken a leave of absence before and then returned to the area.</p>	<p>Director Wasson moved to accept the June 30, 2009 audited financial statements. Director Bonta seconded the motion. The Motion carried unanimously.</p>
<p>9. General Public Comments</p>	<p>None.</p>	
<p>10. Board Comments</p>	<p>Director Battani thanked Director Wasson again for his contributions to the Board of Directors. Director Bonta also thanked Director Wasson for his work over the many years of service, both generally for his support of the hospital and specifically for his financial insight and consistent command of the financials. It is deserving and fitting that he resigns at this time of positive turnaround and financial success.</p>	

	Dr. Deutsch requested that the District have a more formal presentation for Director Wasson's contributions at a future meeting.	
11. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 8:29 p.m.

Attest:

Jordan Battani
President

Robert Bonta
Secretary

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING SEPTEMBER 30, 2009

CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
August 31, 2009

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**ALAMEDA HOSPITAL
MANAGEMENT DISCUSSION AND ANALYSIS
SEPTEMBER 30, 2009**

The management of the Alameda Hospital (the "Hospital") has prepared this discussion and analysis in order to provide an overview of the Hospital's performance for the period ending September 30, 2009 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the Hospital's financial performance as a whole.

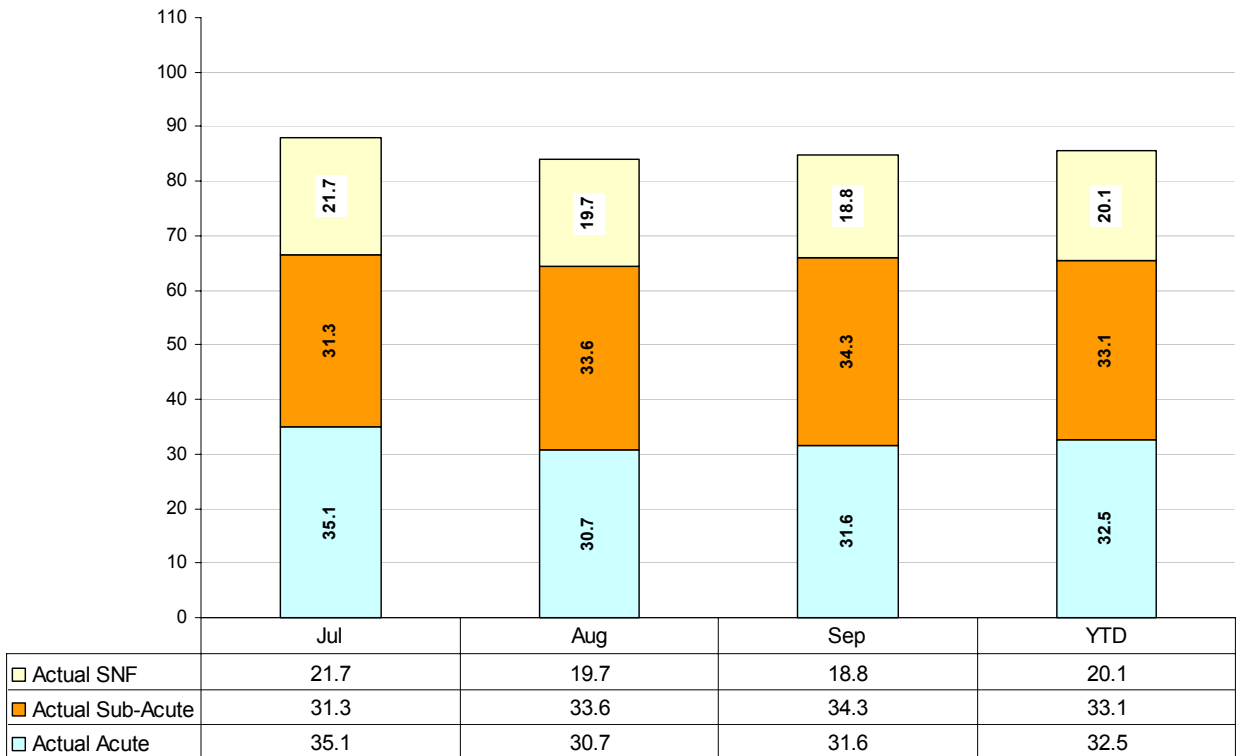
Financial Overview as of September 30, 2009

- Gross patient revenue was greater than budget by \$1,502,000 or 6.6%. Inpatient revenue was greater than budgeted by 4.6% and outpatient revenue was greater than budgeted by 9.2%. On an adjusted patient day basis gross patient revenue was \$5,335 compared to a budgeted amount of \$5,171 or a 3.2% favorable variance.
- Total patient days were 2,541 compared to the prior month's total patient days of 2,604 and the prior year's 2,469 total patient days. The average daily acute care census was 31.6 compared to a budget of 28.8 and an actual average daily census of 30.7 in the prior month; the average daily Sub-Acute census was 34.3 versus a budget of 33.2 and 33.6 in the prior month and the South Shore unit had an average daily census of 18.8 versus a budget of 21.5 and prior month census of 19.7, respectively.
- ER visits were 1,479 or 9.5% greater than the budgeted 1,351 visits and were greater than the prior year's visits of 1,360.
- Total surgery cases were 20.7% greater than budget, with Kaiser surgical cases making up 68.2% of the 519 total cases. Alameda physician surgical cases were 165 cases as compared to 159 cases in August.
- Combined excess revenues over expense (profit) for September was \$4,000 versus a budgeted excess of revenues over expense (profit) of \$6,000.
- Total assets decreased by \$188,626 from the prior month as a result of a decrease in current assets of \$182,912 and an increase in restricted contributions of \$8,439 offset by a decrease in net fixed assets of \$14,153. The following items make up the increase in current assets:
 - Total unrestricted cash and cash equivalents for September increased by \$429,571 which resulted in our unrestricted day's cash on hand improving slightly to 11.0 at September 30, 2009. This was the result of the third consecutive month of strong patient account collections that totaled \$5,464,932, including the monthly payment from Kaiser (\$800,800) in accordance with our current contract.
 - Net patient accounts receivable increased slightly in September by \$9,367 compared to a decrease of \$76,537 in August. Day's in outstanding receivables increased slightly to 49.7 as compared to 49.1 in August.
 - Estimated third-party payer settlement receivables increased by \$107,280 as a result of the reclassification of AB 915 receivables from the current liabilities portion of the balance sheet.
 - Other assets decreased by \$727,898 in September. This decrease was the result of \$728,702 in stop loss receivables that were received in September for employee health plan insurance payments that were paid in August.

- Total liabilities decreased by \$118,797 compared to an increase of \$365,209 in the prior month. This decrease was the result of the following:
 - Accounts payable increased by \$248,346 from the prior month. As a result of this increase the average accounts payable payment period increased in September to 55.7 from 53.4 as of August 31, 2009.
 - Payroll and benefit related accruals increased by \$227,160 from the prior month. This increase was primarily the result of increased accrued payroll of \$283,920 resulting from the timing of the actual paid payroll.
 - Estimated third party payer settlement payable decreased by \$86,418 as a result of the reclassification of the AB915 accrued receivables to estimated third-party payer settlement receivables that were improperly reflected in the current liability section of the balance sheet to the current asset portion of the balance sheet.
 - Other liabilities decreased by \$461,509 as a result of the amortization of one month's deferred revenue related to the 2009/2010 parcel tax revenues.

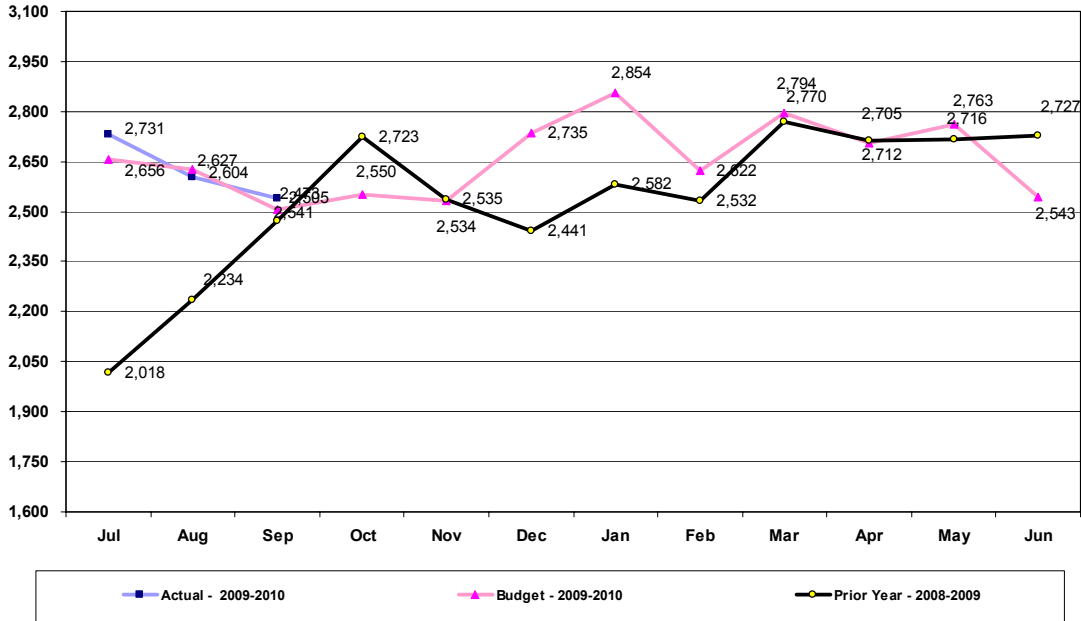
Volumes

The combined actual daily census was 84.7 versus a budget of 83.5. This slightly favorable variance was primarily the result of the Acute and Sub-Acute programs that had favorable variances of 2.8 and 1.1 ADC's greater than budget respectively. The Skilled Nursing program average daily census was 18.8 versus a budget of 21.5.



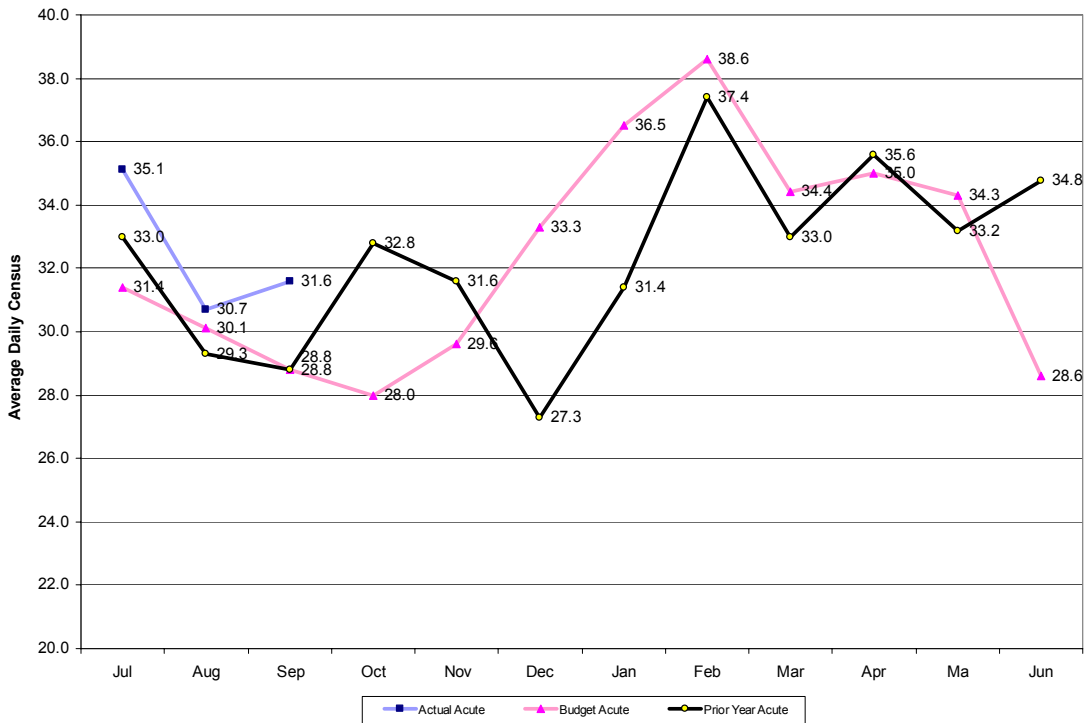
Total patient days in September were 1.4% less than budgeted but were 2.9% greater than the prior. The graphs on the following pages show the total patient days by month for fiscal year 2010 including South Shore:

Total Patient Days



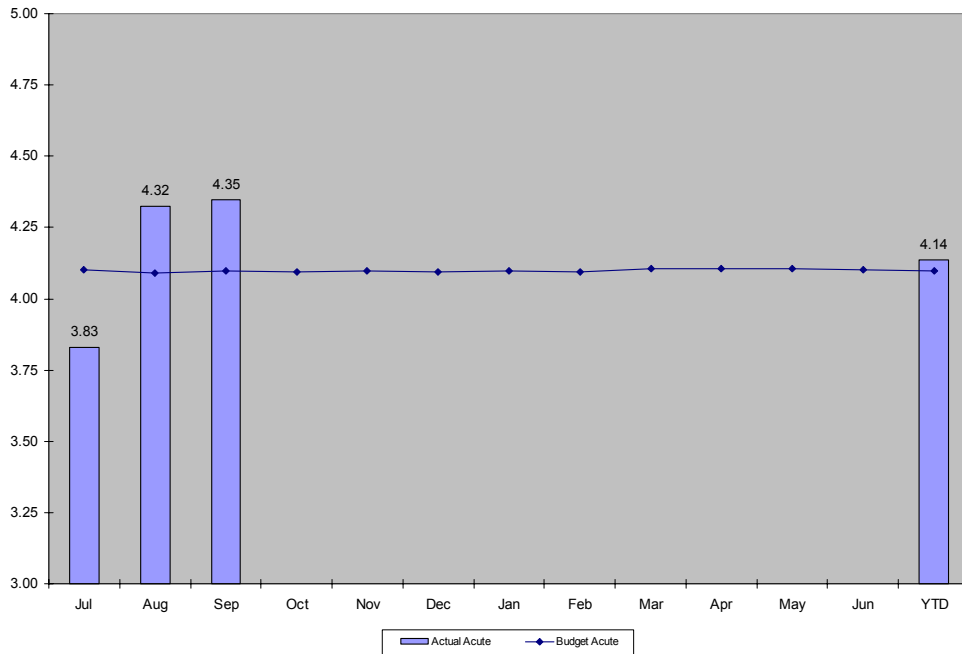
Separating the inpatient components of our volumes for the month of September we see that the acute care patient days were 9.6% (83 days) greater than budgeted and were 11.0% greater than the prior year's average daily census. This was driven by higher than budgeted average daily census in the CCU (ADC = 4.6) and Medical/Surgical (ADC = 15.4).

Inpatient Acute Care Average Daily Census



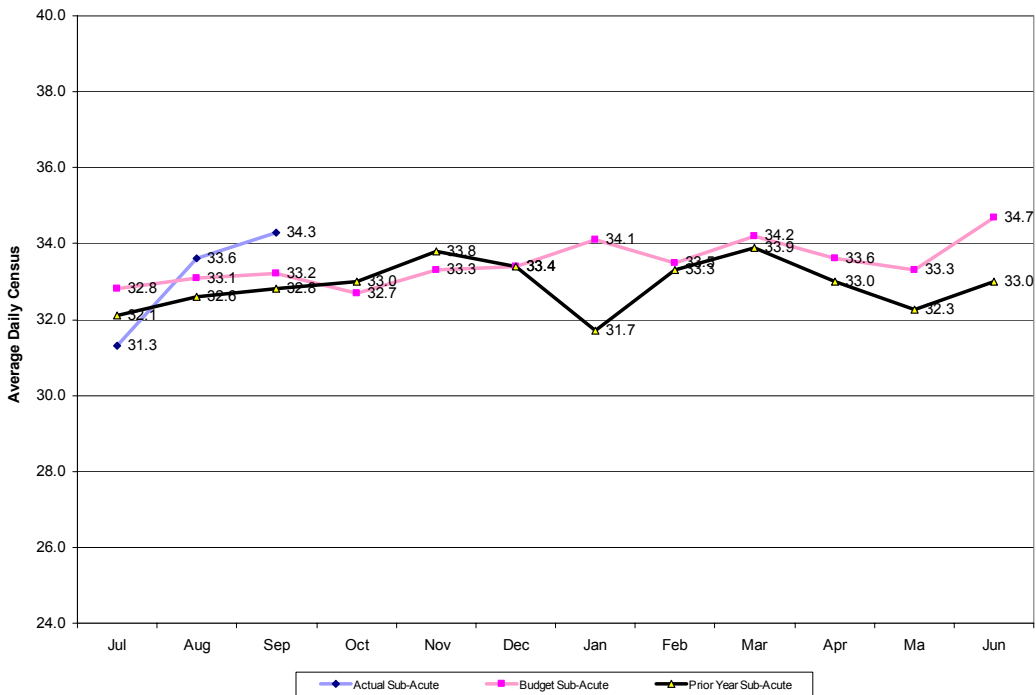
The average length of stay (ALOS) remained consistent with the prior month at 4.35 days for the month of September and continues to be driven by a higher acuity level (CMI = 1.2937) of patients treated during the month. For the first quarter our ALOS is 4.14 which is slightly higher than our projected year to date ALOS of 4.10, and is shown in the graph below.

Average Length of Stay



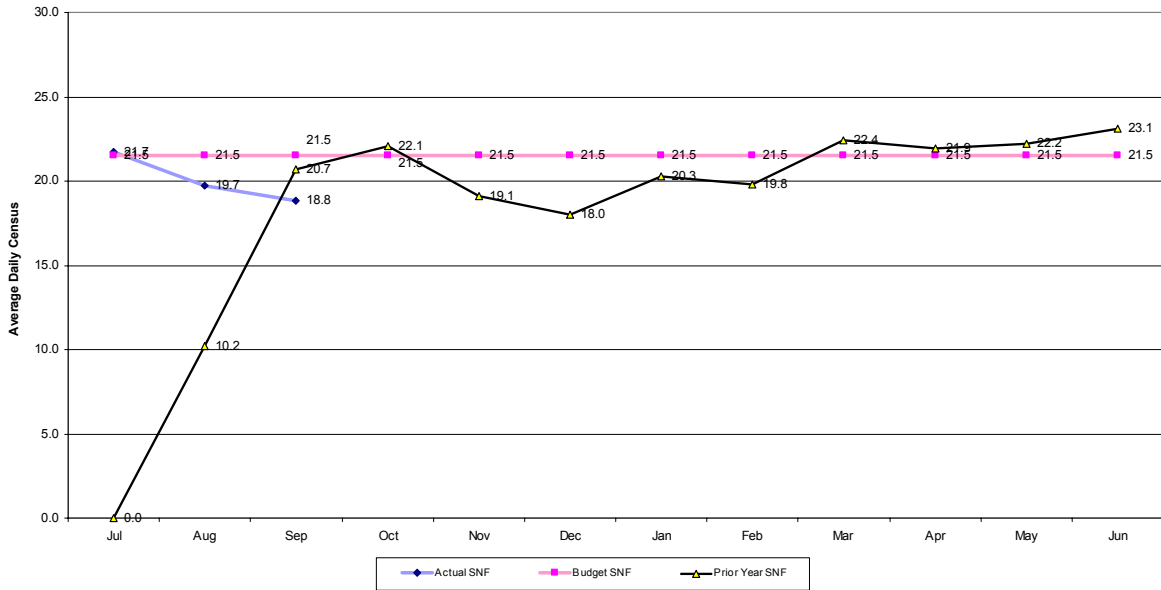
The Sub-Acute programs patient days were 3.3% greater than budget or 33. The graph below shows the Sub-Acute programs average daily census for the current fiscal year as compared to budget and the prior year.

Sub-Acute Care Average Daily Census

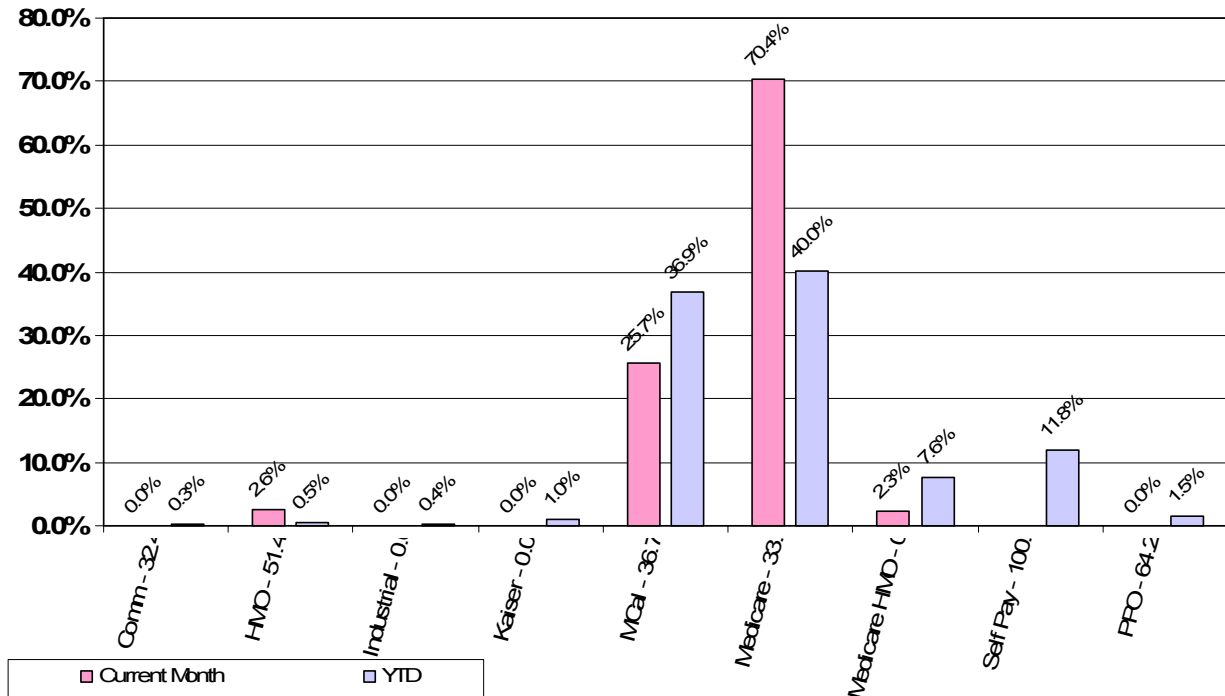


The Skilled Nursing Unit (South Shore) patient days were 12.4% less than budgeted for the month of September. The following graphs show the Skilled Nursing Unit average daily census as compared to budget by month and the payor mix experienced during the current month.

Skilled Nursing Unit Average Daily Census

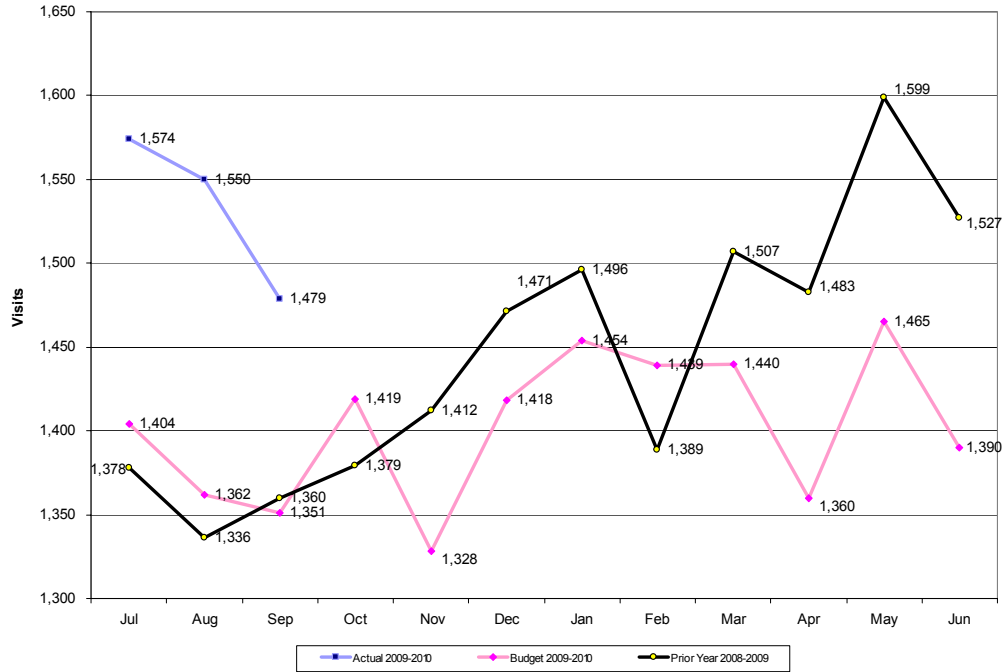


Skilled Nursing Unit Payor Mix



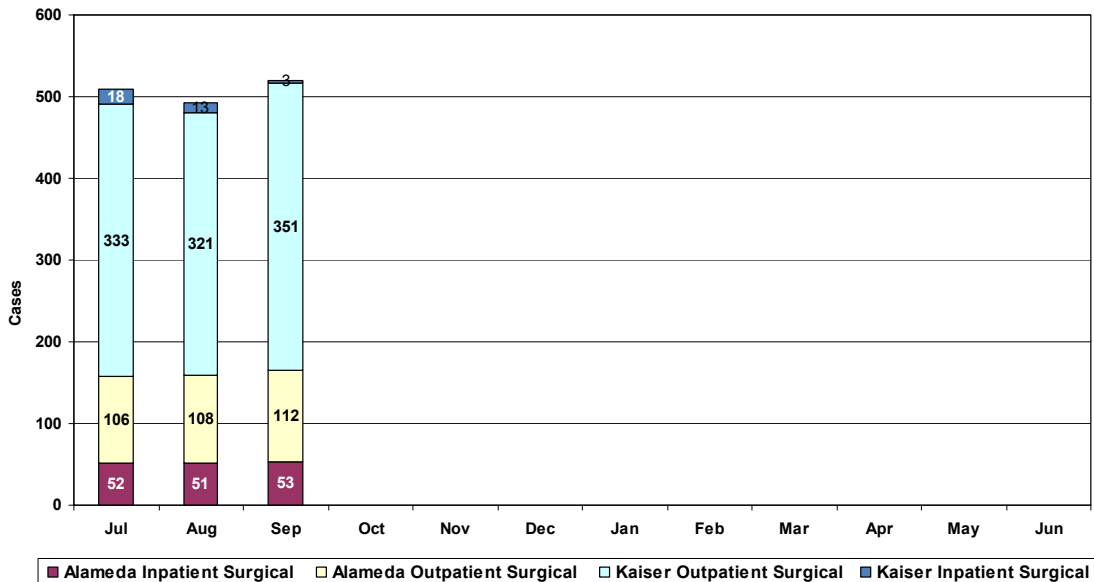
August ER visits were 9.5% greater than budgeted for the month.

Emergency Care Center Visits



Surgery cases were 519 versus the 430 budgeted and 453 in the prior year. In September, Alameda physician cases increased slightly over the prior month to 165 cases versus 159 in August. Kaiser related cases in September increased to 354 as compared to the 334 cases performed in August. However, despite this increase in cases Kaiser Same Day Surgery revenue remained consistent with that of the prior month. As a result of this month's activity, our reimbursement for Kaiser Outpatient cases in September remained at 19.2%.

Surgical Cases

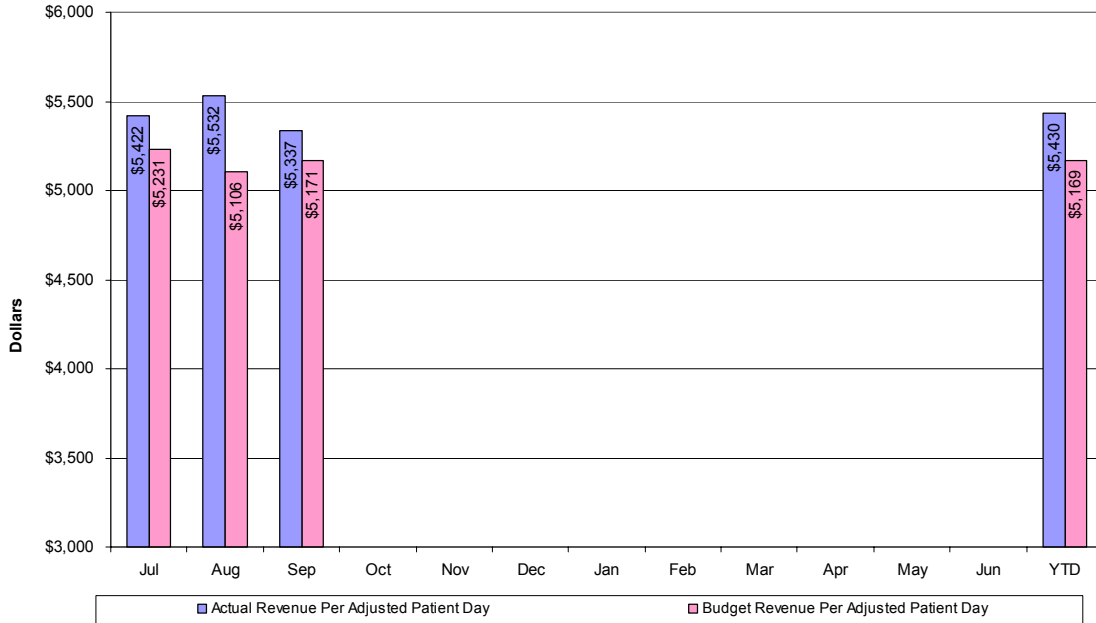


Income Statement – Hospital Only

Gross Patient Charges

Gross patient charges in September were greater than budgeted by \$1,502,000. This favorable variance was comprised of favorable variances of \$602,000 and \$900,000 in inpatient and outpatient revenues respectively. On an adjusted patient day basis total patient revenue was \$5,335 versus the budgeted \$5,171 or an 3.2% favorable variance from budget for the month of September.

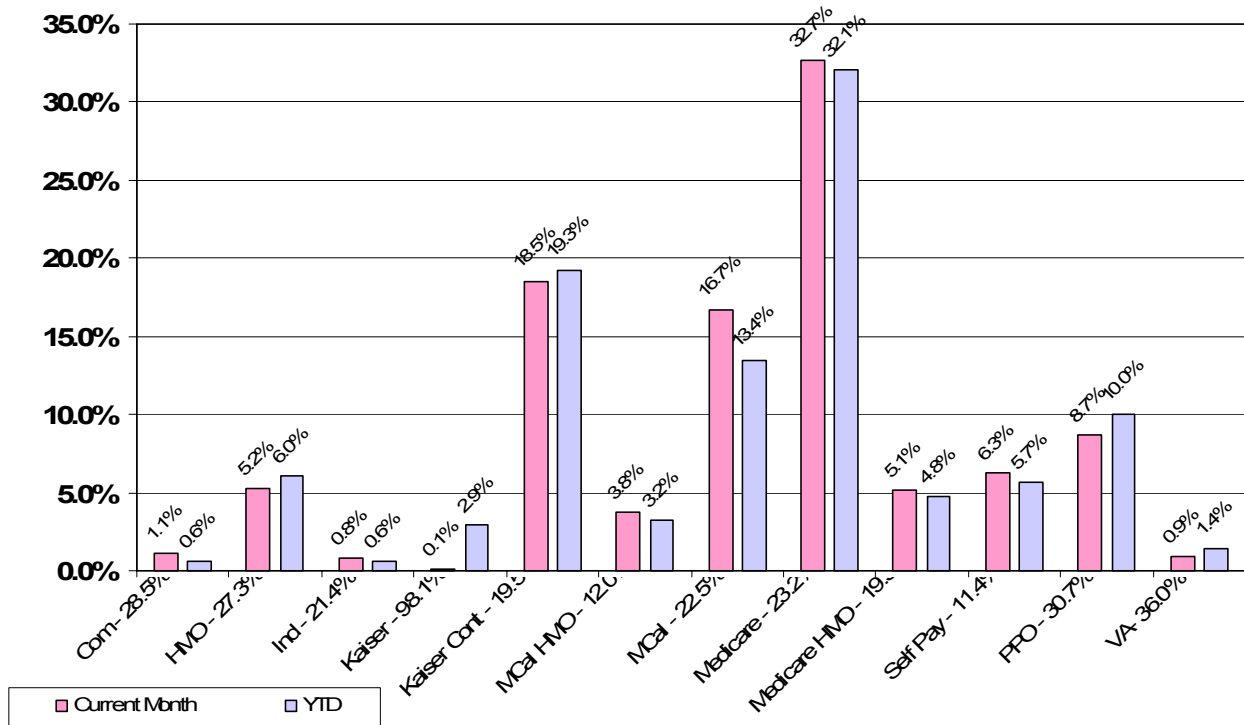
Gross Charges per Adjusted Patient Day



Payor Mix

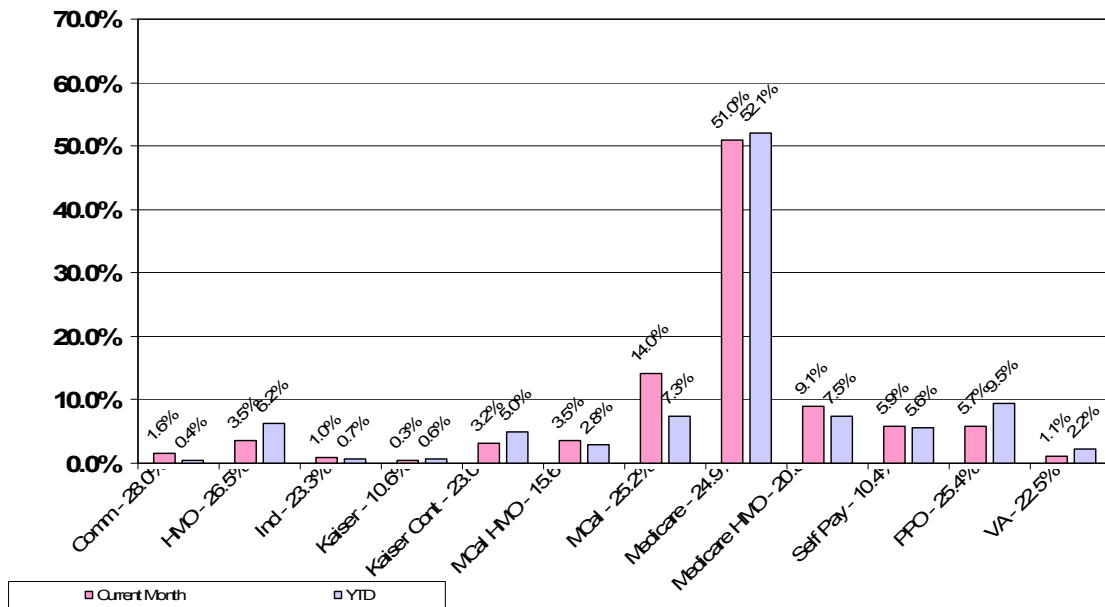
Medicare total gross revenue in September made up 32.7% our total gross patient charges which is slightly higher than the 30.8% in the prior month. Kaiser was again the second largest source of gross patient revenues at 18.6%. In September we did see a large spike in Medi-Cal utilization which increased to 16.7% in the month. While the combined HMO / PPO volume decreased to 14.0% in the month. The graph on the following page shows the percentage of revenues generated by each of the major payors for the current month as well as the current months expected reimbursement for each payor.

Combined Payor Mix



On the Hospital's inpatient acute care business, current month gross Medicare charges were 51.0% of our total inpatient acute care gross revenues. In September there were three cases that hit outlier thresholds which favorably impacted net patient revenues in September. Additionally, the Medicare Case Mix Index (CMI) increased to 1.4687 from 1.4064 in August. These changes to the acuity level of Medicare patients treated during the month of September and the number of outlier cases resulted in our expected reimbursement for Medicare inpatient cases to decrease from August's estimate of 26.7% to 24.9% in September.

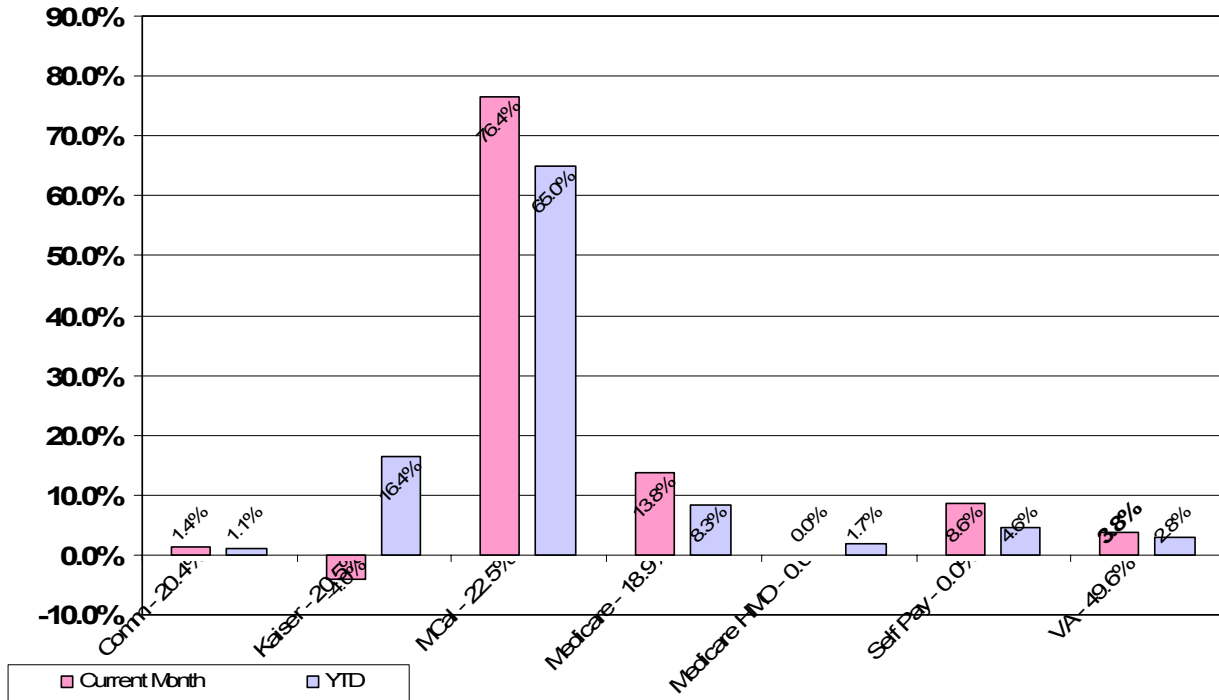
Inpatient Acute Care Payor Mix



In September the Sub-Acute care program again was dominated by Medi-Cal utilization of 76.4%. The

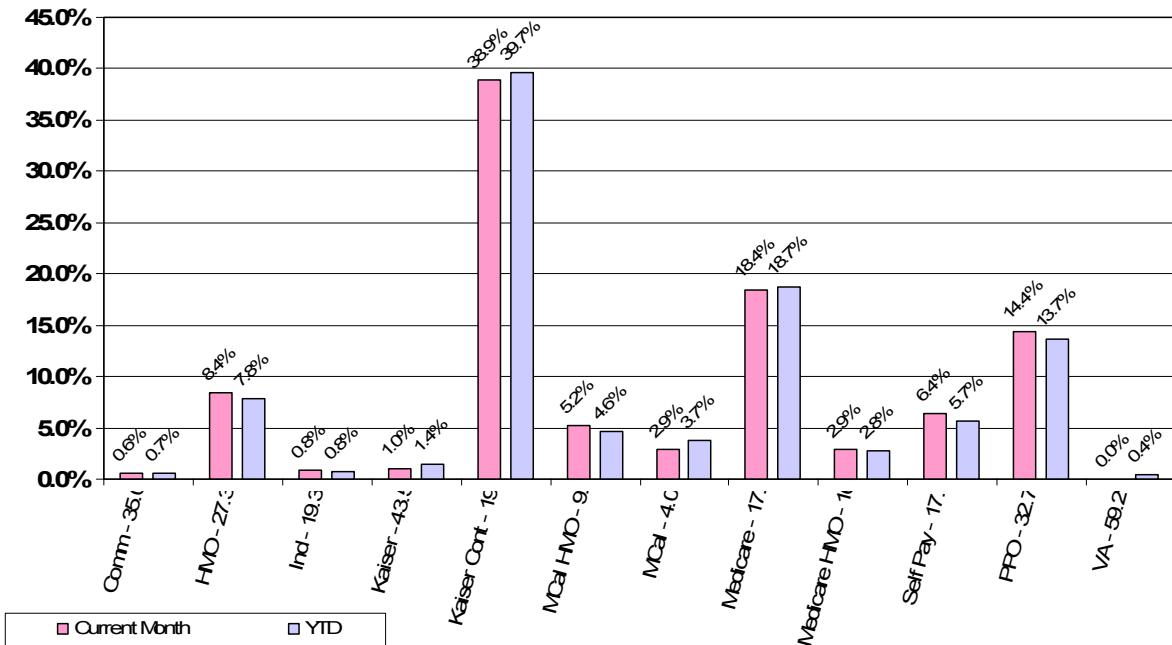
following graph shows the payor mix for September and the expected reimbursement rate for each payor.

Inpatient Sub-Acute Care Payor Mix



The outpatient gross revenue payor mix for September was comprised of 39.9% Kaiser, 18.4% Medicare, 14.4% PPO and 8.4% HMO. The graph below shows the current month outpatient payor mix and expected level of reimbursement for each payor.

Outpatient Services Payor Mix



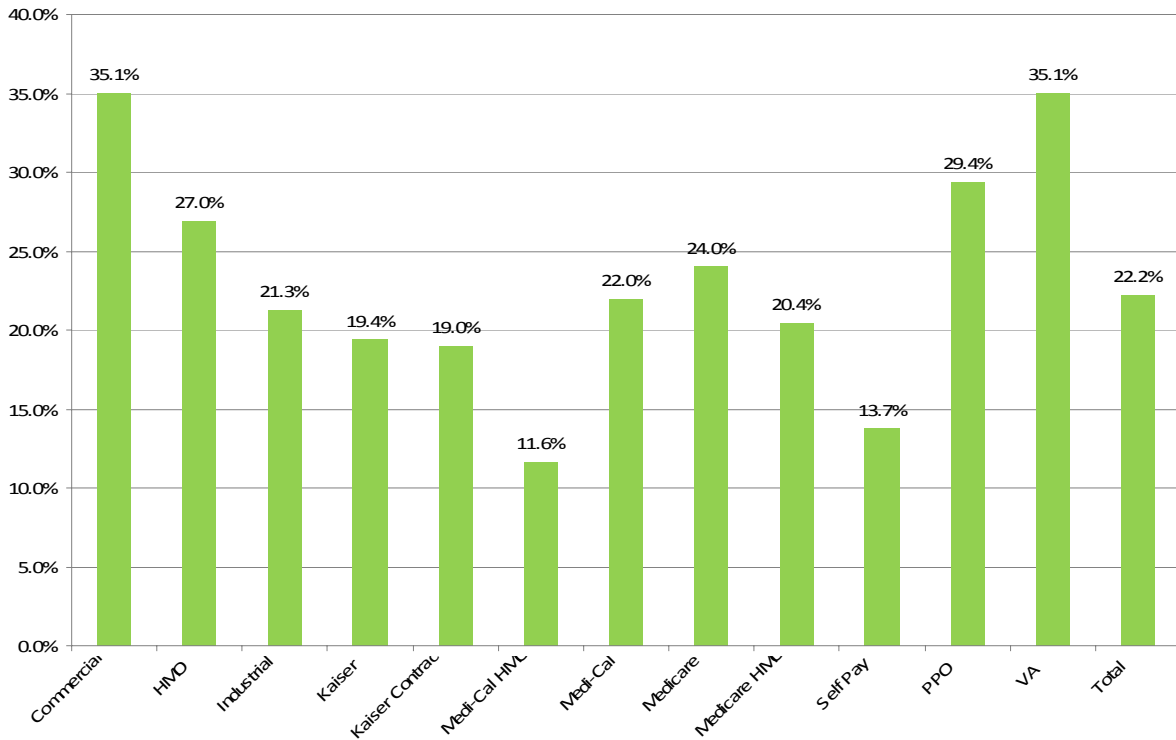
Deductions from Revenue

Contractual allowances are computed as deductions from gross patient revenues based on the difference between gross patient charges and the contractually agreed upon rates of reimbursement with third party government-based programs such as Medicare, Medi-Cal and other third party payors such as Blue Cross. In the month of September contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 77.6% versus the budgeted 76.5%.

Net Patient Service Revenue

Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. This difference reflects what the anticipated cash payments the Hospital is expecting to receive for the services provided. The graph on the following page shows the level of reimbursement that the Hospital has estimated for fiscal year 2010 by major payor category.

**Average Reimbursement % by Payor
 September 2009 Year-to-Date**



Other Operating Revenue

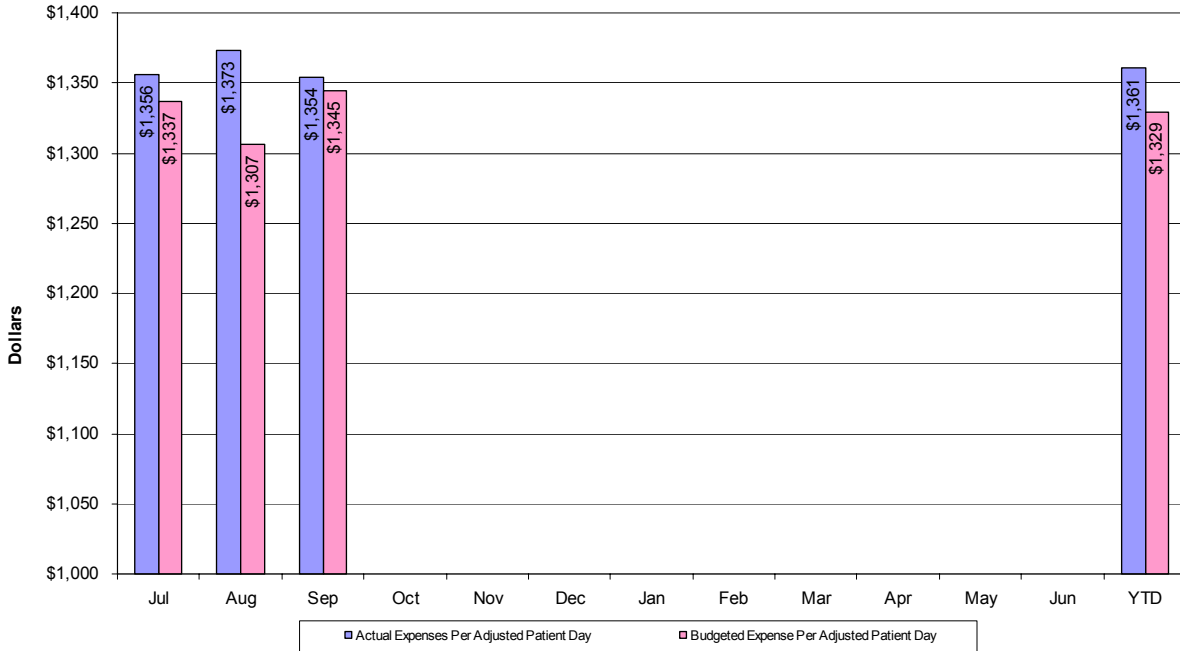
Included in other operating revenue in the month of September is an accrual of \$163,201 and \$27,000 for FY 2009 and the first quarter of FY 2010, respectively, for the State of California Distinct Part/Nursing Facility (DP/NF) Supplemental Reimbursement Program. This Federal Medical Assistance Program reimburses participating DP/NF programs up to 50% of their allowable costs that are in excess of the average statewide rate.

Total Operating Expenses

Total operating expenses were greater than the fixed budget by \$237,000 or 4.0%. On an adjusted patient day basis, our cost per adjusted patient day was \$1,354 which was only \$9 per adjusted patient day unfavorable to budget. This variance was primarily the result of an unfavorable variance in supplies. The graph on the following page shows the hospital operating expenses on an adjusted patient day basis for the 2010 fiscal year by month and

is followed by explanations of the significant areas of variance that were experienced in the current month.

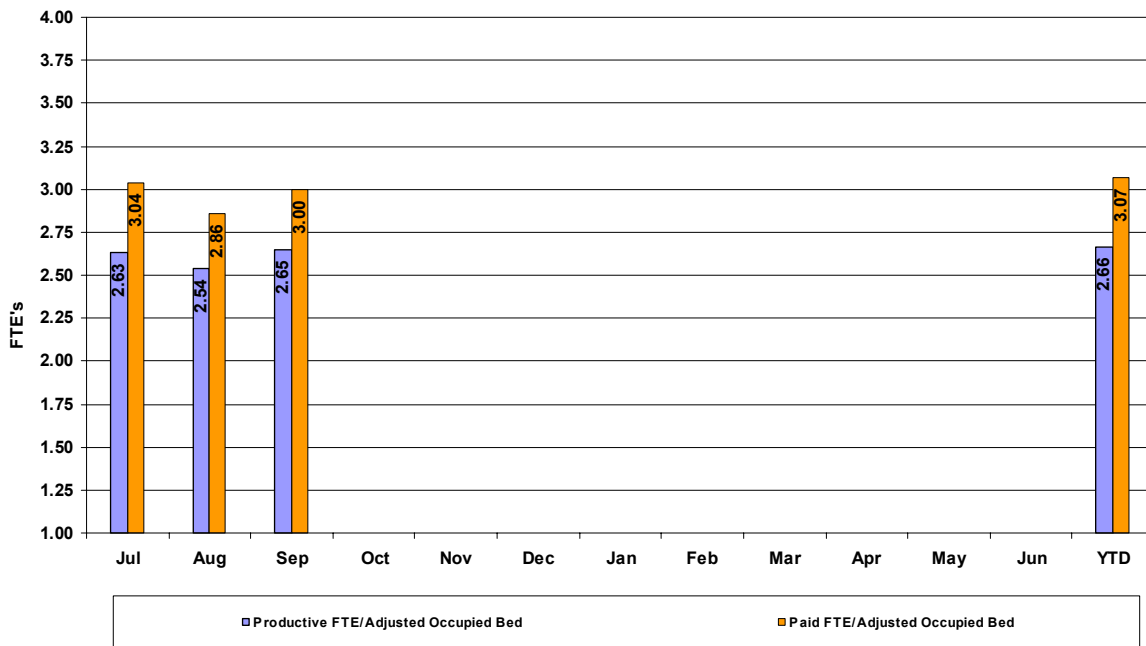
Expenses per Adjusted Patient Day



Salary and Registry Expenses

Salary and registry costs combined were unfavorable to the fixed budget by \$123,000 but were only \$4 per adjusted patient day unfavorable to budget in September. On an adjusted occupied bed basis, productive FTE's were 2.65 in September versus the budgeted 2.59. The graph below shows the productive and paid FTE's per adjusted occupied bed for FY 2010 by month and year to date.

FTE's per Adjusted Occupied Bed

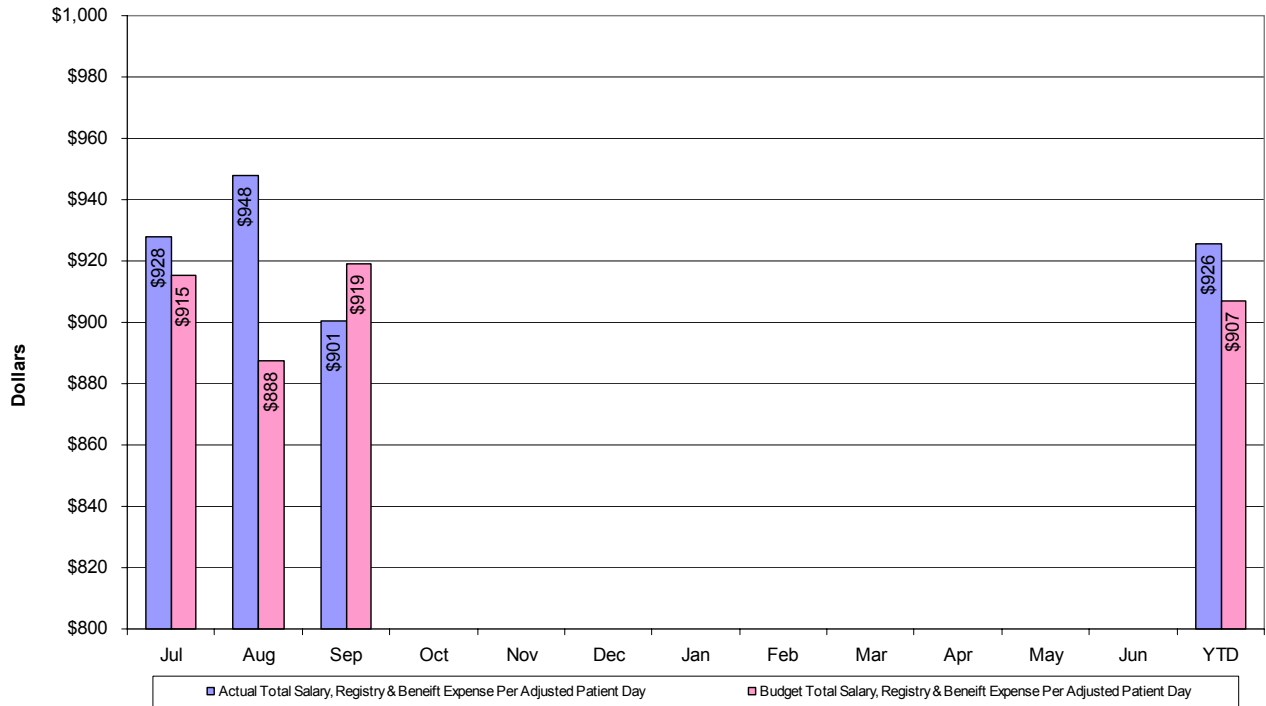


Benefits

Benefit costs were \$73,000 favorable to the fixed budget and \$22 favorable to budget on an adjusted patient day basis in September. This favorable variance was the result of \$102,000 in accrued stop loss recoveries.

The following graph shows the combined salary, registry and benefit costs on an adjusted patient basis for FY 2010 by month.

Salary, Registry and Benefit Cost per APD



Supplies

The supplies expense category was unfavorable to budget by \$144,000. This unfavorable variance from the fixed budget was primarily the result of increased prosthetic, surgical supplies and pharmacy costs in September that were the result of the current month’s activities. The largest portion of the unfavorable variance (\$69,000) was in pharmaceutical supplies and was result of greater utilization in the IVT program.

Depreciation and Amortization

Depreciation and amortization expense was \$28,000 less than budgeted in September as a result of various pieces of equipment that were purchased in 2004 which became fully depreciated in June 2009.

The following pages include the detailed financial statements for the three months ended September 30 2009.

ALAMEDA HOSPITAL
Balance Sheet
September 30, 2009

	September 30, 2009	August 31, 2009	Audited June 30, 2009
Assets			
<i>Current assets:</i>			
Cash and cash equivalents	\$ 2,220,813	\$ 1,791,242	\$ 1,866,540
Net Accounts Receivable	9,412,793	9,403,426	10,069,536
Net Accounts Receivable %	22.58%	22.24%	22.15%
Inventories	1,299,302	1,300,534	1,291,072
Est.Third-party payer settlement receivable	458,928	351,648	351,648
Other assets	7,045,767	7,773,665	6,920,987
Total Current Assets	<u>20,437,603</u>	<u>20,620,515</u>	<u>20,499,783</u>
Restricted by contributors and grantors for capital acquisitions and research-Jaber Estate	496,257	487,818	468,209
Total Non-Current Assets	<u>496,257</u>	<u>487,818</u>	<u>468,209</u>
<i>Fixed Assets:</i>			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	5,906,546	5,920,699	6,029,967
Total fixed assets, net of accumulated depreciation	<u>6,784,491</u>	<u>6,798,644</u>	<u>6,907,912</u>
Total Assets	<u>\$ 27,718,351</u>	<u>\$ 27,906,977</u>	<u>\$ 27,875,904</u>
Liabilities and Net Assets			
<i>Current Liabilities:</i>			
Current portion of long term debt	\$ 458,979	\$ 425,757	\$ 436,733
Accounts payable and accrued expenses	6,460,673	6,212,327	6,244,967
Payroll and benefit related accruals	4,851,490	4,624,330	3,765,683
Est.Third-party payer settlement payable	200,000	286,418	306,588
Other liabilities	5,966,186	6,427,695	7,274,242
Total Current Liabilities	<u>17,937,328</u>	<u>17,976,527</u>	<u>18,028,213</u>
<i>Long-Term Liabilities:</i>			
Debt borrowings net of current maturities	1,586,331	1,665,929	1,733,631
Total Long-Term Liabilities	<u>1,586,331</u>	<u>1,665,929</u>	<u>1,733,631</u>
Total Liabilities	<u>19,523,659</u>	<u>19,642,456</u>	<u>19,761,844</u>
<i>Net Assets</i>			
Unrestricted Funds	7,671,760	7,690,028	7,615,851
Restricted Funds	522,932	574,493	498,209
Net Assets	<u>8,194,692</u>	<u>8,264,521</u>	<u>8,114,060</u>
Total Liabilities and Net Assets	<u>\$ 27,718,351</u>	<u>\$ 27,906,977</u>	<u>\$ 27,875,904</u>

City of Alameda Health Care District
Statements of Operations - Per Adjusted Patient Day
September 30, 2009

	Current Month				Year-to-Date					
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	\$ 2,980	\$ 2,942	\$ 38	1.3%	\$ 2,823	\$ 3,072	\$ 2,954	\$ 118	4.0%	\$ 3,237
Gross Outpatient Revenues	2,355	2,229	126	5.7%	2,101	2,358	2,216	143	6.4%	2,469
Total Gross Revenues	5,335	5,171	164	3.2%	4,923	5,430	5,170	260	5.0%	5,706
Contractual Deductions	3,972	3,843	(129)	-3.3%	3,485	4,062	3,842	(220)	-5.7%	4,171
Bad Debts	144	96	(48)	-49.9%	226	105	96	(8)	-8.7%	209
Charity and Other Adjustments	23	19	(4)	-22.1%	24	21	19	(3)	-13.7%	22
Net Patient Revenues	1,196	1,213	(17)	-1.4%	1,188	1,242	1,213	30	2.4%	1,305
Net Patient Revenue %	22.4%	23.5%			24.1%	22.9%	23.5%			22.9%
Net Clinic Revenue	2	15	(13)	-86.4%	-	1	9	(9)	-93.1%	-
Other Operating Revenue	47	3	43	1264.7%	2	19	3	16	481.3%	3
Total Revenues	1,245	1,231	14	1.1%	1,190	1,262	1,226	37	3.0%	1,308
Expenses										
Salaries	683	683	0	0.0%	656	688	674	(14)	-2.1%	705
Registry	40	37	(4)	-10.6%	51	41	37	(4)	-11.7%	51
Benefits	177	199	22	11.2%	180	197	197	(0)	0.0%	214
Professional Fees	77	77	(1)	-1.0%	67	73	76	3	4.1%	81
Supplies	196	170	(26)	-15.5%	175	195	169	(26)	-15.4%	193
Purchased Services	94	88	(6)	-7.0%	82	87	87	0	0.1%	87
Rents and Leases	16	16	(0)	-2.4%	15	15	16	1	5.2%	15
Utilities and Telephone	16	17	1	8.0%	15	15	17	2	11.1%	18
Insurance	10	10	1	5.5%	11	10	10	0	2.9%	12
Depreciation and Amortization	22	29	7	24.4%	29	22	29	7	25.1%	31
Other Operating Expenses	22	19	(3)	-14.4%	18	20	19	(0)	-2.6%	17
Total Expenses	1,354	1,345	(9)	-0.6%	1,301	1,361	1,329	(31)	-2.4%	1,424
Operating Gain / (Loss)	(109)	(114)	5	4.5%	(111)	(98)	(104)	5	-5.2%	(116)
Net Non-Operating Income / (Expense)	110	115	(5)	-4.7%	113	106	112	(5)	-4.8%	124
Excess of Revenues Over Expenses	\$ 1	\$ 1	\$ (0)	-30.0%	\$ 3	\$ 8	\$ 8	\$ 0	0.6%	\$ 8

ALAMEDA HOSPITAL
KEY STATISTICS
SEPTEMBER 2009

	ACTUAL SEPTEMBER 2009	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	SEPTEMBER 2008	YTD SEPTEMBER 2009	YTD FIXED BUDGET	VARIANCE	%	YTD SEPTEMBER 2008
Discharges:										
Total Acute	218	211	7	3.3%	216	722	676	46	6.8%	67
Total Sub-Acute	2	3	(1)	-33.3%	5	5	11	(6)	-54.5%	1
Total Skilled Nursing	17	13	4	30.8%	10	38	39	(1)	-2.6%	1
	<u>237</u>	<u>227</u>	<u>10</u>	<u>4.4%</u>	<u>231</u>	<u>765</u>	<u>726</u>	<u>39</u>	<u>5.4%</u>	<u>69</u>
Patient Days:										
Total Acute	948	865	83	9.6%	864	2,986	2,770	216	7.8%	2,79
Total Sub-Acute	1,028	995	33	3.3%	985	3,041	3,039	2	0.1%	2,99
Total Skilled Nursing	565	645	(80)	-12.4%	620	1,849	1,979	(130)	-6.6%	93
	<u>2,541</u>	<u>2,505</u>	<u>36</u>	<u>1.4%</u>	<u>2,469</u>	<u>7,876</u>	<u>7,788</u>	<u>88</u>	<u>1.1%</u>	<u>6,72</u>
Average Length of Stay										
Total Acute	4.35	4.10	0.25	6.1%	4.00	4.14	4.10	0.04	0.9%	4.1
Average Daily Census										
Total Acute	31.60	28.83	2.77	9.6%	28.80	48.16	30.11	18.05	60.0%	30.3
Total Sub-Acute	34.27	33.17	1.10	3.3%	32.83	49.05	33.03	16.02	48.5%	32.5
Total Skilled Nursing	18.83	21.50	(2.67)	-12.4%	20.67	29.82	21.51	8.31	38.6%	20.7
	<u>84.70</u>	<u>83.50</u>	<u>1.20</u>	<u>1.4%</u>	<u>82.30</u>	<u>127.03</u>	<u>84.65</u>	<u>34.07</u>	<u>40.2%</u>	<u>83.6</u>
Emergency Room Visits	1,479	1,351	128	9.5%	1,360	4,603	4,117	486	11.8%	4,07
Outpatient Registrations	2,623	2,422	201	8.3%	2,528	7,691	7,536	155	2.1%	7,52
Surgery Cases:										
Inpatient	56	48	8	16.7%	43	190	154	36	23.4%	171
Outpatient	463	382	81	21.2%	410	1,331	1,193	138	11.6%	1,27
	<u>519</u>	<u>430</u>	<u>89</u>	<u>20.7%</u>	<u>453</u>	<u>1,521</u>	<u>1,347</u>	<u>174</u>	<u>12.9%</u>	<u>1,44</u>
Kaiser Inpatient Cases	3	7	(4)	-	9	34	26	8	-	21
Kaiser Eye Cases	176	156	20	12.8%	157	493	449	44	9.8%	48
Kaiser Outpatient Cases	175	137	38	27.7%	158	512	438	74	16.9%	47
Total Kaiser Cases	354	300	54	18.0%	324	1,039	913	126	13.8%	98
% Kaiser Cases	68.2%	69.8%			71.5%	68.3%	67.8%			67.6
Adjusted Occupied Bed	151.42	146.70	(4.72)	-3.2%	143.53	151.27	148.12	3.15	2.1%	128.7
Productive FTE	402.24	380.27	(21.97)	-5.8%	368.73	394.73	382.49	(12.24)	-3.2%	357.0
Total FTE	454.55	449.89	(4.66)	-1.0%	422.40	448.89	438.54	(10.35)	-2.4%	409.1
Productive FTE/Adj. Occ. Bed	2.66	2.59	(0.06)	-2.5%	2.57	2.61	2.58	(0.03)	-1.1%	2.7
Total FTE/ Adj. Occ. Bed	3.00	3.07	0.06	2.1%	2.94	2.97	2.96	(0.01)	-0.2%	3.1

Date: October 30, 2009

To: City of Alameda Health Care District Board of Directors

From: Alka Sharma, MD, Medical Staff President

Subject: Approval of Delineation of Privileges Form for Emergency Department Physician Assistants

Background:

The Delineation of Privileges Form has modified to include additional privileges for Emergency Department Physician Assistants. These privileges are found to be consistent with other area hospitals.

Recommendation:

The Medical Executive Committee recommends approval of the revised Delineation of Privileges Form for Emergency Department Physician Assistants as presented.

ALAMEDA HOSPITAL

DELINEATION OF CLINICAL PRIVILEGES

PHYSICIAN ASSISTANT - EMERGENCY DEPARTMENT

NAME: _____	<input type="checkbox"/> INITIAL APPOINTMENT <input type="checkbox"/> REAPPOINTMENT
--------------------	--

I UNDERSTAND THAT PHYSICIAN ASSISTANTS APPLYING FOR PRIVILEGES IN THE EMERGENCY DEPARTMENT WILL ASSIST IN THE CARE OF THE PATIENTS OF THEIR SUPERVISING PHYSICIAN(S) AT ALAMEDA HOSPITAL. THE EXERCISE OF ALL PRIVILEGES MAY OCCUR ONLY IN THE CONTEXT OF PREVAILING BYLAWS, RULES AND REGULATIONS, AND HOSPITAL POLICIES. I ALSO UNDERSTAND THAT ALL CASES MUST BE PRESENTED TO THE EMERGENCY DEPARTMENT ATTENDING PHYSICIAN PRIOR TO DISCHARGE AND/OR DISPOSITION. I HEREBY REQUEST THE FOLLOWING PRIVILEGES:

GENERAL PRIVILEGES

REQUESTED

APPROVED

DENIED

REVIEW PATIENT RECORDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAKE PATIENT HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM PHYSICAL EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORD PERTINENT PATIENT DATA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAKE ASSESSMENT AND DIAGNOSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATE, REVIEW AND REVISE TREATMENT AND THERAPY PLANS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE ORDERS AS PER SUPERVISING PHYSICIAN	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
ORDER APPROPRIATE DIAGNOSTIC STUDIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORDER APPROPRIATE CONSULTATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESCRIBE MEDICATIONS AS PER PA FORMULARY	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
INITIATE ARRANGEMENTS FOR ADMISSIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE DISCHARGE SUMMARIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THERAPEUTIC PROCEDURES

ORDER OR TRANSMIT AN ORDER FOR X-RAYS, OTHER STUDIES, THERAPEUTIC DIETS, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, RESPIRATORY THERAPY AND NURSING SERVICES.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORDER, OR TRANSMIT ORDER FOR, PERFORM OR ASSIST IN PERFORMANCE OF LABORATORY PROCEDURES, SCREENING PROCEDURES AND THERAPEUTIC PROCEDURES.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCT AND COUNSEL PATIENTS REGARDING THEIR PHYSICAL & MENTAL HEALTH [MEDICATIONS, DIETS, SOCIAL HABITS, FAMILY PLANNING, NORMAL GROWTH/DEVELOPMENT, AGING AND UNDERSTANDING LONG TERM MANAGEMENT OF THEIR DISEASE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTER MEDICATIONS PER DEPARTMENT POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM SURGICAL PROCEDURES CUSTOMARILY PERFORMED UNDER LOCAL ANESTHESIA AT THE REQUEST OF THE SUPERVISING PHYSICIAN [PRESENCE OF SUPERVISING MD NOT REQUIRED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM SURGICAL PROCEDURES REQUIRING OTHER FORMS OF ANESTHESIA [PRESENCE OF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING MD REQUIRED]

Delineation of Clinical Privileges
 Physician Assistant - Emergency Department
 Page 2.

Name: _____

INSERT FOLEY CATHETERS; IRRIGATE IF INDICATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLACE NG TUBES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOUND CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASPIRATION OF SEROMAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE SORES/BURN CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMOVAL OF SUPERFICIAL FOREIGN BODIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAPLE/SUTURE REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOUND CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFT TISSUE INJECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUTURING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM CPR AND ACLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM MSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIGITAL BLOCK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANTERIOR NASAL PACKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLIT LAMP EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM TONOMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENUCLEATION OF THROMBOSED HEMORRHOID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G TUBE REPLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I&D BARTHOLIN GLAND ABSCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY VAGINAL DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAST/SPLINT PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISLOCATION REDUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIMPLE FRACTURE REDUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAIL TREPHINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I&D OF ABSCESSSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN DEBRIDEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT I HAVE HAD THE NECESSARY TRAINING AND EXPERIENCE TO PERFORM THE PROCEDURES I HAVE REQUESTED..

 SIGNATURE OF APPLICANT

 DATE

Signature of Approval _____

Co-Chair, IPC Committee

Date _____

Signature of Approval _____

Chairman, Medical Executive Committee

Date _____

Date: October 30, 2009

To: City of Alameda Health Care District Board of Directors

From: Jordan Battani, Board President
Deborah E. Stebbins, CEO

Subject: Approval of Extending Board Vacancy Application Deadline

Background:

The City of Alameda Health Care District (District) was informed by Steven Wasson of his intent to resign from the Board of Directors on October 12, 2009 effective immediately. The District must appoint an individual to fill the vacant position on its Board of Directors.

Individuals interested in being considered for this appointment must submit an "Application Package", as described in the District's appointment process. Application Packages must be delivered to the District, at the address below, no later than 5:00 p.m., on Friday, November 6, 2009.

As of Friday, October 30, 2009, there have been no Application Packages submitted to the District. However, we have had inquiries and expressions of interest from several individuals.

Recommendation:

We recommend that the Board of Director take action to extend the application process to Friday, November 20, 2009 to allow additional time for interested applicants to submit their Application Package to the District.

The District will conduct an Applicant Conference on December 3, 2009 at 6:00 p.m. in the 2 East Board Room at Alameda Hospital, for the purpose of familiarizing Applicants with the District and Alameda Hospital. Applicants are encouraged to attend. The Board of Directors plan to interview applicants, selected according to the procedures set forth below, at the District Board Meeting, to be held on Monday, December 7, 2009 at 5:30 p.m. The Board also plans to make the appointment on Monday, December 7, 2009 immediately following the interviews. Meetings will be conducted in the William Dal Cielo Conference Room.