



CITY OF ALAMEDA HEALTH CARE DISTRICT

**PUBLIC NOTICE**

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

**REGULAR MEETING AGENDA**

**WEDNESDAY, JANUARY 8, 2014**

**6:00 p.m. (CLOSED) | 7:30 p.m. (OPEN)**

**Location:** Alameda Hospital (Dal Cielo Conference Room)  
2070 Clinton Avenue, Alameda, CA 94501  
**Office of the Clerk: (510) 814-4001**

*Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.*

- I. Call to Order (6:00 p.m. – 2 East Board Room)** J. Michael McCormick
- II. Roll Call** Kristen Thorson
- III. Adjourn into Executive Closed Session**
- IV. Closed Session Agenda**
  - A. Call to Order
  - B. Approval of Closed Session Minutes
    - 1. December 11, 2013 (Regular)
  - C. Board Quality Committee Report (BQC) [H & S Code Sec. 32155](#)
  - D. Discussion of Pooled Insurance Claims [Gov't Code Sec. 54956.95](#)
  - E. Consultation with Legal Counsel Regarding Pending and Threatened Litigation [Gov't Code Sec. 54957.6](#)
  - F. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions [Gov't Code Sec. 54956.9\(a\)](#)
  - G. Discussion of Report Involving Trade Secrets [H & S Code Sec. 32106](#)
  - H. Adjourn into Open Session
- V. Reconvene to Public Session (Expected to start at 7:30 p.m. – Dal Cielo Conference Room)**
  - A. Announcements from Closed Session J. Michael McCormick
- VI. General Public Comment**

**VII. Regular Agenda**

**ACTION ITEMS**

- A. Consent Agenda
- ✓ 1) Approval of November 21, 2013 Minutes (Regular)  
[enclosure] (pages 3-9)
  - ✓ 2) Approval of December 11, 2013 Minutes (Regular)  
[enclosure] (pages 10-15)
  - ✓ 3) Approval of the Renewal of the ILWU, Local #6, Memorandum of Understanding, July 1, 2013 – June 30, 2016  
[enclosure] (pages 16-17)
  - ✓ 4) Approval of Amendment to CEO Employment Agreement  
[enclosure] (pages 18-19)
- B. Action Items
- ✓ 1) Acceptance of November 2013 Unaudited Financial Statements Report Kerry Easthope  
[enclosure] (pages 20-43)
  - ✓ 2) Proposal for CEO Retention Bonus Plan J. Michael McCormick  
[enclosure] (pages 44)
- C. District Board President’s Report **INFORMATIONAL** J. Michael McCormick
- D. Community Relations and Outreach Committee Report **INFORMATIONAL** Jordan Battani
- E. Medical Staff President Report **INFORMATIONAL** Emmons Collins, MD
- F. Chief Executive Officer Report **INFORMATIONAL** Deborah E. Stebbins
- ✓ 1) Affiliation Updates & Monthly CEO Report  
[enclosure] (pages 45-47)
    - Affiliation Plan Update, Meaningful Use Incentive Payment, Quality Management Update, Bay Area Bone & Joint Center, Community Relations and Foundation Update, Kate Creedon Center for Advanced Wound Care, Preliminary Key Statistics – December 2013
  - ✓ 3) FY2014 Goals and Objectives – Six (6) Month Update  
[enclosure] (pages 48-52)

**VIII. General Public Comments**

**IX. Board Comments**

**X. Adjournment**



CITY OF ALAMEDA HEALTH CARE  
DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors  
Open Session  
Thursday, November 21, 2013 Regular Meeting

1

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Lynn Bratchett, RN Robert Deutsch, MD Tracy Jensen J. Michael McCormick	Deborah E. Stebbins Kerry Easthope	Thomas Driscoll, Esq.	
		Medical Staff Present	Excused
		Emmons Collins, MD	
Submitted by: Kristen Thorson, District Clerk and Heather Reyes, Administrative Secretary			

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Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 6:06 p.m.	
II. Roll Call	Ms. Thorson called roll noting a quorum of Directors was present.	
III. Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 6:07 p.m.	
IV. Closed Session Agenda		
V. Reconvene to Public Session	The meeting was reconvened into public session at 7:45 p.m.	
A. Announcements from Closed Session	Director McCormick announced that the October 9, 2013 Closed Session Minutes were approved as presented, the October Quality Report was approved, and the Medical Staff Credentialing Recommendations, as outlined below, was approved.	
<b><u>Initial Appointments – Medical Staff</u></b>		
No Initial Appointments		
<b><u>Reappointments – Medical Staff</u></b>		

Topic	Discussion			Action / Follow-Up
	Name	Specialty	Staff Status	Appointment Period
	Robert Brooks, MD	Anesthesiology	Active	12/01/13 – 11/30/15
	David Bui, MD	Ophthalmology	Active	12/01/13 – 11/30/15
	Ronald Chan, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Royce Chrys, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Angelo Crudale, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Rakesh Donthineni, MD	Orthopedics	Courtesy	12/01/13 – 11/30/15
	Kent Farney, MD	OB/Gyn	Active	12/01/13 – 11/30/15
	Erik Gaensler, MD	Radiology	Courtesy	12/01/13 – 11/30/15
	Stephen Hesseltine, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	William Hoddick, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	David Howard, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	James Karol, MD	Urology	Active	12/01/13 – 11/30/15
	Daniel Kim, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Shlomo Leibowich, MD	Radiology	Courtesy	12/01/13 – 11/30/15
	Wendy Liao, DDS	Oral/Max Surgery	Courtesy	12/01/13 – 11/30/15
	Saurabh Patel, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Wendy Patton, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Jonathan Posin, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Stephen Post, MD	Ophthalmology	Active	12/01/13 – 11/30/15
	Aseem Rawal, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Joan Reynolds, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Eric Saldinger, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Robert Schick, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Christian Simeon, MD	Int Med/Hospitalist	Courtesy	12/01/13 – 11/30/15

Topic		Discussion		Action / Follow-Up
	Eric Tao, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Keith Tao, MD	Teleradiology	Courtesy	12/01/13 – 11/30/15
	Elizabeth Treynor, MD	Pathology	Courtesy	12/01/13 – 11/30/15
	Quingwei Yan, MD	Urology	Courtesy	12/01/13 – 11/30/15
<b><u>Proctoring</u></b>				
The recommendation to remove proctoring requirements for John Lee, MD, General Surgery and Shiena Sharma, MD, Anesthesiology was approved.				
<b><u>Resignations</u></b>				
	Name	Specialty		
	Kamal Freiha, MD	Psychology		
<b>VI. <u>General Public Comments</u></b>				
There were no public comments				
<b>VII. <u>Regular Agenda</u></b>				
	<b>A. <u>Consent Agenda</u></b>			Director Battani made a motion to approve the consent agenda as presented. Director Deutsch seconded the motion. The motion carried.
	1) Approval of October 9, 2013 Regular Meeting Minutes			
	2) Approval of October 30, 2013 Special Meeting Minutes			
	3) Approval of Proposed Amendments to Medical Staff Bylaws			
	4) Acceptance of September Unaudited Financial Statements			
	<b>B. <u>Action Items.</u></b>			
	Approval of Definitive Agreement with Alameda Health System Ms. Stebbins introduced representatives from Alameda Health System (AHS), including Wright Lassiter, III, CEO that were present to show support for the approval of the Definitive Agreement. Ms. Stebbins, Mr. Easthope presented, “Affiliation between City of Alameda Health Care District and Alameda Health Systems Definitive Agreement” presentation. The presentation outlined the following key areas: Timeline of Affiliation Discussion, Cal. Government Code , Structure of Affiliation, Role of the District and District Board of Directors, Other Contingent Rights of AHS,			Director Jensen made a motion to approve the Definitive Agreement between the City of Alameda Health Care District and Alameda Health System. Director Battani seconded the motion. The motion carried.

Topic	Discussion	Action / Follow-Up
	<p>Rights of District, Rights of AHS, Medical Staff Issues, Employment Matters, Dispute Resolution Process, Breach of Agreement by AHS, Breach of Agreement by District, Business Case Strategy, (The presentation is available through Administration)</p> <p>Director Jensen inquired about the real property leases that are held by the District and whether there was assignability language in those contracts. Ms. Stebbins stated that she believed that the leases contained assignability language that shall not to be reasonably withheld by the lessor.</p> <p>Director Deutsch asked for further clarification relating to capital contributions made by Alameda Health System to Alameda Hospital and operational expenses and losses currently experienced by the facility, and recoupment of any contributions in the instance of a breach of the agreement. Mr. Easthope noted that the operational losses (current and projected) have been covered in the base financial assumptions and that the incremental volume and growth strategies of the System in the future will support the operational losses and capital improvements for the facility and for the system. Ms. Stebbins added that in the agreement there are provisions that account for capital contributions and operational losses compared to parcel tax contribution. In the event of dissolution of the agreement, the “debt” that the District could be responsible for an amount, not to exceed, \$30 M per the terms of the agreement. Mr. Driscoll noted the parcel tax could be used to build a reserve for 2030 Seismic standards if the parcel tax is not needed to support the operational losses.</p> <p>Director McCormick inquired if the District has been provided with enough information through the due diligence process to make a decision. He also inquired about any substantial items that are of concern. Ms. Stebbins and Mr. Easthope informed the Board that we have received everything needed and that there are no concerns.</p> <p>Director Jensen asked if there was a connection between the obligation assessing and collecting the parcel tax and any requirement to have certain services and programs at Alameda Hospital and the District’s responsibility. Ms. Stebbins replied that there were two absolutes in the agreement, maintaining and emergency cares services and a 50 bed acute care hospital. These two services are not required in order to assess and collect the parcel tax. The use of the parcel tax has to be for the support of Alameda Hospital within the District. Mr. Driscoll noted if AHS made a decision to change those two services, the District could agree to the change and amend the agreement or could negotiate some other terms.</p> <p>A question was presented from Director Jenson in regards to the first responder relationship with Alameda Fire Department and how it will continue to work. Ms. Stebbins described her ongoing conversations with Alameda Fire Department, as well as Alameda Police Department, and they have been extremely positive and supportive of the upcoming affiliation with Alameda Health</p>	

Topic	Discussion	Action / Follow-Up
	<p>System. She added there is no anticipated change in the relationship with Alameda Fire Department as a result of the affiliation.</p> <p>Director Deutsch inquired about how the Board would evaluate if the Hospital was being underfunded or if resources were not being provide to continue the care and quality the community is accustomed to. Ms. Stebbins replied that there would be quarterly reports from the System to the District, which are yet to be defined. She encouraged the Board to begin to think about what type of reports they would like to see in the future, i.e. financial quality, satisfaction, etc. In addition the Board will have representation on AHS Board and committees and provide feedback to AHS and back to the District. Finally, Ms. Stebbins added that the agreement calls for a dispute resolution that could be evoked as warranted.</p> <p>Mr. McCormick asked if the Jaber properties were part of the affiliation. Ms. Stebbins replied that they are not part of the agreement.</p> <p>Director Deutsch commented that he hopes that the quality of care continues to be at the same level if not improved through this affiliation.</p> <p>Director Jensen commented that she appreciated that the agreements with the health care providers, such as Dr. Deutsch will be kept intact through the affiliation as they paly and important and critical role in the success of the hospital. She also noted that the Board has the support of the medical staff and employee organizations for the affiliation and was comfortable making a motion to approve.</p> <p>Being no further discussion, Director McCormick as for a motion.</p> <p>Director Jensen thanked Director Battani for her leadership in this process.</p>	
C.	<p><u>District Board President's Report</u></p>	
	<p>Director McCormick commented on process of pursuing the affiliation, the importance support of the community for the organization and the responsibility of the Board. He thanked management, the Board and AHS leadership for their work.</p> <p>Ms. Stebbins thanked the Board, especially Director Battani, for their work. She thanked her management team that put a lot of time and effort in getting to this point.</p>	
D.	<p><u>Community Relations and Outreach Committee Report</u></p> <p>Director Battani reported that the committee did not meet in the timeframe since the last Board meeting but noted that the Annual Health Fair was held at the end of October at which 400 free Flu shots were given, 300 children's helmets were provided for free and over 30 community based organizations participated in the Fair. Free Stroke Assessments were provided again in</p>	

Topic	Discussion	Action / Follow-Up
	<p>early November with quarterly assessments scheduled through 2014.</p> <p>Director Battani noted that the committee will be meeting on December 3, 2013. The Committee will be looking for a co-chair of the committee on an interim basis as the District transitions through the affiliation. Terrie Kurrasch, current Co-Chair, will be stepping down from her committee role to focus on her role as the Alameda Hospital Foundation President. Director Battani asked the Board to begin to think about potential candidates.</p>	
E.	<p><u>Medical Staff President Report</u></p> <p>Dr. Collins reported that changes to the by-laws were approved in the Consent Agenda. A Medical Staff Mixer was held on November 18 and was well attended. He announced that the Annual Holiday and New Year's party, sponsored by the Medical Staff, will be held on January 10, 2014. Dr. Collins invited the Board members and leadership from AHS to attend. In addition, he reported that 98% of the Medical Staff has received the flu vaccine.</p>	
F.	<p><u>Chief Executive Officer Report</u></p>	
	<p>1) Affiliation Updates</p>	
	<p>1) Affiliation Updates</p> <p>There were no further updates were provided.</p>	
	<p>2) Chief Executive Officer Report</p> <p>Ms. Stebbins reviewed the month-to-date statistics that were distributed at the meeting noting that acute census was down during the beginning of the month but volume has increased over the last week. She noted that there has been length of stay issues over the last month and management is continually working with case management and the hospitalists to address the issues on a daily basis. She also noted that notification was received via the CMS EHR Incentive Website that the hospital will be receiving in mid December \$1.2M in EHR incentive money for Meaningful Use.</p>	
<b>VIII.</b>	<p><b>General Public Comments</b></p> <p>Wright Lassiter III, CEO of Alameda Health System spoke in support of the Affiliation between the District and the System and thanked the Board for their work on the affiliation.</p>	
<b>IX.</b>	<p><b>Board Comments</b></p> <p>No comments.</p>	



Topic	Discussion	Action / Follow-Up
<b>X. Adjournment</b>	Being no further business the meeting was adjourned at 9:00 p.m.	

Attest:

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J. Michael McCormick  
President

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Tracy Jensen  
Secretary

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CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors  
 Open Session  
 Wednesday, December 11, 2013 Regular Meeting

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Lynn Bratchett, RN Robert Deutsch, MD (partial) J. Michael McCormick, President	Deborah E. Stebbins Kerry Easthope	Thomas Driscoll, Esq.	Nicholas Pirnia, MD James DiStefano, MD Rick Jackson, TCA Partners
		Medical Staff Present	Excused
		Emmons Collins, MD	Tracy Jensen
Submitted by: Kristen Thorson, District Clerk and Heather Reyes, Administrative Secretary			

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 6:05 p.m.	
II. Roll Call	Ms. Thorson called roll noting a quorum of Directors was present.	
III. Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 6:06 p.m.	
IV. Closed Session Agenda		
V. Reconvene to Public Session	The meeting was reconvened into public session at 7:09 p.m. Director Deutsch was absent from Public Session.	
	A. Announcements from Closed Session  Director McCormick announced that the October 20, 2013 (Special) and November 21, 2013 (Regular) Closed Session Minutes were approved as well as the Medical Executive Committee Report and Credentialing Recommendations as outlined below.	

**Initial Appointments – Medical Staff**

Name	Specialty	Affiliation	Appointment Period
• Nivedita Bhowan. MD	Anesthesiology	Independent	

Topic	Discussion		Action / Follow-Up	
	• Robert Hoffman, MD	Orthopedics	AHS	
	• Jorge Kim, MD	Pain Management	AHS	
	• Michael Krosin, MD	Orthopedics	AHS	
	• Swapnill Shah, MD	Orthopedics	AHS	
<u>Reappointments – Medical Staff</u>				
	Name	Specialty	Staff Status	Appointment Period
	• Ruby Chang, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16
	• Claudine Dutaret, MD	Neurology	Active	02/01/14 – 01/31/16
	• Sunil Gandhi, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16
	• Joshua Gitter, MD	Internal Medicine	Courtesy	02/01/14 – 01/31/16
	• Leslie Hilger, MD	Dermatology	Active	02/01/14 – 01/31/16
	• Anthony Hoffman, MD	Podiatry	Courtesy	02/01/14 – 01/31/16
	• Leif Johnson, MD	Emergency Medicine	Active	02/01/14 – 01/31/16
	• Elisa Lau, MD	Internal Medicine	Active	02/01/14 – 01/31/16
	• Daniel Lucas, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16
	• Bruce Moorstein, MD	General Surgery	Courtesy	02/01/14 – 01/31/16
	• Rex Moulton-Barrett, MD	Plastic/ENT/Hand Surgery	Active	02/01/14 – 01/31/16
	• Carleton Nibley, MD	Cardiology	Courtesy	02/01/14 – 01/31/16
	• Richard Sigel, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16
	• Kirk So, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16
	• Joel Stettner, MD	Emergency Medicine	Active	02/01/14 – 01/31/16
	• Scott Taylor, MD	Orthopedics	Courtesy	02/01/14 – 01/31/16
	• Christopher Tran, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16
	• Ajay Upadhyay, MD	General Surgery	Courtesy	02/01/14 – 01/31/16
	• John Van Uden, MD	Teleradiology	Courtesy	02/01/14 – 01/31/16

Topic	Discussion	Action / Follow-Up
	<ul style="list-style-type: none"> <li>Ray Yeh, MD</li> </ul>	Internal Medicine Active 02/01/14 – 01/31/16

**Appointment – Allied Health Professional Status**

Name	Specialty	Appointment Period
<ul style="list-style-type: none"> <li>Ingrid Pampalone, PA-C</li> </ul>	Physician Assistant / Orthopedics	12/12/13 – 11/30/15

**Reappointments – Allied Health Professional**

Name	Specialty	Appointment Period
<ul style="list-style-type: none"> <li>Aaron Peters, PA-C</li> </ul>	Physician Assistant / General Surgery	01/01/14 – 12/31/15

**Resignations**

Name	Specialty
<ul style="list-style-type: none"> <li>Natalie Bruchanski-Gallagher, MD</li> </ul>	Internal Medicine/Hospitalist
<ul style="list-style-type: none"> <li>Eileen Consorti, MD</li> </ul>	General Surgery

**VI. General Public Comments**

There were no public comments

**VII. Regular Agenda**

- A. Bay Area Bone and Joint Center Presentation
- A presentation entitled “Bay Area Bone and Joint Center Presentation” was given by Nicholas Pirnia, MD and James DiStefano, MD, in which they summarized the functions and goals of their practice, volumes (office visits, physical therapy, surgical and imaging) and community outreach activities.
- Director Battani inquired if there was anything the hospital could do to assist them in helping to move forward, Dr. Pirina did note a few items; assistance with retooling the website and web search optimization. Currently the Bay Area Bone and Joint Center is difficult to find on the internet search engines, as it is 4 to 5 pages down, they would like to integrate a system to allow the public to access them more efficiently. They also noted that they are going to need more staff in the upcoming future as volumes continue to increase.
- (Presentation available through Administration).

Topic	Discussion	Action / Follow-Up
B.	<b><u>Consent Agenda</u></b>	Item 2 on the Consent Agenda was removed.
	1) Approval of the Renewal of the Office & Professional Employees International Union, Local #29 Memorandum of Understanding, February 1, 2013 – January 31, 2016	Director Battani made a motion to approve the remainder of the Consent Agenda (Items 1 and 2). Director Bratchett seconded the motion. The motion carried.
	2) Approval of Amendment to CEO Employment Contract	
	3) Approval of Resolution 5K: Extension of Spending Authority	
C.	<b><u>Action Items.</u></b>	
	<p>1) Acceptance of the Fiscal Year Ending June 30, 2013 Audited Financial Statements</p> <p>Mr. Rick Jackson, auditor from TCA Partners reviewed the Independent Auditors Report in detail that was included in the board packet. Director McCormick inquired about who would be taking over the audit next year, after the affiliation between Alameda Health System (AHS) and Alameda Hospital (AH) takes place. Mr. Jackson, responded that the District would still require audits, however the Hospital operations would no longer be on the District books. Director Battani, then suggested that we interview a few trustees from other hospitals that have gone through similar affiliations, so that we could better understand the audit process going forward. Mr. Jackson offered to provide some contact names from other District hospitals.</p> <p>Director McCormick inquired about the evaluation of the assets during the change over in order to gain the knowledge of exactly what capital we are starting with prior to the acquisition, including property and liquid assets. He also requested that we place a footnote of the “current” property value of our facilities and land.</p>	Director Bratchett made a motion to accept the June 20, 2013 Audited Financial Statements. Director Battani seconded the motion. The motion was approved.
	<p>2) Acceptance of October 2013 Unaudited Financial Statements and November 21, 2013 Finance and Management Committee Report</p> <p>Mr. Easthope summarized in detail referring back to the Financial Statements in the board packet, the areas that were over budget for the month. He noted that there were a number of “one time” fees that fell into the same month, our current contract with AFD had not invoiced us in 4 months, and we also had some unexpected equipment repairs that contributed to operating loss for the month of \$535,000.</p> <p>Mr. Easthope provided an update on the January 1 – June 30, 2014 6 month budget process indicating that the 6 month budget would be brought to the Finance Committee in January and to</p>	Director Bratchett made a motion to accept the October 2013 Unaudited Financial Statements. Director Battani seconded the motion. The motion carried.

Topic	Discussion	Action / Follow-Up
	the Board in February.	
	<p>3) Approval of Recommendation for District Board Meeting Calendar for January 2014 – June 30, 2014</p> <p>Director Battani requested that the dates be reviewed again to ensure that the meetings do not fall on or conflict any State, Federal or religious holidays.</p>	Director Battani made a motion to approve the District Board meeting calendar. Director Bratchett seconded the motion. The motion carried.
<b>C.</b>	<p><b><u>District Board President's Report</u></b></p> <p>No report.</p>	
<b>D.</b>	<p><b><u>Community Relations and Outreach Committee Report</u></b></p> <p>1) December 3, 2013 Committee Meeting Report</p> <p>Director Battani announced that Terry Kurrasch, will be stepping down as Co-Chair of the committee, as she has taken a leadership role as President of the Alameda Hospital Foundation. With this change in leadership on the committee and the pending affiliation, the committee began discussions on what the role of the committee might be after the affiliation.</p> <p>Director Battani suggested to the committee and brought to the attention of the Board the notion of the committee continuing as a District committee that would still be accountable to the District Board. She also noted another scenario such as combining the Committee in some way with the Alameda Hospital Foundation. Director Battani stated that a co-chair will not be appointed at this time, until more details are worked through and input is received from the Board.</p>	
<b>E.</b>	<p><b><u>Medical Staff President Report</u></b></p> <p>Ms. Stebbins announced in Dr. Collin's absence, the Annual Holiday and New Year's Party will be held on January 10, 2014. All Board members, physicians, employees and volunteers are invited to attend.</p>	
<b>F.</b>	<p><b><u>Chief Executive Officer Report</u></b></p> <p>1) Affiliation Updates</p> <p>2) Monthly CEO Report</p> <p>Ms. Stebbins reviewed the CEO Report that was distributed at the meeting noting that we are currently stepping up on the next round of communications in regards to the affiliation with AHS. We had a very well attended medical staff meeting with extremely positive dialog and questions. In addition, Town Hall meetings with the employees are scheduled for the week of December 16 to keep employees well informed about the upcoming affiliation to the extent that we know. Ms. Stebbins also felt that we should inform the community about the status of the affiliation and what changes may be in store.</p> <p>She also touched base on the addition of Social Services support at the Hospital partly in</p>	

Topic	Discussion	Action / Follow-Up
	<p>anticipation of increased volume as well as an increase in the need with the current patient population. Ms. Stebbins informed the Board that she will be organizing a meeting with Mental Health Services representatives in Alameda County to help to educate hospital staff and physicians regarding the resources and support and that are available to providers and to patients.</p>	
<p><b>VIII. General Public Comments</b> No Public comments</p>		
<p><b>IX. Board Comments</b> No comments.</p>		
<p><b>X. Adjournment</b> Being no further business the meeting was adjourned at 8:00 p.m.</p>		

Attest:

\_\_\_\_\_  
J. Michael McCormick  
President

\_\_\_\_\_  
Tracy Jensen  
Secretary

Date: December 23, 2013

For: January 8, 2014 District Board Meeting

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

From: Phyllis Weiss, Director of Human Resources & Ancillary Services  
Kerry Easthope, Chief Financial Officer

SUBJECT: Approval of the renewal of the ILWU, Local #6, Memorandum of Understanding, July 1, 2013 – June 30, 2016

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**Recommendation:**

Hospital Administration is hereby recommending that the City of Alameda Health Care District Board of Directors approve the renewal of the District's Memorandum of Understanding (MOU) with the International Longshoreman's and Warehousemen's Union (ILWU) Local #6.

This union represents approximately thirteen (13) Radiology Technicians, seven (7) Radiology Aides, one (1) Receptionist and five (5) Surgical Technicians. These employees work in the Radiology and Surgical Departments at the Hospital.

The term of the agreement is July 1, 2013 through June 30, 2016. A summary of the changes to the MOU are itemized in the "Discussion" section below and a full copy of the Tentative Agreements and the expired MOU are available for review upon request.

**Background:**

Hospital Management met with ILWU's bargaining team starting in June of 2013 and we were able to conclude negotiations on December 4, 2013. Their ratification vote was finalized on Monday, December 16, 2013. Contract extensions have been in place since the original expiration date of July 1, 2013.

Negotiating sessions were amicable and conducted in a professional manner. Management feels that the Business Representative, the bargaining team members and the members of the unit understood the Hospital's challenges and took them very seriously as reflected in the terms of this three (3) year agreement.

**Discussion:**

A summary of the most significant Tentative Agreements which modify the existing MOU are as follows:



- Three (3) year agreement (7/1/13 – 6/30/16)
- Continuation of the wage freeze at the January 1, 2009 wage level
- Wage openers on July 1, 2014 and July 1, 2015
- Created a temporary “Lead Surgical Tech” position with a small increase, to expire on July 1, 2014
- Offering small bonus to CT techs who obtain Certification prior to January 1, 2014  
(will be required after that date)
- Waiver of requirement for new hires to have two years of previous experience as a Rad Tech if the candidate completed their training at Alameda Hospital
- Moved existing language to more appropriate Sections of the MOU
- Deletion of expired language in the MOU

THOMAS L. DRISCOLL  
ATTORNEY AT LAW

MEMORANDUM

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

**FROM:** Thomas L. Driscoll  
General Counsel

**DATE:** January 2, 2014

**RE:** Amendment to CEO Employment Agreement

Attached for your consideration is a proposed Amendment to the Employment Agreement of Deborah E. Stebbins, CEO of Alameda Hospital.

Given the unique structure of the impending Affiliation with Alameda Health System, your Board has requested an amendment of the termination provisions of the CEO's Employment Agreement to clarify that the implementation of the Affiliation would constitute a 'Change of Control' for purposes of her Employment Agreement. Accordingly, upon approval of the Board, the termination section of her Employment Agreement would be revised to read, as follows (changes from the original language are highlighted):

**Termination.** Employment shall continue until terminated by Stebbins or the District. Except as provided below, Stebbins agrees to provide at least ninety ~~days~~ ~~noticed~~ ~~days'~~ notice of resignation. If the District terminates Stebbins' employment (a) other than for cause or disability or (b) the District sends Stebbins a notice of nonrenewal under Section 3, which notice actually results in the nonrenewal of this Agreement, or (c) Stebbins resigns after suffering a material reduction in duties (including but not limited to a position that does not report directly to a Board of Directors/Trustees) or salary at any time within ~~six~~ ~~three~~ (63) months following the effective date of a Change in Control (as defined below), then in addition to any compensation otherwise due to her through her last day of employment, the District shall pay Stebbins a lump sum equal to the lesser of (1) the number of months remaining in the term of this Agreement, including one renewal term, or (2) eighteen (18) times Stebbins' base monthly compensation. A "Change of Control" ~~of the District~~ shall be deemed to have occurred if: (1) the District sells or disposes of all or substantially all of the District's assets other than to an affiliate of the District or (2) the District merges or consolidates or otherwise affiliates with any other "Separate eEntity" (including but not limited to a Joint Powers Agreement with another public agency) such that a governing body other than the District's Board of Directors is responsible for the day-to-day operations of Alameda Hospital, but excluding a merger or consolidation or other affiliation in which the members of the

Board of Directors of the District remain unchanged or in majority voting control of Alameda Hospital after closing, or the merger is with an affiliate of the District. Any severance payment described above will be wholly contingent upon execution and delivery by Stebbins of a Separation Agreement which (1) contains a release of all claims in a form acceptable to the District, (2) restricts Stebbins from accepting any offer to perform compensated services with or for the Separate Entity (or any entity it controls) for a period of one (1) year following her last day of employment with the District, and (3) will be subject to legally required deductions and withholdings. Cause shall mean Stebbins' failure or serious negligence in performance, breach of restrictive covenants or misconduct that could be materially harmful to the District or any of its affiliates. In the event Stebbins becomes disabled from working, as defined by the applicable disability plan maintained by the District, the District will continue Stebbins' base salary and will continue to contribute to the premium cost of Stebbins' benefits to the extent permitted by plan terms for up to a total of 180 days, less amounts received from other sources during such period including disability insurance provided by the District or governmental disability payments. The District may terminate Stebbins' employment if Stebbins is disabled from working for more than 90 days in any twelve-month period.

# THE CITY OF ALAMEDA HEALTH CARE DISTRICT

## ALAMEDA HOSPITAL

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### UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING NOVEMBER 30, 2013

**CITY OF ALAMEDA HEALTH CARE DISTRICT  
ALAMEDA HOSPITAL  
NOVEMBER 30, 2013**

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# ALAMEDA HOSPITAL MANAGEMENT DISCUSSION AND ANALYSIS NOVEMBER 2013

The management of 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 November 30, 2013 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.

## *Highlights*

For the month of November, the hospital experienced a combined net operating loss of \$376,000 against a budgeted gain of \$31,000.

Net Revenue was below budget as were patient days and discharges, particularly in the acute setting. Total expenses were almost \$7.1 million in November, which is \$68,000 or 1.0% below budget.

November had 202 acute discharges, which were 42 or 17.2% below budget of 244 and total acute patient days were 844 or 132 (13.5%) below budget. The acute ALOS decreased from 4.42 in the prior month to 4.18 in November. Subacute days were up 0.7%, skilled nursing days were up at South Shore by 4.2% and Waters Edge were up by 2.4%.

Overall outpatient activity was mostly below budget this month. Outpatient registrations were down 7.8%, Emergency Room visits were 98 or 6.7% below budget. The Wound Care program had 386 visits in November compared to a budget of 350, or 10.3% above budget. In November there were 66 HBO treatments compared to 86 in October.

The overall Case Mix Index (CMI) in November was 1.3116, below the prior month and also below the FY 2014 average of 1.3287.

Cash and cash equivalents were almost \$2.4 million at the end of November, up from prior month at \$1.7 million. Total cash collections in November were just over \$6.4 million, which includes about \$350,000 supplemental funding for DP skilled nursing payments for prior periods. In addition, the hospital also received a total of \$866,000 from the IGT transfer back in September, which includes the \$476,000 initial outlay plus \$390,000 net match.

### **Year to Date:**

The net YTD loss is almost \$1.5 million versus budgeted net loss of \$954,000, which is primarily attributed to the lower acute inpatient discharges relative to patient days, fewer emergency room visits, outpatient registrations and surgical cases.

Acute discharges are 89 under budget and total discharges are 98 under budget. Acute patient days 133 under budget and Long Term Care patient days are 774 above budget. Emergency and Wound Care visits are 646 under and 388 above budget respectively. Outpatient registrations are 236 below budget and total surgeries are 53 (5.9%) below budget with the majority of this coming from outpatient cases.

Both inpatient and outpatient gross revenue are under budget (1.6%) mostly occurring in November, and total net patient revenue is 464,000 under budget (1.5%) with net clinic revenue is running \$60,000 under budget.

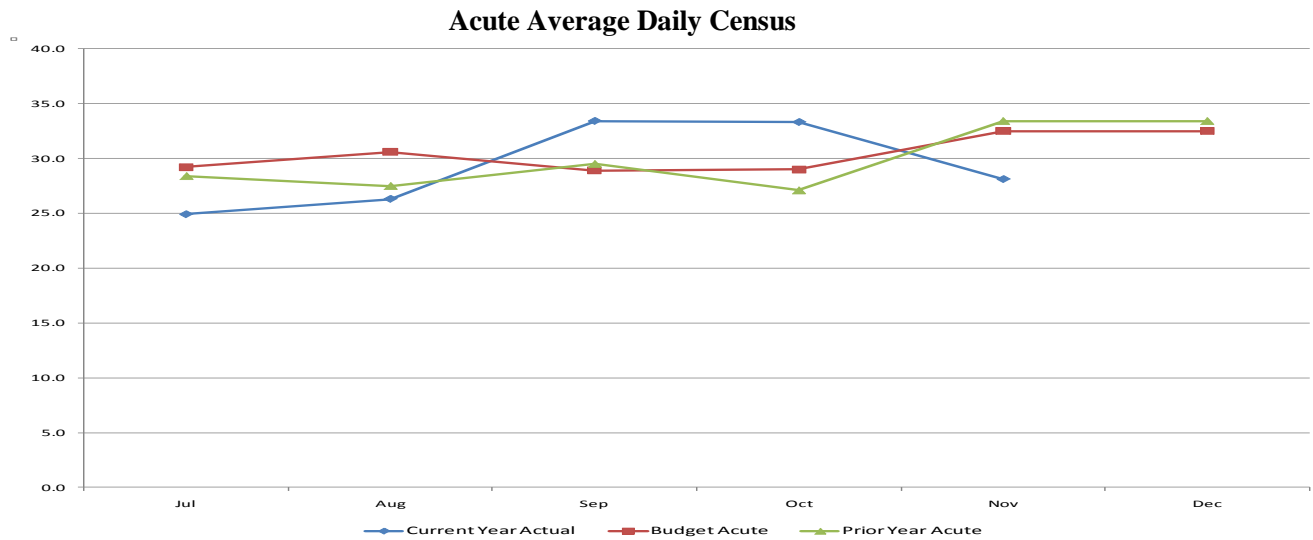
Total Operating Expenses are very close to budget (\$70,000 under) with the most significant variance being Salaries \$537,000 above budget offset by Benefits expense being \$555,000 below budget.

## *ACTIVITY*

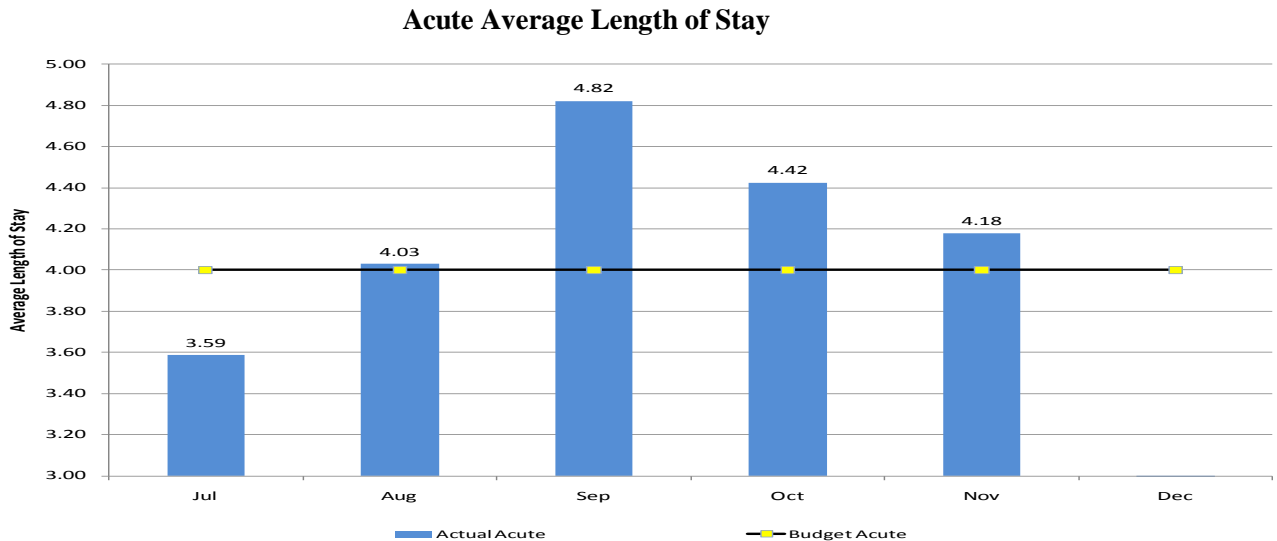
### ACUTE, SUBACUTE AND SNF SERVICES

Overall, patient days were below budget this month by 0.3%, but above November of last year. This month's acute days were below budget by 13.5%, Subacute was up 0.7%, South Shore was up 4.2% and Waters Edge was up 2.4%.

November's acute patient days were 132 days or 13.5% lower than budget for the month and 15.6% lower than November 2012. After several months of acute days at or above budget, all areas of the Acute Hospital units contributed to the lower acute census in November. The acute care program is comprised of the Critical Care Unit (4.0 ADC, 13.8% below budget), Telemetry / Definitive Observation Unit (11.6 ADC, 4.9% below budget) and Med/Surg Unit (12.6 ADC, 20.1% below budget).

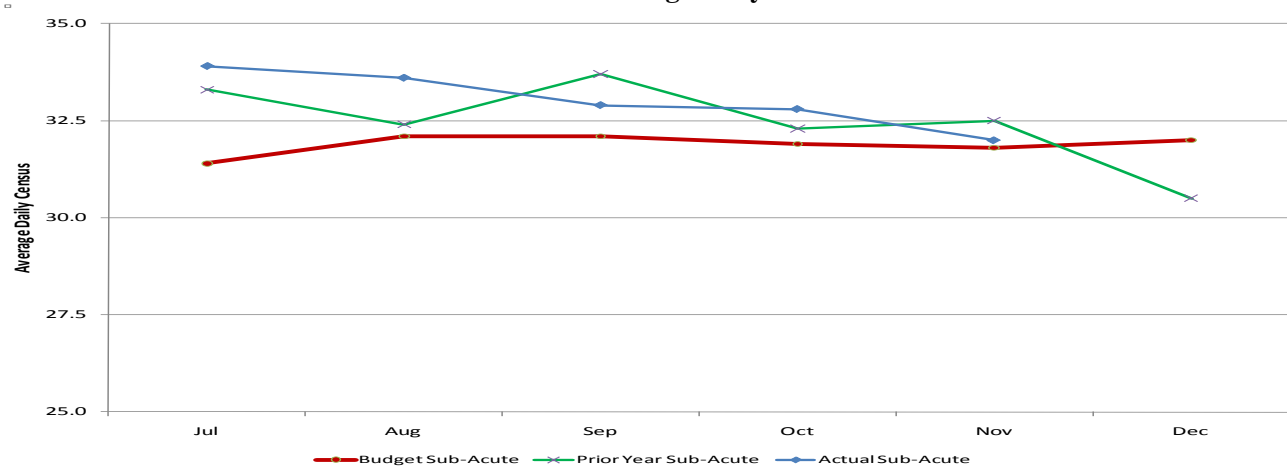


The acute Average Length of Stay (ALOS) decreased from last month of 4.42 to 4.18 in November and is above the budget of 4.00. Case managers and physicians review discharge plans each day with physicians to help ensure patients are being discharged in a timely manner given each patients individual circumstance. Over the past three months there has been an inordinate number of patients that have required longer acute stays, increased use of sitters, and others with difficult discharge placement challenges. Management will continue to meet with members of the medical staff, including discussions at the UM Committee to best manage these and other utilization concerns. Managing length of stay will become critical in January for acute Medi-Cal patients as the hospital begins getting paid on Medi-Cal DRG's. The graph below shows the ALOS by month compared to the budget.



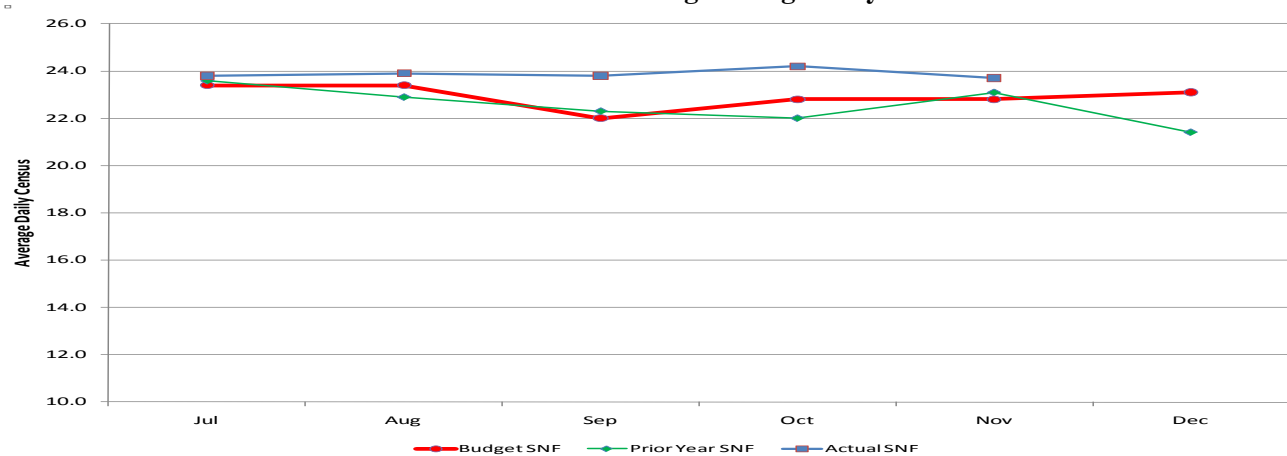
The Subacute program ADC of 32.00 was just above the budget by 0.23 ADC or 0.7%. The graph below shows the Subacute ADC for the current fiscal year as compared to budget and the prior year.

**Subacute Average Daily Census**



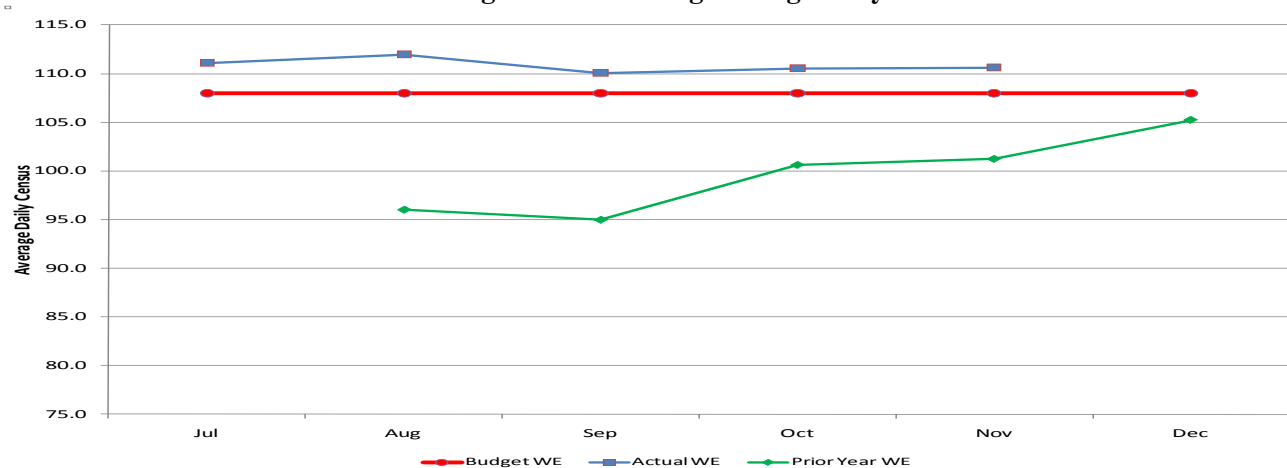
The South Shore ADC was above budget again by 29 patient days (4.2%) for the month of November. The graph below shows the South Shore monthly ADC as compared to budget and the prior year. In November the number of Medicare A skilled patients was 2.53 ADC, below the 3.97 ADC in October but below the budget of 4.01.

**South Shore Skilled Nursing Average Daily Census**



Waters Edge census was 110.63 ADC or 2.4% above the budget of 108.0 in November. The Medicare census was 8.7 ADC above the 6.6 ADC in the prior month, and below the Medicare ADC budget of 16.2.

**Waters Edge Skilled Nursing Average Daily Census**



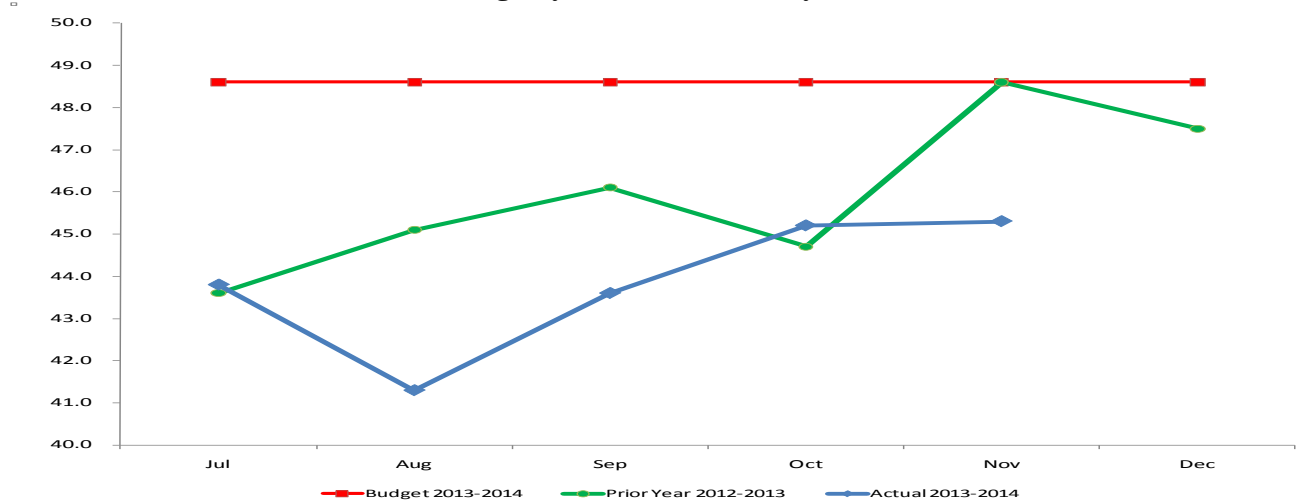


## *ANCILLARY SERVICES*

### Outpatient Services

Emergency Care Center (ECC) visits in November were 1,360, or 98 visits (6.7%) below the budget of 1,458. The inpatient admission rate from the ECC was 17.4% just below the 18.0% admit rate in October. On a per day basis, the total visits represent an increase of 0.2% from the prior month daily average. In November, there were 289 ambulance arrivals versus 322 in the prior month. Of the 289 ambulance arrivals in the current month, 184 or 63.7% were from Alameda Fire Department (AFD).

**Emergency Care Visits Per Day**



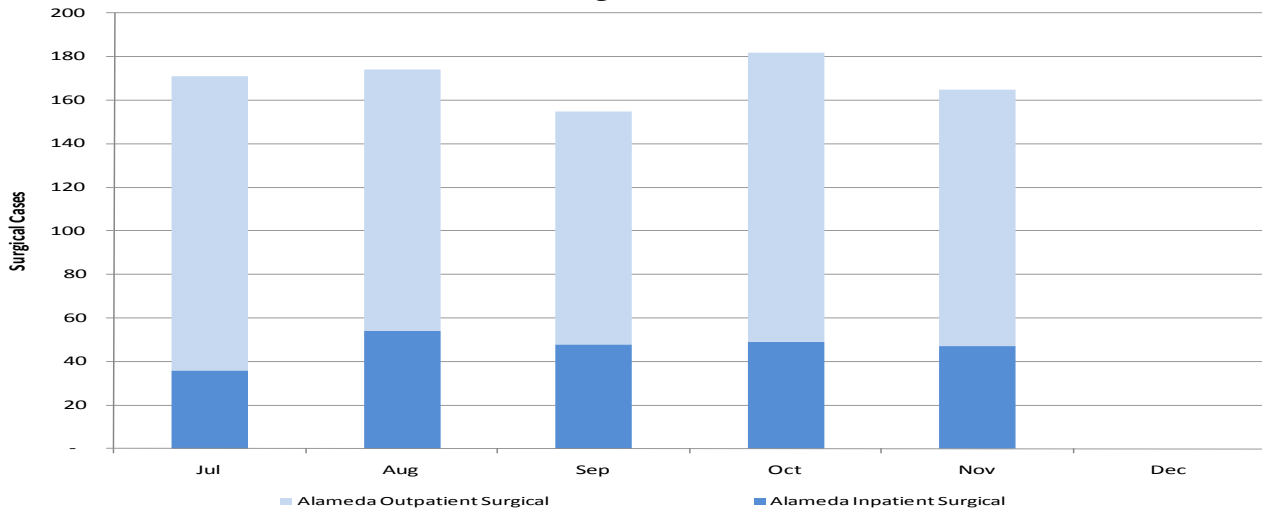
Outpatient registrations totaled 1,898 or 7.8% below the budget. In November the number of patient visits were down in Laboratory (159), IV Therapy (26), Radiology (71) and EKG (11). Visits were up in Physical Therapy (87) and MRI (16). In November there were 116 Therapy visits and 88 Imaging procedures from the new orthopedic clinic, compared to 143 and 129 respectively in October.

In November, Wound Care was above the budget of 350 with 386 visits, or 10.3% over budget. Hyperbaric Oxygen treatments accounted for 66 of those visits, compared to 86 in November.

### Surgery

The total number of surgery cases in November were 165 or 10.8% below the budget of 185 but exactly last year's case volume of 165. Inpatient cases of 47 were below the budget of 52 and outpatient was below budget by 15 (11.3%) at 118 cases. Included in the total cases are 7 surgeries for our new general surgeon, Dr. John Lee. In comparison, Dr. Celada performed 14 surgeries compared to the 16 he performed in November 2012.

**Surgical Cases**



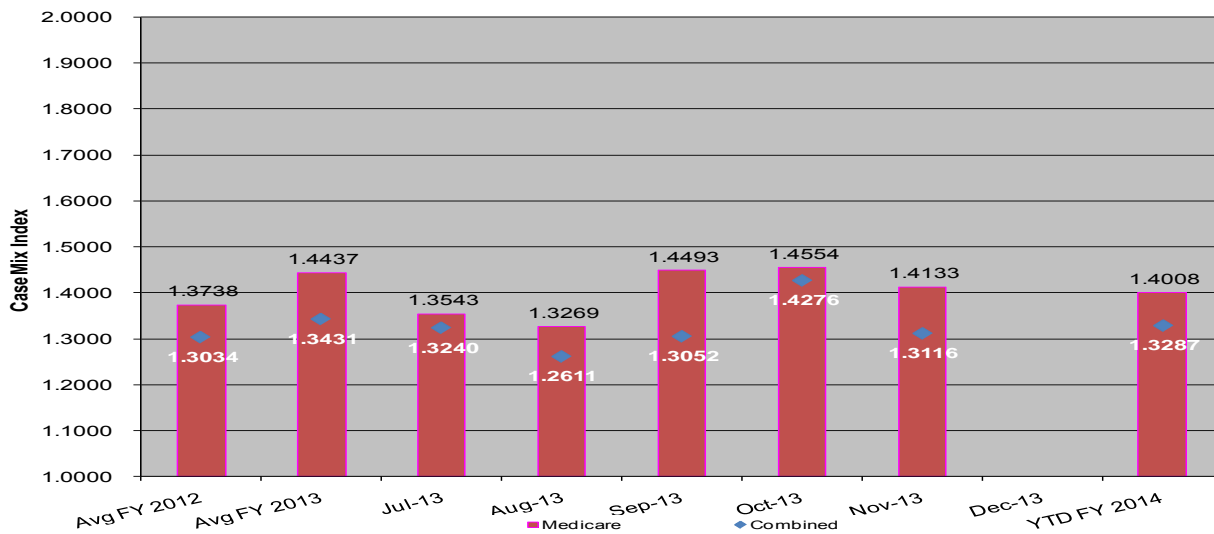
### *Payer Mix*

The Hospital's overall payer mix compared to budget is illustrated below. This is inclusive of the Waters Edge revenue.

	<u>Nov Actual</u>	<u>Nov Budget</u>
Medicare	48.1%	47.7%
Medi-Cal	29.0%	26.8%
Managed Care	12.7%	16.3%
Other	3.4%	2.9%
Commerical	0.9%	1.3%
Self-Pay	5.8%	5.0%
Total	100.0%	100.0%

### *Case Mix Index*

The Hospital's overall Case Mix Index (CMI) for November was 1.3116, down from the prior month of 1.4276 (8.1%). The Medicare CMI was 1.4133 in November, below the prior month of 1.4554 (2.9%). The graph below shows the Medicare CMI for the Hospital during the current fiscal year as compared to the prior two years.



### *Revenue*

Gross patient charges in November were below the budget by more than \$2.4 million or 8.5%. Inpatient gross revenues were \$2.1 million below budget and outpatient gross revenues were down \$321,000. Acute inpatient days were 132 (13.5%) below budget and acute gross revenue was down almost 12.0%. Inpatient ancillary service charges were below budget in almost all departments except for Medical Supplies which were above budget.

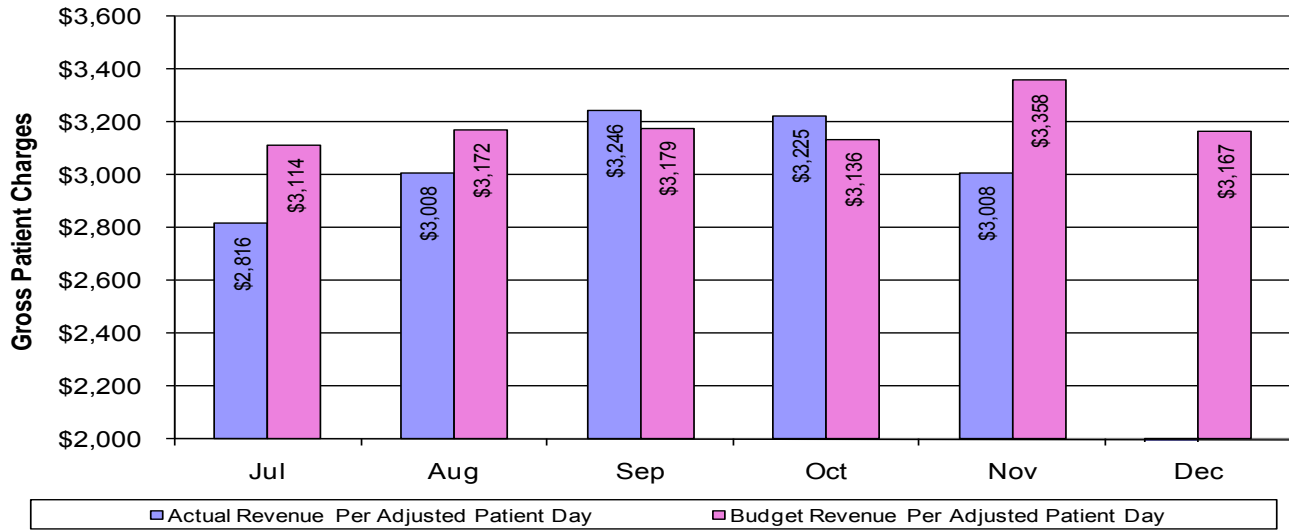
Waters Edge gross and net revenue were above budget in November consistent with the volume. The ancillary revenue was below budget 10.0% ( mostly due to therapy services) and the routine daily room and board revenue was above budget by 4.6%.

Outpatient gross revenues were lower than budget by \$321,000 (3.7%). Emergency, Laboratory, Pharmacy and IVT were below budget while the Rehab and Surgery were above budget.

Wound Care volume was above budget 10.3% and the gross revenue was above budget by \$95,600 (13.9%), resulting in Net Revenue coming in \$22,000 (14.1%) above budget for the month. While the use of skin products drove up revenue, HBOT activity was down from prior month. Much of the increase in Gross and Net Revenue was associated with reimbursable skin graft products that also result in higher supply expense.

On an adjusted patient day basis, total patient revenue was \$3,008 below the budget of \$3,368 for the month of November. The table below shows the Hospital's monthly gross revenue per adjusted patient day by month and year-to-date for Fiscal Year 2014 compared to budget.

### Gross Charges per Adjusted Patient



### Contractual Allowances and Net 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 payers such as Blue Cross. A Net Revenue percentage of 23.2% was budgeted and 23.7% was realized.

Total Net Operating Revenue was just over \$6.2 million, \$454,000 below budget, or 6.8%. As previously discussed, acute discharges at 17.2% below budget, Emergency room visits 6.7% below budget and other outpatient registrations 7.8% below budget resulted in Gross Inpatient Revenue to be \$2.1 million under budget and Gross Outpatient Revenue to be \$321,000 below budget. The net revenue impact being the \$454,000 under budget.

Waters Edge had Net Revenues of almost \$1.26 million, \$18,000 or 1.5% above budget. Although the overall census was higher than budgeted, we again had fewer Medicare patients and a higher number of Medi-Cal patients.

Wound Care net revenue was \$22,267 (14.1%) above budget. The increased use of skin graft products helped contribute to the higher revenue even though the HBO Treatments were down 20 from the prior month.

The hospital did receive about \$350,000 in supplemental distinct part funds also for the periods associated with the AB 97 rate reduction. However, to help mitigate the recent sharp increase in period RAC recoveries and to maintain adequate Medicare contractual reserve for such recoveries on the balance sheet, this supplemental funding was used to bolster balance sheet reserves for Medicare RAC versus taking it through to net income. As we continue to appeal and win Medicare RAC claims, we will recognize the additional net revenue as this occurs.

## *Expenses*

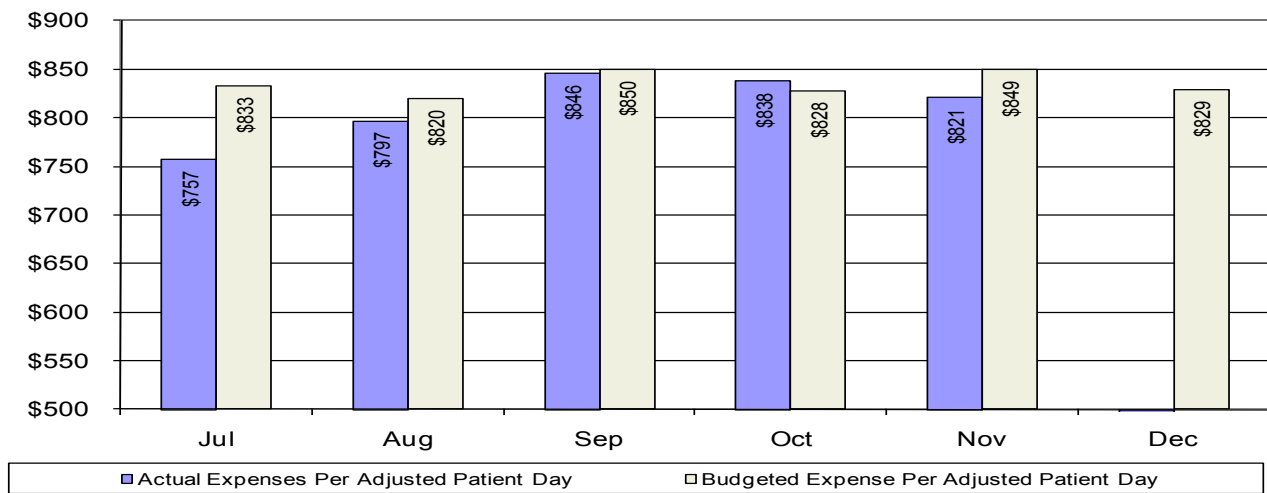
### Total Operating Expenses

Total operating expenses were \$7.1 million which was lower than the fixed budget by \$68,000 or 1.0%. Expenses are lower to a great extent because of the lower acute patient days and lower outpatient visits / registrations in key service areas.

Salaries, rents and leases were above budget while benefits, professional fees were under budget. All other expense categories were reasonably close to budget.

The graph below shows the actual Hospital operating expenses on an adjusted patient day basis for the fiscal year by month as compared to budget.

**Expenses per Adjusted Patient Day**



The following are explanations of the significant areas of variance that were experienced in the current month.

### Salary and Temporary Agency Expenses

Salary and temporary agency costs combined were unfavorable to the fixed budget by \$59,000 (1.6%). Total salaries are above budget \$67,000 and Registry (temporary agency services) is below budget \$8,000.

The \$67,000 unfavorable salary expense variance is comprised of productive salaries being \$130,000 (4.2%) under budget and non-productive salaries were \$197,000 (42.0%) over budget mostly due to higher PTO/vacation usage during the Thanksgiving holiday weekend.

Productive salaries were under budget overall driven by the lower census and the holiday at the end of the month. This is despite the continued high usage of sitters, particularly in the DOU and 3 West acute units. In addition, a couple of other departments were over budget i.e. Sub-Acute, Emergency and Wound Care. These departments identified their original budget was lower than they needed for core staffing to properly cover the volumes. The budget for the next six months will incorporate the change to these departments and they should be running closer to budget.

Non-productive salaries being over budget is offset, in part, by benefits expense being under budget \$58,000, some of this coming from a reduction in PTO / Vacation accrual as employees continue to take time off. The expense benefit comes from those positions that do not need to be replaced when off e.g. administration and other overhead departments. In addition, non-productive was high due to new hire employee orientations continuing in the acute nursing units as well as in the Emergency Room, and due to extra vacation usage during the Thanksgiving weekend. Waters Edge also was busy with six new orientees, which will help alleviate the need for registry going forward.

The use of overtime and double time premium pay is down again in November by approximately \$46,000 from the prior four month average as we strive to get better control of this expensive component of the total salaries. This month, though, we did incur Holiday Worked time, which is also paid at a premium for those staff that work on Thanksgiving Day. The productive salaries per adjusted patient day (APD) were \$340 compared to a budget of \$363. Total salaries per APD were \$415 compared to a budget of \$418 per APD.

Registry expense was very close to budget. While there was unplanned usage of temporary help in Imaging, Rehab, Respiratory Therapy and Patient Accounting to replace vacant positions the usage in the acute nursing units is down due to the hiring of staff to cover these units with hospital employees.

Management does continue to meet every other week as an Executive Team to review and discuss staffing and salary/wage actual to budget variances which is very helpful to understand these variances in real time.

### **Benefits**

Benefits were below the fixed budget by \$58,000. While these numbers fluctuate from month to month, health claim expense was higher while the PTO accrual was down again this month. PTO/Vacation usage has continue to be higher as we have been encouraging employees to use their PTO/Vacation time which thus reduces the amount of accrual needed. Accrual for PTO / Vacation was a negative expense of \$11,000 in November, and is a direct offset to the higher non-productive wages discussed above. In addition the FICA expense is below budget as some employee salaries reach the FICA limit for the year.

### **Professional Fees**

Professional fees were under budget by \$73,000 or 14.5%. Wound Care management fees were above budget due to volume. Overall consulting and related fees in Administration and Information Systems were less than anticipated resulting in a positive variance. In addition, there were some prior period physician fee accrual corrections that were othat resulted in a positive impact of \$45,000.

### **Supplies**

Supplies expense were \$5,000 under budget. While many departments were at or below budget, there are negative variances in Surgery, Wound Care, and Waters Edge . Wound care supplies were higher than budget as were patient visits in the clinic, due to higher volume of skin graft procedures. Many of wound cares supply expenses are reimbursable and reflected in net revenue estimations. Waters Edge had higher expense in November, including several bed rentals during November. This will be monitored more closely in future months.

### **Purchased Services**

Purchased services were below budget for the month of November by \$6,000 or 1.1%. While there were some departments higher than budget such as Laundry (includes some Angelica expense from October), Clinical Engineering and Patient Accounting (Health Advocate expenses) there were several departments under budget such as Waters Edge, Acute Nursing, Laboratory and General Accounting resulting in the overall variance being positive to budget.

### **Rents and Leases**

Rents and lease expense was \$15,000 over budget in the month. Central Supply (equipment rentals) and Administration (Xerox lease) were over budget. In addition, the annual building rent increase for the Alameda Town Center building was about \$2,500 per month higher than budgeted and Waters Edge rent has increased \$2,800 per month as well. The higher rent/lease increases were not anticipated during the budget process but will be in the budget for the second half of fiscal 2014.

### **Other Operating Expense**

Other Operating Expenses were under budget this month by \$8,000 made up of many small positive variances throughout the hospital departments.

### **Depreciation Expense**

Depreciation Expenses was \$5,000 over budget. The budget failed to pick up the proper value of recent projects that have moved from Construction in Progress to depreciable assets. We have had three key projects, Meditech EDM applications, seismic – emergency egress lighting and 2 West Subacute sprinkler project. These new items will be accounted for in the budget for the second half of fiscal 2014.

**Non-Operating Income / (Expense):**

Other Income/(Expense) was just \$14,000 under budget. We had assumed in the budget a contribution from the Foundation during this six month budget period of \$150,000. We have not recorded any portion of the receivable for this but will do so once a contribution is made later in the year.

***Balance Sheet***

Total assets decreased by almost \$600,000 from the prior month. The following items make up the decrease in assets:

- Total unrestricted cash and cash equivalents for November increased by almost \$600,000 and days cash on hand including restricted use funds also increased to 11.2 days cash on hand in November up from 8.3 days cash on hand in October. Most of the increase is associated with the return of \$866,000 IGT funds that were transferred and matched back in September. Patient collections in November again averaged \$200,000 per day, this is close to the prior monthly averages.
- Net patient accounts receivable was \$10.7 million, just below the prior month of \$11.0 million as a result of the lower inpatient and outpatient volumes and steady collections.
- Days in outstanding receivables were back down to 52.32 at November month end, a decrease from the October number of 54.13 days. Cash collections in November were \$6.0 million compared to \$6.2 million in October.
- Other Receivables decreased by \$927,000 primarily the result of the \$866,000 IGT funds mentioned above.

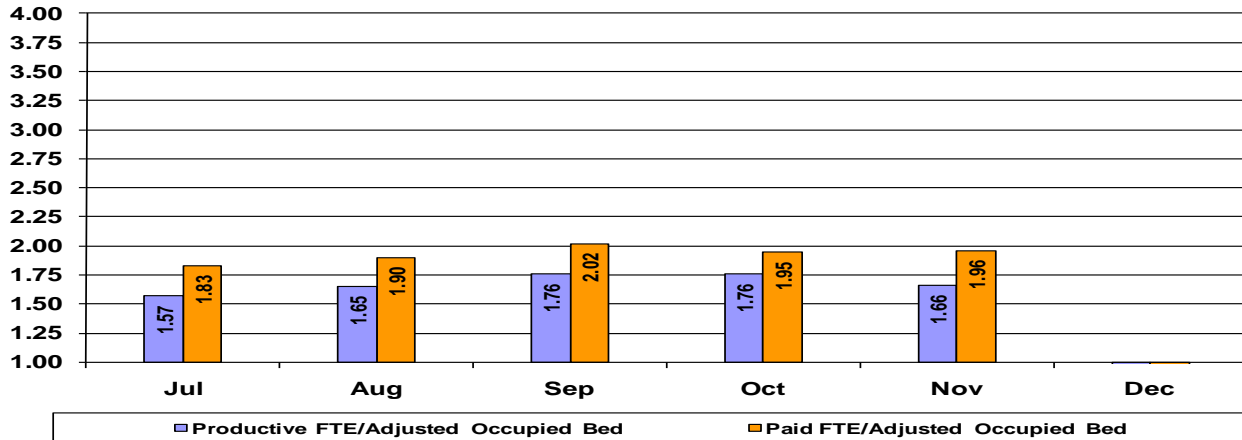
Overall, total liabilities decreased by \$250,000 from the prior month:

- Accounts payable remained constant at \$11.9 million which equates to 158 AP Days, but up from the 152 days in October due to one less day in the month of November.
- Payroll related accruals increased almost \$270,000 due to the timing the the pay periods in the month.
- Deferred revenues decreased by \$472,000 due to the recognition of one-twelfth of the 2013/2014 parcel tax revenues, which will be realized over the course of the fiscal year.
- Current Portion of Long Term Debt in the month of November decreased by \$42,000 as we continue to pay down current debt obligations.
- Third Party Payer Settlements remained consistent with the prior month as there was no activity in this area in November.

## *Key Statistics*

### FTE's Per Adjusted Occupied Bed

For the month of November Productive FTE's per Adjusted Occupied Bed were 1.66, just below the budget of 1.73 FTE's by 4.2%. Paid FTE's per Adjusted Occupied Bed were 1.96 or 1.4% below the budget. The graph below shows the productive and paid FTE's per Adjusted Occupied Bed for FY 2014 by month.



### Current Ratio

The current ratio for November is 0.94 with the deferred tax liability removed from the calculation.

### A/R days

Net days in accounts receivable (A/R) are currently at 52.32. This is just below the prior month of 54.13. Net A/R days are down due to slightly lower patient activity and total Revenue during this past months combined with sustained positive patient accounts receivable collections.

### Days Cash on Hand

Days cash on hand for November were 11.1, an increase from prior month of 8.3.

The following pages include the detailed financial statements for the five (5) months ended November 30, 2013, of Fiscal Year 2014.

**ALAMEDA HOSPITAL  
KEY STATISTICS  
NOVEMBER 2013**

	<u>ACTUAL NOVEMBER 2013</u>	<u>CURRENT FIXED BUDGET</u>	<u>VARIANCE (UNDER) OVER</u>	<u>%</u>	<u>NOVEMBER 2012</u>	<u>YTD NOVEMBER 2013</u>	<u>YTD FIXED BUDGET</u>	<u>VARIANCE</u>	<u>%</u>	<u>YTD NOVEMBER 2012</u>
<b>Discharges:</b>										
Total Acute	202	244	(42)	-17.2%	260	1,060	1,149	(89)	-7.7%	1,145
Total Sub-Acute	-	3	(3)	-100.0%	2	7	15	(8)	-53.3%	12
Total South Shore	6	5	1	20.0%	8	31	28	3	10.7%	30
Total Waters Edge	<u>23</u>	<u>15</u>	<u>8</u>	<u>53.3%</u>	<u>14</u>	<u>71</u>	<u>75</u>	<u>(4)</u>	<u>-5.3%</u>	<u>51</u>
	231	267	(36)	-13.5%	284	1,169	1,267	(98)	-7.7%	1,238
<b>Patient Days:</b>										
Total Acute	844	976	(132)	-13.5%	1,001	4,463	4,596	(133)	-2.9%	4,461
Total Sub-Acute	960	953	7	0.7%	974	5,055	4,873	182	3.7%	5,021
Total South Shore	712	683	29	4.2%	694	3,653	3,500	153	4.4%	3,485
Total Waters Edge	<u>3,319</u>	<u>3,240</u>	<u>79</u>	<u>2.4%</u>	<u>3,037</u>	<u>16,963</u>	<u>16,524</u>	<u>439</u>	<u>2.7%</u>	<u>11,983</u>
	5,835	5,852	(17)	-0.3%	5,706	30,134	29,493	641	2.2%	24,950
<b>Average Length of Stay</b>										
Total Acute	4.18	4.00	0.18	4.5%	3.85	4.21	4.00	0.21	5.3%	3.90
<b>Average Daily Census</b>										
Total Acute	28.13	32.53	(4.40)	-13.5%	33.37	29.17	30.04	(0.87)	-2.9%	29.16
Total Sub-Acute	32.00	31.77	0.23	0.7%	32.47	33.04	31.85	1.19	3.7%	32.82
Total South Shore	23.73	22.77	0.97	4.2%	23.13	23.88	22.88	1.00	4.4%	22.78
Total Waters Edge	<u>110.63</u>	<u>108.00</u>	<u>2.63</u>	<u>2.4%</u>	<u>101.23</u>	<u>110.87</u>	<u>108.00</u>	<u>2.87</u>	<u>2.7%</u>	<u>98.22</u>
	194.50	195.07	(0.57)	-0.3%	190.20	196.95	192.76	0.32	0.2%	182.97
<b>Emergency Room Visits</b>	1,360	1,458	(98)	-6.7%	1,457	6,707	7,353	(646)	-8.8%	6,975
<b>Wound Care Clinic Visits</b>	386	350	36	10.3%	296	2,138	1,750	388	22.2%	817
<b>Outpatient Registrations</b>	1,898	2,059	(161)	-7.8%	1,867	10,288	10,524	(236)	-2.2%	9,560
<b>Surgery Cases:</b>										
Inpatient	47	52	(5)	-9.6%	45	234	246	(12)	-4.9%	214
Outpatient	<u>118</u>	<u>133</u>	<u>(15)</u>	<u>-11.3%</u>	<u>120</u>	<u>613</u>	<u>654</u>	<u>(41)</u>	<u>-6.3%</u>	<u>609</u>
	165	185	(20)	-10.8%	165	847	900	(53)	-5.9%	823
<b>Adjusted Occupied Bed (AOB)</b>	287.39	280.87	6.52	2.3%	271.13	287.36	279.80	7.56	2.7%	235.14
<b>Productive FTE</b>	476.92	486.53	(9.61)	-2.0%	583.92	484.07	481.49	2.57	0.5%	443.29
<b>Total FTE</b>	562.81	558.06	4.75	0.9%	541.93	555.67	547.58	8.08	1.5%	502.61
<b>Productive FTE/Adj. Occ. Bed</b>	1.66	1.73	(0.07)	-4.2%	2.15	1.68	1.72	(0.04)	-2.1%	1.89
<b>Total FTE/ Adj. Occ. Bed</b>	1.96	1.99	(0.03)	-1.4%	2.00	1.93	1.96	(0.02)	-1.2%	2.14



**City of Alameda Health Care District**  
**Statements of Financial Position**  
November 30, 2013

	Current Month	Prior Month	Prior Year End
<b>Assets</b>			
Current Assets:			
Cash and Cash Equivalents	\$ 2,365,818	\$ 1,757,096	\$ 4,861,959
Patient Accounts Receivable, net	10,692,785	11,052,611	12,041,516
Other Receivables	6,155,993	7,084,668	6,301,762
Third-Party Payer Settlement Receivables	-	-	-
Inventories	1,270,322	1,264,113	1,266,892
Prepays and Other	529,980	474,870	450,309
Total Current Assets	21,014,897	21,633,358	24,922,439
Assets Limited as to Use, net	243,782	232,868	189,755
<b>Fixed Assets</b>			
Land	877,945	877,945	877,945
Depreciable capital assets	45,705,151	45,551,614	45,422,895
Construction in progress	4,185,649	4,239,496	3,583,725
Depreciation	(41,018,046)	(40,930,521)	(40,581,813)
Property, Plant and Equipment, net	9,750,699	9,738,534	9,302,752
<b>Total Assets</b>	<b>\$ 31,009,378</b>	<b>\$ 31,604,760</b>	<b>\$ 34,414,946</b>
<b>Liabilities and Net Assets</b>			
Current Liabilities:			
Current Portion of Long Term Debt	\$ 2,085,696	\$ 2,127,461	\$ 826,007
Accounts Payable and Accrued Expenses	11,982,814	11,958,741	11,823,357
Payroll Related Accruals	5,092,657	4,821,986	5,195,271
Deferred Revenue	3,372,657	3,854,667	5,731,269
Employee Health Related Accruals	694,337	661,484	714,297
Third-Party Payer Settlement Payable	2,513,847	2,531,951	3,796,593
Total Current Liabilities	25,742,008	25,956,290	28,086,794
Long Term Debt, net	1,902,670	1,918,697	1,578,289
Total Liabilities	27,644,678	27,874,987	29,665,083
Net Assets:			
Unrestricted	3,120,918	3,496,903	4,350,108
Temporarily Restricted	243,782	232,868	399,755
Total Net Assets	3,364,701	3,729,771	4,749,863
<b>Total Liabilities and Net Assets</b>	<b>\$ 31,009,378</b>	<b>\$ 31,604,758</b>	<b>\$ 34,414,946</b>

**City of Alameda Health Care District**

**Statements of Operations**

November 30, 2013

\$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
Patient Days	5,835	5,852	(17)	-0.3%	5,706	30,134	29,494	640	2.2%	24,950
Discharges	231	267	(36)	-13.5%	284	1,169	1,266	(97)	-7.7%	1,238
ALOS (Average Length of Stay)	25.26	21.92	3.34	15.2%	20.09	25.78	23.30	2.48	10.6%	20.15
ADC (Average Daily Census)	194.5	195.1	(0.56)	-0.3%	190.2	197.0	192.8	4.19	2.2%	163.1
CMI (Case Mix Index)	1.3116				1.4469	1.3287				1.3610
<b>Revenues</b>										
Gross Inpatient Revenues	\$ 17,554	\$ 19,652	\$ (2,098)	-10.7%	\$ 18,655	\$ 92,273	\$ 94,124	\$ (1,851)	-2.0%	\$ 85,834
Gross Outpatient Revenues	8,385	8,706	(321)	-3.7%	7,882	42,173	42,440	(267)	-0.6%	37,977
Total Gross Revenues	25,939	28,359	(2,419)	-8.5%	26,537	134,446	136,564	(2,118)	-1.6%	123,812
Contractual Deductions	19,603	20,534	931	4.5%	19,472	99,948	98,654	(1,294)	-1.3%	87,951
Bad Debts	178	1,102	923	83.8%	756	2,549	5,509	2,960	53.7%	6,067
Charity and Other Adjustments	3	133	130	97.5%	-	679	667	(13)	-1.9%	435
Net Patient Revenues	6,155	6,590	(435)	-6.6%	6,309	31,270	31,734	(464)	-1.5%	29,359
Net Patient Revenue %	23.7%	23.2%			23.8%	23.3%	23.2%			23.7%
Net Clinic Revenue	69	88	(18)	-21.0%	56	378	438	(60)	-13.6%	213
Other Operating Revenue	10	12	(3)	-21.0%	18	55	60	(5)	-8.9%	64
<b>Total Revenues</b>	<b>6,234</b>	<b>6,689</b>	<b>(456)</b>	<b>-6.8%</b>	<b>6,383</b>	<b>31,703</b>	<b>32,232</b>	<b>(529)</b>	<b>-1.6%</b>	<b>29,636</b>
<b>Expenses</b>										
Salaries	3,600	3,534	(67)	-1.9%	3,439	18,096	17,560	(537)	-3.1%	16,383
Temporary Agency	150	158	8	5.0%	211	810	840	30	3.6%	942
Benefits	999	1,057	58	5.5%	928	4,713	5,268	555	10.5%	4,386
Professional Fees	430	503	73	14.5%	467	2,371	2,507	135	5.4%	2,003
Supplies	809	814	5	0.7%	842	4,149	4,016	(133)	-3.3%	3,926
Purchased Services	565	571	6	1.1%	567	2,773	2,856	84	2.9%	2,569
Rents and Leases	236	221	(15)	-6.8%	189	1,182	1,104	(78)	-7.1%	942
Utilities and Telephone	83	83	1	0.7%	60	398	417	19	4.6%	372
Insurance	41	38	(3)	-8.4%	38	181	191	10	5.3%	188
Depreciation and amortization	88	83	(5)	-5.9%	73	437	413	(24)	-5.8%	363
Other Operating Expenses	103	111	8	7.2%	88	574	583	9	1.5%	483
<b>Total Expenses</b>	<b>7,103</b>	<b>7,172</b>	<b>68</b>	<b>1.0%</b>	<b>6,902</b>	<b>35,685</b>	<b>35,755</b>	<b>70</b>	<b>0.2%</b>	<b>32,559</b>
<b>Operating gain (loss)</b>	<b>(870)</b>	<b>(482)</b>	<b>(387)</b>	<b>-80.3%</b>	<b>(519)</b>	<b>(3,982)</b>	<b>(3,523)</b>	<b>(459)</b>	<b>13.0%</b>	<b>(2,923)</b>
<b>Non-Operating Income / (Expense)</b>										
Parcel Taxes	482	487	(5)	-1.0%	479	2,410	2,435	(25)	-1.0%	2,391
Investment Income	0	-	0	0.0%	0	4	-	4	0.0%	6
Interest Expense	(17)	(16)	(1)	-8.5%	25	(65)	(78)	13	-16.8%	(43)
Other Income / (Expense)	28	43	(14)	-33.7%	27	143	213	(69)	-32.6%	139
<b>Net Non-Operating Income / (Expense)</b>	<b>494</b>	<b>514</b>	<b>(20)</b>	<b>-3.9%</b>	<b>532</b>	<b>2,493</b>	<b>2,569</b>	<b>(76)</b>	<b>-3.0%</b>	<b>2,492</b>
<b>Excess of Revenues Over Expenses</b>	<b>\$ (376)</b>	<b>\$ 31</b>	<b>\$ (407)</b>	<b>-1298.8%</b>	<b>\$ 13</b>	<b>\$ (1,490)</b>	<b>\$ (954)</b>	<b>\$ (535)</b>	<b>56.1%</b>	<b>\$ (431)</b>

**City of Alameda Health Care District**  
**Statements of Operations - Per Adjusted Patient Day**  
November 30, 2013

	Current Month					Year-to-Date				
	Actual	Budget	\$ Variance	% Variance	Prior Year	Actual	Budget	\$ Variance	% Variance	Prior Year
<b>Revenues</b>										
Gross Inpatient Revenues	\$ 2,036	\$ 2,327	\$ (291)	-12.5%	\$ 2,298	\$ 2,102	\$ 2,200	\$ (98)	-4.5%	\$ 2,385
Gross Outpatient Revenues	973	1,031	(58)	-5.7%	971	961	992	(31)	-3.2%	1,055
<b>Total Gross Revenues</b>	<b>3,008</b>	<b>3,358</b>	<b>(350)</b>	<b>-10.4%</b>	<b>3,269</b>	<b>3,062</b>	<b>3,191</b>	<b>(129)</b>	<b>-4.0%</b>	<b>3,440</b>
Contractual Deductions	2,274	2,432	158	6.5%	2,399	2,276	2,305	29	1.3%	2,444
Bad Debts	21	130	110	84.1%	93	58	129	71	54.9%	169
Charity and Other Adjustments	0	16	15	97.6%	-	15	16	0	0.7%	12
<b>Net Patient Revenues</b>	<b>714</b>	<b>780</b>	<b>(66)</b>	<b>-8.5%</b>	<b>777</b>	<b>712</b>	<b>742</b>	<b>(29)</b>	<b>-4.0%</b>	<b>816</b>
<b>Net Patient Revenue %</b>	<b>23.7%</b>	<b>23.2%</b>			<b>23.8%</b>	<b>23.3%</b>	<b>23.2%</b>			<b>23.7%</b>
Net Clinic Revenue	8	10	(2)	-22.7%	7	9	10	(2)	-15.8%	6
Other Operating Revenue	1	1	(0)	-22.6%	2	1	1	(0)	-11.2%	2
<b>Total Revenues</b>	<b>723</b>	<b>792</b>	<b>(69)</b>	<b>-8.7%</b>	<b>786</b>	<b>722</b>	<b>753</b>	<b>(31)</b>	<b>-4.1%</b>	<b>823</b>
<b>Expenses</b>										
Salaries	418	418	1	0.2%	424	412	410	(2)	-0.4%	455
Temporary Agency	17	19	1	6.9%	26	18	20	1	6.0%	26
Benefits	116	125	9	7.4%	114	100	123	23	18.4%	122
Professional Fees	50	60	10	16.2%	58	54	59	5	7.8%	56
Supplies	94	96	3	2.7%	104	95	94	(1)	-0.7%	109
Purchased Services	66	68	2	3.1%	70	63	67	4	5.4%	71
Rents and Leases	27	26	(1)	-4.6%	23	27	26	(1)	-4.4%	26
Utilities and Telephone	10	10	0	2.7%	7	9	10	1	7.0%	10
Insurance	5	5	(0)	-6.2%	5	4	4	0	7.7%	5
Depreciation and Amortization	10	10	(0)	-3.7%	9	10	10	(0)	-3.1%	10
Other Operating Expenses	12	13	1	9.1%	11	13	14	1	4.0%	13
<b>Total Expenses</b>	<b>824</b>	<b>849</b>	<b>25</b>	<b>3.0%</b>	<b>850</b>	<b>806</b>	<b>836</b>	<b>30</b>	<b>3.6%</b>	<b>905</b>
<b>Operating Gain / (Loss)</b>	<b>(101)</b>	<b>(57)</b>	<b>(44)</b>	<b>-76.5%</b>	<b>(64)</b>	<b>(84)</b>	<b>(82)</b>	<b>(1)</b>	<b>1.8%</b>	<b>(81)</b>
<b>Non-Operating Income / (Expense)</b>										
Parcel Taxes	56	58	(2)	-3.1%	59	55	57	(2)	-3.5%	66
Investment Income	0	-	0	0.0%	0	0	-	0	0.0%	0
Interest Expense	(2)	(2)	(0)	-6.3%	3	(1)	(2)	0	-18.9%	(1)
Other Income / (Expense)	3	5	(2)	-35.1%	3	3	5	(2)	-34.3%	4
<b>Net Non-Operating Income / (Expense)</b>	<b>57</b>	<b>61</b>	<b>(4)</b>	<b>-5.9%</b>	<b>66</b>	<b>57</b>	<b>60</b>	<b>(3)</b>	<b>-5.4%</b>	<b>69</b>
<b>Excess of Revenues Over Expenses</b>	<b>\$ (44)</b>	<b>\$ 4</b>	<b>\$ (47)</b>	<b>-1274.1%</b>	<b>\$ 2</b>	<b>\$ (27)</b>	<b>\$ (22)</b>	<b>\$ (5)</b>	<b>21.3%</b>	<b>\$ (12)</b>

Wound Care - Statement of Operations  
November 30, 2013

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	386	350	36	10.3%	2,138	1,750	388	22.2%
Revenue								
Gross Revenue	785,375	689,761	95,614	13.9%	4,526,955	3,448,805	1,078,150	31.3%
Deductions from Revenue	<u>604,739</u>	<u>531,392</u>	<u>73,347</u>		<u>3,503,223</u>	<u>2,656,959</u>	<u>846,263</u>	
Net Revenue	<u>180,636</u>	<u>158,369</u>	<u>22,267</u>	14.1%	<u>1,023,732</u>	<u>791,846</u>	<u>231,886</u>	
Expenses								
Salaries	20,777	16,678	(4,099)	-24.6%	103,140	83,500	(19,640)	-23.5%
Benefits	5,223	4,982	(242)	-4.9%	29,329	24,941	(4,388)	-17.6%
Professional Fees	82,000	73,306	(8,694)	-11.9%	445,336	366,530	(78,806)	-21.5%
Supplies	41,381	28,239	(13,142)	-46.5%	227,417	141,195	(86,222)	-61.1%
Purchased Services	7,044	4,000	(3,044)	-76.1%	26,901	20,000	(6,901)	-34.5%
Rents and Leases	5,686	5,686	-	0.0%	29,472	28,430	(1,042)	-3.7%
Depreciation	8,834	8,685	(149)	-1.7%	44,170	43,425	(745)	-1.7%
Other	<u>2,263</u>	<u>2,079</u>	<u>(184)</u>	-8.9%	<u>11,562</u>	<u>10,395</u>	<u>(1,167)</u>	-11.2%
Total Expenses	<u>173,208</u>	<u>143,655</u>	<u>(29,554)</u>	-20.6%	<u>917,327</u>	<u>718,416</u>	<u>(198,911)</u>	-27.7%
Excess of Revenue over Expenses	<u>7,428</u>	<u>14,714</u>	<u>(7,286)</u>	-49.5%	<u>106,405</u>	<u>73,429</u>	<u>32,975</u>	44.9%

City of Alameda Health Care District  
Waters Edge Skilled Nursing - Statement of Operations  
November 30, 2013

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
<b>Patient Days</b>								
Medicare	262	486	(224)	-46.1%	1,452	2,478	(1,026)	-41.4%
Medi-Cal	2,867	2,493	374	15.0%	14,820	12,714	2,106	16.6%
Managed Care	30	66	(36)	-54.5%	99	336	(237)	-70.5%
Self Pay/Other	160	195	(35)	-17.9%	592	996	(404)	-40.6%
<b>Total</b>	<b>3,319</b>	<b>3,240</b>	<b>79</b>	<b>2.4%</b>	<b>16,963</b>	<b>16,524</b>	<b>439</b>	<b>2.7%</b>
<b>Revenue</b>								
Routine Revenue	2,646,892	2,529,519	117,373	4.6%	13,514,266	12,900,546	613,720	4.8%
Ancillary Revenue	357,421	397,347	(39,926)	-10.0%	1,816,851	1,483,139	333,712	22.5%
<b>Total Gross Revenue</b>	<b>3,004,313</b>	<b>2,926,866</b>	<b>77,447</b>	<b>2.6%</b>	<b>15,331,117</b>	<b>14,383,685</b>	<b>947,432</b>	<b>6.6%</b>
Deductions from Revenue	1,745,183	1,685,875	(59,309)	-3.5%	9,065,302	8,285,003	(780,300)	-9.4%
<b>Net Revenue</b>	<b>1,259,130</b>	<b>1,240,991</b>	<b>18,138</b>	<b>1.5%</b>	<b>6,265,815</b>	<b>6,098,682</b>	<b>167,132</b>	<b>2.7%</b>
<b>Expenses</b>								
Salaries	458,335	465,688	7,353	1.6%	2,253,252	2,358,110	104,858	4.4%
Temporary Agency	20,946	15,070	(5,876)	-100.0%	151,293	85,344	(65,949)	-100.0%
Benefits	95,744	96,628	885	0.9%	476,514	485,410	8,897	1.8%
Professional Fees	5,715	5,200	(515)	-9.9%	22,379	26,000	3,621	13.9%
Supplies	73,879	62,281	(11,598)	-18.6%	372,405	313,703	(58,702)	-18.7%
Purchased Services	119,560	129,300	9,740	7.5%	567,631	646,500	78,869	12.2%
Rents and Leases	78,638	75,400	(3,238)	-4.3%	390,789	377,000	(13,789)	-3.7%
Utilities	9,738	11,766	2,028	17.2%	49,403	58,834	9,431	16.0%
Insurance	-	2,392	2,392	100.0%	-	11,960	11,960	100.0%
Other	16,216	16,309	93	0.6%	73,936	82,541	8,605	10.4%
<b>Total Expenses</b>	<b>878,771</b>	<b>880,034</b>	<b>1,264</b>	<b>0.1%</b>	<b>4,357,602</b>	<b>4,445,402</b>	<b>87,801</b>	<b>2.0%</b>
<b>Excess of Revenue over Expenses</b>	<b>380,359</b>	<b>360,957</b>	<b>19,402</b>		<b>1,908,213</b>	<b>1,653,280</b>	<b>254,933</b>	

City of Alameda Health Care District  
Orthopedic Clinic - Statement of Operations  
November 30, 2013

	Current Month				Year-to-Date			
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>
Clinic Visits	251	302	(51)	-16.9%	1,241	1,510	(269)	-17.8%
Revenue								
Gross Revenue	56,254	128,652	(72,398)	-56.3%	395,938	643,260	(247,322)	-38.4%
Deductions from Revenue	<u>25,298</u>	<u>90,069</u>	<u>(64,771)</u>		<u>226,658</u>	<u>450,345</u>	<u>(223,687)</u>	
Net Revenue	<u>30,956</u>	<u>38,583</u>	<u>(7,627)</u>		<u>169,280</u>	<u>192,915</u>	<u>(23,635)</u>	
Expenses								
Salaries	21,440	32,903	11,463	34.8%	152,513	164,519	12,006	7.3%
Benefits	5,390	9,828	4,438	45.2%	38,342	49,142	10,800	22.0%
Professional Fees	25,731	25,000	(731)	-2.9%	124,039	125,000	961	0.8%
Supplies	561	3,467	2,906	83.8%	5,312	17,335	12,023	69.4%
Purchased Services	1,250	6,083	4,833	79.5%	22,577	30,415	7,838	25.8%
Rents and Leases	4,660	4,667	7	0.1%	23,329	23,335	6	0.0%
Depreciation	-	-	-	0.0%	-	-	-	0.0%
Other	5,174	2,608	(2,566)	-98.4%	11,847	13,040	1,193	9.1%
Total Expenses	<u>64,206</u>	<u>84,556</u>	<u>20,350</u>	<u>24.1%</u>	<u>377,959</u>	<u>422,786</u>	<u>44,827</u>	<u>10.6%</u>
Excess of Revenue over Expenses	<u>(33,250)</u>	<u>(45,973)</u>	<u>12,723</u>	<u>27.7%</u>	<u>(208,679)</u>	<u>(229,871)</u>	<u>21,192</u>	<u>9.2%</u>
<u>Hospital Based Activity:</u>								
Inpatient Days	46	22	24	109.1%	186	110	76	69.1%
Inpatient Surgeries	7	5	2	40.0%	28	25	3	12.0%
Outpatient Surgeries	7	10	(3)	-30.0%	32	49	(17)	-34.7%
Therapy Referred Visits	116	175	(59)	-33.7%	791	875	(84)	-9.6%
Imaging Referred Procedures	88	110	(22)	-20.0%	585	550	35	6.4%
Inpatient Gross Charges	844,736	309,500	535,236	172.9%	3,433,590	1,547,500	1,886,090	121.9%
Inpatient Net Revenue	<u>103,520</u>	<u>69,500</u>	<u>34,020</u>	<u>48.9%</u>	<u>602,809</u>	<u>347,500</u>	<u>255,309</u>	<u>73.5%</u>
Outpatient Gross Charges	411,940	324,775	87,165	26.8%	2,030,804	1,604,855	425,949	26.5%
Outpatient Net Revenue	<u>70,030</u>	<u>70,885</u>	<u>(855)</u>	<u>-1.2%</u>	<u>330,182</u>	<u>350,433</u>	<u>(20,251)</u>	<u>-5.8%</u>
Total Gross Charges	<u>1,256,676</u>	<u>634,275</u>	<u>622,401</u>	<u>98.1%</u>	<u>5,464,394</u>	<u>3,152,355</u>	<u>2,312,039</u>	<u>73.3%</u>
Total Net Revenue	<u>173,550</u>	<u>140,385</u>	<u>33,165</u>	<u>23.6%</u>	<u>932,991</u>	<u>697,933</u>	<u>235,058</u>	<u>33.7%</u>

City of Alameda Health Care District  
1206b Clinic - Statement of Operations  
November 30, 2013

	Current Month				Year-to-Date			
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>%</u>
Clinic Visits								
Primary Care	71	138	(67)		471	689	(218)	
Surgery	92	53	39		361	266	95	
Neurology	31	31	(0)		138	155	(17)	
Total Visits	<u>194</u>	<u>222</u>	<u>(28)</u>	-12.6%	<u>970</u>	<u>1,110</u>	<u>(140)</u>	-12.6%
Revenue								
Gross Revenue	70,668	129,400	(58,732)	-45.4%	466,470	647,000	(180,530)	-27.9%
Deductions from Revenue	<u>32,540</u>	<u>77,650</u>	<u>(45,110)</u>		<u>265,827</u>	<u>388,250</u>	<u>(122,423)</u>	
Net Revenue	<u>38,128</u>	<u>51,750</u>	<u>(13,622)</u>		<u>200,643</u>	<u>258,750</u>	<u>(58,107)</u>	
Expenses								
Salaries	32,509	35,774	3,265	9.1%	171,982	160,792	(11,190)	-7.0%
Temporary Agency	-	-	-	-100.0%	-	-	-	-100.0%
Benefits	8,173	10,686	2,513	23.5%	45,751	48,029	2,278	4.7%
Professional Fees	14,404	18,000	3,596	20.0%	66,678	90,000	23,322	25.9%
Supplies	3,905	1,356	(2,549)	-188.0%	33,841	6,780	(27,061)	-399.1%
Purchased Services	6,656	6,468	(188)	-2.9%	33,865	32,340	(1,525)	-4.7%
Rents and Leases	15,194	12,661	(2,533)	-20.0%	75,970	63,305	(12,665)	-20.0%
Depreciation	494	182	(312)	-171.4%	2,470	910	(1,560)	-171.4%
Other	5,813	5,167	(646)	-12.5%	36,501	25,835	(10,666)	-41.3%
Total Expenses	<u>87,148</u>	<u>90,294</u>	<u>3,146</u>	3.5%	<u>467,058</u>	<u>427,991</u>	<u>(39,067)</u>	-9.1%
Excess of Revenue over Expenses	<u>(49,020)</u>	<u>(38,544)</u>	<u>(10,476)</u>	27.2%	<u>(266,415)</u>	<u>(169,241)</u>	<u>(97,174)</u>	57.4%
Clinic Rental Income	<u>15,546</u>	<u>13,100</u>	<u>2,446</u>	18.7%	<u>39,213</u>	<u>39,300</u>	<u>(87)</u>	-0.2%
Net 1206b Clinic	<u>(33,474)</u>	<u>(25,444)</u>	<u>(8,030)</u>	31.6%	<u>(227,202)</u>	<u>(129,941)</u>	<u>(97,261)</u>	74.9%

Note:

Clinic Hours by Physician

Dr. Celada (General Surgery) - M,W,F Mornings only

Dr. Lee (General Surgery) - T, Th Mornings only

Dr. Brimmer (Primary Care) - M & Th full days, plus T Mornings

Dr. Dutaret (Neurology) - W full days

**City of Alameda Health Care District**  
**Statement of Cash Flows**  
**For the Five Months Ended November 30, 2013**

	Current Month	Year-to-Date
<b>Cash flows from operating activities</b>		
Net Income / (Loss)	\$ (375,987)	\$ (1,489,746)
Items not requiring the use of cash:		
Depreciation and amortization	87,525	\$ 436,990
Write-off of Kaiser liability	-	\$ -
Changes in certain assets and liabilities:		
Patient accounts receivable, net	359,826	1,348,732
Other Receivables	928,675	145,769
Third-Party Payer Settlements Receivable	(18,104)	(1,282,746)
Inventories	(6,209)	(3,430)
Prepays and Other	(55,110)	(79,671)
Accounts payable and accrued liabilities	24,073	159,457
Payroll Related Accruals	270,671	(102,614)
Employee Health Plan Accruals	32,853	(19,960)
Deferred Revenues	(482,010)	(2,358,612)
Cash provided by (used in) operating activities	766,204	(3,245,830)
<b>Cash flows from investing activities</b>		
(Increase) Decrease in Assets Limited As to Use	(10,914)	(54,027)
Additions to Property, Plant and Equipment	(99,690)	(884,937)
Other	2	260,556
Cash provided by (used in) investing activities	(110,602)	(678,408)
<b>Cash flows from financing activities</b>		
Net Change in Long-Term Debt	(57,793)	1,584,069
Net Change in Restricted Funds	10,914	(155,973)
Cash provided by (used in) financing and fundraising activities	(46,878)	1,428,097
Net increase (decrease) in cash and cash equivalents	608,724	(2,496,141)
<b>Cash and cash equivalents at beginning of period</b>	1,757,096	4,861,959
<b>Cash and cash equivalents at end of period</b>	\$ 2,365,822	\$ 2,365,819



**City of Alameda Health Care District  
Ratio's Comparison**

<b>Financial Ratios</b>	<u>Audited Results</u>			<u>Unaudited</u>	<u>YTD</u>
	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>11/30/2013</b>
<b><u>Profitability Ratios</u></b>					
Net Patient Revenue (%)	24.16%	23.58%	22.90%	23.34%	23.26%
Earnings Before Depreciation, Interest, Taxes and Amortization (EBITA)	4.82%	-1.01%	-1.48%	-1.48%	-1.48%
EBIDAP <sup>Note 5</sup>	-3.66%	-13.41%	-11.22%	-9.39%	-10.64%
Total Margin	2.74%	-2.61%	-3.21%	-3.13%	-4.62%
<b><u>Liquidity Ratios</u></b>					
Current Ratio	1.23	1.05	0.96	0.89	0.94
Days in accounts receivable ,net	51.83	46.03	55.21	60.35	52.32
Days cash on hand ( with restricted)	21.6	14.1	17.7	21.8	11.1
<b><u>Debt Ratios</u></b>					
Cash to Debt	249.0%	123.3%	123.56%	210.11%	65.43%
Average pay period (includes payroll)	57.11	62.68	72.94	78.69	76.94
Debt service coverage	5.98	(0.70)	(0.53)	(1.21)	(0.45)
Long-term debt to fund balance	0.14	0.18	0.28	0.33	0.54
Return on fund balance	18.87%	-19.21%	-27.35%	-48.16%	-43.22%
Debt to number of beds	10,482	11,515	16,978	9,728	9,728

**City of Alameda Health Care District  
Ratio's Comparison**

<b>Financial Ratios</b>	<u>Audited Results</u>			<u>Unaudited</u>	<u>YTD</u>
	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>11/30/2013</b>
<b>Patient Care Information</b>					
Bed Capacity	161	161	161	281	281
Patient days( all services)	30,607	30,270	30,448	66,645	30,134
Patient days (acute only)	10,579	10,443	10,880	11,559	4,463
Discharges( acute only)	2,802	2,527	2,799	2,838	1,060
Average length of stay ( acute only)	3.78	4.13	3.89	4.07	4.21
Average daily patients (all sources)	83.85	82.93	83.19	182.59	196.95
Occupancy rate (all sources)	52.08%	51.51%	51.67%	64.98%	70.09%
Average length of stay	3.78	4.13	3.89	4.07	4.21
Emergency Visits	17,624	16,816	16,964	17,175	6,707
Emergency visits per day	48.28	46.07	46.35	47.05	43.84
Outpatient registrations per day <sup>Note 1</sup>	79.67	65.19	60.67	64.07	67.24
Surgeries per day - Total	13.46	6.12	6.12	5.52	5.54
Surgeries per day - excludes Kaiser	5.32	6.12	6.12	5.52	5.54

Notes:

1. Includes Kaiser Outpatient Surgical volume in Fiscal Years 2008, 2009 and through March 31, 2010.
2. In addition to these general requirements a feasibility report will be required.
3. Based upon Moody's FY 2008 preliminary single-state provider medians.
4. EBIDA - Earnings before Interest, Depreciation and Amortization
5. EBIDAP - Earnings before Interest, Depreciation and Amortization and Parcel Tax Proceeds

## Glossary of Financial Ratios

Term	What is it? Why is it Important?	How is it calculated?
EBIDA	A measure of the organization's cash flow	Earnings before interest, depreciation, and amortization (EBIDA)
Operating Margin	Income derived from patient care operations	Total operating revenue less total operating expense divided by total operating revenue
Current Ratio	The number of dollars held in current assets per dollar of liabilities. A widely used measure of liquidity. An increase in this ratio is a positive trend.	Current assets divided by current liabilities
Days cash on hand	Measures the number of days of average cash expenses that the hospital maintains in cash or marketable securities. It is a measure of total liquidity, both short-term and long-term. An increasing trend is positive.	Cash plus short-term investments plus unrestricted long-term investments over total expenses less depreciation divided by 365.
Cash to debt	Measures the amount of cash available to service debt.	Cash plus investments plus limited use investments divided by the current portion and long-term portion of the organization's debt instruments.
Debt service coverage	Measures total debt service coverage (interest plus principal) against annual funds available to pay debt service. Does not take into account positive or negative cash flow associated with balance sheet changes (e.g. work down of accounts receivable). Higher values indicate better debt repayment ability.	Excess of revenues over expenses plus depreciation plus interest expense over principal payments plus interest expense.
Long-term debt to fund balance	Higher values for this ratio imply a greater reliance on debt financing and may imply a reduced ability to carry additional debt. A declining trend is positive.	Long-term debt divided by long-term debt plus unrestricted net assets.

**THOMAS L. DRISCOLL  
ATTORNEY AT LAW**

**MEMORANDUM**

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

**FROM:** Thomas L. Driscoll  
General Counsel

**DATE:** January 2, 2014

**RE:** CEO Retention Bonus Plan

Given the uncertainty surrounding the future role of Ms. Stebbins in light of the agreed-upon Affiliation with the Alameda Health System (expected to occur effective February 28, 2014), her diligence in negotiating Affiliation terms that ensure the continuing availability of both emergency and acute care services at Alameda Hospital, and the desire of the District to retain her skilled leadership throughout the initial months of the transition contemplated by the Affiliation Agreement, it is proposed that the District provide a financial incentive for Stebbins to remain employed by the District through June 30, 2014. Accordingly, it is proposed that:

(a) If Stebbins resigns her employment with the District after suffering a material reduction in duties or salary within three (3) months following the effective date of a Change in Control (as defined in her Employment Agreement), and (b) unless Stebbins accepts any offer to perform compensated services with or for Alameda Health System (or any entity it controls) for a period of one (1) year following her last day of employment with the District, then, provided Stebbins remains employed by the District through June 30, 2014 (or such earlier date upon which the parties may mutually agree), she will accrue a benefit (in addition to whatever compensation to which she may be entitled under the terms of her Employment Agreement) in an amount equal to eight months' base pay (the "Retention Bonus"). Under no circumstances however shall the sum of the Retention Bonus and any severance benefit to which she may be entitled exceed an amount equal to twelve months' base pay. The Retention Bonus shall be due and payable along with all amounts otherwise due and payable on her last day of employment. Should Stebbins accept any offer to perform compensated services with or for Alameda Health System (or any entity it controls) for a period of one (1) year following her last day of employment with the District, then the full amount of the Retention Bonus shall be immediately due and repayable to the District.

DATE: January 3, 2014  
FOR: January 8, 2014 District Board Meeting  
TO: City of Alameda Health Care District, Board of Directors  
FROM: Deborah E. Stebbins, Chief Executive Officer  
SUBJECT: CEO Report to the Board of Directors

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## 1. Affiliation Plan Update

The first of six open house meetings for AHS surgeons who will be using the operating rooms here at Alameda Hospital was held on Wednesday, December 18. Twelve Alameda Health System staff attended, including Drs. Krosin, Kim, and McCall, all from Orthopedics and Pain Management. Staff from Alameda Hospital presented information on credentialing, computer access, scheduling, and patient registration to those in attendance. Those attending also received folders with pertinent information for surgeons and patients. To date there are 4-6 patients scheduled for Dr. Kim on the 9<sup>th</sup> of January and AHS hand surgeon Dr. Hoffman is expected to begin his cases on the 15<sup>th</sup> of January.

We expect to begin taking the transfer of less complex inpatient admissions from the Highland emergency department in mid January.

Town Hall meetings were held for Alameda Hospital employees to update them on the structure and timing of the affiliation, including the projected date for employees to transition from employment by the District to the System of July 1, 2014. Since there are many details of the transition that will be worked out in coming weeks, we indicated to employees that additional Town Hall meetings and other forms of communication will outline these details in the next couple of months.

In anticipation of a need for additional parking capacity to accommodate increased patients and visitors, we have submitted an application to the Regional Parks District to use over 100 parking spaces in the Crown Bay Park lot on weekdays. The proposal will be heard by the Parks District Commission on January 14, 2014.

## 2. Meaningful Use Incentive Payment

We received a payment of \$1.2 million from CMS for Stage 1, Year 1, Meaningful Use compliance in the third week of December. We are using the additional cash flow to target further reduction in our accounts payable.

### **3. Quality Management Update**

The Quality/Risk & Resource Management Department continues to seek a qualified Utilization Management Director who will be able to oversee the reduction of readmission program that will be implemented in the next 3- 6 months. This program is expected to reduce readmissions by follow up phone calls from the acute care and long term care units, increase in the intensity of social worker interactions, and other interventions. Phone calls to follow up selected patients at discharge will begin in January.

Case Management has 2 new per diem Case Managers to join the team in January. These two new staff members will help to improve our focus on reducing the length of stay and improving communications with physicians related to discharge planning.

### **4. Bay Area Bone & Joint Center**

Through December 23, there were 175 orthopedic visits at the Bay Area Bone and Joint Center (BABJC) as compared to the 224 visits projected. As of December 26, 2013, six surgeries had been performed in the month of December.

In affiliation talks between Alameda Hospital and Alameda Health System (AHS), outpatient orthopedic surgery is projected to be our first joint venture. Discussions with Drs DiStefano and Pirnia, the Orthopedists at AHS, and executives at both facilities took place on December 18. It is anticipated that AHS patients will begin receiving orthopedic services at Alameda Hospital as early as January 9, 2014.

### **5. Community Relations and Foundation Update**

Alameda Hospital, in collaboration with the Alameda Fire Department and other county partners, is participating on the steering committee for the Alameda County Community Paramedicine Pilot Project. Categories identified for the project include:

- Provide follow up-care for persons recently discharged from the hospital and at increased risk of a return to the emergency department or readmission to the hospital.
- Address the needs of frequent 911 callers or frequent visitors to emergency departments by helping them access primary care and other social services.

### **6. Kate Creedon Center for Advanced Wound Care**

The Wound Center had 393 patient visits in December with a total of 135 current patients at the end of December. There were 34 new patients admitted in December. 72 patients were treated with HBOT (Hyperbaric Oxygen Therapy). The Wound Center has a 74.09% healing rate with the metric of 100% of chronic wounds healed in 20 weeks or less. Marketing efforts included attendance at numerous holiday events with our existing healthcare partners (ex: Life Long Medical Clinic). 79% of current clients live outside of Alameda. Beth Brizee, RN, Program Director attended four training sessions to understand all billing changes for wound care procedures for 2014.

**7. Preliminary Key Statistics – December 2013**

# FY 2014 Goals and Objectives - Six (6) Month Update

LEGEND	STRATEGIC PILLAR
	ESSENTIAL TO AFFILIATION
	✓ COMPLETED
	UPDATES IN RED

GOALS, ACTIONS AND TACTICS	STATUS UPDATE - JULY 1 - DECEMBER 31,2013		DUE DATE	RESPONSIBLE TEAM MEMBER(S)
<b>GROWTH</b>				
Improve effectiveness and success of new programs:				
1206 (b) Clinic				
Implement full time primary care coverage through recruitment of additional primary care or nurse practitioner recruitment	A candidate has been identified (12/19/13) and she is being vetted through the Medical Staff application & credentialing progress.	✓	4/30/2013	
Complete evaluation of billing efficiency by external practice consultant	Not complete		9/30/2013	KE/MB
Strengthen relationship with Alameda Alliance to capture newly insured and expanded MediCal markets	Contract in place for Medi-cal managed care patients.	✓	on going	KE/TC
Pursue contract for exchange patients through Alameda Alliance	Received contract. Made counter proposal. Pending Alliance participation in Exchange. Need to tie it with AHS affiliation	✓	10/31/2013	KE
Long Term Care				
Strengthen relationship with Alameda Alliance to capture newly insured and expanded Medi- Cal market	Not complete			RE
Bay Area Bone and Joint Center				
Increase non-Alameda patient volume by 3%	BABJ started 11/1/2012-YTD Volume 11 & 12/2012-125; YTD Volume 11 & 12/2013-434; 324% increase over prior year; must monitor over remainder of FY13/14 to be statistically significant	✓	ongoing	MB/TC
Define relationship between practice and AHS orthopedists	In progress			MB/DES
Kate Creedon Center for Advanced Wound Care				
Increase net to gross collections by 1.5 % or to 23 % overall	Goal met of an increase of 23% overall	✓	ongoing	KE
Implement provision of surgical services to AHS elective outpatient referrals				MB
At least one OR at AH identified, blocked, and scheduled for AHS surgical cases (Ortho & Eye)	OR identified and blocked; First cases scheduled for Pain Management 1/6/14	✓	10/1/2013	
Side agreement between AHS/AHD for use of AH OR prior to signing the definitive agreement	Side agreement developed and signed in early December	✓	9/15/2013	
Side agreement between AHS and Island Anesthesia for anesthesia coverage on AHS surgical patients	In progress		9/15/2013	



# FY 2014 Goals and Objectives - Six (6) Month Update

LEGEND	STRATEGIC PILLAR
	ESSENTIAL TO AFFILIATION
	✓ COMPLETED
	UPDATES IN RED

GOALS, ACTIONS AND TACTICS	STATUS UPDATE - JULY 1 - DECEMBER 31,2013		DUE DATE	RESPONSIBLE TEAM MEMBER(S)
Implement provision of medical inpatient care for AHS referrals				MB
AHS medical patients admitted to AH	Proposed admissions 1/14	✓	11/1/2013	
AH nursing units/beds delineated for admission of AHS patients	Nursing beds delineated	✓	10/15/2013	
<b>FINANCIAL PERFORMANCE</b>				
Complete recruitment of core staff in nursing (acute and long term care) to reduce use of agency and premium time.				
19 positions - Acute; 10 positions - Long Term Care	Acute: 16 On-Call Positions, 15 - 0.8 Positions	✓	10/15/2013	MB/RE/PW
Reduction of premium pay by 30%.	July - October averaging \$70,000 per month less than prior six month period (35% reduction).	✓		ALL
Implement staffing algorithms in nurse staffing office; train users and audit compliance	Algorithms developed & implemented; users trained; audit ongoing	✓	10/30/2013 & ongoing	MB/RE
Implement bi-weekly executive productivity reviews with managers to ensure meeting targeted labor and premium time targets	Holding bi-weekly labor and premium pay meetings with managers presenting & discussing variances.	✓	August 2013 - ongoing	DES/KE
Implement monthly departmental variance reporting system for revenue and expense performance	In progress. Katy Silverman does send out reports and variance reporting forms following each month end close. However, the progress does need further refinement and follow up.		September 2013 - ongoing	DES/KE
Revenue cycle target: monitor correlation between net revenue and cash collections on a monthly basis				
Goal to collect 100% of reported Net Revenue over six month period.	Net Revenue July - Oct w/o IGT= \$25.1M. Collections Aug - Nov w/o IGT = \$25.0 M	✓	August - ongoing	KE
<b>FACILITIES AND TECHNOLOGY</b>				
Complete attestation of meaningful use Stage I	Attestation complete 10/30/13; Payment received in December	✓	9/30/2013	BM/MB
Evaluate master EHR plan post affiliation	In progress			BM/DES/IT STEERING CMTE
Complete plan for CDI and ICD 10 implementation by 2/11/14	In progress		12/1/2013	KT/BM
Complete upgrade of network infrastructure - servers, redundancy to ensure IT security and reliability	70% complete		11/1/2013	BM
Implement high priority components of IT security system	Not complete		12/31/2013	BM

## FY 2014 Goals and Objectives - Six (6) Month Update

LEGEND	STRATEGIC PILLAR
	ESSENTIAL TO AFFILIATION
	✓ COMPLETED
	UPDATES IN RED

GOALS, ACTIONS AND TACTICS	STATUS UPDATE - JULY 1 - DECEMBER 31,2013		DUE DATE	RESPONSIBLE TEAM MEMBER(S)
Appoint Security Officer and Audit of technical security practices	Not complete			
Update HIPAA policies and design revised HIPAA orientation curriculum to existing and new staff	To be completed by 1/31/14			KT
Complete selection of EHR system for Long Term Care	Two options are under review		11/30/2013	BM/RE
Establish parking and transportation logistical needs for first 6 months of affiliation	The Hospital's complementary assisted parking service hours and capabilities will be extended. Off-site parking for employees is being explored with East Bay Regional Parks	✓	10/31/2013	TC
Develop aesthetic renovation and multilingual signage plan	Defer to after Affiliation is complete. To be completed in conjunction with Alameda Health System.	✓	12/31/2013	LN/TC
Complete space and equipment planning required to accommodate additional volume	In progress		10/31/2013	TC/MB
<b>QUALITY</b>				
Implement 3 initiatives from Patient Experience Committee				LN/MB
Sleep Menu	Established/Implemented	✓	9/30/2013	
Scripting of Patient Greetings/First Impressions	Established/Implemented	✓	10/31/2013	
Discharge Process	In progress		11/30/2013	
Further implementation and development of the Angel program to monitor patient experience and customer service	Program in place at Long Term Care facilities	✓	10/1/2013	RE
Complete two focus groups with former patients and family members (LTC and Acute)	Not complete			LN/MB/RE
Add 2 Clinical Supervisors in acute care at unit level to improve communication, quality and continuity of care	Positions posted; Recruitment in progress			MB
Complete SBAR (Situation, Background, Assessment, Recommendation) training for all nurses in Long Term Care units	Completed training on all Long Term Care Units	✓	10/1/2013	RE
Educate Long Term Care nurses in Standards of Nursing Care including TPN and Trach care	In progress		12/31/2013	RE

# FY 2014 Goals and Objectives - Six (6) Month Update

LEGEND	STRATEGIC PILLAR
	ESSENTIAL TO AFFILIATION
	COMPLETED
UPDATES IN RED	

GOALS, ACTIONS AND TACTICS	STATUS UPDATE - JULY 1 - DECEMBER 31,2013		DUE DATE	RESPONSIBLE TEAM MEMBER(S)
Establish system for monitoring and controlling readmission rates				KT
Identify and manage high risk patients	In progress			
Implement follow-up call progress after discharge of high risk patients	In progress			
Explore interfaces with Alameda Fire Department, Alameda Alliance, Home Care agencies to extend care into community	In progress			
LTC to review and track hospital readmissions on a monthly basis as well as LOS for short term residents	In progress		10/31/113	RE
PHYSICIANS				
Facilitate completion of reimbursement terms for Alameda Hospital physicians caring for patients referred from AHS	In progress			DES/KE
Facilitate transition of hospital-based physician contracts into AHS system				DES/KE
Anesthesiology, Pathologists	In progress			
Radiology, ED Physicians	In progress			
Hospitalists	In progress			
Train physicians on ICD 10 and accessing EHR	ICD 10 in progress; accessing EHR completed			BM
PEOPLE				
Streamline hiring process				
Reduce time from hire to start date from 21 days to 14 days	Current time = 14.3 days	✓	12/31/2013	PW
Complete assessment of new hire orientation program and redesign as necessary	Assessment completed, redesign to be completed in January 2014 with implementation in February New Hire Orientation.		10/31/2013	EXECUTIVE TEAM/PW
Complete recruitment of key management roles			ASAP	RELEVANT EXECUTIVE/PW
Director of Utilization Management	Position posted; Recruitment in progress			
Business Office Manager	Completed - October 2013	✓		
Clinical Supervisors	Positions posted; Recruitment in progress			
Water Edge Administrator	Completed - November 2013	✓		

## FY 2014 Goals and Objectives - Six (6) Month Update

LEGEND	STRATEGIC PILLAR
	ESSENTIAL TO AFFILIATION
	✓ COMPLETED
UPDATES IN RED	

GOALS, ACTIONS AND TACTICS	STATUS UPDATE - JULY 1 - DECEMBER 31,2013		DUE DATE	RESPONSIBLE TEAM MEMBER(S)
Complete projection of increased staffing needs in surgery, nursing and other ancillary departments to accommodate additional patient volume	Positions for OR/PACU/SSU identified; Recalls to OR/PACU/SSSU from Kaiser layoff identified; positions not subject to recall posted	✓		MB/PW