



**BOARD OF TRUSTEES MEETING**  
**THURSDAY, OCTOBER 24, 2019**  
**5:00pm-7:00pm**

Conference Center at Highland Care Pavilion  
1411 East 31<sup>st</sup> 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, MD Tracy Jensen  
Taft Bhuket, MD Ross Peterson  
Louis Chicoine

**BOARD OF TRUSTEES REGULAR MEETING MINUTES**

**THE MEETING WAS CALLED TO ORDER AT 5:10 PM**

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

**ABSENT:** Tracy Jensen (Excused)

**OPEN SESSION / ROLL CALL**

**A. MEDICAL STAFF REPORTS**

- *AHS Medical Staff:* M. Kelley Bullard, MD, Chief of Staff
- *AH Medical Staff:* Michael Ingegno, MD - SLH Leadership Committee Chair  
Joseph Marzouk, MD Chief of Staff

Dr. Bullard reviewed the report on agenda packet page nine.

Dr. Ingegno gave a verbal recap of the recent San Leandro Hospital Committee meeting.

Dr. Marzouk reviewed the report on agenda packet page 10.

## **B. BOARD PRESIDENT REPORT**

Joe DeVries, President

Trustee DeVries discussed the annual Board of Trustees meeting in January. He said he will not seek an officer position. He discussed the ongoing need for advocacy. The Board of Supervisors analytics from the auditor were delayed, but the funding for the budget should move soon.

He discussed the first Seismic Committee update. Trustee Banerjee said the Committee met and established a joint statement to provide to the community. They agreed to meet monthly going forward. Trustee Peterson said they had an emphasis on creating a critical path to meet the timelines. Trustee Banerjee said Kaufman Hall was doing an assessment that they would provide at the next Committee meeting.

Trustee Peterson said they had a signed contract for with Wipfli. The team was meeting once a week and were working on a list of people to contact.

Trustee DeVries talked about the pending joint BOT BOS meeting tentatively scheduled in January.

## **C. CEO REPORT**

Delvecchio Finley, Chief Executive Officer

Mr. Finley reviewed the presentation available here: <http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/>

Trustee DeVries cited a problem relating to S\*A\*P\*P\*H\*I\*R\*E\* with doctors not being able to access every work station. He wanted to know what other tangible problems there were to solve. Mr. Amey said they still had hundreds of open tickets. They had, for example, received the wrong labels for the printers and they started peeling off the bottles which became a big program. Things like that create problems. They were working on many problems.

## **D. COMMITTEE REPORTS**

### **D1. Quality Professional Services Committee: September 26, 2019**

Taft Bhuket, MD, Committee Chair

Trustee Bhuket provided a verbal report of the Quality Professional Services Committee meetings held on September 26, 2019. Documents from that meeting are available here: <http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/>.

### **D2. Finance Committee: October 10, 2019**

Louis Chicoine, Committee Chair

Trustee Chicoine provided a verbal report of the Finance Committee meeting held on October 10, 2019. Documents from that meeting are available here: <http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/>.

## **E. CONSENT AGENDA: ACTION**

**E1. Approval of the Minutes from the September 26, 2019 Board of Trustees Regular Meetings.**

**E2. Approval of Policies and Procedures.**

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

### **HGH Hospital Only-**

- Anticoagulant therapy in patients undergoing Percutaenous Coronary Intervention
- Bivalirudin as a flush
- Cardiac Stress testing in nuclear medicine
- Criteria for prioritizing Interventional Service Patients
- Use of Echocardiography contrast imaging agents
- Esophagram/Barium Swallow
- Femoral Sheath Removal Arterial/Venous
- Fluroscopy Sentinel Event
- Heart Alert Activation- Team STEMI
- Implantable Cardiac Device Evaluation/Interrogation
- Insertion of temporary Trans-Venous Pacemaker in Interventional Services
- Interventional FEMO STOP Device Application and Maintenance
- Interventional Services Suite Terminal Cleaning
- Interventional Radiology Embolization Team Activation
- Intra-Aortic Balloon Pump
- Intra-Coronary Nitroglycerine
- Intra-Coronary Nitropusside
- Intradepartmental transfer to and from interventional services
- IV Adenosine for fractional flow reserve for interventional services
- Lumbar Puncture (Spinal Tap)
- Maintaining Radiation Exposure (ALARA)
- Medication Diatrizoate (Gastrografin ) Oral contrast solution administration
- Magnetic Resonance Imaging Regulations
- Pacemakers-Temporary Tran-Venous
- Patient Status for Interventional Services Patient
- Perclose Proglide Suture Mediated Closure System
- Radial Sheath Removal
- Trans-Cutaneous External Pacing
- Transthoracic Echocardiography
- Treatment of Chest Pain and NSTEMI
- Upper Gastro Intestine with and without small bowel follow through
- Use of echocardiography with agitated saline contrast
- Provider and Periporcedural care requirements for cardiac cathlab procedures
- Same Day Discharge in patients undergoing Percutaenous Coronary Intervention

**John George Psychiatry Hospital Policies Only:**

- Suicide Screening and Assessment
- John George Psychiatry Emergency Response Policy

**AHS SYSTEM:**

- Assessment/Reassessment and Care Planning
- Establishing Code Status and Level of Life Sustaining Treatments
- EPIC Downtime Policy
- Hand Off Communication Guidelines
- Patient Belongings/Valuables Property Policy
- Medication: Renal Dosing Pharmacy Adjustment
- Restraint and Seclusion in Acute Care
- Rapid Response Team
- School of Nursing Para Professional Affiliation
- HR Section 4.00-Policy 4.21 Annual Competencies
- Adverse Reaction to Contrast Media
- Critical Results reporting for cardiology
- Pregnant Patients and IV Contrast Administration
- Safely Opening Packages
- Scope of Services-Cardiovascular Services
- Scope of services- Imaging Services
- Screening Women of Child Bearing Age prior to imaging
- Transesophageal Echo Procedure
- Approval of Quality Assurance and Performance Improvement Plan FY 20

**E3. Approval of Contracts and Authorization for the CEO or His Delegate to Execute the Following Operating Contracts.**

E3a. Agreement with Island Anesthesia Associates, Inc. for provision of anesthesia services coverage at Alameda Hospital. The term of this proposed agreement shall be effective 12/01/2019 through 11/30/2021. The estimated impact of the proposed agreement is \$3,709,200.00.

Ghassan Jamaledine, MD, Chief Medical Officer

E3b. Agreement with Mission Linen Supply for provision of laundry and linen services system-wide. The term of this proposed agreement shall be effective 11/01/2019 through 12/31/2022. The estimated impact of the proposed agreement is \$8,300,054.00.

Luis Fonseca, Chief Operating Officer

E3c. Agreement with Alliance Healthcare Services, Inc. for provision of mobile MRI services for Alameda and San Leandro Hospitals. The term of this proposed agreement shall be effective 11/01/2019 through 10/31/2024. The estimated impact of the proposed agreement is \$2,958,000.00.

Luis Fonseca, Chief Operating Officer

**ACTION:** A motion was made and seconded to approve agenda item E3e. The motion passed.

**AYES:** Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Hernandez, and Peterson

**NAYS:** None

**ABSTENTION:** None

## **END OF CONSENT AGENDA**

### **F. ACTION/REPORT/DISCUSSION**

#### **F1. REPORT/DISCUSSION: Review County Facilities/Capital Expenditure Program Delvecchio Finley, Chief Executive Officer**

Mr. Finley, Mr. Fonseca, and Willie Hopkins, Director of General Services Agency for Alameda County, reviewed the presentation beginning on agenda packet page 63.

Mr. Hopkins shared a Facilities Condition Assessment.

Trustee Chicoine asked, assuming they had agreement on health and safety, how could they get the work done as soon as possible. Mr. Hopkins said the County did not want to interface in the management of the projects, they required agreement on what should be focused on, then AHS would manage the project. Trustee Chicoine said they needed to make sure there was agreement regarding health and safety. Mr. Fonseca said they needed to define the process. The agreement between AHS and the County said that all dollars had to follow all County approval processes. There had to be collaboration. He suggested they could allow for the Board of Trustees to approve, then submit to the County for a reimbursement and approval as a whole. The process needed to be defined to allow some flexibility to move quickly.

Trustee Chicoine said that the list of issues was alarming concerning the critical nature of some of the issues. He said they needed to find answers quicker than they seemed to be moving.

Trustee Hernandez asked how a fire alarm system wasn't something they would normally maintain in the AHS budget. Mr. Fonseca said the systems were maintained and tested on regular basis. Over time equipment gets old and more challenging to maintain. Some of the panels had been in place for decades.

Trustee Chicoine said he felt like these fell into the capital category rather than maintenance. Mr. Finley agreed and added that they were discussing an overhaul of a system that was a capital project. In an ideal situation an organization could make enough money to have a balance sheet that allowed them to reinvest in depreciating assets when they needed to. AHS was not that type of organization. There was no fiscal foundation. Mr. Fonseca said that was the intent of the program, to reinvest and extend the life of the asset itself. They were reinvesting in the facilities and making the work was happening even without the budget.

Trustee Hernandez said the criteria for the fund would be items in buildings that AHS did not own and which they longer had the ability to maintain. There were investments because they had to start from scratch. She asked what the types of projects would be a part of this. Mr. Fonseca said the work would be primarily infrastructure such as boilers and fire panels.

Trustee Chicoine said they should focus on life safety first. He requested a process change to value quality.

Trustee Aboelata asked if this happened regularly. Mr. Hopkins said this was the first time they'd done it. This should be done every ten years. It provided the base to start the continued maintenance program. It helped get out of the deferred maintenance if it was abided by. She asked if there was a prioritization based on the types of services happening in a building. He said they did have a system to do that.

Trustee Hernandez asked if some facilities should have a more frequent review. Mr. Fonseca said the frequency of this type of assessment is appropriate at 10 years. They were in a catch-up mode since this is the first time they've done the report.

## **F2. REPORT/DISCUSSION: Review of Behavioral Health Resources**

Luis Fonseca, Chief Operating Officer

Mr. Fonseca reviewed the report beginning on agenda packet page 73.

Trustee Bhuket asked how they came to realize they were short by 70 FTE. Ms. McInnis said some of it was reallocations of staff, for example, they had been pulling rounders for one to ones. They do not do that anymore.

Trustee Banerjee said that they had been short staffed for a long time, but it took leadership being there to see it. Ms. McInnis agreed that staff had been saying they were short. Mr. Fonseca said the total number of vacancies post assessment was 70. But the comparison to budget the incremental add was about 30 FTEs, which added up to roughly \$3.85M.

Trustee Hernandez said staff has been pleading for assistance from John George for a long time. To think that it took this to hear that was a concern. She wanted to know why they didn't believe the issues when staff brought them. Mr. Fonseca agreed that they didn't act fast enough, and they appreciated how staff brought the issues forward.

Trustee Bhuket said that the bulk of the causal investigations had been from John George, roughly 65%. That \$3M increase was probably well worth it.

Trustee Chicoine asked about the comment about staff not being aware of the seriousness of the CNS investigation. Ms. McInnis said they knew they had been surveyed, but she wasn't sure they know what would happen. Trustee Chicoine said that meant there was not a collaborative spirit there to make sure everyone was a part of it.

Trustee Aboelata said she was concerned about how to avoid this in the future. Understaffed by 25% was a lot. It seemed this was not simple and some processes were developed over time that may have obscured the problem. She said she wasn't sure if there was a formal

causal analysis to expose how they had a blind spot. Mr. Fonseca said that it really came down to not having the right leaders in place at various levels. There was limited transparency and engagement. They transformed the culture in a short time which spoke to the fact that the process was now working.

Trustee DeVries agreed that this needed to be the model going forward. The Board needed to trust what they heard from staff and from leadership. This was going to cause more scrutiny when they heard these types of complaints.

Trustee Banerjee suggested that Dr. Hussain could give his vulnerability presentation across the organization.

Mr. Finley said they were not just looking at the clinical side of the issue but also the fiscal side. He discussed the recent assessments and he spoke regarding taking a short, middle, and long-term approach to solving the problem. Their goal was not to just get past the survey.

**F3. ACTION: Recommendation to the Board of Supervisors to Reappoint Trustee DeVries to a new term with term dates of January 1, 2020 through December 31, 2022. If reappointed this will serve as Trustee DeVries's third full term.**  
M.D. Moye, General Counsel

**ACTION:** A motion was made and seconded to approve agenda item F3. The motion passed.

**AYES:** Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Hernandez, and Peterson

**NAYS:** None

**ABSTENTION:** None

**F4. ACTION: Recommendation to the Board of Supervisors to Reappoint Trustee Banerjee to a new term with term dates of January 1, 2020 through December 31, 2022. If reappointed this will serve as Trustee Banerjee's third full term.**  
M.D. Moye, General Counsel

**ACTION:** A motion was made and seconded to approve agenda item F4. The motion passed.

**AYES:** Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Hernandez, and Peterson

**NAYS:** None

**ABSTENTION:** None

**F5. ACTION: Recommendation to the Board of Supervisors to Reappoint Trustee Aboelata to a new term with term dates of January 1, 2020 through December 31, 2022. If reappointed this will serve as Trustee Aboelata's first full term.**  
M.D. Moye, General Counsel

**ACTION:** A motion was made and seconded to approve agenda item F5. The motion passed.

**AYES:** Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Hernandez, and Peterson

**NAYS:** None

**ABSTENTION:** None

**F6. ACTION: Approval of the 2020 Board of Trustees Meeting Schedule**  
*Joe DeVries, President*

Trustee Hernandez did not think they should return to the two-day retreat format. She thought they were too far apart and didn't want Trustees or staff to have meetings on Saturdays.

Trustee Aboelata agree with Trustee Hernandez. She said they could dive deeper into some of the conversations on the current meeting during a retreat.

Trustee Chicoine said it was important to have 100% participation at retreats.

Trustee Banerjee said knowing in advance made them workable, though it might be more difficult on the staff. She also said the agendas tended to be too packed for retreats that were only twice a year.

**ACTION:** A motion was made and seconded to approve agenda item F6, without determining dates for the retreats. The motion passed.

**AYES:** Trustees Aboelata, Banerjee, Bhuket, Chicoine, DeVries, Hernandez, and Peterson

**NAYS:** None

**ABSTENTION:** None

**G. STAFF REPORTS (Written)**

**G1. Chief Financial Officer Report**

Kimberly Miranda, Chief Financial Officer

G1a. August 2019 Financial Report

G1b. Review of Patient Service Revenue and Analysis of Contractual

**G2. Chief Operating Officer Report**

Luis Fonseca, Chief Operating Officer

August 2019 Operations Report

**G3. Status of the Acute Rehabilitation Unit Relocation and Licensing of San Leandro Hospital**

M. D. Moye, General Counsel

**G4. Public Affairs and Community Engagement Report**

Terry Lightfoot, Director, Public Affairs and Community Engagement

**PUBLIC COMMENT: Non-Agenda Items**

Abhinar Nalluri, Orthopedics spoke regarding OR Culture and Staffing. He provided several examples of patient care that had suffered due to being under staffed.

**(General Counsel Announcement as to Purpose of Closed Session)**



**CLOSED SESSION**

1. **Public Employee Performance Evaluation**  
[Government Code Section 54957(b)]  
Title: Chief Executive Officer
2. **Labor Negotiations**  
Tony Redmond, Chief Human Resources Officer  
[Government Code Section 54957.6(a)]
  - Three Matters: CNA, ILWU, ACMEA

**(Reconvene to Open Session)**

**OPEN SESSION**

**REPORT ON ACTION TAKEN IN CLOSED SESSION**

Trustee DeVries announced there was no reportable action taken in Closed Session.

**PUBLIC COMMENT:** None

**TRUSTEE REMARKS:** None

**ADJOURNMENT:** 10:00 PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of October 24, 2019 as approved by the Board of Trustees on November 21, 2019.

  
Ronna Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: \_\_\_\_\_

  
M.D. Moye  
General Counsel