

PUBLIC NOTICE
CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS
REGULAR MEETING AGENDA
Monday, October 26, 2015
OPEN SESSION: 6:15 P.M.
(PLEASE NOTE START TIME)

Location:

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

Office of the Clerk: (510) 814-4001 | (510) 473-0755

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 (6:15 p.m. – Alameda Hospital, Dal Cielo Conference Room)** Robert Deutsch, MD
- II. Roll Call** Kristen Thorson
- III. Appointment of New District Board Member**
- A. Discussion
- B. Appointment **ACTION ITEM**
- IV. Regular Agenda**
- A. **ACTION ITEMS**
- ✓ 1) Consideration of Membership to Alameda County Chapter of California Special District Association **ENCLOSURE (pages 3-4)**
- ✓ 2) Authorization to Execute Broker of Record Authorizations for all Insurance Carriers Assigning Alliant Insurance Services, Inc. as Broker of Record **ENCLOSURE (pages 5-6)**
- B. Alameda Health System and Alameda Hospital Update
- 1) Alameda Health System Board of Trustees Report Tracy Jensen
INFORMATIONAL
- ✓ 2) Chief Administrative Officer Report Bonnie Panlasigui, FACHE
INFORMATIONAL ENCLOSURE (pages 7-11)
CAO
- C. District Updates & Operational Updates
- 1) President's Report
- a. November 9, 2015 Agenda Preview **INFORMATIONAL** Robert Deutsch, MD
Kristen Thorson
- Action Items
 - 1. Resolution / Presentation Honoring J. Michael McCormick
 - 2. Final Recommendation and Approval of Vision 2015

3. Nomination and Appointment of Two District Representatives to the City of Alameda / City of Alameda Health Care District Liaison Committee
4. Review and Acceptance of District Financials
5. Election of Officers
6. Approval of August 3, September 14, 2015 and October 7, 2015 Minutes
- Other Items / Special Presentations
 1. Swearing in of Appointed Candidate
 2. Petaluma Presentation
 3. Seismic Update Presentation
- 2) Discussion on Next Steps for Recruitment of Support Personnel for District Operations

VIII. General Public Comments

IX. Board Comment

X. Adjournment

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: October 26, 2015

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

From: Kristen Thorson, District Clerk

Subject: Consideration of Membership to Alameda County Chapter of the California Special District Association

A renewal notice was received for the annual dues for membership to the Alameda County Chapter of the California Special District Association (CSDA). Membership is \$50 per year.

Historically, the District has not been active participants in the local chapter. Pre-affiliation, Hospital staff and the District Board would occasionally attend meetings and the annual meeting. If the board decides to maintain the membership with the local chapter, I would recommend identifying a representative(s) to attend meetings on a regular basis and to report back the Board on activities of the local chapter.

Special districts are encouraged to be members of the state association. However, at this time, special districts can be members of the local chapter without being members of the state association. This option may change in the future.

There are two types of membership within CSDA, Regular and Associate which are based on the type of special district and operating income. The City of Alameda Health Care District is classified under CSDA as an independent special district (elected board) and would fall under the Regular membership. Estimated cost of annual membership is \$5,691.

I am presenting this information to the Board for discussion and consideration for membership in Alameda County Chapter of the California Special District Association.

Background on CSDA and Local chapters

The California Special Districts Association (CSDA) is a 501c(6), not-for-profit association that was formed in 1969 to promote good governance and improved core local services through professional development, advocacy, and other services for all types of independent special districts.

For over 40 years, CSDA has been offering its members cost-efficient programs and representation at the State Capitol and boasts a membership of over 1,000 organizations throughout California. They are the only statewide association representing all types of independent special districts including irrigation, water, park and recreation, cemetery, fire, police protection, library, utility, harbor, healthcare and community services districts.

CSDA provides education and training, insurance programs, legal advice, industry-wide litigation and public relations support, legislative advocacy, capital improvement and

equipment funding, collateral design services, and, most importantly, current information that is crucial to a special districts management and operational effectiveness.

Local Chapters are groups of special districts formed to create local networks of special district leaders. Chapter functions and meeting schedules vary by location with some meeting only annually to elect LAFCo representatives and some meeting as often as monthly to transact business, share ideas, and engage in educational opportunities.

There are seventeen special districts serving Alameda County:

- Alameda-Contra Costa Transit District
- Alameda County Mosquito Abatement District
- Alameda County Resource Conservation District
- Alameda County Water District
- Castro Valley Sanitary District
- City of Alameda Health Care District
- Dublin San Ramon Services District
- East Bay Municipal Utilities District
- East Bay Regional Park District
- Eden Township Health Care District
- Fairview Fire Protection District
- Hayward Area Recreation & Park District
- Livermore Area Recreation & Park District
- Oro Loma Sanitary District
- Union Sanitary District
- Washington Township Health Care District
- Zone 7 Water Agency

Associate Members:

- Alameda County LAFCO
- Alameda County Public Works Department
- Alameda County Vector Control Services District
- StopWaste.org

CITY OF ALAMEDA HEALTH CARE DISTRICT

Date: October 26, 2015

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

From: Kristen Thorson, District Clerk

Subject: Authorization to Execute Broker of Record Authorizations for all Insurance Carriers Assigning Alliant Insurance Services, Inc. as Broker of Record

RECOMMENDATION

Authorization to execute broker of record authorizations for all insurance carriers assigning Alliant Insurance Services, Inc. as broker of record.

Policy	Carrier
Directors & Officers / Crime	Federal Insurance Company/CHUBB
Comprehensive Liability (General and Excess)	BETA
General Liability (Pearl & Encinal)	General Star Ind Co
Excess (Umbrella) Liability (Pearl & Encinal)	Scottsdale Insurance Company

DISCUSSION / BACKGROUND

Currently, the District utilizes the services of three (3) insurance brokers to manage the insurance policies carried by the District. I am recommending that all policies, beginning with the renewal year of 2016-2017, be consolidated under one broker of record, Alliant Insurance Services, Inc. Alliant has proven track record of great customer service and offers a broad range of insurance programs that provide extensive coverage at cost effective premiums.

All three brokers have provided excellent service to the District over many years. However, combining all policies under one broker will potentially provide cost savings in annual premiums. It will also allow for ease of administration of policies by the District. With one broker, all policies can be consistently reviewed together to look for potential excess or gaps in coverage or excess coverage based on District operations.

Signing the authorization allows Alliant Insurance Services, Inc. to negotiate directly with any company as respects changes in existing insurance policies. See attached example letter.

LETTER MUST BE PRINTED ON INSURED'S LETTERHEAD

Date:

Chubb Group of Insurance Companies
Federal Insurance Company
15 Mountain View Road
Warren, New Jersey 07059

Attn: Policy Services

Re: Broker of Record Authorization
Insured: City of Alameda Health Care District
Type of Coverage: D&O and Crime Including EPL
Certificate Number: 8241-1642
Policy Term: 07/01/2015 to 07/01/2016

Dear Sir / Madam,

This confirms that as of **(insert date)**, the City of Alameda Health Care District has appointed Alliant Insurance Services, Inc. as our exclusive insurance broker with respect to the above mentioned policy. The appointment of Alliant Insurance Services Inc. rescinds all previous appointments, and the authority contained herein shall remain in full force until canceled in writing.

Alliant Insurance Services, Inc. is hereby authorized to negotiate directly with any company as respects changes in existing insurance policies and in closing, changing, increasing or canceling insurance carried under temporary binders or cover notes. We understand, however, that they will not share responsibility for any return premiums and/or commissions due on coverage not placed by them, nor for any deficiencies in the insurance program to which this letter applies until they have had a reasonable opportunity to make a review and to provide us with their recommendations.

This letter also constitutes your authority to furnish the representatives of Alliant Insurance Services, Inc. with all information they may request as it pertains to our insurance contracts, rates, rating schedules, surveys, reserves, retentions and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance program to which this letter applies.

Sincerely,

(Insured Name)



Alameda Hospital

A member of Alameda Health System

MEMORANDUM

2070 Clinton Avenue
Alameda, CA 94501

TO: Alameda Hospital Medical Staff, Leadership and Employees
City of Alameda Health Care District, AHS Board of Trustees

FROM: Bonnie Panlasigui, FACHE
Chief Administrative Officer

DATE: September 25, 2015

SUBJECT: Alameda Hospital Update – Aug and Sep 2015

True North Goal 1: Access: Be a leader in access to quality, affordable care

Action	Goal	% Complete	Next Steps
Transfer Center with Highland	Aug 2015	100%	The transfer center officially went live in August, staffed by an RN at Highland to help triage and facilitate high urgency transfers. The number to the transfer center has been shared with our house supervisors and front line team to specifically help with STEMI and stroke patients. There is an opportunity in the system to increase transfer of stroke patients from San Leandro to Alameda. We are currently planning a meeting with Westmed Ambulance to improve the response time.
Patient Flow	FY 2016	35%	The OLE lean team has been engaged to perform a 5S project with the front line team for each supply room on our units. The leadership team will be trained to perform the same 5S project in the non-nursing areas as well. The Renoir Group (used at San Leandro Hospital) is undergoing contract approval to engage in a 90 day project that focuses specifically on the ER and OR in not only improving patient flow but also improving the charge capture system and building dashboards with additional data from Meditech.

True North Goal 2: Sustainability: Be an organization with an investment grade credit rating

Action	Goal	% Complete	Next Steps
Capital Update	ongoing	25%	<p>The high priority items that have been approved include:</p> <ul style="list-style-type: none"> • New ICU beds/med surg beds/ER and OR/transport gurneys: \$800,000 • Patient Room and Corridor Renovations: \$800,000 (ordering material, start date not yet determined) • OR equipment: \$500,000 (pending final quotes) • Bay Area Bone and Joint and General Surgeon office relocation: \$395,000 • New crash carts and isolation carts: \$25,000 <p>The ICU beds arrived 9/17/15 and the beds for the med/surg and tele units will arrive 10/5/15. The used beds are being donated to our sister city medical missions partner in the Philippines. The crash carts are expected to arrive 9/30/15.</p>
Revenue Cycle Improvement Pilot Project	Ongoing	50%	<p>The Highland campus is piloting several initiatives that have already helped bring in additional revenue of 20 million. Next steps will be to do the same with Alameda and San Leandro. Data below is per Sorian info:</p> <ul style="list-style-type: none"> • Denials Unit: Previously, when we received a denial from an insurance company, it was just written off. Now with the pursuit of reversing denials, we have gone from recovering 0 dollars to 4.3M • Charge Capture System: OR late charges from Jan to June have gone from 18% to 7% • Pre-Authorization Unit: The authorization unit has already processed over 5000 pre-auths for surgeries, CTs, MRIs, Infusion Center and OP rehab services. Outpatient hospital authorizations have increased \$700,000 to date. • Revenue integrity: focus will be on high dollar revenue leakage opportunities, ED nursing documentation, reimbursement of observation patients, imaging services • Professional physician billing: implemented ingenious med as an electronic charge capture system to increase revenue by 10 million annually across the system • Ambulatory restructuring: with redefining of scheduling process, the goal is to decrease the no show rate and cancellation to less than 20% in first year and less than 10% in second year

			<ul style="list-style-type: none"> Highland's cash in net patient revenue went from 190M to 320M, a 65% increase Highland's days in accounts receivable dropped from 102 to 77 days, a 24% decrease Highland's accounts receivable dollars went from 525M to 380M, a 28% increase
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True North Goal 3: Integration: Achieve zero preventative harm and produce the best achievable outcomes

Action	Goal	% Complete	Next Steps
Regulatory Update			<p>We had a successful CMS validation survey in August that had zero findings in expired items and all infection control findings were 100% improved over the original patient safety validation initiative survey that took place in June. We are still focusing on improving our processes to sustain the improvement.</p> <p>The Joint Commission triennial survey is expected to take place sometime between now and April 2016. A Continuous Survey Readiness team has been developed with chapter chairs and tracer tools have been developed. An unannounced mock survey is scheduled and will include AHS subject matter experts to give feedback on opportunities for improvement.</p> <p>The stroke re-accreditation survey is expected to take place this fiscal year and we are continuing to conduct mock code strokes and evaluate all our processes.</p>
Long Term Care Update	N/A	FYI	All three long term care sites (Waters Edge, South Shore, Sub Acute units) improved in their CMS rating from 3 to a 4 star status that measures several quality indicators. This is very hard to achieve with one site and all three sites were able to show the same improvement.
ICD-10			ICD10 training to physicians were provided in the second and third weeks of September and the coding will go live in October. Clinical resource specialists will be available for questions through the IT team.
Event Occurrence Reporting System	Sept 2015	0%	Implemented MIDAS training in early September and we are expecting to go live in November. The MIDAS reporting system will allow for trending reports to be generated and a better tracking system of unusual occurrences.

True North Goal 4: Experience: Be the best to stay well, heal, and receive care

Action	Goal	% Complete	Next Steps
Improve publicly reported HCAHPS patient satisfaction scores	Dec 2015		<ul style="list-style-type: none"> Improvement in HCAHPS results and in the month of July hit target (see attachment of Press Ganey opportunity sheet) Priorities/Initiatives: <ul style="list-style-type: none"> No-pass zone DON rounding on all new admits

			<ul style="list-style-type: none"> ○ CAO rounding on all discharges ○ Hardwiring hourly rounding and bedside shift reporting
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True North Goal 5: Network: Provide the highest rated community health program

Action	Goal	% Complete	Next Steps
Crimson Market Advantage / Market migration/ outmigration	ongoing		<p>See attached Crimson Market Advantage presentation collected from the business development team. Below are statistics that show a year over year difference comparing pre-affiliation (May 2013-May 2014) to post-affiliation (May 2014-May 2015) metrics:</p> <ul style="list-style-type: none"> • Length of Stay: 3.5 vs 5.2 • Case Mix Index: 1.322 vs 1.351not much change but patients have more social issues that sometimes increase LOS • Medicare patients: 1368 vs 1223 • Managed Medi-cal: 241 vs 368 • Straight Medi-cal: 71 vs 90 • Self-pay: 122 vs 75
Community Events	Ongoing	FYI	<p>Successful events from Aug/Sep:</p> <ul style="list-style-type: none"> • We held two free community stroke risk assessments in the months of August and September • Bonnie Panlasigui spoke at the Community Paramedic press release event held at the City Council Chamber on August 21st • District board member Jim Meyers and Bonnie Panlasigui spoke at the Democratic Club meeting in September about community health and updates on the hospital <p>The following are upcoming scheduled community outreach events:</p> <ul style="list-style-type: none"> • October 9: 12 p.m. - 7 p.m. : Community Blood Drive cosponsored by the American Red Cross • October 17: 9 a.m. - 12 p.m.: Annual Community Health Fair: Free flu shots for adults and bike helmets for children (while supplies last) will be offered. Health and wellness activities and exhibits for all ages are planned. Alameda service organizations including police and fire are participating. (see flyer attached) • October 19: 5:30 p.m. - 7:30 p.m.: Bonnie Panlasigui will be presenting a hospital update to the Alameda Chinese Club. • October 22: Bonnie Panlasigui and an Alameda Healthcare District Board Member

			will be presenting an update on the state of healthcare in Alameda to the City Council.
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True North Goal 6: Workforce: Be the best place to learn and work

Action	Goal	% Complete	Next Steps
Ansos Web Scheduler and balanced schedule	Sept	100%	The new balanced schedule with core staffing on all units went live Mon, Sept 14 th . There has already been a decrease in the number of overtime hours. The current overtime rate is averaging 8-9% when it should be no more than 2%. There have been over 100 nurses trained and an additional 50 nurses will be trained on the new McKesson Ansos web based scheduling system which will improve our employees' ability to access their schedule from any computer or their phones.
Additional nursing positions posted	Ongoing	60%	To bring down the overtime and high registry usage, there have been a number of nursing and tech positions approved at the FTE committee and posted. Barbara and the nursing leadership team have conducted several interviews and new hires should be starting in the month of October.
Open forums	ongoing	FYI	Employee open forums were held in the month of August with a casual setting to allow for questions to be submitted in advance. Several excellent questions were submitted and a Frequently Asked Question sheet will be distributed.
Unrepresented employee raises	Oct 2015	70%	We have received from HR a list of the unrepresented employees who have an opportunity to receive a raise. It will be merit based and can range from 2% to 5%. Our goal is to focus on those who took a pay cut in prior years during the hospital's unstable financial period a few years ago. The raises should hit the Oct 9 th pay check.
Culture of Safety Survey Results	Nov 2015	50%	The employee engagement pulse survey from Sept 14-21 will give us an opportunity to review opportunities for improvement prior to the full employee engagement survey in April 2016. There will be a culture of safety survey planned in November that will also identify best practices and opportunities for improvement.