



BOARD OF TRUSTEES MEETING
FRIDAY, OCTOBER 26, 2018 8:20AM-5:00PM
AND
SATURDAY, OCTOBER 27, 2018 9:00AM – 3:00PM

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: HCP Conference Center

MEMBERS

Joe DeVries, **President**
Kinkini Banerjee, **Vice President**
Maria G. Hernandez, **Secretary**
Noha Aboelata Louis Chicoine
Taft Bhuket, MD Tracy Jensen
Gary Charland Ross Peterson

Chief of Staff – HGH/FMT/JGH/AMBULATORY Medical Staff: Gene Hern, MD
Chief of Staff - SLH Medical Staff: Joel Chiu, MD
Chief of Staff - AHD Medical Staff: Elpidio Magalong, MD

BOARD OF TRUSTEES SPECIAL MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 8:36AM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Noha Aboelata, Kinkini Banerjee, Taft Bhuket, MD, Louis Chicoine, Joe DeVries, Maria Hernandez, Tracy Jensen, Ross Peterson

ABSENT: Gary Charland (Excused)

A quorum was established.

Public Comment on Non-Agenda Items

A. MEDICAL STAFF REPORTS

Gene Hern, MD, HGH/FMT/JGH/Ambulatory Medical Staff

Joel Chiu, MD, San Leandro Hospital Medical Staff

Elpidio Magalong, MD, Alameda Hospital Medical Staff

Dr. Magalong provided a report on behalf of the Alameda Hospital Medical Staff. He discussed the first joint Medical Staff Retreat. The event was recorded for physician leaders who could not attend. He said they arranged for the wellness doctor to provide a presentation to the staff. He discussed the huddle that was working well as a supplement to the monthly committee meetings and allowed an opportunity to collaborate with leadership. The bylaws should be ready the following the week once it was reviewed by the Medical Executive Committee and ready to present to the Quality Professional Services Committee and the Board of Trustees at the November meetings.

Dr. Chiu provided a report on behalf of the San Leandro Hospital (SLH) Medical Staff. He discussed their review of the 2019 True North Metric Dashboard. Flu vaccine documentation was being developed. He said the final revision to align with the Joint Commission standards was in process. He urged the Board to not rush to a decision regarding the rehab move to SLH as they needed more input from the medical staff.

Trustee Peterson said the medical staff at SLH was being connected to the local community was important to them. If there was combining of medical staffs if could be done in a vertical implementation so as not to lose that connection. They were afraid to lose their autonomy. They were wondering if there was any flexibility at all as well.

B. BOARD PRESIDENT REPORT

Joe DeVries, President

1. Committee Assignments for New Trustees

Trustee DeVries introduced the two new Trustees, Noha Aboelata and Ross Peterson. He assigned Trustee Peterson to the Finance Committee, Human Resources Committee, and the Audit and Compliance Committee. He assigned Trustee Aboelata to the Finance Committee.

Finley Delvecchio, Chief Executive Officer, introduced the new Chief Information Officer, Mark Amey.

C. CEO REPORT

Delvecchio Finley, Chief Executive Officer

Mr. Finley said they had completed two new chair searches resulting in the hires of internal candidate Dr. Victorino for the Chair of Surgery and an external candidate, Dr. Kevin Smith to become the chair of the new OB/GYN department.

Mr. Finley said that when they launched S.A.P.P.H.I.R.E. a group of African American women at Alameda Health System (AHS) educated leadership about an Amos and Andy character who was a caricature of an African American woman who spoke

pejoratively toward African American men and that caused concern by the group of AHS employees about what it said about the organization. The General Counsel and the PACE team met with them, heard their concerns, explained the intent behind the name, and decided to update the brand to clarify that S.A.P.P.H.I.R.E. was an acronym and associated with the gem. He said it was a successful conversation. The employees who raised concern said they were pleased with the result.

They finished their second round of adoption sessions for S.A.P.P.H.I.R.E. which involved people around the organization to review the current build. They would be done with the current phase in December. The next phase was testing and then training. He spoke about the importance of training and the process they will use for accountability such as acquiring the system access post training.

Mr. Finley said they were still on time and on budget for the program.

Dr. Ghassan Jamaledine, MD, Chief Medical Officer, and Mr. Finley spoke regarding the efforts to eliminate any potential for patient impact during the transition which included extra budget for staffing during that time.

Trustee Bhuket asked about the conversations the clinicians as the go-live was daunting for them. Mr. Amey said they needed to capitalize on the strengths, which included the late adoption of EPIC. Trustee Bhuket asked that the clinical voice continue to be heard.

D. CONSENT AGENDA: ACTION

1. Approval of the Minutes from the September 27, 2018 Board of Trustees Regular Meeting

Trustee Hernandez was not present at the September 27th meeting and requested that the motions be updated to reflect that. Trustee Bhuket said that he was recused during the discussion of Item G1, Approval of Response to the Grand Jury Report and did not vote.

2. Approval of Policies and Procedures

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

- Controlled Substance Drug Diversion Investigation and Reporting
- Infusion Pump Library
- Radio Pharmaceuticals Linen Handling and Waste Policy
- Radio Pharmaceuticals: Procurement, Receiving, Storage, and Security]
- Radio Pharmaceuticals: Radioactive Kit Preparation
- Radio Pharmaceuticals: Safe Handling
- Radio Pharmaceuticals: Use, Administration, and Monitoring
- Radio Pharmaceuticals: Waste Disposal
- Safe Patient Handling
- System Medication Administration Policy

- CAUTI Prevention SYSTEM
- Patients Own Medication SYSTEM
- Organ and Tissue Donation After Death SYSTEM
- Brain Death Policy SYSTEM
- Clostridium Difficile Prevention Bundle SYSTEM
- Procedural Sedation HIGHLAND HOSPITAL AND CLINICS
- Scope of Service-Mammography

Trustee Jensen asked about the “Patients Own Medication SYSTEM” policy and what happened when patients brought their own medication such as medical marijuana. Dr. Valerie Ng said marijuana was not allowed in the facility. If a patient had marijuana it could be immediately handed over to a family member. If they were unwilling to do so it was confiscated and destroyed.

Trustee Bhuket said that the Quality Professional Services Committee (QPSC) pulled four policies, System Medication Administration Policy, CAUTI Prevention SYSTEM, Organ and Tissue Donation After Death SYSTEM, and the Brain Death Policy SYSTEM. Additionally, there was one minor modification of language on the Patients Own Medication SYSTEM policy.

3. Approval of Contracts and Authorization for the CEO or His Delegate to Execute the Following Operating Contracts:

The Finance Committee recommended approval of the contract listed below.

a) Extension agreement with **Paragon Pathology Medical Associates, Inc.** for provision of comprehensive clinical laboratory and anatomical pathology services at Highland Hospital and consultative services at John George Psychiatric and Fairmont Hospitals. The term of the proposed agreement shall be from November 1, 2018 through October 31, 2019. The estimated impact of the proposed agreement is \$1,717,482.00.
Ghassan Jamaledine, MD, Chief Medical Officer.

b) Amendment agreement with **Siemens Medical Solutions USA, Inc.** to increase Image Sharing Archive (“ISA”) cloud storage capacity and ongoing support for radiology and cardiology. The term of the proposed agreement shall be effective upon signature through March 31, 2022. The estimated impact of the proposed agreement is \$318,673.00.
Quinn Cordae, Information Systems Manager, Ancillary Applications

4. Approval of the 2019 Board of Trustees Meeting Schedule *M.D. Moye, General Counsel*

Agenda Item Four was discussed on Day Two as part of the “BOT Strategy Playbook, Part Two”

The Board selected four Friday’s to hold the 2019 retreats: 2/1, 4/26, 7/26, 10/25. The November Board and QPSC meetings will be held on 11/21.

5. Approval of Recommendation to Terminate the Alameda Hospital Pension Plan (“Echo Plan”)

The Retirement Plans Investment Committee recommends approval of the plan to terminate the Alameda Hospital Retirement Plan effective December 31, 2018.

ACTION: A motion was made and seconded to approve the Consent Agenda Items One, Two, Three, and Five. The motion passed.

AYES: Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Jensen, and Peterson

NAYS: None

ABSTENTION: None

ACTION: A motion was made and seconded to approve the 2019 Board of Trustees meeting schedule as amended. The motion passed.

AYES: Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Jensen, and Peterson

NAYS: None

ABSTENTION: None

E. STAFF REPORTS (Written)

1. Financial Report

Nancy Kaatz, Interim Chief Finance Officer

a) August 2018 Financial Report

2. Chief Operating Officer Report

Luis Fonseca, Chief Operating Officer

a) August 2018 Operations Report

F. COMMITTEE REPORTS (Written)

1. Quality Professional Services Committee: September 27, 2018

Taft Bhuket, MD, Committee Chair

2. Finance Committee: October 10, 2018

Louis Chicoine, Committee Chair

3. Audit and Compliance Committee: September 13, 2018

Kinkini Banerjee, Committee Chair

Trustee Banerjee said she did not submit her report.

G. INFORMATION REPORTS (Written)

1. AHS Community Engagement Report

Terry Lightfoot, Director, Public Affairs and Community Engagement

2. Legislative Affairs/Local Government Strategy
Terry Lightfoot, Director, Public Affairs and Community Engagement

3. Media Relations Report
Terry Lightfoot, Director, Public Affairs and Community Engagement

The Board convened to the Closed Session pursuant to Government Code Section 54957(b) at 9:37am.

CLOSED SESSION

1. Discussion of Matters Constituting Trade Secrets [1 matter]

Delvecchio S. Finley, Chief Executive Officer
M. D. Moye, General Counsel
Health & Safety Code Section 32106

(Reconvene to Open Session)

OPEN SESSION

REPORT ON ACTION TAKEN IN CLOSED SESSION

H. WELCOME/OVERVIEW

Joe Devries, Board of Trustees President
Delvecchio Finley, Chief Executive Officer

I. REPORT/DISCUSSION

1. Update on Strategic Plan, Part One

Delvecchio Finley, Chief Executive Officer

Mr. Finley discussed the report beginning on page 225 of the agenda packet.

Trustee Jensen said she would like to see more on the transition strategy related to the reimbursement changes for Medi-Cal and some discussion of social opportunities with the homeless. Tangerine Brigham, Chief Administrative Officer – Population Health Management, said a new provision was an opportunity to ensure the State had full authority to spend what was already budgeted. It was not new money. Trustee Jensen discussed the opportunity to use Medi-Cal dollars for discharges and outpatients.

Trustee Chicoine discussed the difficulty of the system to expand its work to places where it should be expanded. The health care and criminal justice system was an example of an important partnership for a culturally sensitive organization to have a place for the provision of those services. AHS had to be able to compete for those contracts. Mr. Finley said that they attempted to be consistent with that direction and the overall mission of the organization. When they couldn't find a way to work with those partners they would review the parameters to determine how much they could do.

Trustee Hernandez they needed to develop alternative sources of revenue like other health systems. She said it was important for AHS to include that in future plans. Home health care was also an important path. Trustee Hernandez asked if AHS could set up a separate subsidiary for home health care. Mr. Finley said he didn't see why not, other than finding the resources to support it.

Based on Trustee Banerjee's comment regarding County visiting programs, Mr. Finley asked if they should review the county's ability to provide more of that service. Trustee Banerjee said they could add that to the services offered. Mr. Finley said they expanded their efforts in contracting with an external health agency to do that type of work.

Trustee Aboelata said that it was important to have leadership from AHS around the justice system concerns. They had to consider primary care expansion versus specialty care. She asked how it would work with revenue to focus less on primary care and more on specialty access. She also wanted to know what the plans were for moving more toward capitation in primary care. Mr. Finley said they would have two sites on capitation and then by March they'd have a total of four for about 45-50K individuals meaning AHS was their primary care providers. He said that they had permanent care capitation by March. They would further dive into the availability of these options and work with providers to leverage existing services and invest accordingly to meet more of that need for that population. He added that it wasn't so much a matter of primary versus specialty care, it was more of a bandwidth concern. Given the role of AHS, under a non-accountable care construct, they had to look for more primary care options.

Trustee DeVries asked if they had been challenged on our specialty services and access. Mr. Finley said they were working on it, but it wasn't there yet. Historically, the problem was wide spread within AHS and all specialties were impacted. Over time that effort has created capacity in some specialties but improved access to others.

Trustee Aboelata discussed AHS as an anchor institution and asked how they were looking at that. Mr. Finley said they had been advancing in that area but had a lot more work to do. At the next Finance Committee meeting, they were going to share an update on the tools they'd developed creating a lens into their contracts, the process, and how to keep an eye on the evolution of the system over time.

Trustee Bhuket suggested the Trustees answer the questions on page 245 of the agenda packet.

Trustee DeVries asked about culture, changing how harm was reported so staff felt the process was constructive. Dr. Jamaledine said there was an increase in reporting but harm to patients had been decreasing. Efforts were focused on having the highest level of transparency.

Trustee DeVries asked about Mr. Finley's vision for Newark Clinic and partnership with Washington Health. Mr. Finley said the clinic had been high performing for a while and it had a very diverse staff and patient population.

Trustee DeVries asked if it was a concern that Children's Hospital was going to start delivering infants. Mr. Finley said he has been in contact with them and was working on scheduling a meeting with their Chief Executive Officer. Supervisor Carson had indicated a concern as well. Trustee DeVries and Trustee Aboelata indicated a need for further conversation around the topic.

Trustee Chicoine said that he was worried about AHS's success with so many fundamental obligations on part of the executive staff. He said the Trustees needed to be considerate to not keep adding more. Trustee Aboelata said Epic was a solution to many of the challenges and could improve the quantity of obligations placed on staff.

2. Update on Strategic Plan, Part Two

Delvecchio Finley, Chief Executive Officer

Item heard after agenda item three.

Mr. Finley discussed the report beginning on page 225 of the agenda packet.

Trustee Hernandez Reviewed the written comments by the Trustees on flip charts.

Regarding "foundational or transitional" strategies that AHS ought to be pursuing in the next two years, that are not already under way, Trustees said they need more insight into care delivery between acute and behavioral, want a deeper collaboration with public health, need a sharper focus on "system integration", need to find synergies with EPIC across AHS, and use procurement as a strategy for upstream interventions.

Regarding "transformational" strategies and issues that AHS must address, that have not been considered, Trustees discussed the AHS cost structure, realizing alternate revenue streams by 2020 (of 10% of revenue (\$100M)), exploring new payment models, and capitalizing on our strengths.

Regarding strategies/tactics that were discussed that Trustees feel are no longer worthwhile or viable, the Trustees said they needed ELT's feedback, wondered if it was necessary to maintain SBU focus, and if AHS does so, how would they maintain or balance site specific focus, and if they fully assessed what we may have lost from local site level.

Regarding concerns Trustees had about the likelihood of success under the current strategic plan, the Trustees said they were concerned about financial stability, losing focus by adding initiatives, they needed quantitative data to assess strategic plan success, and they needed a clear understanding of the County's commitment

Regarding additional guidance/advice for the team as they proceeded to lead the organization in these efforts, the Trustees said they needed to anticipate significant operational decisional implications well ahead of time, continue to bring "transformational" issues forward and sequence these for BOT discussions and feedback, and ensure that management was exploring ways to be a partner in the community to serve county needs.

3. Update on Acute Rehab/San Leandro Hospital Transition

Luis Fonseca, Chief Operating Officer

Ishwari Venkataraman, Vice President Strategy and Business Planning

Ishwari Venkataraman reviewed the presentation beginning on page 301 of the agenda packet.

Tony Redmond, Chief Human Resources Officer, said that there would be a number of conversations going forward with SEIU 1021 and CNA to clarify their position with leadership.

Dr. Jamaledine said that he discussed update with the chiefs of staff and they were concerned about the option to incorporate the San Leandro and Highland medical staff. They were worried about losing their autonomy and the care model at Highland was different than at San Leandro.

Dr. Chiu said they were concerned about the radiology service at SLH. They surveyed staff and determined that they overwhelmingly prefer Scenario A (License Acute Rehab Unit under SLH's license).

Trustee DeVries asked how many medical staff would be impacted at Fairmont Hospital. Dr. Jamaledine said it was between five and eight, and 280 at SLH, about 80 of whom were active.

Carol Barazi, Registered Nurse, and a co-worker said the staff at SLH provided a valuable resource to a vulnerable community. It is their home and they will fight for it. She requested the Board respect the existing contract.

Michael Ingenu, MD, Vice Chief of Staff at San Leandro, wanted to clarify that from a medical staff perspective they had an active staff about 80 physicians out of 280. They were talking about adding five in a thriving hospital. The other option was to dissolve the medical staff of SLH and have those physicians join the staff at AHS. He questioned whether it could be accomplished in one vote or would involve all the physicians reapplying to AHS. He had grave concerns about taking the quality management and credentialing out of SLH and moving it to AHS. He also expressed concerns about the compressed decision timeline.

Vin Vrecohney, MD, said that SLH has been a community hospital since it opened and was a very different model than Highland. SLH would be a very small part of the large Highland based discussion. It would be easier to change all the other facilities to the SLH model. He encouraged option one.

Another Doctor (name unintelligible) said they were invested in the San Leandro community and the medical staff at SLH was the best around.

Trustee DeVries said that Option B was attractive to the system and to non-doctor employees. He said the benefit package to the SEIU nurses was much better than the CNA nurses. The physicians would have a big impact. He asked staff to identify what the benefits would be to SLH doctors who became recredentialed with the core. He

asked if the staff would have to disband by November 30th or was that the recommended date by Counsel to submit the application to the State. Mike Moye, General Counsel, said the November date wasn't predicated solely on the fact the Board has no meetings after that date until the following year. The recommendation was based on the fact that it would take about a year to complete the process and the longer they wait the greater the risk.

Trustee Peterson said that with option two it appeared there would be a deficit for a year or two. Mr. Redmond said it was an exit penalty for the Steel Workers Union.

Trustee DeVries asked about the benefits. Mr. Finley said that he thought the answer was reliant on interaction between the various doctors to have that conversation. Dr. Jamaledine said the difference was between the contractual agreements and the credentials. Every physician could be said to have two relationships, one with the medical staff which was about credentialing and privileging. The other was with Human Resources and was about employment and contracts. The contractual agreement would not change. Dr. Chiu said s benefit would be one less application.

Trustee Banerjee asked if they would have privileges here and if it would limit what they were doing. Dr. Jamaledine said the bylaws might need to be updated to indicate some workflow for SLH physicians. Dr. Chiu discussed the potential issues with specialty credentialing.

Trustee Peterson asked if there was a way the medical staff at Highland and the medical staff at SLH could work together in a way that there was some significant recognition to the differences of a community-based model. Dr. Chiu said it was still a matter of time. It wouldn't be changing just one small part of the bylaws it'd be major changes.

Trustee Hernandez said change can be good but it's difficult. She said that the entire system was trying to move toward unified protocols. They should identify if they couldn't use this as an example then there were bigger problems to solve. She asked what the biggest conversation that they needed to have was. Dr. Chiu said it went back a long time. The way the doctors were paid was different. They had not been getting support from AHS to build their practice. They just wanted autonomy.

Trustee DeVries asked for tangible examples of AHS not supporting the family practice. Dr. Chiu said that there was a new community surgeon who was unable to get a contract to allow him to participate and build his practice in the hospital.

Trustee Banerjee said the population health model was not a choice, they had to do it. She asked how the patient quality would be compromised. Another doctor said the Board should ask why the four busiest vascular surgeons did 600 operations a year at SLH. Those operations should not be there. He said the environment had changed as AHS has moved to helping the more vulnerable, uninsured population. There was a lack of investment in encouraging physicians to work there and investing in infrastructure has changed the volume of the operating room.

Trustee DeVries asked for clarification on how selecting either proposed option would change that other than by providing better benefits to the ancillary staff. The doctor said the decision making on equipment was taken from the local folks. He gave an example of a decision regarding the types of sutures used being changed. They had to fight to keep the same sutures they'd used previously at SLH and they didn't want to have to fight for things like that. Mr. Fonseca said suture type was a physician preference and they wanted to be sensitive to that, but this was a tool that was being used across the market and they were trying to maximize and support a standardization across the system. The decision was not made in isolation. Dr. Jamaledine added that the commitment to thrive and build a solid infrastructure was focused on the EHR project as has been discussed across the system.

Carol, CNA, said they had lost a lot of breast work because the camera went down. The surgeons said they were taking the cases to Eden. It was not just about benefits. CNA was her professional nursing association and she wanted them to keep that in mind.

Trustee Bhuket said that given the environment there was only one wrong move – which would be to keep doing it the way they'd been doing it. He discussed the strategic, financial, quality, and cultural implications. They all had to be considered. AHS was dedicated to the patients in SLH but what was AHS's role or commitment to the community. Did it have to be by a San Leandro community physician?

Trustee DeVries asked what would be acceptable to SLH physicians. He discussed option A from a network perspective. It would preserve CNA at SLH

Trustee Jensen asked about coming up with other options. She said that there were hospitals within hospitals in California, this wasn't out of the realm. She wanted more background about why this option was not being considered. Mr. Moye said there was a licensing and a regulatory issue. The CDP adopted the position that they would no longer license hospitals within hospitals. But, the larger question is the regulatory issue, CMS said the formal requirements were that there had to be two separate entities running the hospitals.

Dr. Chang a San Leandro doctor said that the hesitation was from two years ago when AHS entered into a contract with an acute dialysis company without any local involvement. They pulled about after a year, leaving SLH without that critical service.

Trustee Hernandez asked about the financial impact AHS had on the individual doctor's patients. She wanted to know what impact the decision might have on future use of these doctors of SLH facilities. Dr. Chiu said there might be a subset of doctors that would choose to not use the facilities which would be lost business. It was not possible to have a specific sense of the impact at this point.

Trustee Chicoine proposed another month to decide how to participate. He suggested the Board hold a Special Meeting in December.

Trustee Bhuket asked staff to define what pieces of data they needed to make the decision and get more data from SLH regarding anticipated problems.

Trustee Chicoine asked, if they were to choose option B, what terms would need to be in the motion that would lead the Board to addressing those concerns.

Trustee Aboelata said they needed to consider the medical staff's desires as well as their concerns.

Trustee Bhuket asked Dr. Chui if he could return to the Board in the next month with the top five specific desirables and concerns. Dr. Chui said he could see what could be done.

Trustee DeVries requested that the medical staff meet over the next month to discuss the concerns.

Trustee Peterson expressed concerns about the \$5M penalty with option B and wondered if there was a way to work with labor, keep staff in the current plans, and keep that money for the SLH infrastructure. Mr. Redmond said there was a penalty for exiting the plan, it wasn't up to the labor groups to levy it. He said there were nearly endless scenarios that could play out. He felt this was the most likely outcome.

Dr. Chiu asked them to consider an option C and explore the hospital within a hospital program.

Trustee DeVries said the decision would likely come back to the Board in November, though the General Counsel would review opportunities to delay the decision. A meeting in December was unlikely due to Trustee schedules. He said the Medical Staff and labor and Human Resources all needed to meet to work out their differences.

4. BOT Self-Evaluation

Taft Bhuket, MD, Trustee

Trustee Bhuket reviewed materials available here:

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

Trustee Jensen asked why they needed question 6. Trustee Hernandez said it was dangerous if a Board behaved like management. This question was a good long-term monitor to ensure the Board had an effective focus. Trustee Bhuket suggested the Board president remind the Board of the answer to this question. Trustee DeVries said there was a certain amount of administrative work that had to happen to inform the bigger picture.

Understanding the Board's role with medical staff, Trustee DeVries said they could use a presentation on this as some members haven't been on the QPSC or Audit Committees.

5. BOT Strategy Playbook, Part One

Maria Hernandez, Trustee

Trustee Hernandez discussed a handout available here:

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

Trustee Hernandez said the calendars should be driven by the Committees. They needed to work with leadership to anticipate the topics that they needed to cover so they could anticipate them.

Trustee Bhuket recommended the Board move the committee reports to a verbal report to accompany the written reports. And every agenda should have a calendar and tracking item so that the members can bring up topics they'd like to discuss. Trustee Hernandez said they needed to make sure it was driven by both staff and the board. The Board agreed that they needed to be disciplined to keep the reports succinct and structured.

Trustee Hernandez suggested they change the Retreat schedule for 2019 to be four full days, rather than two one and a half day sessions.

Trustee Chicoine said he didn't like the regular business in the morning of the retreat. Trustee Hernandez said she was proposing they keep the standard Board schedule and number of meetings, just add four retreat meetings with no regular business.

Trustee Hernandez also suggested that the Committee Chairs can have longer meetings when they need to as well.

The Board discussed the usefulness of the pillars and modernizing them to be more current topics that the team could rally around. The idea was to have a visual reminder of the pillars to drive toward them. It was difficult to say AHS could reduce readmissions by 10% unless a goal was attached. it's a fragmented process.

Trustee DeVries reminded the Trustees that it is the Board playbook not the AHS playbook. This was their way to track progress. He was concerned that with Finance it had become the committee that reviewed operations and finance. It was too much.

Trustee Hernandez asked if they could identify the projects were built on the pillars. Trustee Aboelata asked how they get just enough detail. Mr. Finley said that not everything would impact a pillar. The pillars were meant to see how the big issues were tracked toward progress, rather than a one to one correlation.

ADJOURNMENT, DAY ONE: 5:13PM

REVISED SPECIAL MEETING AGENDA FALL RETREAT, DAY TWO

THE MEETING WAS CALLED TO ORDER AT 9:05AM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Noha Aboelata, Kinkini Banerjee, Taft Bhuket, MD, Louis Chicoine, Joe DeVries, Maria Hernandez, Tracy Jensen, and Ross Peterson

ABSENT: Gary Charland (Excused)

A quorum was established.

Public Comment on Non-Agenda Items

CLOSED SESSION

1. Public Employee Performance Evaluation, Part One

[Government Code Section 54957(b)]

Title: Chief Executive Officer

(Reconvene to Open Session)

Break

A. REPORT/DISCUSSION

1. BOT Strategy Playbook, Part Two

Maria Hernandez, Trustee

Trustee Hernandez requested the Clerk of the Board assemble binders for the Board meetings, so they would have information that would be useful during the meetings.

Trustee Jensen requested policies be include in agenda packets as addendums.

PUBLIC COMMENT PERIOD FOR NON-AGENDA ITEMS

(General Counsel Announcement as to Purpose of Closed Session)

CLOSED SESSION

6. Discussion of Matters Constituting Trade Secrets [1 matter]

Delvecchio S. Finley, Chief Executive Officer

M. D. Moye, General Counsel

Health & Safety Code Section 32106

Trustee Bhuket recused himself as an employee of Oakcare.

7. Public Employee Performance Evaluation, Part Two

[Government Code Section 54957(b)]

Title: Chief Executive Officer

(Reconvene to Open Session)

OPEN SESSION

B. REPORT ON ACTION TAKEN IN CLOSED SESSION

Trustee DeVries announced that no action was taken in closed session.

PUBLIC COMMENT: None

TRUSTEE REMARKS: None

ADJOURNMENT: 3:14PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of October 26 and 27, 2018 as approved by the Board of Trustees on November 29, 2018.



Romna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____



M.D. Mbye
General Counsel