



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, June 12, 2023

OPEN SESSION: 5:30PM

Open Session: AH – CONFERENCE ROOM A

Join Zoom Meeting

<https://us02web.zoom.us/j/87687357210?pwd=KzI5U3NrQU1Ga2FjTUphV0UyY1Fudz09>

Meeting ID: 876 8735 7210

Passcode: 065079

Dial by your location

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+1 669 900 6833 US (San Jose)

Office of the Clerk: 510-263-8223

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** Dr. Robert Deutsch,
President
- II. Roll Call** Alixandria Williams,
District Clerk
- III. General Public Comment**
- IV. Adjourn into Executive Closed Session**
- V. Closed Session Agenda**

	A.	Call to Order	Dr. Robert Deutsch, President
	B.	Report on Health Care Trade Secrets	Health and Safety Code Sec. 32106
	C.	Executive Director Performance	Dr. Robert Deutsch, President

VI. Adjourn to Open Session

VII. Reconvene to Public Session

VIII. Announcements From Closed Session

Dr. Robert Deutsch,
President

City of Alameda Healthcare District, June 12, 2023



PUBLIC NOTICE

IX. REGULAR SESSION AGENDA

A	YTD AHS Reports		
✓	1)	Alameda Health System / Alameda Hospital Update ENCLOSURE	Mario Harding, CAO Alameda and San Leandro Hospitals
✓	2)	Patient Experience ENCLOSURE	Ronica Shelton, VP of Patient Care Services
✓	3)	Financial Update ENCLOSURE	Kimberly Miranda, AHS CFO
	4)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi, AH Medical Staff Chief

B	District & Operational Updates INFORMATIONAL		
	1)	District Reports	
	2)	a. President's Report b. Mammography Update c. Strategic Planning	Dr. Robert Deutsch, President
	3)	Alameda Health System Board Liaison Report	David Sayen
	4)	Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
✓	5)	Executive Director Report ENCLOSURE	Debi Stebbins, Executive Director
	6)	District – AHS Joint Planning Committee – Updated	Dr. Robert Deutsch, President Gayle Codiga, 1 st Vice President

	Consent Agenda		
✓	1)	Acceptance of Minutes, April 10, 2023 ENCLOSURE	Dr. Robert Deutsch, President
✓	2)	Acceptance of March and April 2023 Financial Statements ENCLOSURE	Dr. Robert Deutsch, President



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Action Items			
✓	1)	Distribution of April Parcel Tax ENCLOSURE	Debi Stebbins, Executive Director
✓	2)	Review & Approval of FY 23-24 Priorities and Budgets ENCLOSURE	Debi Stebbins, Executive Director
✓	3)	Adoption of a Parcel Tax Levy Resolution for FY 23-24 ENCLOSURE	Debi Stebbins, Executive Director
✓	4)	Adoption of Mutual Certification and Indemnification with Alameda County ENCLOSURE	Debi Stebbins, Executive Director
✓	5)	Approval of Resolution 2023-3: Extension of Spending Authority ENCLOSURE	Debi Stebbins, Executive Director

F	August 14, 2023, Agenda Preview		
	1)	Acceptance of June 12, 2023, Minutes	
	2)	Acceptance of May and June 2023 Financial Statements	
	3)	Distribution and Proposed Use of Jaber Funds to AHS	
	4)	Overview of District Insurance Coverage FY 24	

G	Informational Items: YTD AHS Reporting (CAO Hospital, Quality, Financial, Medical Staff)		
	1)	General Public Comments	

XI. Adjournment

Next Scheduled Meeting Date August 14, 2023 (2 nd Monday, every other month or as scheduled)	Open Session 5:30 PM
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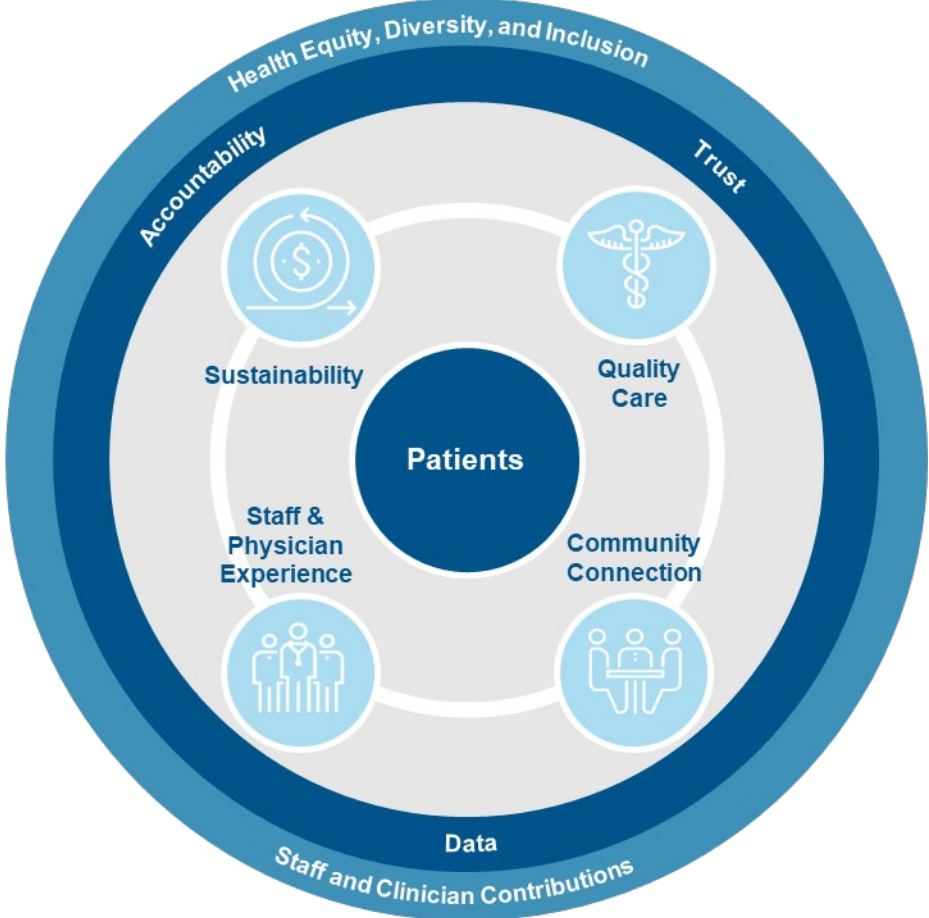
Alameda Hospital Update

presented to Alameda Health Care District Board Meeting • June 12, 2023

Mario Harding, FACHE, Chief Administrative Officer-Community Hospitals
Alameda Hospital and San Leandro Hospital
Acting VP, System Support Services



AHS Strategic Pillars



Sustainability: Financials

MONTHLY OPERATING REVIEW REPORT BY CAMPUS

Month: April

ROLLUP: ALAMEDA

	MONTH								YEAR-TO-DATE							
	MTD Actual	MTD Flex	Var	% Var	MTD Budget	Var	%Var		YTD Actual	YTD Flex	Var	% Var	YTD Budget	Var	% Var	
VOLUME & LABOR MANAGEMENT																
OR Cases	133	133	0	0.0%	161	(28)	-17.4%	🔴	1,344	1,344	0	0.0%	1,660	(316)	-19.0%	🔴
ED/PES Visits	1,401	1,401	0	0.0%	1,221	180	14.8%	🟢	13,967	13,967	0	0.0%	11,989	1,978	16.5%	🟢
Clinic Visits	1,001	1,001	0	0.0%	1,052	(51)	-4.8%	🔴	10,496	10,496	0	0.0%	10,397	99	0.9%	🟢
Acute Days	1,252	1,252	0	0.0%	900	352	39.2%	🟢	11,746	11,746	0	0.0%	8,941	2,805	31.4%	🟢
SNF Days	4,400	4,400	0	0.0%	5,166	(766)	-14.8%	🔴	45,065	45,065	0	0.0%	51,239	(6,174)	-12.0%	🔴
Observation Days	76	76	0	0.0%	85	(9)	-11.1%	🔴	1,513	1,513	0	0.0%	842	671	79.7%	🟢
Acute Discharges	235	235	0	0.0%	211	24	11.2%	🟢	2,229	2,229	0	0.0%	1,901	328	17.3%	🟢
Average Daily Census (ADC)	41.7	41.7	0.0	0.0%	30.0	11.7	39.2%	🟢	38.6	38.6	0.0	0.0%	29.4	9.2	31.4%	🟢
Average Length of Stay (ALOS)	5.3	5.3	0.0	0.0%	4.3	(1.1)	-25.2%	🔴	5.3	5.3	0.0	0.0%	4.7	(0.6)	-12.0%	🔴
Hours per Patient Day (HPPD)	18.63	18.83	0.20	1.0%	22.70	4.07	17.9%	🟢	20.14	19.59	(0.56)	-2.8%	23.11	2.96	12.8%	🟢
Paid FTE	565.5	582.4	16.9	2.9%	585.3	19.8	3.4%	🟢	592.4	611.9	19.4	3.2%	580.9	(11.5)	-2.0%	🔴
Paid FTE per ADC	13.6	14.0	0.4	2.9%	19.5	6.0	30.6%	🟢	15.3	15.8	0.5	3.2%	19.8	4.4	22.4%	🟢
Productive FTE	504.5	501.4	(3.1)	-0.6%	500.5	(4.0)	-0.8%	🔴	515.9	528.8	12.8	2.4%	493.9	(22.0)	-4.5%	🔴
Non-Productive FTE	61.0	81.0	20.0	24.7%	84.7	23.8	28.1%	🟢	76.5	83.1	6.6	7.9%	87.0	10.5	12.0%	🟢
Training Hours	1,050	729	(322)	-44.1%	729	(322)	-44.1%	🔴	16,542	11,775	(4,767)	-40.5%	11,775	(4,767)	-40.5%	🔴
Training % of Productive Hours	1.2%	0.8%	(0.4%)	-43.2%	0.8%	(0.4%)	-43.0%	🔴	1.8%	1.3%	(0.6%)	-44.0%	1.4%	(0.5%)	-34.5%	🔴
Missed Meals and Breaks Hours	226	70	(156)	-223.7%	70	(156)	-223.7%	🔴	3,287	1,273	(2,014)	-158.2%	1,273	(2,014)	-158.2%	🔴
Missed Meals and Breaks \$	17,459	5,559	(11,900)	-214.1%	5,559	(11,900)	-214.1%	🔴	265,032	100,014	(165,018)	-165.0%	100,014	(165,018)	-165.0%	🔴
PERFORMANCE INITIATIVES																
Overtime (OT) FTE	41.3	27.4	(13.8)	-50.4%	27.4	(13.8)	-50.4%	🔴	46.7	27.4	(19.3)	-70.3%	27.4	(19.3)	-70.3%	🔴
Overtime (OT) \$	737,094	447,333	(289,761)	-64.8%	447,333	(289,761)	-64.8%	🔴	6,485,584	3,591,424	(2,894,160)	-80.6%	3,591,424	(2,894,160)	-80.6%	🔴
Overtime (OT) Average Hourly Rate	104.21	95.13	(9.09)	-9.6%	95.13	(9.09)	-9.6%	🔴	79.93	75.37	(4.57)	-6.1%	75.37	(4.57)	-6.1%	🔴
OT Hours as % of Productive Hours	8.2%	5.5%	(2.7%)	-49.5%	5.5%	(2.7%)	-49.2%	🔴	9.1%	5.2%	(3.9%)	-74.5%	5.6%	(3.5%)	-63.0%	🔴
Registry FTE	75.6	24.6	(51.0)	-207.5%	21.5	(54.1)	-251.8%	🔴	79.8	24.2	(55.6)	-229.4%	21.4	(58.4)	-273.3%	🔴
Registry \$	1,891,369	348,087	(1,543,283)	-443.4%	269,929	(1,621,440)	-600.7%	🔴	17,713,315	3,390,584	(14,322,730)	-422.4%	2,743,537	(14,969,778)	-545.6%	🔴
Registry Average Hourly Rate	145.96	82.61	(63.35)	-76.7%	73.28	(72.68)	-99.2%	🔴	127.74	80.54	(47.19)	-58.6%	73.85	(53.88)	-73.0%	🔴
Registry Hours as % of Productive Hours	15.0%	4.9%	(10.1%)	-205.6%	4.3%	(10.7%)	-249.0%	🔴	15.5%	4.6%	(10.9%)	-237.6%	4.3%	(11.1%)	-257.4%	🔴
Sitter FTE	6.7	16.6	9.9	59.6%	11.3	4.6	40.6%	🟢	5.5	16.7	11.2	66.9%	11.8	6.3	53.2%	🟢
Sitter \$	41,536	568,173	526,637	92.7%	522,369	480,833	92.0%	🟢	336,999	4,929,033	4,592,033	93.2%	4,508,278	4,171,279	92.5%	🟢

MONTHLY OPERATING REVIEW REPORT BY CAMPUS

Month: April

ROLLUP: ALAMEDA

	MONTH								YEAR-TO-DATE								
	MTD Actual	MTD Flex	Var	% Var		MTD Budget	Var	%Var		YTD Actual	YTD Flex	Var	% Var		YTD Budget	Var	% Var
LABOR COSTS																	
Salaries and wages	4,801,983	5,279,331	477,347	9.0%		5,123,108	321,125	6.3%		51,000,810	54,393,183	3,392,373	6.2%		50,570,860	(429,950)	-0.9%
Registry	1,891,369	348,087	(1,543,283)	-443.4%		269,929	(1,621,440)	-600.7%		17,713,315	3,390,584	(14,322,730)	-422.4%		2,743,537	(14,969,778)	-545.6%
Employee benefits (Notes Not Required)	1,468,432	1,516,972	48,540	3.2%		1,516,972	48,540	3.2%		15,388,167	15,127,716	(260,452)	-1.7%		15,127,716	(260,452)	-1.7%
Labor Costs	8,161,784	7,144,389	(1,017,395)	-14.2%		6,910,008	(1,251,776)	-18.1%		84,102,292	72,911,483	(11,190,810)	-15.3%		68,442,113	(15,660,179)	-22.9%
NON-LABOR COSTS																	
Physician contract services	232,078	3,000	(229,078)	-7635.9%		3,000	(229,078)	-7635.9%		2,220,023	30,000	(2,190,023)	-7300.1%		30,000	(2,190,023)	-7300.1%
Purchased services	506,105	620,005	113,900	18.4%		620,005	113,900	18.4%		6,053,958	6,019,523	(34,435)	-0.6%		6,019,523	(34,435)	-0.6%
Pharmaceuticals	96,753	312,348	215,595	69.0%		202,758	106,005	52.3%		2,252,362	2,480,196	227,834	9.2%		2,005,672	(246,690)	-12.3%
Supplies	902,431	768,415	(134,017)	-17.4%		776,584	(125,848)	-16.2%		9,002,621	7,589,593	(1,413,028)	-18.6%		7,725,620	(1,277,001)	-16.5%
Facilities	489,998	464,890	(25,107)	-5.4%		464,890	(25,107)	-5.4%		3,433,328	4,648,902	1,215,574	26.1%		4,648,902	1,215,574	26.1%
Depreciation (Notes Not Required)	393,813	198,742	(195,071)	-98.2%		198,742	(195,071)	-98.2%		4,009,767	1,987,416	(2,022,350)	-101.8%		1,987,416	(2,022,350)	-101.8%
General and administrative	42,705	32,329	(10,376)	-32.1%		32,329	(10,376)	-32.1%		275,270	323,291	48,021	14.9%		323,291	48,021	14.9%
Non-Labor Costs	2,663,882	2,399,728	(264,154)	-11.0%		2,298,307	(365,575)	-15.9%		27,247,330	23,078,922	(4,168,408)	-18.1%		22,740,425	(4,506,905)	-19.8%
Total Costs (Labor + Non-Labor)	10,825,666	9,544,117	(1,281,549)	-13.4%		9,208,316	(1,617,351)	-17.6%		111,349,622	95,990,404	(15,359,218)	-16.0%		91,182,538	(20,167,084)	-22.1%
OTHER METRICS																	
Supply Costs per Patient Day	721	614	(107)	-17.4%		863	142	16.5%		766	646	(120)	-18.6%		864	98	11.3%
Supply Costs per Case	3,840	3,270	(570)	-17.4%		3,674	(166)	-4.5%		4,039	3,405	(634)	-18.6%		4,064	25	0.6%


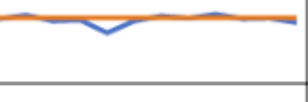
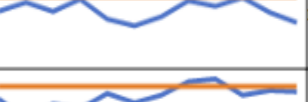

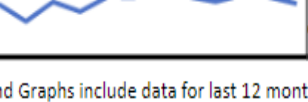
Sustainability: HVAC Update

**Developing replacement plan for review by AHS Board
Finance Committee and AHS Board at July 2023 meeting**

Quality Care

Alameda Hospital True North Metric Dashboard

STEEP	True North Metric	FY 22 Baseline	FY23 Goal	Final Mar2023	Prelim Apr2023	Final FY23 YTD	Trend Legend: Blue AHS Performance, Orange Benchmark	Action Planning	Responsible Party
Safety	Healthcare Acquired Patient Harm ↓	91	Less Than* M=7 YTD=61	4	3	55			Phuong Le
	CLABSI # of Events / SIR	2 / 1.270	1 / 1	0 / 0	0 / 0	1 / 0.59		Action: Formed multidisciplinary team of Weekly device rounding: Nursing, Education and Infection Prevention: 1. Raise an awareness of daily device maintenance to prevent infection 2. Instantly correct the finding and reeducate best practice to nursing staff 3. Address staff concern and collect their feedback of how to improve cares to patient 4. Timely address an issue with leaders for direction and support Plan: 1. Infection Prevention education: Will work with Nursing and Education Teams ✓ Promote Standard precautions EVERY patient EVERY encounter/care ✓ Raise an awareness of Carbapenem Resistant organism infection and prevention in acute care setting 2. Launch a new IV Central Line Dressing Kit with 3M Tegaderm CHG with PICC securement 1877-2100 ❖ One superficial incisional SSI of Hysterectomy in April Plan: 1. Monitor new surgical services at Alameda hospital 2. Work with OR to identify a possible risk factor to promote infections	Phuong Le
	CAUTI # of Events / SIR	2 / 0.979	1 / 1	0 / 0	0 / 0	2 / 1.02			Phuong Le
	MRSA # of Events / SIR	1 / 1.603	0 / 0	0 / 0	0 / 0	0 / 0			Phuong Le
	C. Difficile # of Events / SIR	1 / 2.98	4 / 4	0 / 0	0 / 0	1 / 0.88			Phuong Le
	SSI # of Events / SIR	1 / 1.08	1 / 1	0 / 0	1 / 0	1 / 0.57			Phuong Le
	Patient Falls # of Events / Rate Per 1000 days	57 / 4.8	54 / 5.52	4 / 2.24	3 / 2.39	43 / 3.49			Orman Salters
	HAPI # of Events / Rate Per 1000 days	11 / 0.996	7 / 0.66	0 / 0	0 / 0	7 / 0.567			Joe Lotsko
	Hospital Handwashing Compliance ↑	81.80%	89.98%	90.3%	90.7%	83.1%			Phuong Le
Effectiveness	All-cause 30-day Readmissions ↓	10.22%	9.20%	12.1%	8.0%	13.4%			Review Jan-Mar Readmissions: Two trends emerged 1, End of life/Custodial Care opportunity to improve end of life care services 2. Patients with chronic pain (sickle cell). Plan to share findings with System wide Readmission Committee and collaborate on tools to assist chronic pain patients.
Efficiency	ED Waiting Time Time in ED from Decision to Admit to Inpatient Bed ↓	3:02	2:43	2:56	2:44	3:13		Continue to track delays moving patients to units. Difficulty w/ units at capacity or lack of RN staffing. When beds are available, the movement of patients have decreased in waiting time to floor. Will be educating floors of ED automated hand off report. Will be instituting an arrival time once bed is available.	Joe Lotsko

				Final	Prelim	Final			
STEEP	True North Metric	FY 22 Baseline	FY23 Goal	Mar2023	Apr2023	FY23 YTD	Trend Legend: Blue AHS Performance, Orange Benchmark	Action Planning	Responsible Party
Patient Centeredness	Hospital Nursing Communication (HCAHPS) ↑	71.54%	79.42%	66.0%	77.7%	72.5%		Reinforcing use of GIFT in huddles. Sharing HCAPS scores and comments monthly with staff. Reinforce education to patients on handbook and medication education sheet.	Ronica Shelton
	Hospital Doctor Communication (HCAHPS) ↑	74.25%	81.60%	76.2%	77.7%	78.4%			
	Likelihood of Recommending (HCAHPS) ↑	60.6%	72.9%	53.4%	72.0%	66.5%		We are working to increase leader rounding. Developed a program started in May that includes House Supervisors rounding on patients.	Ronica Shelton
	Likelihood of Recommending (Amb Surgery) ↑	70.1%	84.7%	79.0%	75.0%	79.0%		Currently below the goal. Incredibly low N number (often only 1 to 4). Last two 100% Action plan: Continue to monitor results. Continue to share and discuss with staff and share the results on weekly mail to staff.	Pat Reynolds
	Likelihood of Recommending (Emergency) ↑	59.7%	66.7%	53.8%	64.7%	59.5%		Continue w/ ED refresh – Painting has been completed, awaiting new waiting room furniture to arrive purchased by the foundation. Pt experience education continues during staff huddling.	Joe Lotsko
		At or better than Goal		Worse than Goal		Trend Graphs include data for last 12 months			

Fiscal Year 2023
True North Metric Definitions for Acute Cascade

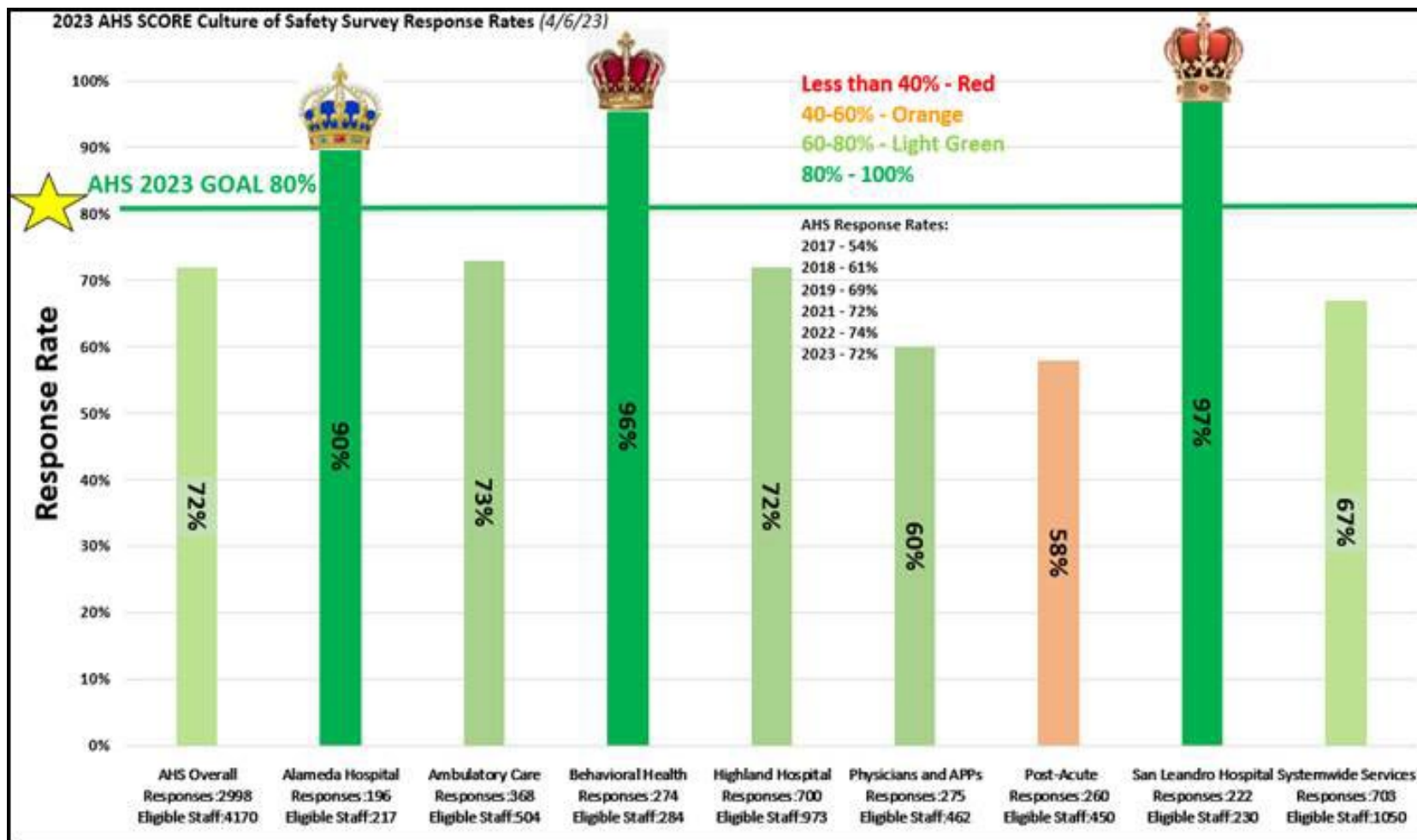
Metric	Definition	Setting	Source
Healthcare-Acquired Patient Harms	The number of potential health-care acquired patient harms Includes: CLABSI, CAUTI, MRSA BSI, C-Diff, SSI for Acute Med-Surg/Critical Care, and Patient Falls and Hospital Acquired Pressure Injuries for all areas (practically, not inclusive of ambulatory)	HAI: Acute-Medical Fall/HAPI - All sites * Ambu not included	NHSN/ Midas
CLABSI # of Events / SIR	A primary bloodstream infection (that is, there is no apparent infection at another site) that develops in a patient with a central line in place . #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	Acute-Medical	NHSN
CAUTI # of Events / SIR	an infection of the urinary tract caused by a tube (urinary catheter) that has been placed to drain urine from the bladder. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	Acute-Medical	NHSN
MRSA # of Events / SIR	Potential hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) staph infection that is difficult to treat because of resistance to some antibiotics. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	Acute-Medical	NHSN
C. Difficile # of Events / SIR	Potential hospital acquired infection that causes diarrhea and colitis (an inflammation of the colon). #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	Acute-Medical	NHSN
SSI # of Events / SIR	an infection that occurs after surgery in the part of the body where the surgery took place. Excludes superficial infections #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	Acute-Medical	NHSN
Patient Falls # of Events / Rate Per 1000 days	Patient Fall reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	Acute-Medical	Midas
HAPI # of Events / Rate Per 1000 days	Hospital Acquired Pressure Ulcers reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	Acute-Medical	Midas
Handwashing Compliance (Hospital & Post-Acute)	Percentage of observed encounters where handwashing was completed (denominator = 200/unit/month)	Acute-Medical	Sentact
	* Note: Any unit with incomplete / missing data submission, will be counted as 0% for that period	Post-Acute	
All-cause 30-day Readmissions	Percentage of encounters, regardless of payer type, with an unplanned readmission to any AHS facility within 30 days for any cause among encounters for acute care inpatients with a principal discharge diagnosis/procedure for a clinical classification category in the Cardiorespiratory, Cardiovascular, Medicine, Neurology, or Surgery/Gynecology cohort. Note: This measure approximates, but likely does not match, the value of the corresponding CMS readmission measure.	Acute-Medical only	Midas
Time in ED from Decision to Admit to Inpatient Bed	Median time from Decision to Admit to departure from the emergency department for admitted patients. Decision to Admit = First Admit Disposition Admit = Time patient admitted to Inpatient Unit	Acute-Medical	Epic
HCAHPS – Nurse Communication	Percentage of patients who rated nursing communication top box. Nurse Communication is a composite composed of three questions related to nursing care, attitude, attention paid to personal needs, and how well the nurses explained the care they were providing	Acute-Medical	Press Ganey

Fiscal Year 2023
True North Metric Definitions for Acute Cascade

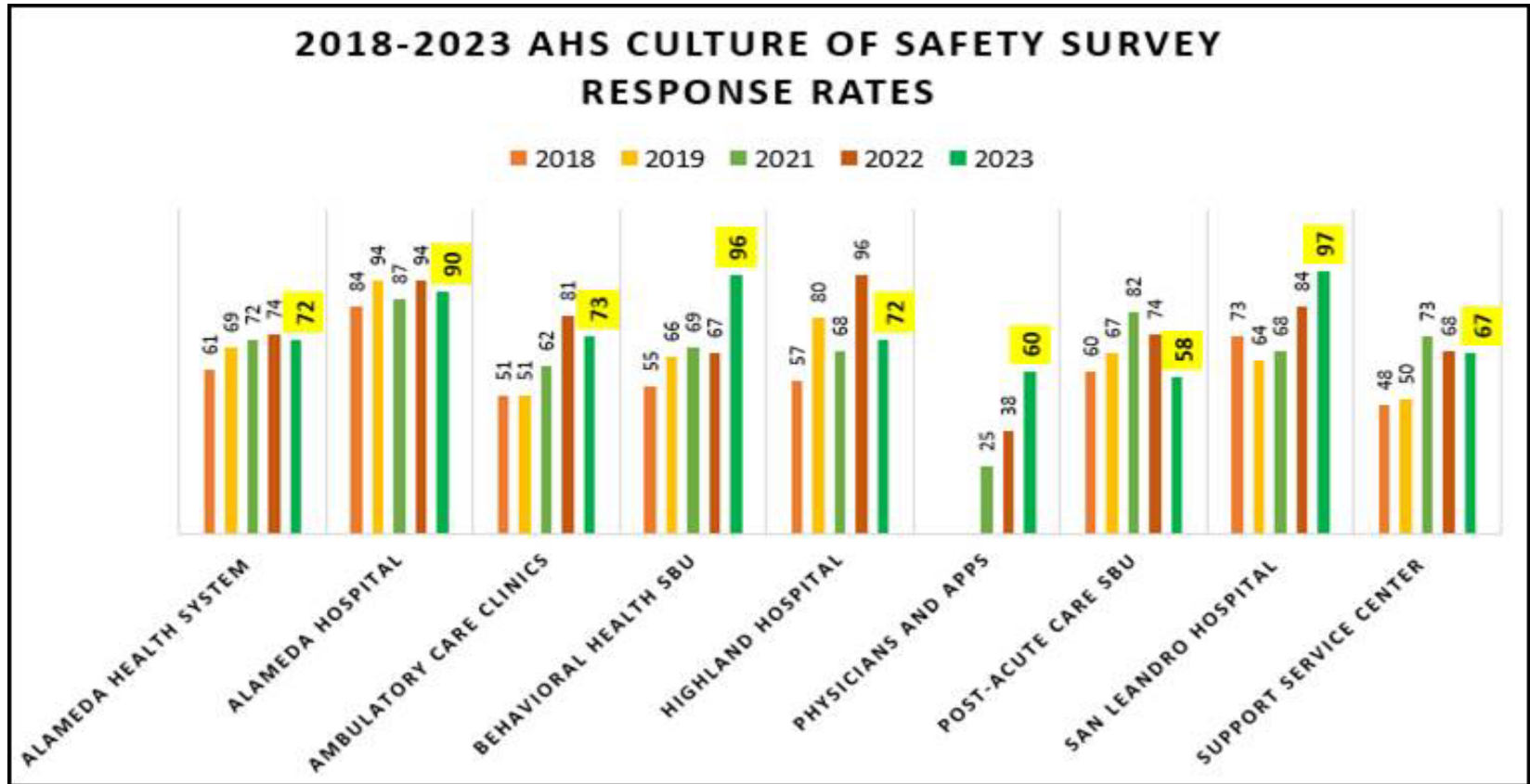
HCAHPS – Doctor Communication	Percentage of patients who rated doctor communication top box. Doctor Communication is a composite composed of three questions related to courtesy, listening and explanation.	Acute-Medical	Press Ganey
HCAHPS- Likelihood of Recommending	Percentage of discharged inpatients who would recommend AHS	Acute-Medical & JGP Ambulatory Post-Acute	Press Ganey
Likelihood of Recommending (Amb Surgery) ↑	Percentage of same day surgery patients who would recommend AHS	Ambulatory	Press Ganey
Likelihood of Recommending (Emergency) ↑	Percentage of Emergency patients who would recommend AHS	Emergency	Press Ganey

Staff & Physician Experience

2023 AHS Culture of Safety Survey Response Rates



5 Year Performance Trends – Great Strides towards Building a Strong Culture of Safety



Congratulations!
100%

Alameda Hospital Work Settings	Responses	Total Eligible Respondents	Response Rate
Alameda Admin Cost Ctr	7	7	100%
CCU	14	14	100%
Kate Creedon Wound Center	12	12	100%
Nursing Services Technician	7	7	100%
Pharmacy	13	13	100%
All AHS Alameda Hospital Survey Work Settings	196	217	90%

Action Plan

Conduct department debriefings by June 30, 2023

Community Connection

Happenings/Upcoming Events



Early Bird Discounts!
Register today!

Sunday, April 23 2023

Harbor Bay Ferry Terminal
215 Adelpian Way, Alameda, CA 94502
Race day registration begins at 7:30 am

10K—8:30 am start: \$40, price increases after March 31, 2023

5K—9:00 am start: \$25, price increases after March 31, 2023

3/4 mile Kid's Fun Run—10 am start: \$15 (limited entries)

To register online and for more race /awards information visit:
www.runsignup.com, search "Alameda Hospital Foundation".

15% Discount Code for Alameda Hospital Family and Friends—AHFRUN2023



Sidestreet Pho



Sponsorship opportunities are available.
Please call (510) 754-9885 for more information.



Home Calendar Speakers Club Photos Youth Services Members Only Matching Grants

Alameda Hospital Update



May 02, 2023

Mario Harding

Alameda Hospital Update

Since October 2021, Mario has served as the Chief Administrative Officer, Community Hospitals at Alameda Health System in Oakland, CA. In this role, he is responsible for operational oversight of Alameda Hospital (66-bed) and San


Leandro Hospital (69-bed). Both hospitals provide emergency, inpatient and outpatient services to residents located in Alameda County. Prior to this role, Mario was an Associate Chief Operating Officer at Denver Health for almost 15 years. He was responsible for Lab, Radiology, Pharmacy, Environmental & Laundry Services, Food & Nutrition Services, and Facilities & Engineering. Prior to his Associate COO role, he was the Administrative Director of the Department of Medicine and previously, Administrative Director of Behavioral Health Services at Denver Health. Prior to Denver Health, he served as the Division Manager of Cardiothoracic Surgery at the University of Colorado School of Medicine. Before relocating to Denver in 2004, Mario was an Operations Administrator at Mayo Clinic in Jacksonville, FL and Research Administrator at Mayo Foundation for Medical Education and Research in Rochester, MN. Other past positions include: Manager of Non-invasive Cardiology Services at The Methodist Hospital in Houston, TX; postgraduate administrative fellow at Methodist Healthcare System in Houston, TX; administrative intern at Barnes-Jewish Hospital in St. Louis, MO; and summer intern at The Cleveland Clinic in Cleveland, OH. Mario earned a master's degree in Healthcare Administration (MHA) from Washington University in St. Louis, MO and a bachelor's degree in Zoology/Pre-Med from the University of Tennessee at Knoxville. He is a Fellow of the American College of Healthcare Executives (ACHE). He was the President of the Colorado Association of Healthcare Executives (CAHE), 900+ healthcare leaders in Colorado and Wyoming and Past President of the National Association of Health Services Executives (NAHSE) - Greater Denver Chapter. Mario serves on the Board of Directors for the Alameda Chamber & Economic Council and San Leandro Chamber of Commerce. He lives in Oakland with his wife, Carrie, and daughter, Janelle. His oldest daughter, Veronica, is a sophomore at the University of Colorado-Colorado Springs. Mario enjoys traveling, playing golf, and spending time with family.

[Alameda Hospital Update | Rotary Club of Alameda \(clubrunner.ca\)](http://clubrunner.ca)



Alameda Hospital

Happenings/Upcoming Events



GOOD MORNING
ALAMEDA

Join us for this energized event.


DATE: MAY 23RD
TIME: 9:00-10:00 AM
LOCATION: ALAMEDA CHAMBER OFFICE

FEATURED PRESENTER:
Mario Harding, CAO

Come see the Alameda Hospital in a new light with a special presentation by CAO Mario Harding focusing on the hospital's innovations.

REGISTER HERE:
[BIT.LY/GMAMAY23](https://bit.ly/gmamay23)



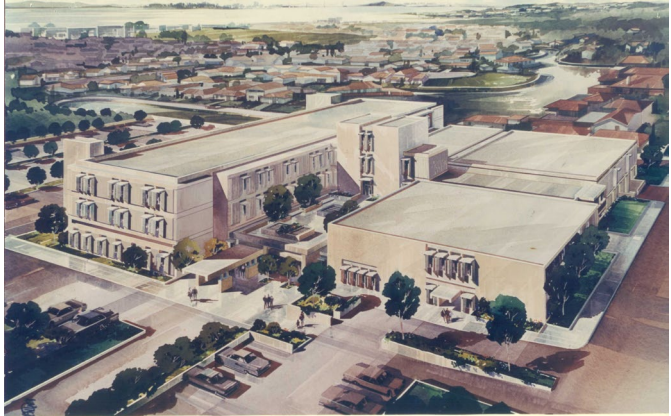
 #GoodMorningAlameda

Register >>

Set a Reminder

[Good Morning Alameda: Alameda Hospital - May 23, 2023 \(alamedachamber.com\)](https://alamedachamber.com)

- Remodeled physician lounge, March 2023
- Refreshed ED lobby with new paint and furniture, May 2023
- HVAC infrastructure assessment completed in April 2023, \$10.5M+
- Hospital tour to AHS Board of Trustee President Kinkini Banerjee and AHD & AHS Director David Sayen, May 2023
- South Shore sewer repair, September 2023
- Seismic compliance 2030 (Alameda Healthcare District); Joint AHD/AHS Planning Committee – next meeting June 26th @ 4pm
- Assess and prioritize deliverables from AHS strategic plan including clinical programs and services
- Repurpose gift shop space
- Assess relocation of Pharmacy to vacant Nuclear Med space. Replacement of carpet underway.
- Identify opportunities to better utilize space on 2nd floor (old Labor & Delivery unit)
- Parking can be a challenge certain days of the week



Patient Experience Alameda Hospital April 2023

Alameda Hospital April 2023

H-CAHPS (N= 47) <i>N may vary by question</i>	FY22 Baseline	FY23 Goal	FY23 YTD	March 2023	April 2023
Overall Hospital Rating	55.18	71.66	65.51	52.99	78.22
Communication with Nurses	69.28	74.70	72.69	66.03	78.45
Communication with Doctors	74.97	77.85	78.54	76.22	78.73
Cleanliness and Quietness of Hospital Environment* (*2 questions-noted below)	52.53	51.01	71.38	41.05	60.39
<i>Quietness (no separate goal set)</i>	43.02	NA	48.05	25.22	50.85
<i>Cleanliness (no separate goal set)</i>	62.04	NA	71.30	56.88	69.93
Responsiveness of Hospital Staff	60.5	70.18	65.13	62.71	56.45
Communication about Medicines	48.49	59.39	59.63	49.76	57.99
Care Transitions	44.58	46.04	43.24	41.60	47.72
Discharge Information	79.98	84.14	83.11	84.31	90.35

Action Plan

Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion
Rate the Hospital and key drivers	<ul style="list-style-type: none"> • Actions to drive patient experience across AHS. Standards - GIFT is the service standard for the organization • Angela Ng attending monthly AH Leadership to discuss patient experience and actions for all departments • Weekly push out of patient comments to all units for real time follow up. • Data shared at physician and staff department meetings. Patient comments shared. • ED Welcome Pamphlet roll out February 2023. • SMILE board (Safety, Metrics, Issues, Logistics, Encouragement) on all units • Sentact Rounding (EOC, TJC readiness, and patient rounding) done weekly on units • Increased compliance with leader rounding daily. Including assistance by House Supervisors. • Medication Education sheet and Patient Handbook roll out February 2023 • New Patient Whiteboards installed February 2023 	Ongoing
Care Transition domain-preferences taken into account in d/c planning	<ul style="list-style-type: none"> • Care Transition Managers are focusing on Sentact patient rounding prior to discharge. 	Ongoing



Alameda District Board Presentation 6/12/2023

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
ACUTE -----											
General Acute Days	1,252	900	352	39.2%	11,746	8,941	2,805	31.4%	9,814	1,932	19.7%
General Acute Discharges	235	211	24	11.2%	2,229	1,901	328	17.3%	1,960	269	13.7%
Average Daily Census	41.7	30.0	11.7	39.2%	38.6	29.4	9.2	31.4%	32.3	6.4	19.7%
Average Length of Stay	5.3	4.3	1.1	25.2%	5.3	4.7	0.6	12.0%	5.0	0.3	5.2%
Adjusted Patient Days	2,035	1,508	528	35.0%	19,483	14,910	4,573	30.7%	16,154	3,329	20.6%
Adjusted Discharges	382	354	28	7.8%	3,697	3,170	527	16.6%	3,226	471	14.6%
Occupancy %	63%	45%	0%	0.0%	59%	45%	0%	0.0%	49%	0%	0.0%
Observation Equiv Days	77	87	(10)	-11.5%	1,542	863	679	78.7%	1,224	318	26.0%
Total Paid FTE	566	585	20	3.4%	592	581	(12)	-2.0%	572	(20)	-3.6%
Total Productive FTE	505	501	(4)	-0.8%	516	494	(22)	-4.5%	497	(19)	-3.8%
Total Paid FTE per AOB	8.34	11.65	3.31	28.4%	9.24	11.84	2.60	22.0%	10.77	1.52	14.1%
Worked Hours Per APD	42.5	56.9	14.4	25.3%	46.0	57.5	11.5	20.1%	53.5	7.5	14.0%
Worked Hours Per AD	226	242	16	6.5%	242	271	28	10.4%	268	25	9.4%
Emergency Visits	1,401	1,221	180	14.8%	13,967	11,989	1,978	16.5%	12,045	1,922	16.0%
IP Surgeries	32	40	(8)	-19.6%	318	344	(26)	-7.5%	328	(10)	-3.0%
OP Surgeries	101	121	(20)	-16.6%	1,026	1,316	(290)	-22.0%	1,369	(343)	-25.1%
Total Surgeries	133	161	(28)	-17.4%	1,344	1,660	(316)	-19.0%	1,697	(353)	-20.8%
Clinic Visits	992	1,025	(33)	-3.2%	10,317	10,098	219	2.2%	10,080	237	2.4%

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
SNF -----											
SNF Patient Days	5,108	5,166	(58)	-1.1%	48,803	51,239	(2,436)	-4.8%	47,392	1,411	3.0%
SNF Discharges	9	9	0	0.0%	126	145	(19)	-13.1%	154	(28)	-18.2%
Average Daily Census	170.3	172.2	(1.9)	-1.1%	160.5	168.5	(8.0)	-4.8%	155.9	4.6	3.0%
Average Length of Stay	567.6	554.70	12.9	2.3%	387.3	354.3	33.0	9.3%	307.7	79.6	25.9%
Occupancy %	94%	95%	-1%		94%	93%	1%		86%	8%	
Bed Holds	29	65	(36)	-55.4%	544	550	(6)	-1.1%	557	(13)	-2.3%

Alameda Hospital District: April 2023

In Thousands	MTD	YTD
<i>Operating Revenue -----</i>		
Net Patient Revenue	\$8,409	\$86,119
Capitation Revenue	518	5,212
Other Government Programs	1,218	16,504
Other Revenues	570	4,719
Total Revenue - All Sources	10,715	112,554
Budget Revenue	10,417	103,980
Collection %	14.6%	14.8%
Budget Collection %	14.4%	14.3%
<i>Operating Expenses -----</i>		
Salaries & Benefits	9,373	96,934
Purchased Services	1,081	10,956
Materials and Supplies	1,006	11,272
Facilities	490	3,433
Depreciation	394	4,010
General & Administration	52	505
Total Operating Expenses	12,395	127,110
Budget Expenses	10,752	106,154
Contribution Margin	(1,679)	(14,555)
Budget Contribution Margin	(335)	(2,174)

- Monthly Operating Reviews (MOR) with each entity leaders/managers underway and have identified opportunities for improvement. Implementing action plans.
 - Bridge plans to close financial gap in process
- Next Steps
 - Add entity Key Statistics
 - Allocate Performance Improvement Initiatives
 - Validate Revenue and understand collection ratios
 - Continue work to direct cost all feasible expenses
 - Physician expense/AHMG reporting moving forward
 - Develop service line financial statements for next year FY24
 - Examples: Cardiology, Post Acute, Behavioral Health

- Alameda District Hospital acute average daily census was 41.7 in April which is 63% occupancy. Census has increased over budget for the month with a YTD of 38.6.
- Acute Volume and Revenue Highlights:
 - CMI is at 1.36, 5.5% below budget for the month and 4.0% below budget YTD. Generally, a higher CMI increases the expected LOS.
 - LOS decreased in the month to 5.3; above budget of 4.3. YTD LOS is 5.3 and PY was 5.0.
 - Observation days has decreased to 77 and is below budget of 87.
 - Surgeries decreased to 133 in April below budget of 161. Only 2 rooms are open with the SPD closure.
 - OP Surgery is below budget by 20 and 16.6%; YTD below budget by 22.0%
 - IP Surgery is below budget by 8 and 19.6%; YTD below budget by 7.5%
- Expenses
 - Registry and Overtime are above budget due to staffing shortages and difficulty recruiting. Overtime has also increased due to traveler reductions
 - Advocating for earlier discharge times.
 - Reviewing registry usage and working to standardize process and suppliers. Reviewing contract with Vaya and looking at other registries that AHS is using. Nurse Manager regularly attending MDRs and advocating for earlier discharge times.
 - New Nurse Residents anticipated completion of Graduate Program in July 2023.
 - Dedicated RN recruiter
 - The union declined 12-hour shifts in all units.

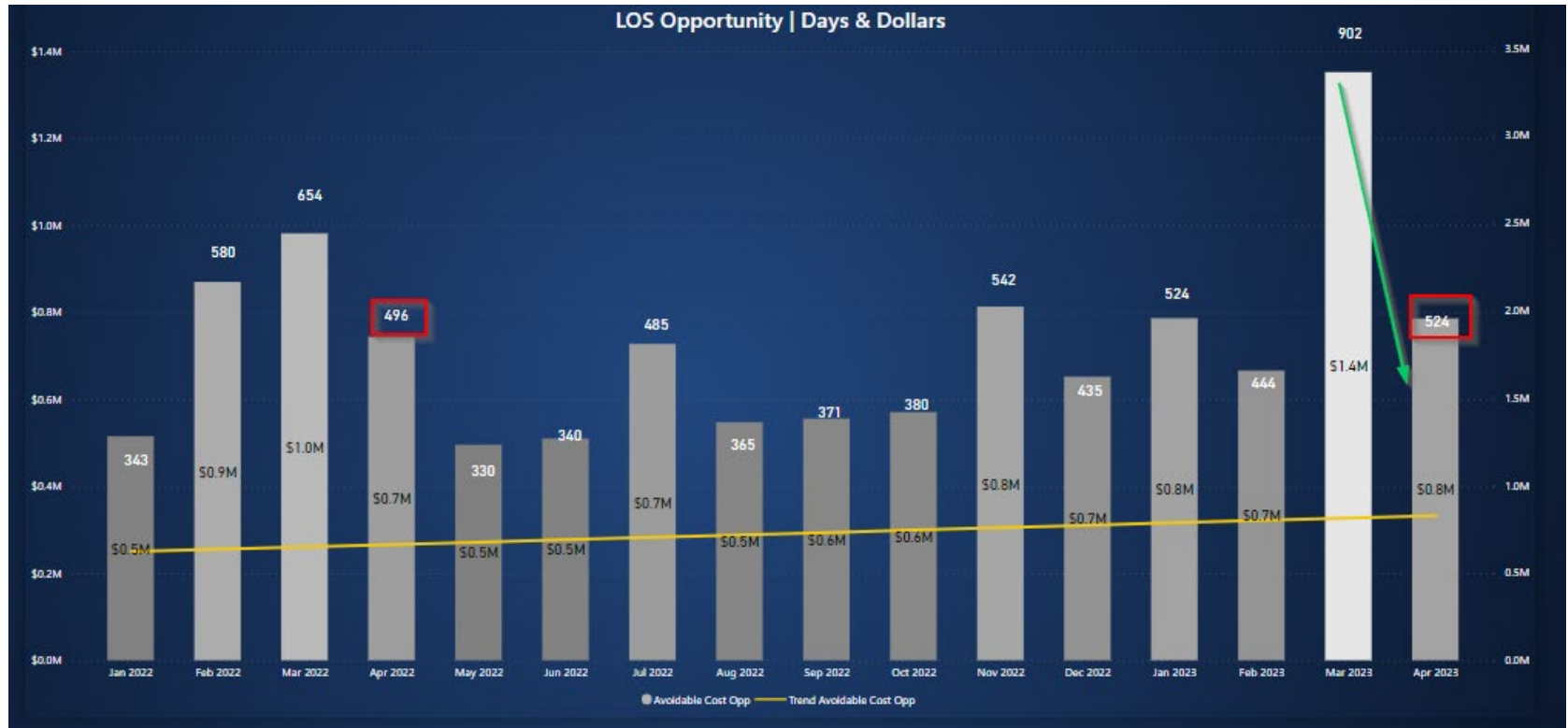
- Skilled Nursing Volume and Revenue Highlights:
 - Patient days below budget by 58 days or 1.1% mainly from Park bridge (79 days)
 - Park Bridge was in outbreak status. Limiting admits during the initial outbreak period. Also, harder to discharge and increasing LOS.

- Expenses
 - OT, SANs and Registry has increased due to outbreak status at Park Bridge. Staff were sent home and more time was needed to onboard new registry staff.
 - Recruiting efforts continuing and wages are being bargained for. New Registry rates are lower than Vaya rates.

- Alameda District Hospital acute average daily census runs approximately 59% occupancy; mostly admissions coming through the ED. YTD census is 38.6.
 - Med surg and Tele (58 beds)
 - ICU census (8 Beds)
 - Clinics include Wound Care Clinic & Marina Wellness Center

- Skilled Nursing runs at approximately 94% capacity; mostly admissions from AHS hospitals.
 - Hospital (Subacute 35 beds)
 - Park Bridge (120 beds) and
 - Fairmont South Shore Annex (26 beds)

Alameda Hospital (AH)



- LOS Variance Days: The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. April: 524 days which is an **42% month over month decrease** and is a **5.6% increase year over year** April.
- LOS Variance Dollars: The AHS additional cost of resources due to the variance days for April was \$0.8M (calculated at \$1,500/day). Does not include the \$2.6M opportunity cost of the bed being unavailable for another patient (weighted average per diem reimbursement all heads in a bed \$4,883).

Appendix

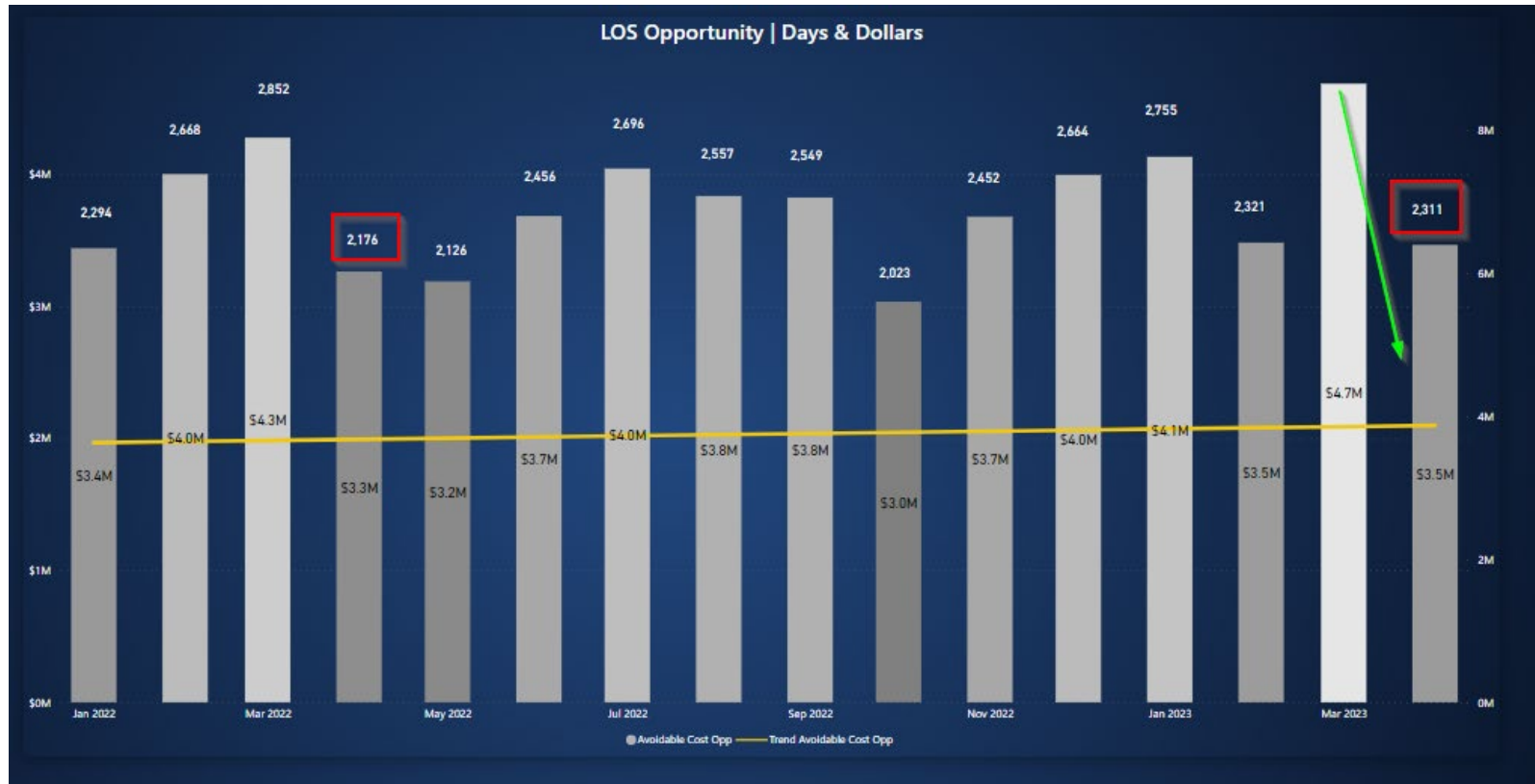
AHS Finance Committee Presentation



April 2023 Financial Report Finance Committee 6/07/2023

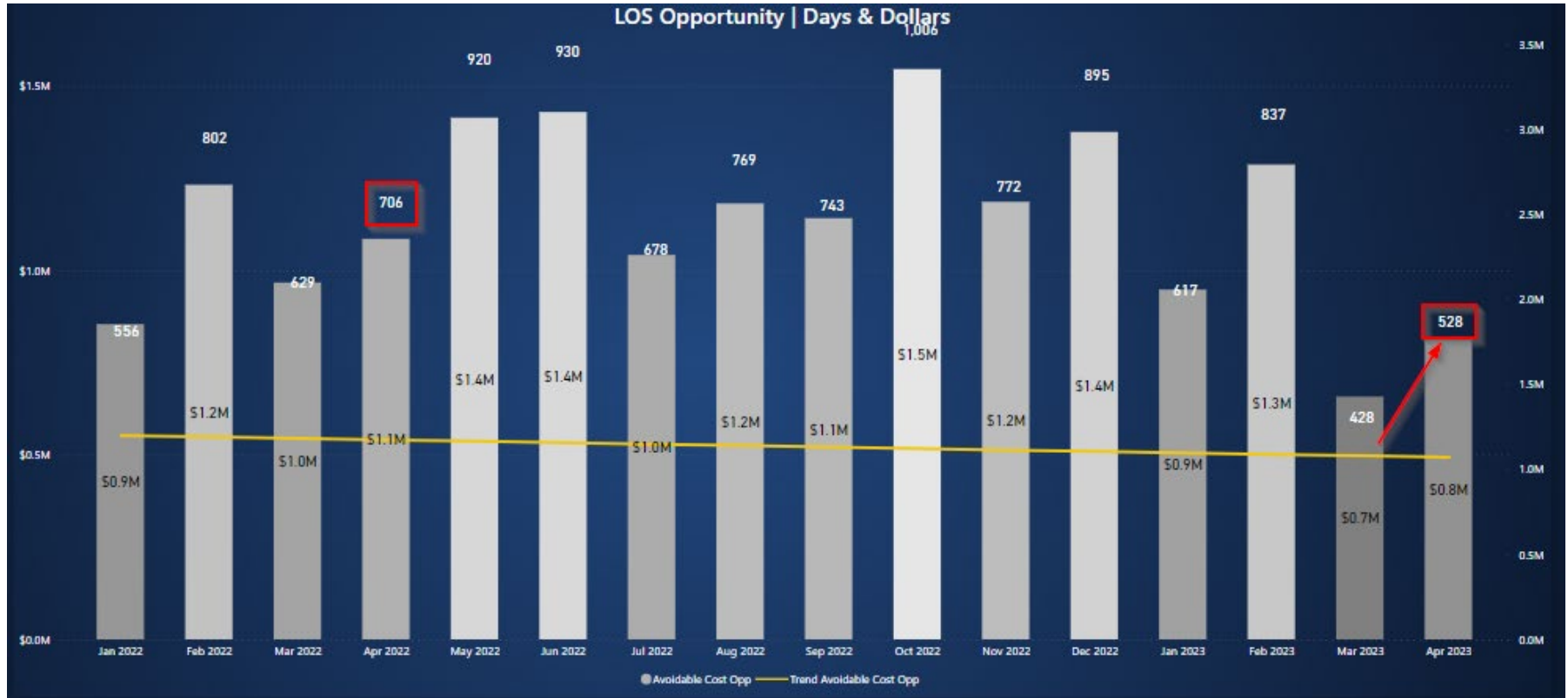
	April	Budget	Variance	% Var	YTD Actual	YTD Budget	Variance	% Var	PY YTD Actual	Variance	% Var
ACUTE											
Patient Days	9,655	8,560	1,095	12.8%	96,123	86,785	9,338	10.8%	88,128	7,995	9.1%
Discharges	1,509	1,578	(69)	-4.4%	15,052	15,503	(451)	-2.9%	14,985	67	0.4%
Average Daily Census	321.8	285.3	36.5	12.8%	316.2	285.5	30.7	10.8%	289.9	26.3	9.1%
Average Length of Stay	6.4	5.4	1.0	18.5%	6.4	5.6	0.8	14.3%	5.9	0.5	8.5%
Adjusted Patient Days	15,625	13,473	2,152	16.0%	152,086	135,675	16,411	12.1%	137,680	14,406	10.5%
Adjusted Discharges	2,442	2,484	(42)	-1.7%	23,815	24,236	(421)	-1.7%	23,411	404	1.7%
CMI	1.487	1.540	(0.053)	-3.4%	1.539	1.530	0.009	0.6%	1.530	0.009	0.6%
Emergency Visits	8,123	8,007	116	1.4%	79,690	79,319	371	0.5%	76,823	2,867	3.7%
Trauma Cases	273	281	(8)	-2.8%	2,610	2,554	56	2.2%	2,516	94	3.7%
Observation Equivalent Days	168	134	34	25.4%	2,312	1,422	890	62.6%	1,790	522	29.2%
PES Equivalent Days	829	607	222	36.6%	6,706	5,573	1,133	20.3%	5,551	1,155	20.8%
Surgeries	686	731	(45)	-6.2%	7,218	7,034	184	2.6%	6,812	406	6.0%
IP Surgeries	306	352	(46)	-13.1%	3,344	3,488	(144)	-4.1%	3,301	43	1.3%
OP Surgeries	380	379	1	0.3%	3,874	3,546	328	9.2%	3,511	363	10.3%
Deliveries	116	108	8	7.4%	1,191	1,220	(29)	-2.4%	1,167	24	2.1%
SNF											
Patient Days	8,280	8,339	(59)	-0.7%	80,458	83,070	(2,612)	-3.1%	78,982	1,476	1.9%
Discharges	28	18	10	55.6%	220	251	(31)	-12.4%	253	(33)	-13.0%
Average Daily Census	276.0	278.0	(2.0)	-0.7%	264.7	273.3	(8.6)	-3.1%	259.8	4.9	1.9%
Average Length of Stay	345.0	451.4	(106.4)	-23.6%	365.7	330.9	34.8	10.5%	312.2	53.5	17.1%
CLINIC VISITS											
Clinic Visits	35,775	29,950	5,825	19.4%	316,072	317,479	(1,407)	-0.4%	301,817	14,255	4.7%
Telehealth Visits	30,794	25,675	5,119	19.9%	267,781	269,356	(1,575)	-0.6%	244,742	23,039	9.4%
	4,981	4,275	706	16.5%	48,291	48,123	168	0.3%	57,075	(8,784)	-15.4%
Physician wRVU	94,672	84,657	10,015	11.8%	958,296	929,131	29,165	3.1%	910,501	47,795	5.2%
Total Adjusted Patient Days	28,632	26,521	2,111	8.0%	240,575	229,022	11,553	5.0%	225,006	15,569	6.9%
Total Adjusted Discharges	2,532	2,443	90	3.7%	20,833	21,204	(371)	-1.7%	20,554	279	1.4%

Acute Care Hospitals: HGH, SLH (excludes Rehab), AH



- LOS Variance Days: The total # of actual days in a bed in excess of the allowed # of days from national and state regulatory acuity models. April: 2,311 days which is **26% month over month improvement** and is **6% increase year over year** April.
- LOS Variance Dollars: The AHS estimated additional cost of resources due to the variance days for April was \$3.5M (calculated at \$1,500/day). Does not include the \$11.3M opportunity cost of the bed being unavailable to another patient (weighted average per diem reimbursement all heads in a bed \$4,883).

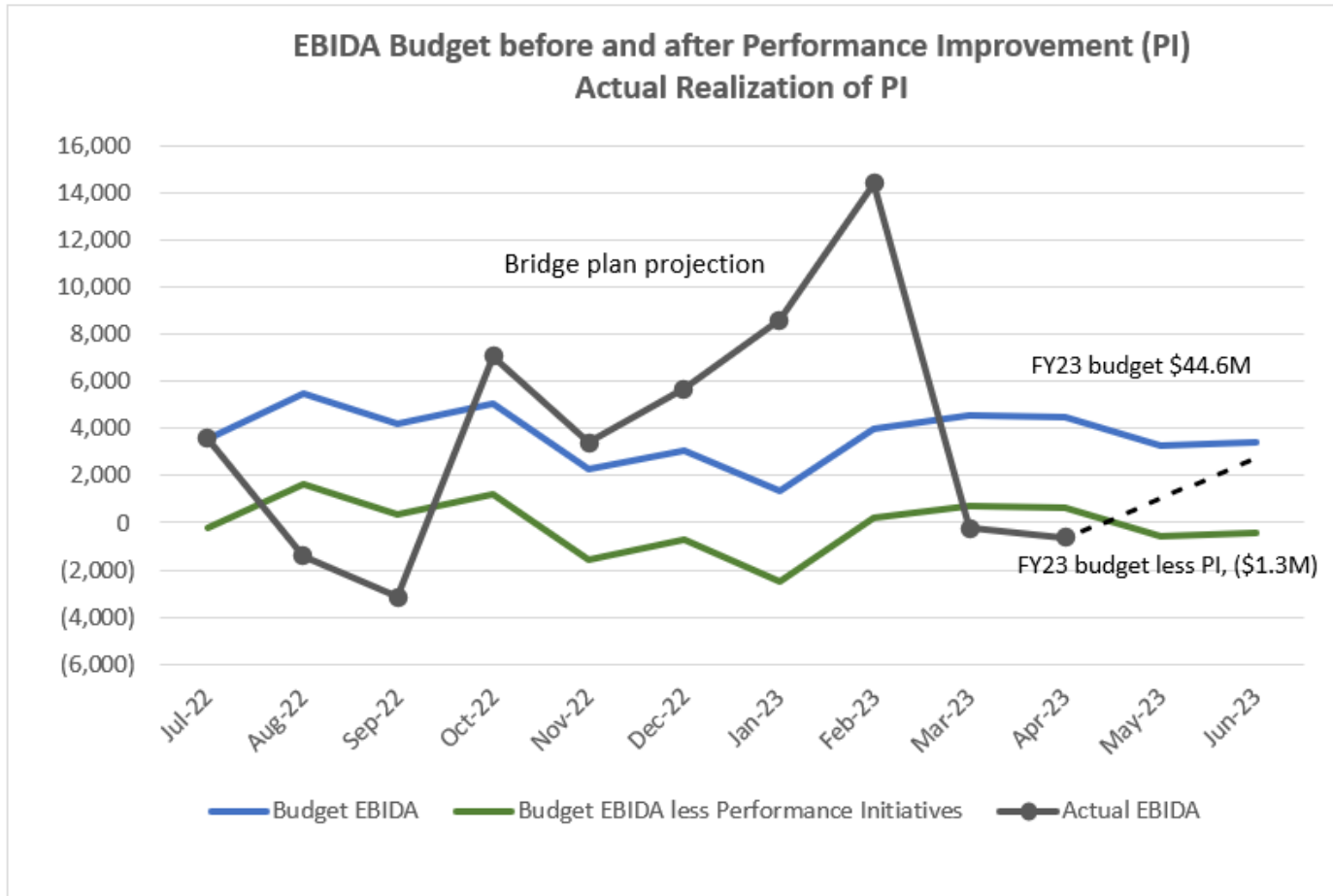
John George Psychiatric Hospital (JGPH)



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and state regulatory acuity models. April: 528 days which is a **23% Increase month over month** and is a **25% improvement YoY** April. **Note: New IPF Psych Acuity Grouper implemented April 1st, reflecting accurate acuity, ELOS & \$ Reimburse
- **LOS Variance Dollars:** The AHS additional cost of resources due to the variance days for April was \$0.8M (calculated at \$1,500/day). Does not include the opportunity cost of the bed being available for another patient.

- Operating revenue continues to exceed budget due to improved patient volumes, Revenue Cycle performance and Measure A receipts.
- Operating expenses continue to exceed budget driven by higher than budget LOS and patient days; driving up labor costs and supply costs. Labor rates significantly over budget.
- Non-operating is favorable \$0.2M for the month from quarterly interest adjustment from County. YTD, unfavorable \$0.8M from imputed lease interest required for the implementation of GASB 87.
- Net Income is a loss for the month and below budget by \$5.3M. YTD Net Income is \$33.4M and below budget by \$5.2M.
- EBIDA is unfavorable for the month and for the year.

	April 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 109,594	\$ 101,334	\$ 8,260	8.2%	\$ 1,128,409	\$ 1,010,088	\$ 118,321	11.7%	\$ 1,079,637	4.5%
Operating expense	110,458	96,767	(13,691)	(14.1)%	1,093,999	971,251	(122,748)	(12.6)%	963,681	(13.5)%
Operating income (loss)	(864)	4,567	(5,431)	(118.9)%	34,410	38,837	(4,427)	(11.4)%	115,956	(70.3)%
Other non-operating activity	73	(25)	98	392.0%	(1,031)	(252)	(779)	(309.1)%	34	(3116.1)%
Net Income (loss)	\$ (791)	\$ 4,542	\$ (5,333)	(117.4)%	\$ 33,379	\$ 38,585	\$ (5,206)	(13.5)%	\$ 115,990	(71.2)%
EBIDA adjustments	151	(71)	222		3,813	(712)	4,525		6,980	
EBIDA	\$ (640)	\$ 4,471	\$ (5,111)		\$ 37,192	\$ 37,873	\$ (681)		\$ 122,970	
Operating Margin	(0.8)%	4.5%	(5.3)%		3.0%	3.8%	(0.8)%		10.7%	
EBIDA Margin	(0.6)%	4.4%	(5.0)%		3.3%	3.7%	(0.4)%		11.4%	



Best Initiatives net of fees (\$23.4 million)

- Care Optimization, \$12.4 million
- Revenue Cycle, \$6.8 million
- Supply Chain, \$2.9 million
- Pharmacy, \$1.3 million

Internal Initiatives (\$22.5 million)

- Registry utilization and rates, \$11.0 million
- Payor Contracting, \$3.9 million
- Highland FQHC Clinics, \$3.7 million
- Overtime Reduction, \$2.6 million
- Other (net of strategy) \$1.3 million

- Gross patient service revenue is favorable to budget driven by patient days (12.4%), clinic visits (4.1%), and ED volumes (1.4%).
 - The average LOS is 6.4 for the month and above budget by 1.0. YTD LOS is 6.4 which is above PYTD of 5.9 and 8.5%. CMI is below budget for the month by 3.4%. YTD CMI is above budget by 0.6% and above prior year at 1.530.
- NPSR Collection ratio was 18.4% and above budget, but below trend. Higher patient volumes, slight improvement in payor mix toward commercial, and BHCS revenue offset the unfavorable service mix in the month. YTD, at 18.6% and 0.4% better than budget; reflecting positive revenue cycle performance.
- Longer LOS trend is negatively impacting the Zero Balance Analysis resulting in a lower collection ratio due to medical necessity denials and lower reimbursement for administrative days.

	April 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 202,938	\$ 193,959	\$ 8,979	4.6%	\$ 2,050,047	\$ 1,936,185	\$ 113,862	5.9%	\$ 1,865,947	9.9%
Outpatient service revenue	111,427	98,425	13,002	13.2%	1,065,234	964,949	100,286	10.4%	931,180	14.4%
Professional service revenue	29,481	27,307	2,173	8.0%	298,869	283,745	15,124	5.3%	281,951	6.0%
Gross patient service revenue	343,846	319,692	24,155	7.6%	3,414,149	3,184,878	229,271	7.2%	3,079,077	10.9%
Deductions from revenue	(280,481)	(261,474)	(19,007)	(7.3)%	(2,780,459)	(2,605,959)	(174,500)	(6.7)%	(2,488,969)	11.7%
Net patient service revenue	63,365	58,218	5,147	8.8%	633,691	578,919	54,771	9.5%	590,108	(7.4)%
Collection % - NPSR	18.4%	18.2%	0.2%		18.6%	18.2%	0.4%		19.2%	
Capitation and HPAC	3,946	3,835	111	2.9%	39,305	38,355	950	2.5%	38,552	2.0%
Other government programs	37,672	35,846	1,827	5.1%	417,219	358,456	58,763	16.4%	416,876	0.1%
Other operating revenue	4,611	3,435	1,176	34.2%	38,193	34,358	3,834	11.2%	34,101	12.0%
Total operating revenue	\$ 109,594	\$ 101,334	\$ 8,260	8.2%	\$ 1,128,407	\$ 1,010,089	\$ 118,318	11.7%	\$ 1,079,637	4.5%

- Other government programs was favorable for the month driven by Measure A CY2023 Q1 (\$3.5M), EPP CY21 (\$1.1M) and offset by SNF Supplement FY16 recoupment (\$2.9M). YTD favorable by \$58.8M driven by:
 - Medi-Cal Waiver: GPP (\$4.0M) and CalAIM ECM (\$0.5M)
 - Measure A and Parcel Tax: Measure A (\$21.8M)
 - Supplemental Programs: QIP (\$24.9M), BHCS FY21 (\$4.4M), AB915 FY22 (\$4.2M), GME FY23 (\$2.2M), Physician SPA FY17 (\$1.9M), EPP CY21 (\$1.1M), quality incentive (\$0.4M) and offset by SNF Supplement FY15 (\$1.6M), FY16 (\$2.9M) and FY18 (\$2.1M).
- Other operating revenue was favorable for the month \$1.2M, driven by higher retail pharmacy (\$0.5M) and National Drug Abuse Clinical Trials grant revenue (\$0.7M). YTD favorable by \$3.8M and 11.2% driven by higher pharmacy revenue (\$4.2M), Sutter class action settlement (\$1.0M), offset by grant revenue (\$0.9M) and parking revenue (\$0.5M).

	April 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	63,365	58,218	5,147	8.8%	633,691	578,919	54,771	9.5%	590,108	(7.4)%
Capitation and HPAC	3,946	3,835	111	2.9%	39,305	38,355	950	2.5%	38,552	2.0%
Medi-Cal Waiver	8,240	8,208	32	0.4%	86,671	82,083	4,588	5.6%	141,511	(38.8)%
Measure A and parcel tax	14,234	10,734	3,500	32.6%	129,157	107,343	21,814	20.3%	107,343	20.3%
Supplemental Programs	15,198	16,903	(1,705)	(10.1)%	201,391	169,030	32,361	19.1%	164,492	22.4%
Other government programs	37,672	35,846	1,827	5.1%	417,220	358,456	58,763	16.4%	413,346	0.9%
Grant Revenue	2,092	1,388	704	50.7%	12,981	13,893	(912)	(6.6)%	11,919	8.9%
Other Operating Revenue	2,519	2,047	472	23.1%	25,211	20,465	4,746	23.2%	22,182	13.7%
Other operating revenue	4,611	3,435	1,176	34.2%	38,193	34,358	3,834	11.2%	34,101	12.0%
Total operating revenue	\$ 109,594	\$ 101,334	\$ 8,260	8.2%	\$ 1,128,407	\$ 1,010,089	\$ 118,318	11.7%	\$ 1,076,107	4.5%

- Physician contract services were unfavorable driven by the current month activity; a delayed locum invoice for Orthopedic Surgery (\$0.7M), GME General Surgery (\$0.3M) and remaining variance is spread across multiple specialties.
- Purchased Services favorable driven by lower Huron contingency fees (\$1.0 million) partially offset by higher clinical services (\$0.4M), transitional housing (\$0.3M), YTD, unfavorable driven by higher HIM services (\$1.4M), clinical services (\$1.4M), security (\$1.1M), Covid related activity (\$1.0M), outside medical services (\$0.7M), offset by favorable consultant fees (\$1.4M) and Huron contingency fees (\$2.7M).
- Material and Supplies unfavorable driven by medical supplies (\$0.7M), non-medical supplies (\$0.4M), pharmaceuticals (\$0.3M), and food (\$0.1M). YTD, unfavorable driven by higher pharmaceuticals (\$6.1M), medical supplies (\$5.5M), surgical supplies (\$1.1M), non-medical supplies (\$0.7M), food (\$0.7M), bed/gurney purchase (\$0.6M), lab reagent (\$0.5M) and transitional housing (\$0.3M).
- Facilities unfavorable driven by facility repairs (\$0.4M), utilities (\$0.2M), rental equipment (\$0.2M) and offset by GASB reduction in lease expense (\$0.3M). YTD favorable driven by higher utilities (\$1.7M), offset by lower repairs for equipment and buildings (\$0.2M) and implementation of GASB 87 (\$3.5M) which reduces lease expense and includes it as amortization expense.
- General and administrative is favorable reflecting the annual BETA dividend (\$0.8M) and lower legal fees. YTD, favorable consulting travel (\$1.1M) - Vaya is included with registry costs and legal (\$0.8M) were partially offset by AHSF subsidy (\$0.9M).

	April 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 79,805	\$ 68,453	\$ (11,352)	(16.6)%	\$ 792,137	\$ 687,736	\$ (104,401)	(15.2)%	\$ 693,280	(14.3)%
Physician contract services	4,812	3,284	(1,528)	(46.5)%	34,575	32,843	(1,732)	(5.3)%	31,317	(10.4)%
Purchased services	7,995	8,333	338	4.1%	84,670	83,149	(1,521)	(1.8)%	76,898	(10.1)%
Materials and supplies	10,008	8,550	(1,458)	(17.1)%	101,069	86,088	(14,981)	(17.4)%	87,479	(15.5)%
Facilities	3,764	3,243	(521)	(16.1)%	30,460	32,432	1,972	6.1%	29,288	(4.0)%
Depreciation and amortization	2,996	2,675	(321)	(12.0)%	30,467	26,748	(3,719)	(13.9)%	25,882	(17.7)%
General and administrative	1,078	2,229	1,151	51.6%	20,621	22,255	1,634	7.3%	19,537	(5.5)%
Total operating expense	\$ 110,458	\$ 96,767	\$ (13,691)	(14.1)%	\$ 1,093,999	\$ 971,251	\$ (122,748)	(12.6)%	\$ 963,681	(13.5)%

Labor costs are unfavorable to budget driven by increased volume of acute patient days (12.4% above budget) and labor shortages requiring overtime and the use of registry at significantly higher rates.

- Staff (non-physician) rate variances include overtime utilization (\$2.4M/mo, \$16.8M/yr), unrealized “BEST” savings (\$1.4M/mo, \$13.8M/yr), extra shift pay “CES” (\$15K/mo, \$3.0M/yr), increases to base pay rates (\$0.8M/mo, \$5.6M/yr), other including hiring/retention bonus and settlements (\$1.0M/mo, \$3.3M/yr), offset by volume variance (37 FTE \$0.4M/mo, 97 FTE \$9.9M/yr).
- Physician Salaries were \$0.2M over budget for the month with the largest variance continuing in Hospitalists (\$0.1M). YTD Physician salaries were \$4.7M over budget. The largest variances were Hospitalists (\$1.7M), Internal Medicine (\$0.7M), Anesthesiology (\$0.5M) and OB/GYN (\$0.5M) with remaining variance across many specialties.
- Higher registry usage (month 183 FTE, \$3.0M; YTD 203 FTE, \$33.3M) at higher rates (month \$2.5M; YTD \$26.7M) continues. April is lower than the July-December 2022 run rate \$7.8M.

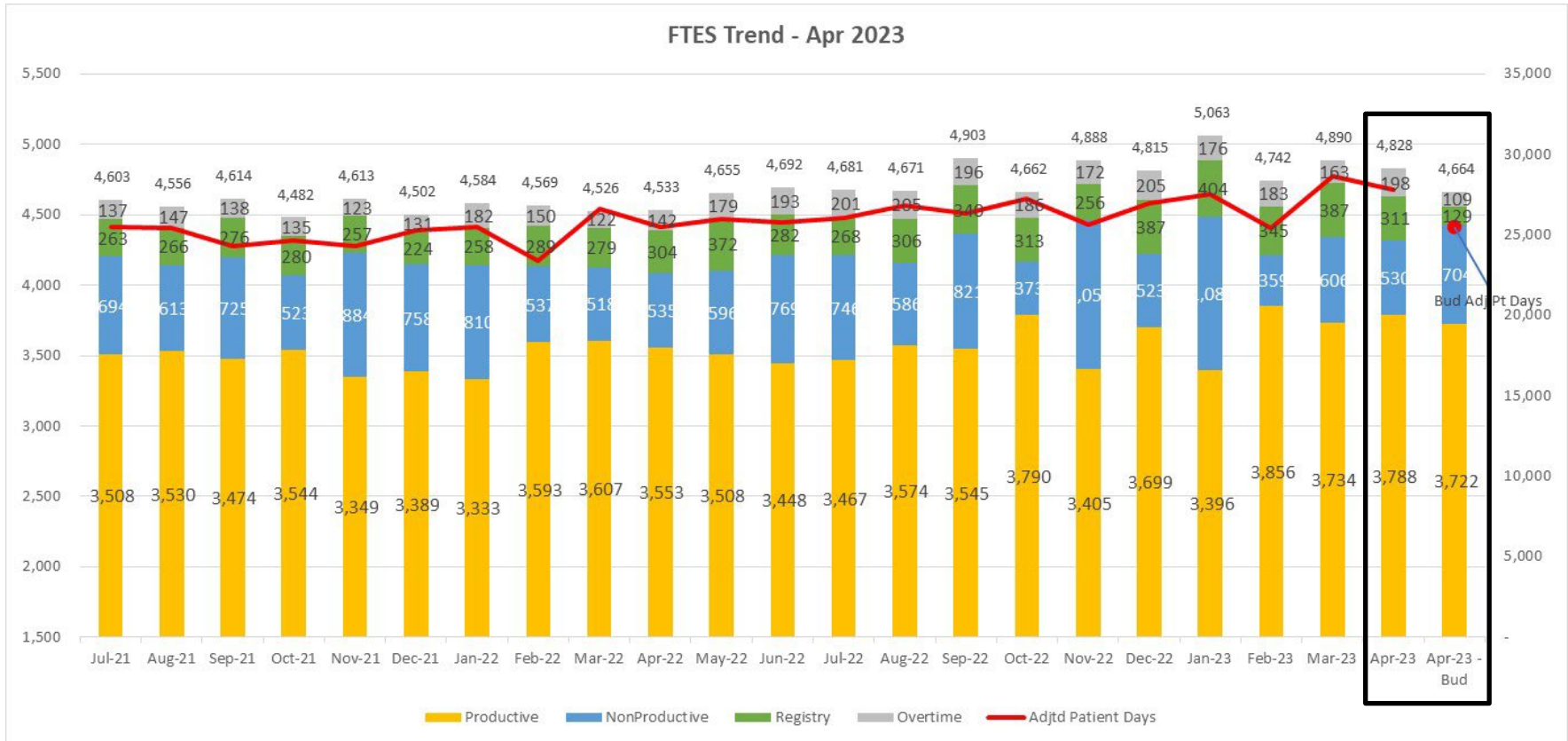
	April 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 47,704	\$ 44,293	\$ (3,411)	(7.7)%	\$ 475,646	\$ 444,742	\$ (30,904)	(6.9)%	\$ 430,772	(10.4)%
Salaries and wages (physicians)	7,624	7,445	(179)	(2.4)%	78,033	73,320	(4,713)	(6.4)%	63,782	(22.3)%
Registry	7,560	2,080	(5,480)	(263.5)%	81,130	21,132	(59,998)	(283.9)%	51,841	(56.5)%
Employee benefits (taxes, insurance)	12,747	11,187	(1,560)	(13.9)%	119,518	113,016	(6,502)	(5.8)%	104,385	(14.5)%
Retirement	6,955	6,233	(722)	(11.6)%	65,660	63,376	(2,284)	(3.6)%	61,500	(6.8)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(27,850)	(27,850)	-	0.0%	(19,000)	46.6%
Total labor costs	\$ 79,805	\$ 68,453	\$ (11,352)	(16.6)%	\$ 792,137	\$ 687,736	\$ (104,401)	(15.2)%	\$ 693,280	(14.3)%
Compensation ratio	72.8%	67.6%	-5.2%		70.2%	68.1%	-2.1%		64.2%	
Paid FTEs	4,828	4,664	(164)	(3.5)%	4,814	4,697	(117)	(2.5)%	4,558	5.6%

- Employee Benefits unfavorable driven by timing of self-funded health expenditures (\$0.7M), FICA (\$0.5M), and self-funded workers compensation (\$0.4M). YTD unfavorable driven by self-funded health expenditures (\$5.7M), self-funded workers compensation (\$1.6M), remote working stipend (\$0.3M) and offset by timing of FICA (\$0.4M) and other insurance plans (\$0.7M).
- Retirement unfavorable for ACERA (\$0.7M month; \$1.7M YTD), favorable for AHS and union plans (\$0.1M month; \$0.2M YTD), and unfavorable for AHMG plan (\$0.1M month; \$0.8M YTD).

	April 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 47,704	\$ 44,293	\$ (3,411)	(7.7)%	\$ 475,646	\$ 444,742	\$ (30,904)	(6.9)%	\$ 430,772	(10.4)%
Salaries and wages (physicians)	7,624	7,445	(179)	(2.4)%	78,033	73,320	(4,713)	(6.4)%	63,782	(22.3)%
Registry	7,560	2,080	(5,480)	(263.5)%	81,130	21,132	(59,998)	(283.9)%	51,841	(56.5)%
Employee benefits (taxes, insurance)	12,747	11,187	(1,560)	(13.9)%	119,518	113,016	(6,502)	(5.8)%	104,385	(14.5)%
Retirement	6,955	6,233	(722)	(11.6)%	65,660	63,376	(2,284)	(3.6)%	61,500	(6.8)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(27,850)	(27,850)	-	0.0%	(19,000)	46.6%
Total labor costs	\$ 79,805	\$ 68,453	\$ (11,352)	(16.6)%	\$ 792,137	\$ 687,736	\$ (104,401)	(15.2)%	\$ 693,280	(14.3)%
Compensation ratio	72.8%	67.6%	-5.2%		70.2%	68.1%	-2.1%		64.2%	
Paid FTEs	4,828	4,664	(164)	(3.5)%	4,814	4,697	(117)	(2.5)%	4,558	5.6%

Budget Variances by Physician Specialty (in thousands)

Specialty	Current Month - April 2023			Year to Date		
	Salaries	Contract	Total	Salaries	Contract	Total
Anesthesiology	\$ 8	\$ (55)	\$ (47)	\$ (498)	\$ (780)	\$ (1,278)
Dental	0	(40)	(40)	0	612	612
Emergency	9	(7)	2	221	(268)	(47)
Gastroenterology	(20)	13	(7)	(332)	80	(252)
GME	18	(249)	(231)	53	78	131
Hospice/Palliative Care	(12)	0	(12)	(224)	0	(224)
Hospitalists	(120)	87	(34)	(1,690)	848	(842)
Internal Medicine	(68)	0	(68)	(660)	(76)	(736)
Neurosurgery	0	45	45	0	454	454
OB/GYN	(7)	(96)	(104)	(457)	(293)	(749)
Orthopedic	(6)	(688)	(694)	292	(473)	(182)
Plastic Surgery	0	68	68	0	619	619
Podiatry	(57)	5	(52)	(400)	9	(392)
PS Rehabilitation Medicine	0	0	0	0	0	0
Psychiatry	(79)	(64)	(143)	(466)	(678)	(1,144)
Radiology	31	(42)	(11)	(294)	(232)	(526)
All Other	125	(505)	(380)	(258)	(1,632)	(1,889)
	<u>\$ (179)</u>	<u>\$ (1,528)</u>	<u>\$ (1,707)</u>	<u>\$ (4,713)</u>	<u>\$ (1,732)</u>	<u>\$ (6,445)</u>



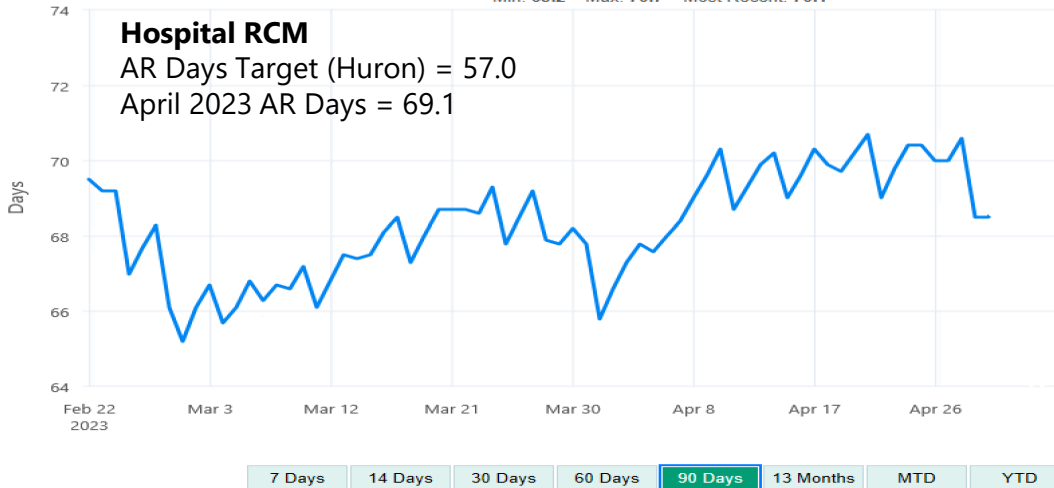
- April 2023 shows a negative variance for Paid FTEs, driven by registry needed to staff for higher patient days and vacancies. YTD unfavorable variance is 117 FTEs.
- Registry is high, productive labor is above average and non-productive labor is below average due to timing for absence of holiday during the month.

- Days in Cash are 3.9 and slightly higher than year-end; typically, below 5.0 days.
- Gross AR Days increased 4.1 days and Net AR Days increased 3.5 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run. The target is 30 days.
- Net Position is negative \$30.2M and declined \$33.4M from June 30, 2022 reflecting YTD Net Income.
- Net Negative Balance is a receivable \$86.9M compared to a payable in the prior month. NNB consists of the liquidity facility (loan) of \$61.6M plus the restricted cash of \$25.3M; and is below the June 30, 2023 ceiling of \$110.0M.

	<u>Apr-23</u>	<u>Mar-23</u>	<u>FY 2022</u>
Days in cash	3.9	2.8	2.3
Gross days in patient receivable	66.9	62.8	64.6
Net days in patient receivable	43.4	39.9	43.8
Due from/(to) third-party payors	(18,966)	222,136	25,750
Due from/(to) County	60,640	(53,493)	65,152
Days in accounts payable	32.9	34.7	50.4
% of AP over 60 days	2.5%	2.6%	1.5%
Current ratio	1.2	1.4	1.2
Net position - fund balance/(deficit)	\$ (30,172)	\$ (29,382)	\$ (63,551)
Net negative balance - receivable/(payable)	\$ 86,916	\$ (34,324)	\$ 50,718

AR Summary - Total AR - Days

Min: 65.2 Max: 70.7 Most Recent: 70.1



Hospital Revenue Cycle Key Indicators

- HB AR Days increased 3.3 days from prior month. Medi-Cal is holding all inpatient claims related to NPI error load in state system upgrade for net revenue impact \$5.0M. Dip in payments from Alameda Alliance \$2.0M and Kaiser \$2.0M.
- HB payments posted (collections) were \$44.4M for the month above the YTD trend at \$52.0M.
- ParaRev AR (outsourced) balance is \$32.0M. Collectability continues at risk; partnership with Cloudmed to assist with clinical denials.
- Candidate for Billing (CFB) increased 2.8 days to 9.2 days in April. Target is <4 CFB days.
- Continuous process improvement is underway in denial prevention.
 - DNFB Task Force
 - High risk, trauma, and high dollar review
 - Clinical appeals

Total Active AR - Days

Min: 32.8 Max: 36.9 Most Recent: 34.7



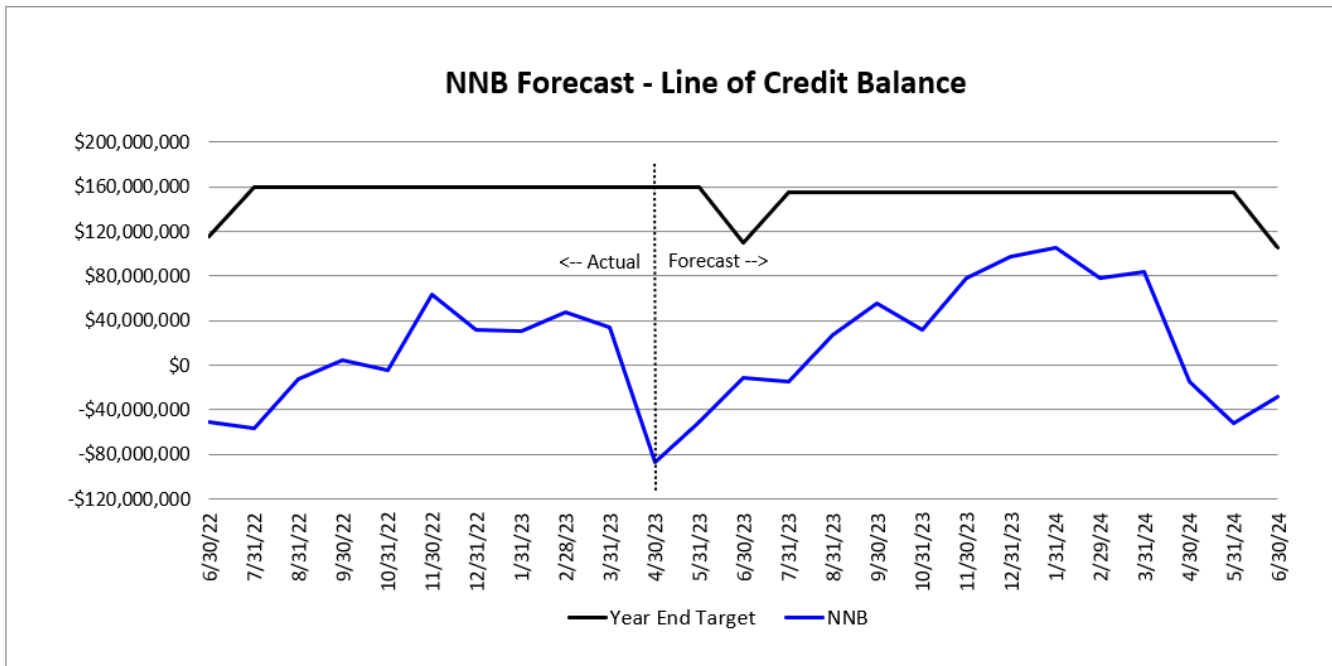
Professional Revenue Cycle Key Indicators

- PB AR Days were increased 0.6 from prior month.
- PB payments posted (collections) were \$7.0M for the month below the YTD trend of \$7.8M.
- Continuous process improvement is underway in denial prevention.
 - Denial trending by visit and procedure
 - Department Denial Task Force for prevention

- FY22 collections were \$705.6M exceeding FY21 and FY20 collections. The transition to Epic occurred in FY20 on September 29, 2019. Volumes dropped during the pandemic (3/2021); however, collections strong with improved Revenue Cycle.
- FY23 Patient collections are running approximately 10.3% higher than the same time period in FY22.

PATIENT COLLECTIONS							
(in thousands)							
	Behavioral			Total			
	Legacy	Health	Epic	FY 2023	FY 2022	FY 2021	FY 2020
Jul	9	11,070	63,180	74,259	59,732	41,373	48,828
Aug	1	-	58,589	58,590	57,374	53,893	42,989
Sep	71	7,924	68,067	76,062	61,968	64,484	40,138
Oct	48	7,482	52,267	59,797	49,923	51,514	57,632
Nov	3	-	56,937	56,940	52,057	49,499	32,906
Dec	27	3,506	63,485	67,018	68,121	53,274	42,428
Jan	20	14,834	56,598	71,452	62,292	34,443	52,418
Feb	12	-	57,874	57,886	52,269	49,157	53,205
Mar	36	3,273	62,012	65,321	62,888	58,922	71,292
Apr	28	3,797	51,482	55,307	56,235	55,646	41,450
May	-	-	-	-	69,591	44,005	44,065
Jun	-	-	-	-	53,187	43,889	46,112
Total	255	51,886	590,491	642,632	705,637	600,099	573,463
	% change between fiscal years			10.3%	17.6%	4.6%	

- Expanded projection forecasting balance to be below NNB limit for both FYs.
- The forecast is based on the FY23 projection with bridge plans to achieve FY23 Budget.
 - Capital budget cash flow is \$31.8M; YTD capital was \$15.5M. The cashflow assumes another \$5.0M will be spent this fiscal year. FY24 forecast estimated \$28.0M.
 - The FY24 cashflows were adjusted for a modest 3% increase in payroll and accounts payable. Patient receipts were also increased by 3%. Supplementals were forecasted based on run rate modified for any one-time items. In April, the estimates for Measure A and CY2022 Rate Range were increased based on receipts received in FY2023. Once the FY24 budget is completed the NNB forecast will be updated.
 - This month, FY23 Cash Flow from Operations improved \$5.7M driven by anticipated CY21 Rate Range funding that will be recognized as revenue in May 2023.



- Payment from Elevance Health was delayed from April to May.
 - Rate Range CY2021 \$12.4M
- In FY2024, the Rate Range CY2022 receipt increased from \$36.0M to \$45.0M based on FY2023.
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in a separate table as the final settlement amounts and timing are unknown.

Material Items Included in NNB Forecast								
(in thousands)								
	<u>May-23</u>	<u>Jul-23</u>	<u>Oct-23</u>	<u>Nov-23</u>	<u>Jan-24</u>	<u>Mar-24</u>	<u>Apr-24</u>	<u>May-24</u>
HPAC amendment and AB85 realignment	\$ -	\$ -	\$ -	\$ (38,000)	\$ 40,000	\$ -	\$ -	\$ -
EPP (semi-annual)			20,000				20,000	
QIP (annual)							70,000	
GPP (quarterly)		26,000	26,000		26,000	7,300	26,000	
Medi-Cal Managed Care Rate Range (annual)	12,363							45,000
	<u>\$ 12,363</u>	<u>\$ 26,000</u>	<u>\$ 46,000</u>	<u>\$ (38,000)</u>	<u>\$ 66,000</u>	<u>\$ 7,300</u>	<u>\$ 116,000</u>	<u>\$ 45,000</u>
Prior Year Reimbursement Settlements								
Waiver recoupment (fy10, fy11, fy14, fy15)		\$ (16,190)						
Medi-Cal FQHC recoupment (fy08 - fy13)		\$ (40,000)						
Physician SPA (fy08 - fy13)		\$ (30,000)						

Entity Financial Statement

Apr 2023 Financial Statement by Entity

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	PROFESSIONAL SERVICES	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>									
<i>Net Patient Revenue</i>	\$8,409	\$2,184	\$4,648	\$32,785	\$7,673	\$0	\$7,666	\$0	\$63,365
<i>Capitation Revenue</i>	518	14	878	2,014	51	0	471	0	3,946
<i>Other Government Programs</i>	1,218	(2,188)	34	10,307	35	0	915	0	10,322
<i>Other Revenues</i>	570	249	420	2,264	436	0	671	0	4,611
Total Revenue - All Sources	10,715	260	5,980	47,371	8,196	0	9,722	0	82,244
<i>Budget Revenue</i>	10,417	2,404	4,558	42,893	6,630	0	10,582	(0)	77,484
Collection %	14.6%	17.0%	38.5%	17.5%	35.5%		14.7%		18.4%
<i>Budget Collection %</i>	14.4%	17.9%	38.0%	17.0%	31.6%	0.0%	18.0%		18.2%
<i>Operating Expenses -----</i>									
Salaries & Benefits	9,373	4,259	7,848	31,787	7,811	0	8,720	10,007	79,805
Purchased Services	1,081	332	546	5,338	1,240	0	724	3,546	12,807
Materials and Supplies	1,006	490	416	6,377	190	0	897	632	10,008
Facilities	490	370	128	1,033	185	0	703	855	3,764
Depreciation	394	30	169	371	24	0	181	1,827	2,996
General & Administration	52	5	13	116	6	0	12	874	1,078
Total Operating Expenses	12,395	5,485	9,120	45,022	9,456	0	11,236	17,742	110,457
<i>Budget Expenses</i>	10,752	4,537	7,569	39,539	8,491	0	9,320	16,561	96,768
Contribution Margin	(1,679)	(5,226)	(3,140)	2,349	(1,260)	0	(1,514)	(17,742)	(28,212)
<i>Budget Contribution Margin</i>	(335)	(2,132)	(3,011)	3,354	(1,861)	0	1,262	(16,561)	(19,284)

Apr 2023 Financial Statement by Entity

Pg 2 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	PROFESSIONA L SERVICES	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
Contribution Margin	(1,679)	(5,226)	(3,140)	2,349	(1,260)	0	(1,514)	(17,742)	(28,212)
<i>Budget Contribution Margin</i>	<i>(335)</i>	<i>(2,132)</i>	<i>(3,011)</i>	<i>3,354</i>	<i>(1,861)</i>	<i>0</i>	<i>1,262</i>	<i>(16,561)</i>	<i>(19,284)</i>
System Overhead Expense Allocation	2,807	947	1,721	8,413	1,724	0	2,131	(17,742)	0
Measure A Allocation	1,701	744	1,253	6,761	1,303	0	2,004	0	13,767
GPP	1,014	444	747	4,031	777	0	1,195	0	8,208
QIP	664	291	489	2,640	509	0	782	0	5,375
Total Non-Operating Activity	20	3	5	29	6	0	9	0	73
Net Income (Loss) After Allocations	(1,088)	(4,690)	(2,365)	7,397	(390)	0	346	0	(790)
<i>Budget Net Income (Loss) After Allocatio</i>	<i>165</i>	<i>(1,741)</i>	<i>(2,045)</i>	<i>6,805</i>	<i>(1,393)</i>	<i>0</i>	<i>2,750</i>	<i>0</i>	<i>4,541</i>
EBIDA Adjustments									
Interest Income (Expense)	(7)	(3)	(5)	(29)	(6)	0	(9)	0	(60)
Depreciation	1,010	76	432	952	62	0	464	0	2,996
Amortization (GASB-68, GASB-75)	(0)	(202)	(531)	(1,555)	(407)	0	(89)	0	(2,785)
Total EBIDA Adjustments	1,003	(129)	(105)	(633)	(350)	0	366	0	151
EBIDA	(85)	(4,819)	(2,469)	6,763	(740)	0	711	0	(639)
<i>Budget EBIDA</i>	<i>868</i>	<i>(1,838)</i>	<i>(2,312)</i>	<i>6,229</i>	<i>(1,718)</i>	<i>0</i>	<i>3,241</i>	<i>0</i>	<i>4,470</i>
<i>Operating Margin</i>	<i>-15.7%</i>	<i>-2012.6%</i>	<i>-52.5%</i>	<i>5.0%</i>	<i>-15.4%</i>	<i>#DIV/0!</i>	<i>-15.6%</i>		<i>-34.3%</i>
<i>EBIDA %</i>	<i>-0.8%</i>	<i>-1856.1%</i>	<i>-41.3%</i>	<i>14.3%</i>	<i>-9.0%</i>	<i>#DIV/0!</i>	<i>7.3%</i>		<i>-0.8%</i>

Apr 2023 YTD Financial Statement by Entity

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>								
<i>Net Patient Revenue</i>	\$86,119	\$20,352	\$47,604	\$323,643	\$60,034	\$95,939	\$0	\$633,691
<i>Capitation Revenue</i>	5,212	146	8,623	20,099	511	4,713	0	39,305
<i>Other Government Programs</i>	16,504	845	497	89,049	4,815	16,198	0	127,909
<i>Other Revenues</i>	4,719	2,065	3,477	18,757	3,615	5,560	0	38,193
Total Revenue - All Sources	112,554	23,408	60,201	451,548	68,975	122,410	0	839,097
<i>Budget Revenue</i>	103,980	24,465	48,369	418,968	61,881	113,926	(0)	771,589
Collection %	14.8%	17.7%	39.7%	17.1%	30.3%	18.8%		18.6%
<i>Budget Collection %</i>	14.3%	17.7%	39.0%	16.5%	31.4%	19.9%		18.2%
<i>Operating Expenses -----</i>								
<i>Salaries & Benefits</i>	96,934	41,093	74,519	319,714	77,073	85,144	97,660	792,137
<i>Purchased Services</i>	10,956	4,092	3,411	38,311	10,953	7,487	44,034	119,245
<i>Materials and Supplies</i>	11,272	3,500	3,895	68,353	2,309	9,369	2,371	101,069
<i>Facilities</i>	3,433	2,484	1,307	10,738	2,119	3,314	7,064	30,460
<i>Depreciation</i>	4,010	295	1,661	3,837	242	1,846	18,576	30,467
<i>General & Administration</i>	505	48	145	1,783	52	212	17,876	20,621
Total Operating Expenses	127,110	51,511	84,938	442,736	92,749	107,373	187,582	1,093,999
<i>Budget Expenses</i>	106,154	46,191	77,797	394,709	83,349	94,541	168,511	971,251
Contribution Margin	(14,555)	(28,104)	(24,737)	8,812	(23,774)	15,037	(187,582)	(254,903)
<i>Cost/Charge Ratio</i>	22%	45%	71%	23%	47%	21%		32%
<i>Budget Contribution Margin</i>	(2,174)	(21,726)	(29,428)	24,259	(21,467)	19,385	(168,511)	(199,662)

Apr 2023 YTD Financial Statement by Entity

Pg 2 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
Contribution Margin	(14,555)	(28,104)	(24,737)	8,812	(23,774)	15,037	(187,582)	(254,903)
Cost/Charge Ratio	22%	45%	71%	23%	47%	21%		32%
<i>Budget Contribution Margin</i>	<i>(2,174)</i>	<i>(21,726)</i>	<i>(29,428)</i>	<i>24,259</i>	<i>(21,467)</i>	<i>19,385</i>	<i>(168,511)</i>	<i>(199,662)</i>
System Overhead Expense Allocation	30,907	9,780	16,502	89,878	18,665	21,849	(187,582)	0
Measure A Allocation	15,379	6,731	11,333	61,134	11,782	18,121	0	124,481
GPP	10,642	4,658	7,842	42,302	8,152	12,539	0	86,135
QIP	9,723	4,256	7,165	38,648	7,448	11,456	0	78,696
Total Non Operating Activity	18	(65)	(109)	(587)	(113)	(174)	0	(1,031)
Net Income (Loss) After Allocations	(9,702)	(22,304)	(15,008)	60,431	(15,170)	35,130	0	33,377
<i>Budget Net Income (Loss) After Allocation:</i>	<i>2,798</i>	<i>(18,050)</i>	<i>(20,214)</i>	<i>56,965</i>	<i>(16,736)</i>	<i>33,824</i>	<i>0</i>	<i>38,587</i>
EBIDA Adjustments								
Interest Income (Expense)	148	65	109	587	113	174	0	1,196
Depreciation	10,274	757	4,256	9,831	620	4,729	0	30,467
Amortization (GASB-68, GASB-75)	(1)	(2,119)	(5,074)	(15,850)	(3,908)	(899)	0	(27,850)
Total EBIDA Adjustments	10,421	(1,297)	(709)	(5,432)	(3,175)	4,004	0	3,813
EBIDA	719	(23,601)	(15,717)	54,999	(18,345)	39,134	0	37,190
<i>Budget EBIDA</i>	<i>9,824</i>	<i>(19,075)</i>	<i>(22,944)</i>	<i>51,232</i>	<i>(19,874)</i>	<i>38,712</i>	<i>0</i>	<i>37,875</i>
<i>Operating Margin</i>	<i>-12.9%</i>	<i>-120.1%</i>	<i>-41.1%</i>	<i>2.0%</i>	<i>-34.5%</i>	<i>12.3%</i>		<i>-30.4%</i>
<i>EBIDA %</i>	<i>0.6%</i>	<i>-100.8%</i>	<i>-26.1%</i>	<i>12.2%</i>	<i>-26.6%</i>	<i>32.0%</i>		<i>4.4%</i>

Entity Financial Statements

- Monthly Operating Reviews (MOR) with each entity leaders/managers underway and have identified opportunities for improvement. Implementing action plans.
 - Bridge plans to close financial gap in process
- Next Steps
 - Add entity Key Statistics
 - Allocation of Performance Improvement Initiatives
 - Complete revenue allocations
 - Validate and understand collection ratios
 - Continue work to direct cost all feasible expenses
 - Physician expense/EBMG reporting moving forward
 - Develop service line financial statements for next year FY24
 - Examples: Cardiology, Post Acute, Behavioral Health

June 12, 2023

Memorandum to: City of Alameda Health Care District
Board of Directors

From: Debi Stebbins
Executive Director

RE: Executive Director Report – June 2023

1. Upcoming Events

Chamber of Commerce Business Excellence Awards, June 22, 2023 – Dashe Cellars, 5-8 pm

I have reserved a District table at this event which will honor local businesses in a number of categories. It should be an excellent opportunity to meet with other business leaders in the Alameda community.

Association of California Health Care Districts (ACHD) Annual meeting, September 13-15, 2023, Everline Resort, Olympic Valley (Lake Tahoe)

The second in-person annual meeting of ACHD since the pandemic, this offers Board members a chance to meet with other District hospital leaders. I encourage you to consider registering. The first day of the conference is dedicated to Governance issues. Note that many Districts, like Alameda, no longer directly operate hospitals but contract with other systems for hospital management. Seismic compliance in 2030 is an issue shared by many California Districts. The District has budgeted for Board participation in this conference so all registration and accommodation expenses will be covered by the District if you choose to participate. More information about the program will be provided as it becomes available.

If you have not already done so, please let Alix or me know if you would like to attend either of these events.

2. AHS Board Retreat and Joint Planning Committee

Dr. Deutsch and I presented an overview of the status of 2030 seismic planning as well as the significant role of Alameda Hospital within the AHS system at the AHS Board of Trustees retreat in May. Copies of our presentations are attached. I believe the presentation was informative for the AHS Board members.

The next meeting of the AHS District Joint Planning Committee will be held on June 26. The District has requested that AHS begin to present more specific proposals for programs the system feels might be developed at Alameda Hospital to enhance its contributions to the System. AHS may also be developing additional options for the configuration of Alameda Hospital in 2030.

3. Short- and Long-Term Capital Financing Options

The District has contacted Supervisor Lena Tam regarding possible County help in funding the urgent Alameda Hospital infrastructure needs, estimated at \$10.5 million in an architectural and engineering study recently completed. Dr. Deutsch and I will be participating in a meeting being convened by Lena Tam with James Jackson to discuss this issue further. Note that the County has funded the capital requirements, including major building projects for AHS in the past.

Tom Driscoll and I are continuing to meet with potential bond counsel resources to discuss options for long range financing of the larger 2030 seismic capital requirements. The idea we are pursuing is financing a loan (perhaps in the \$75 million range) which could be secured by the \$6 million annual parcel tax revenue. Such a loan structure would require approval and cooperation from AHS since the parcel tax is committed to AHS under the Joint Powers Agreement.

4. AB 869 (Wood) and other Advocacy Efforts

I participated in the May lobbying meetings conducted by ACHD in Sacramento in early May 2023. I met with staff in five legislative offices during the two days. Much of the discussions focused on advocacy for AB 869 (Wood) as well as opposition to minimum wage legislation which is not really applicable to Alameda Hospital but has potential disastrous impact for other California District hospitals. AB 869 passed the Assembly last month and is now headed for review in the Senate. It provides for a minimum five-year extension for seismic compliance for rural and District hospitals meeting certain criteria in terms of remote location or financial hardship. ACHD and we hope these criteria can be extended to include Alameda Hospital as the bill is further amended during its review in the Senate. Specifically, the bill currently provides an extension for Districts that have failed to successfully pass a bond measure to finance seismic compliance. We would like to see that amended to cover Districts that generally have difficulty financing seismic capital requirements short of an unsuccessful bond measure, a potentially expensive, wasteful undertaking.

5. Bank of Marin Loan

After 8 months of negotiation with the Bank of Marin, our application for a new loan with the Bank has at last been approved. The loan, which will now be in the amount of \$830,000 (depending on the date of close) will have a term of 10 years, will be amortized over 25 years and will have an interest rate of the 10-year Treasury Constant Maturity (TCM) plus 2.23% as of the date of closing. As of communication from the bank on May 23, 2023, this will result in a monthly payment of \$5,860 (principal: \$1831; interest: \$ 4029 interest). This is a lower monthly payment than that of our previous loan which averaged \$6856 per month.

In view of the recent failure of two mid-sized banks, I requested information from the Bank of Marin about their procedures for securing deposits in excess of the \$250,000 FDIC secured levels. Banks are legally required to provide special procedures for securing the full deposits of Special Districts such as the City of Alameda Health Care District. This is the response provided by Bank of Marin:

The Bank of Marin is required to collateralize 110% of the total account balance and any accrued interest, unless the Treasurer of the public agency signs a waiver that does not require the Bank to collateralize the FDIC insured portion of \$250,000. In other words, public funds are fully protected by the FDIC for the portion within insured limits and pledged collateral for the uninsured portion.

The investment securities we pledge include US government agency securities and high-quality municipal bonds.

The pledged securities are held in a separate collateral account at another financial institution (safekeeping agent). The Bank reports the collateral balances to the DFPI weekly and whenever the Bank moves security into or out of the safekeeping account. In addition, our safekeeping account validates the Bank's security collateral quarterly.

6. Alameda Draft Strategic Plan

I am attaching the draft 3-year Strategic Plan in the following link for the Board's information.

<https://www.alamedaca.gov/CITYWIDE-PROJECTS/Strategic-Plan>

There are a number of opportunities for input into this document which I will provide more information to the Board as they become available. It is noteworthy that the current draft does not include much information on addressing health care needs in Alameda. I plan to work with the Board to formulate District recommendations on this topic that we can present to City elected officials and staff,



Alameda Hospital Capital and 2030 Seismic Planning

AHS Board of Trustees Retreat

May 12, 2023

City of Alameda Health Care District

Dr. Robert Deutsch, President

Debi Stebbins, Executive Director

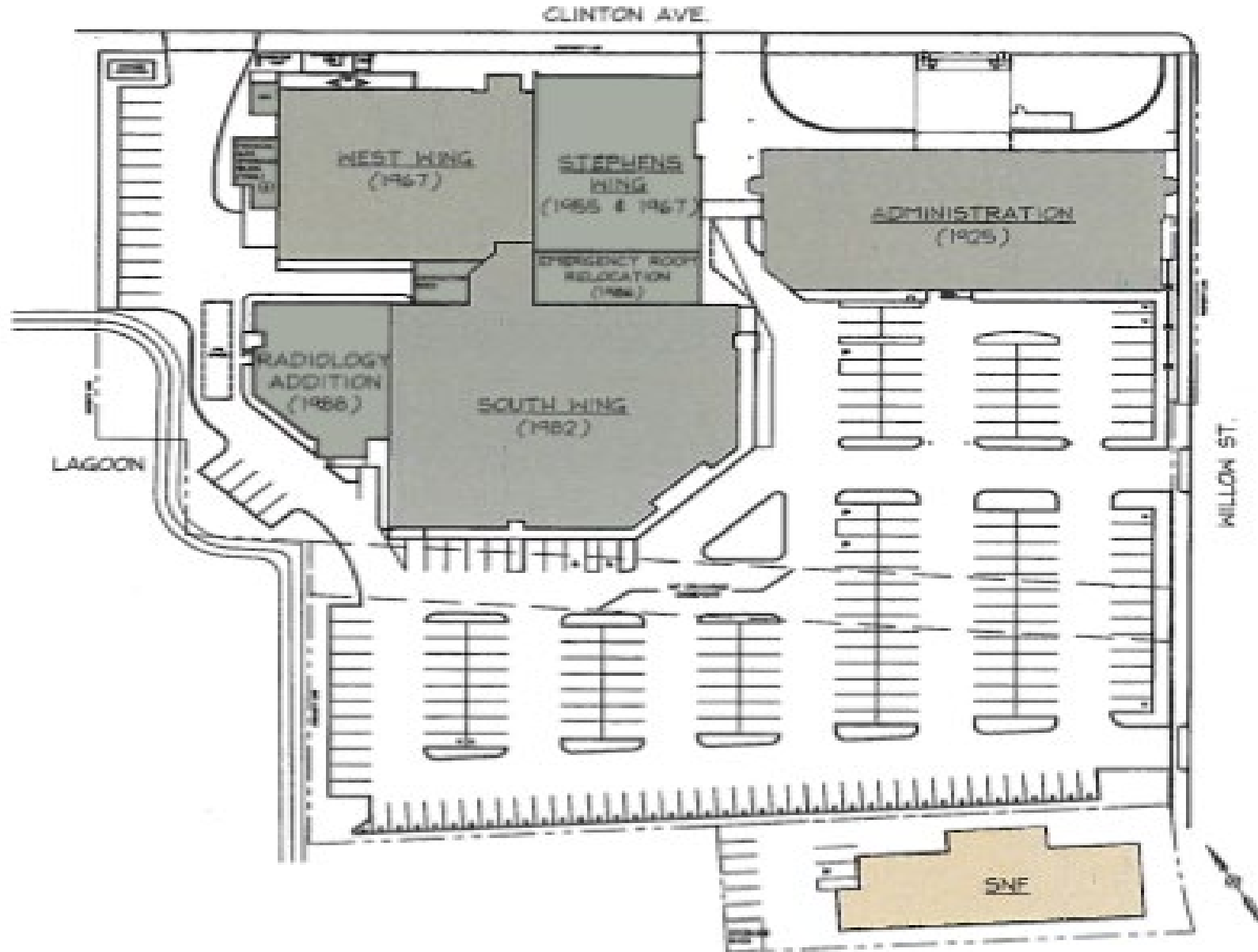
Joint Powers Agreement – AHS- District

- Signed in 2014; one year due diligence followed; AHS assumed management in 2015
- District owns real property and collects parcel tax. AHS maintains operations and collects all revenue.
- AHS responsible for 2020 seismic retrofit (\$25 M)
- AHS **not** responsible for 2030 seismic retrofit
- Both parties meet to deliberate on 2030 seismic retrofit planning beginning in 2020
- District began detailed planning for 2030 options in 2019

Alameda Hospital as Part of AHS

- Original intent: strengthen AHS position in private 3rd party contracting
- Licensed capacity: 66 general acute; 171 SNF (35 on site subacute); Kaufman Hall 2019 study projected need of 24 acute care beds by 2030
- Average census: 43.2 acute; usually full occupancy in SNF's
- Disposition for surge in Highland ED and acute care (463 transfers from Highland; 675 transfers in 2022 from other AHS hospitals)
- Specialty programs: Stroke Center, Wound Care, Long Term Care
- Strong employee loyalty and positive relationship with collective bargaining
- 171 SNF (including 35 SubAcute) reimbursed at "distinct part" rates = vital resource for AHS and entire County. Long term care received 5 star rating for quality of care. Distinct part designation due to link to **District** hospital license.

SITE PLAN



Short Term/Urgent Needs

- **Interface** Engineering Analysis: Chillers, cooling towers, boiling towers already non-functional or nearing end of life. Need replacement - URGENT CAPITAL REQUIREMENTS
- Infrastructure renovation costs \$10.5 M
- Potential Sources: County Financing
 - could be increased to cover other AHS capital needs
 - could be paid off out of proceeds of longer term financing

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Option	Upgrade South and West Wing to 2030 standards	Upgrade all buildings to 2030 standards only; same bed configuration	Upgrade all buildings to 2030 standards; convert Stephens 3 to SNF	Upgrade all buildings to 2030 standards; maximize SNF capacity
Components	Relocate kitchen from Stephens to South Wing			
	Convert Stephens 3 to SNF			
	Major disruption to South Wing			
Bed Count				
CCU	8	8	8	0
Acute	31	58	31	8 acute "holding" beds
SNF	51 or <	35 or <	51 or <	67 or <
2 South	tbd	tbd	tbd	convert to SNF
Cost Estimate	\$105 M	\$60 M	\$75 M	\$115 M

Bond or Conventional Loan Financing

- Joint AHS-District “bond” secured by \$6 million annual parcel tax revenue
- Statute:

The revenues generated by the special tax will be used only for the specific purposes of repaying outstanding hospital indebtedness and defraying ongoing hospital general operating and capital improvement expenses

- No further vote required ?
- AHS must co-sponsor due to redirection of parcel tax
- Allows continued use of AH in service to AHS system beyond 2030
- Could be structured to “retire” short term debt to County

State Legislation

- AB 869 (Wood)

Extends deadline to 2035 with potential rolling extensions beyond for District hospitals that can demonstrate financial hardship and meets one of the following:

- 30 miles from nearest acute hospital
- < \$75 M in annual revenue
- District exceeds statewide average of patients covered by MediCal
- District has unsuccessfully attempted bond financing

- ACHD will seek amendments to AB 869 once it reaches Senate
- Longer term seeking State financial support; many legislators supportive of this.

Next Steps:

- Meet with County (Board of Supervisors) re: short term financing for infrastructure renovation (\$10.5 M). Could be repaid out of long term loan or bond.
- Run financial analysis on all options for bed configuration
- Continue evaluation of financing options for 2030 project (bond or loan)
- AHS to evaluate options for new programs at Alameda Hospital

Board Retreat 05/12/2023

The City of Alameda Health Care District is the licensed owner of Alameda Hospital, South Shore SNF, Park Bridge SNF, Alameda Hospital Sub-Acute Unit, the Kate Creedon Wound Center , and 2 apartment buildings, all located in Alameda.

Operations of the hospital are partly supported by a \$298/year parcel tax, levied on Alameda residents and businesses, since November 2022, and renewed annually.

Until July 1, 2015, these facilities were operated and managed by the District Board.

In late 2014, ad effective July 1, 2015, a Joint Powers Agreement was signed between Alameda Health System and the City of Alameda Health Care District, wherein the district retained ownership of their facilities, and AHS assumed management, maintenance and governance responsibilities. The JPA requires that AHS continue to maintain an acute care hospital and emergency room in Alameda.

The JPA requires that the District transfer all revenue from these facilities, after paying administrative expenses of the District, to AHS. Any deemed excess revenue was to be placed in a fund for anticipated seismic upgrades.

The Hospital has a license to operate 101 acute beds, with 60 active beds and 41 in suspension.

For the year 2022: (all volume statistics reduced in 2022 due to Covid).

Hospital:

E.R visits 10,900
patient services 25,662
hospital admissions 2711
transfers from Highland Hospital 675
transfers from San Leandro Hospital 155
surgeries 1748

Park Bridge, South Shore and Alameda Sub-Acute facilities:

181 combined beds, all receiving DISH government funds
Total occupancy 91%
Total days: 59,019 or 161.7 ADC.

Kate Creedon Wound Center:

7500 annual visits
Wound healing rate 74%, patient satisfaction 94%

Benefits to AHS from affiliation:

providing additional medical beds for Highland overflow,
providing additional emergency room capacity,
providing additional surgical capacity,
providing nursing home capacity,
providing Sub-Acute facility capacity,
providing DISH reimbursement from all post-acute facilities
providing Wound Center capability,
providing parcel tax revenue to system.
providing political support for Alameda County's, AHS designated, 0.5% sales tax revenue,
currently bringing in approx \$140 million/yr

Currently, Alameda Hospital is in urgent need of approx. \$11.6 million dollars in capital expenditures for maintenance and engineering upgrades, to keep the hospital, and surgical suites properly functioning. Under the JPA, this is the responsibility of AHS.

By 2030 California requires that all acute care hospitals be seismically upgraded to a standard, that will require somewhere between \$60 and \$70million.

The District is committed to working with AHS to help secure funding for the immediate and short term hospital needs, and planning for 2030 seismic requirements.

In that regard, we have an active strategic Joint Planning Committee meeting every 2 months with stakeholders, including members of both boards, administrators, physicians, and community representatives. We also have the benefit of detailed engineering, architectural and facility management reports and expertise.



Meeting Minutes for April 10, 2023- Open Session
Location: AH Boardroom

Board Members Present	District Personal	District Legal Counsel	Also Present	Absent
Robert Deutsch M.D., President Gayle Codiga, Vice President Stewart Chen D.C., Secretary - Via Zoom David Sayen, Board Member Jeff Cambra, Board Member	Debi Stebbins, Executive Director Alixandria Williams, Executive Assistant/District Clerk	Tom Driscoll	Mario Harding, CAO AHS Grace Mesina, Director of Financial Planning AHS Ronica Shelton, VP of Patient Care Service AHS Troy Ashford, Director of Imaging Services AHS Richard Espinoza, NHA/CAO Post Acute Services Madelyn McClellan, Smith-Karng Architecture Rich Russell, Interface Engineering	Nakita Joshi M.D., Chief of Staff AH

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 5:30 p.m. by the Board president Dr. Robert Deutsch.	
Roll Call	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
Presidents Report	Dr. Deutsch presented the president's report, there were no actions taken during the closed session . Dr. Deutsch informed the group that effective April 1, 2023, there are no longer mammography services or a technician at Alameda Hospital.	Mr. Ashford will update the group about the status of a new tech at the

	<p>Mario Harding introduced Troy Ashford Director of Imaging services and Mark Watts who both oversee imaging and radiology services within AHS.</p> <p>Mr. Ashford confirmed that there is a staff vacancy due to the previous mammography techs contract ending and them not wanting to renew their contract. The action plan is to hire another tech that would be required to travel to multiple locations within AHS to fill the need wherever the need may be.</p> <p>Dr. Deutsch suggested that Mr. Ashford and his team work out the technical issues and report back to the Board during the June Board meeting. Dr. Deutsch also suggested looking into the new tech being based out of the Alameda campus and having those that need mammography or imaging services come to AH as 1-2 days a week does not seem sufficient. Mr. Ashford did add that the option for patients to receive imaging services at AH has been offered but many patients have not been willing to go to AH. Ms. Codiga suggested increasing the marketing and outreach to let the community know there are mammography services at the hospital.</p> <p>Dr. Deutsch addressed the infrastructure needs and the timeline expected. Ms. Stebbins noted that given the report Mr. Harding provided, the group would like to know what the timeline might look like. Mr. Harding invited Madelyn McClellan from Smith-Karng Architecture and Rich Russell from Interfacing Engineering to report on the Chillers and HVAC report and answer any questions the group may have regarding the findings they reported on. Mr. Russell informed the group that based on the current assessment of the chillers if one were to give out, then it would affect the entire hospital and they would have to be prepared for emergency status. The compressors have failed on one of the chillers and are currently in active failure. Mr. Harding noted that the AHS Board has not yet seen the report, however he will provide it to the AHS Board for their next meeting. Ms. Stebbins also noted that in the past, the County has financed all the construction for AHS. Ms. Stebbins added it might be worth looking into sources of capitalizations and even approaching the Board of Supervisors. Ms. Stebbins also asked if Ms. McClellan or Mr. Russell had established an order of priority.</p> <p>Mr. Russell noted that the priority would be the chillers and the estimated cost is \$6,922,500, followed by humidifiers estimated to be \$750,000, and then the boilers estimated at \$ 2, 827,500. It was also noted that there are going to be some things that will snowball and must be replaced as new equipment is updated. Dr. Deutsch added that we do want to be collaborative with the work that needs to be completed. Mr. Cambra questioned the group as to what contingencies are in place for the patients if everything went down. Mr. Helena noted that there are procedures in place if a system went down to keep the hospital running. Ms. McClellan added that the temporary fixes take up a lot of footprints and you must be ready to move on to a Permanente solution.</p>	<p>June Board meeting.</p> <p>Mr. Harding will put together a meeting with Mr. Helena, Mr. Fratzke, Dr. Deutsch, and Ms. Stebbins prior to the Joint planning committee meeting on May 18th to discuss the conveniences and timeline status.</p>
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Patient Experience	<p>Ms. Shelton updated the Board on the January patient experience scores and noted how successful January was with a lot of green (positive) feedback.</p> <p>Ms. Shelton noted that new whiteboards have been donated by the AH Foundation and placed in all of the rooms thanks to the hospital foundation. Additionally, there is new patient handbook that gives the patient details on interactions for their stays and covers some questions they may have.</p>	
AHS Financial Report	<p>Grace Mesina, Director of Financial Planning for AHS, updated the group on the Alameda acute census. The patient days are higher at 20.17 days for the month. The average length of stay is 5.7 days compared to a budget of 6.5 days. Year to date the length of stay is 5.3 days to a budget of 4.8 days.</p> <p>The CMI is higher than budget even though patients are coming from Highland for transfers. Surgeries, clinic, and emergency visits have also exceeded budget. In terms of volume AH is doing well. Ms. Mesina also noted that the Skilled Nursing Facility is now able to admit more patients. Ms. Mesina informed the group that the operating budget is 10.9 million compared to the budget of 10.04. This is because of the collection percentage the budget is 140.3 and we are collecting better than budget at 15.1 percent.</p> <p>The payor mix is why Alameda is not doing as well as San Leandro because San Leandro tends to be better reimbursed. Skilled Nursing Patients are the lowest paid patients out of all the patients. Dr. Deutsch asked about the number of transfers that come from to AH from San Leandro and Highland that are uninsured, CHCN or Medical patients. Mr. Harding noted that there are daily reports on the transfer information he can provide after today's meeting.</p> <p>Mr. Espinoza added that even though the Acute Rehab Unit at San Leandro receives a higher reimbursement than the SNF's. Mr. Espinoza also noted that even though the SNF's are a distinct part of the hospital and have a higher MediCal reimbursement than free standing SNF's, 5 percent of the SNF's have Medicare days while the rest are mostly all MediCal.</p> <p>Ms. Stebbins asked Ms. Mesina what the overhead allocation is based on. Ms. Mesina noted that the overhead allocation is based on the facility expenses as a percentage of total. This is done by taking the total expenses and allocating it based on the direct expense of each facility. Dr. Deutsch asked the group how expenses are allocated when there are areas and personnel who overlap facilities.</p> <p>Ms. Mesina noted that there is an allocation for professional services which includes physicians and is not included in the overhead presented. Ms. Mesina noted that there is a basis for each component being allocated. The overhead is based on the direct expense for each facility. The physician expenses are based on the revenue they generate. Whatever revenue the physicians generate by facility is how the expenses are allocated. Ms. Mesina also noted that staff or Admin that work at multiple facilities are included in the overhead allocation.</p> <p>Dr. Deutsch questioned the group how you allocate how much is being charged to San Leandro or</p>	<p>Ms. Mesina will work with the AHS financial department and break down the direct expenses of each facility to better indicate why Alameda has higher expenses.</p>

	<p>Alameda in cases where personnel work between both.</p> <p>Ms. Mesina noted that things are not allocated to that level of detail. AHS worked with a consultant and based on those findings, the goal is for most of the direct expenses to be assigned to each facility and department. There are some personnel that will not be allocated in that way and will be based on expense rather than time spent at each facility. Dr. Deutsch questioned the group to find out exactly why Alameda seems to be costing more money than other facilities in the system.</p>	
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Consent Agenda		
	<ul style="list-style-type: none"> A. Acceptance of Minutes of February 13, 2022 B. Acceptance of Financial Statements, from January 2023 C. Acceptance of Financial Statements, from February 2023 	<p>A motion to accept the three consent agenda items was made by Mr. Cambra and seconded by Dr, Chen. The motion was unanimously carried.</p>
Action Items		
<p>Audit Engagement Letter</p>	<p>Ms. Stebbins informed the group that the District's accountant does an audit in August, and she is recommending the approval to engage CHW, LLP Healthcare Audit, Tax and Consulting Services to perform the FY 23 audit at a cost of \$11,000</p>	<p>Mr. Cambra made a motion to accept the audit engagement letter and CHW,LLP's report. The motion was seconded by Mr. Sayen and unanimously carried.</p>

<p>Teleconference Procedures</p>	<p>Ms. Stebbins updated the Board on the new Teleconference Procedures submitted by Mr. Driscoll.</p>	<p>A motion to approve the teleconference procedures submitted by Mr. Driscoll was made by Mr. Cambra and seconded by Mr. Sayen. The motion was unanimously carried.</p>
<p>Bank of Marin Loan Terms</p>	<p>Ms. Stebbins updated the Board on the Bank of Marin terms. The loan would be amortized over 25 years and payable in 10 years with a 5-year pre-payment penalty at a fixed rate to be determined. Ms. Stebbins added that only the Pearl Street property would be securing the loan whereas the previous loan was secured by both Pearl Street and Encinal Street Properties. The estimated payment would be \$6,118 per month. The estimated interest rate will be 2.32 % above the 10-year Treasury Constant Maturity (TCM) index.</p>	<p>A motion to accept the presented loan terms was made by Mr. Cambra and seconded by Mr. Sayen the motion was unanimously carried.</p>
<p>Bank of Marin Signatories</p>	<p>Ms. Stebbins informed the Board that Bank of Marin is requesting a resolution to add all the Board members as signatories to the account.</p>	<p>A motion to accept the Bank of Marin resolution for signatories was made by Mr. Cambra and seconded by Dr. Chen. The motion was unanimously carried</p>
<p>Use of Jaber Funds</p>	<p>Ms. Stebbins informed the group that there had been discussion on using the Jaber Funds on equipment needs at AH. Dr. Deutsch added that rather than use the Jaber Funds for infrastructure renovation, it might be better to use the Jaber Funds in another area or for other equipment and something that could be of immediate use to AH. The group tabled discussion on the use of Jaber Funds until the Jube Board meeting.</p>	<p>Mr. Harding will investigate other immediate needs of equipment.</p>

	The meeting adjourned at 7:30pm.	A motion to adjourn was made by Mr. Cambra and second by Dr. Chen. The motion was unanimously approved.
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Minutes submitted by: Debi Stebbins, Executive Director

Approved: _____



CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(March 1-31, 2023)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 3/31/2023
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 280,378
Grant and other receivables	335,062	1,463,510
Prepaid expenses and deposits	108,828	33,994
Total current assets	<u>2,949,313</u>	<u>1,777,882</u>
Assets limited as to use	709,693	825,062
Capital Assets, net of accumulated depreciation	2,278,048	2,151,749
	<u>5,937,054</u>	<u>4,754,693</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 4,957,910</u>
 Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 36,784	\$ 38,714
Accounts payable and accrued expenses	66,681	49,974
Total current liabilities	<u>103,465</u>	<u>88,687</u>
Deferred revenue	203,217	203,217
Debt borrowings net of current maturities	806,121	785,149
Total liabilities	<u>1,112,803</u>	<u>1,077,053</u>
 Net position:		
Total net position (deficit)	<u>5,028,215</u>	<u>3,880,857</u>
Total liabilities and net position	<u>\$ 6,141,018</u>	<u>\$ 4,957,910</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 3/31/2023	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,938,514	\$ 4,425,000	\$ 4,425,000	-	0%
Rents	186,828	143,708	157,500	(13,792)	275%
Other revenues	-	-	-	-	
Total revenues	6,125,343	4,568,708	4,582,500	(13,792)	
Expenses					
Professional fees - executive director	173,083	128,683	129,750	1,067	1%
Professional fees - Assistant	53,957	50,400	42,000	(8,400)	-20%
Professional fees	184,049	261,345	306,600	45,255	15%
Supplies	5,300	2,212	3,000	788	26%
Purchased services	3,500	1,800	7,500	5,700	76%
Repairs and maintenance	8,264	19,157	25,500	6,343	25%
Rents	19,269	14,697	16,065	1,368	9%
Utilities	12,256	10,793	8,250	(2,543)	-31%
Insurance	99,309	95,471	99,875	4,404	4%
Depreciation and amortization	170,640	127,046	142,800	15,754	
Interest	48,140	42,663	37,500	(5,163)	-14%
Travel, meeting and conferences	6,298	8,691	7,500	(1,191)	-16%
Other expenses	29,089	8,623	195,000	186,377	96%
Community projects and programs	250,000	8,508	205,178	196,670	96%
Total expenses	1,063,155	780,090	1,226,518	446,428	
Operating gains	5,062,188	3,788,618	3,355,982	432,636	13%
Transfers	(3,546,494)	(4,935,976)	-		
Increase(Decrease) in net position	1,515,694	(1,147,358)	3,355,982		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 3,880,857	\$ 3,355,982		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 3/31/2023
Increase(Decrease) in net position	\$ 1,515,694	\$ (1,147,358)
Add Non Cash items		
Depreciation	170,640	127,046
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	(1,128,448)
Prepaid expenses and deposits	(22,557)	74,834
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(16,709)
Deferred revenues	203,217	-
Net Cash provided(used) by operating activities	1,688,808	(2,090,634)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(115,369)
Net Cash used in investing activities	(31,097)	(115,369)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(19,041)
Net cash used by financing activities	(34,132)	(19,041)
Net change in cash and cash equivalents	1,623,579	(2,225,045)
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 280,378

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 3/31/2023	Jaber 3/31/2023	As of 3/31/2023
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 280,378	\$ -	\$ 280,378
Grant and other receivables	335,062	0	335,062	1,463,510	0	1,463,510
Prepaid expenses and deposits	108,829	(0)	108,828	33,995	(0)	33,994
Total current assets	2,949,313	(0)	2,949,313	1,777,882	(0)	1,777,882
Due To Due From	14,925	(14,925)	0	25,333	(25,333)	0
Assets limited as to use	0	709,693	709,693	0	825,062	825,062
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,326,699	825,050	2,151,749
	4,389,185	1,547,869	5,937,054	3,129,914	1,624,780	4,754,693
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	3,333,131	1,624,780	4,957,910
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	49,974	0	49,974
Total current liabilities	103,465	0	103,465	88,688	0	88,687
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	806,121	0	806,121	785,149	0	785,149
Total liabilities	1,112,803	0	1,112,803	1,077,054	0	1,077,053
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	2,256,077	1,624,780	3,880,857
Total liabilities and net position	\$4,593,149	\$1,547,869	\$6,141,018	\$3,333,131	\$1,624,780	\$4,957,910

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	3/31/2023	3/31/2023	YTD 3/31/2023
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	4,425,000	0	4,425,000
Rents	0	186,828	186,828	0	143,708	143,708
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	4,425,000	143,708	4,568,708
Expenses						
Professional fees - executive director	173,083	0	173,083	128,683	0	128,683
Professional fees - Assistant	53,957	0	53,957	50,400	0	50,400
Professional fees	174,851	9,198	184,049	254,055	7,290	261,345
Supplies	5,300	0	5,300	2,212	0	2,212
Purchased services	3,500	0	3,500	1,800	0	1,800
Repairs and maintenance	1,584	6,680	8,264	249	18,908	19,157
Rents	19,269	0	19,269	14,697	0	14,697
Utilities	1,070	11,185	12,256	1,911	8,883	10,793
Insurance	99,309	0	99,309	95,471	0	95,471
Depreciation and amortization	133,240	37,400	170,640	98,996	28,050	127,046
Interest	48,140	0	48,140	42,663	0	42,663
Travel, meeting and conferences	6,298	0	6,298	8,691	0	8,691
Other expenses	32,044	(2,955)	29,088	4,958	3,668	8,624
Community projects and programs	250,000	0	250,000	8,508	0	8,508
Total expenses	1,001,646	61,508	1,063,154	713,294	66,798	780,091
Operating gains	4,936,869	125,320	5,062,189	3,711,706	76,910	3,788,617
Transfers	(3,414,871)	(131,623)	(3,546,494)	(4,935,976)	0	(4,935,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(1,224,270)	76,910	(1,147,359)
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	2,256,077	1,624,780	3,880,857

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	3/31/2023	3/31/2023	YTD 3/31/2023
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(1,224,270)	76,910	(1,147,359)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	98,996	28,050	127,046
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	(1,128,448)	0	(1,128,448)
Prepaid expenses and deposits	(22,557)	0	(22,557)	74,834	0	74,834
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(10,409)	10,409	0
Accounts payable and accrued expenses	50,954	0	50,954	(16,707)	0	(16,707)
Deferred revenues	203,217	0	203,217	0		
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	(2,206,004)	115,369	(2,090,634)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	0	0
Changes in assets limited to use	0	(31,097)	(31,097)	0	(115,369)	(115,369)
Net Cash used in investing activities	0	(31,097)	(31,097)	0	(115,369)	(115,369)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(19,041)	0	(19,041)
Net cash used by financing activities	(34,132)	0	(34,132)	(19,041)	0	(19,041)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	(2,225,045)	0	(2,225,045)
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	280,378	(0)	280,378



CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(April 1- 30, 2023)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 4/30/2023
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 2,949,638
Grant and other receivables	335,062	(0)
Prepaid expenses and deposits	108,828	31,704
Total current assets	<u>2,949,313</u>	<u>2,981,342</u>
Assets limited as to use	709,693	837,972
Capital Assets, net of accumulated depreciation	<u>2,278,048</u>	<u>2,137,716</u>
	5,937,054	5,957,030
Other Assets	747	(0)
Deferred outflows of resources	<u>203,217</u>	<u>203,217</u>
Total assets	<u>\$ 6,141,018</u>	<u>\$ 6,160,247</u>

Liabilities and Net Position

Current liabilities:

Current maturities of debt borrowings	\$ 36,784	\$ 36,784
Accounts payable and accrued expenses	66,681	49,974
Total current liabilities	<u>103,465</u>	<u>86,757</u>
Deferred revenue	203,217	932,322
Debt borrowings net of current maturities	<u>806,121</u>	<u>787,079</u>
Total liabilities	1,112,803	1,806,159

Net position:

Total net position (deficit)	<u>5,028,215</u>	<u>4,354,088</u>
Total liabilities and net position	<u>\$ 6,141,018</u>	<u>\$ 6,160,247</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 4/30/2023	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,938,514	\$ 4,961,367	\$ 4,916,667	44,700	1%
Rents	186,828	159,792	175,000	(15,208)	305%
Other revenues	-	-	-	-	
Total revenues	6,125,343	5,121,158	5,091,667	29,492	
Expenses					
Professional fees - executive director	173,083	159,850	144,167	(15,683)	-11%
Professional fees - Assistant	53,957	59,810	46,667	(13,143)	-28%
Professional fees	184,049	266,123	340,667	74,544	22%
Supplies	5,300	2,212	3,333	1,121	34%
Purchased services	3,500	1,800	8,333	6,533	78%
Repairs and maintenance	8,264	20,182	28,333	8,152	29%
Rents	19,269	16,608	17,850	1,242	7%
Utilities	12,256	12,070	9,167	(2,903)	-32%
Insurance	99,309	105,204	110,972	5,768	5%
Depreciation and amortization	170,640	141,080	158,667	17,587	
Interest	48,140	42,663	41,667	(996)	-2%
Travel, meeting and conferences	6,298	8,691	8,333	(358)	-4%
Other expenses	29,089	8,959	216,667	207,707	96%
Community projects and programs	250,000	14,058	227,976	213,918	94%
Total expenses	1,063,155	859,309	1,362,798	503,488	
Operating gains	5,062,188	4,261,849	3,728,869	532,980	14%
Transfers	(3,546,494)	(4,935,976)	-		
Increase(Decrease) in net position	1,515,694	(674,127)	3,728,869		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 4,354,088	\$ 3,728,869		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 4/30/2023
Increase(Decrease) in net position	\$ 1,515,694	\$ (674,127)
Add Non Cash items		
Depreciation	170,640	141,080
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	335,062
Prepaid expenses and deposits	(22,557)	77,125
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(16,709)
Deferred revenues	203,217	729,105
Net Cash provided(used) by operating activities	1,688,808	591,536
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(128,279)
Net Cash used in investing activities	(31,097)	(128,279)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(19,041)
Net cash used by financing activities	(34,132)	(19,041)
Net change in cash and cash equivalents	1,623,579	444,215
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 2,949,638

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 4/30/2023	Jaber 4/30/2023	As of 4/30/2023
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 2,949,638	\$ -	\$ 2,949,638
Grant and other receivables	335,062	0	335,062	(0)	0	(0)
Prepaid expenses and deposits	108,829	(0)	108,828	31,704	(0)	31,704
Total current assets	2,949,313	(0)	2,949,313	2,981,343	(0)	2,981,342
Due To Due From	14,925	(14,925)	0	25,333	(25,333)	0
Assets limited as to use	0	709,693	709,693	0	837,972	837,972
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,315,783	821,933	2,137,716
	4,389,185	1,547,869	5,937,054	4,322,458	1,634,572	5,957,030
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,525,675	1,634,572	6,160,247
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	36,784	0	36,784
Accounts payable and accrued expenses	66,681	0	66,681	49,974	0	49,974
Total current liabilities	103,465	0	103,465	86,758	0	86,757
Deferred revenue	203,217	0	203,217	932,322	0	932,322
Debt borrowings net of current maturities	806,121	0	806,121	787,079	0	787,079
Total liabilities	1,112,803	0	1,112,803	1,806,159	0	1,806,159
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	2,719,516	1,634,572	4,354,088
Total liabilities and net position	\$4,593,149	\$1,547,869	\$6,141,018	\$4,525,675	\$1,634,572	\$6,160,247

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	4/30/2023	4/30/2023	YTD 4/30/2023
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	4,961,367	0	4,961,367
Rents	0	186,828	186,828	0	159,792	159,792
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	4,961,367	159,792	5,121,158
Expenses						
Professional fees - executive director	173,083	0	173,083	159,850	0	159,850
Professional fees - Assistant	53,957	0	53,957	59,810	0	59,810
Professional fees	174,851	9,198	184,049	258,045	8,077	266,123
Supplies	5,300	0	5,300	2,212	0	2,212
Purchased services	3,500	0	3,500	1,800	0	1,800
Repairs and maintenance	1,584	6,680	8,264	249	19,933	20,182
Rents	19,269	0	19,269	16,608	0	16,608
Utilities	1,070	11,185	12,256	1,911	10,159	12,070
Insurance	99,309	0	99,309	105,204	0	105,204
Depreciation and amortization	133,240	37,400	170,640	109,913	31,167	141,080
Interest	48,140	0	48,140	42,663	0	42,663
Travel, meeting and conferences	6,298	0	6,298	8,691	0	8,691
Other expenses	32,044	(2,955)	29,088	5,207	3,753	8,960
Community projects and programs	250,000	0	250,000	14,058	0	14,058
Total expenses	1,001,646	61,508	1,063,154	786,221	73,089	859,310
Operating gains	4,936,869	125,320	5,062,189	4,175,146	86,703	4,261,848
Transfers	(3,414,871)	(131,623)	(3,546,494)	(4,935,976)	0	(4,935,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(760,830)	86,703	(674,128)
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	2,719,516	1,634,572	4,354,088

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	4/30/2023	4/30/2023	YTD 4/30/2023
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(760,830)	86,703	(674,128)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	109,913	31,167	141,080
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	335,062	0	335,062
Prepaid expenses and deposits	(22,557)	0	(22,557)	77,125	0	77,125
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(10,409)	10,409	0
Accounts payable and accrued expenses	50,954	0	50,954	(16,709)	0	(16,709)
Deferred revenues	203,217	0	203,217	729,105		729,105
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	463,256	128,279	591,534
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	(0)	0
Changes in assets limited to use	0	(31,097)	(31,097)	0	(128,279)	(128,279)
Net Cash used in investing activities	0	(31,097)	(31,097)	0	(128,279)	(128,279)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(19,041)	0	(19,041)
Net cash used by financing activities	(34,132)	0	(34,132)	(19,041)	0	(19,041)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	444,215	(0)	444,215
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	2,949,638	(0)	2,949,638



June 12, 2023

Memorandum to: City of Alameda Health Care District
Board of Directors

From: Debi Stebbins
Executive Director

RE: Partial Distribution of April 2023 Parcel Tax

Recommendation:

I am recommending a partial distribution of the April 2023 parcel tax income to AHS of \$2,000,000.

Background:

The December parcel tax revenue was \$2,992,160. In February 2023 the District Board authorized a partial distribution of \$2.3 million. The April 2023 parcel tax revenue was \$2,687,858.

The current balance of the general operating revenue account for the District is \$2,687,475. This balance reflects payment in full for sponsorship of the AFD CARE program. Typically, there is income of 200,000 -300,000 parcel tax income in the month of August. The next significant parcel tax income will be in December, 2023.

The proposed distribution of \$ 2 million should leave the District with sufficient cash between now and December to cover operational expenses of the District. In addition to our normal monthly expenses of \$ 24,000/month to cover routine staffing, rent and insurance, etc. expenses. This year the District is projected to incur extraordinary expenses which are included in the FY 2023-2024 budget. These include approximately \$125,000 in consulting expenses relating to consultants and architectural and engineering consultants associated with the 2030 seismic planning. In addition, the budget includes continued support of \$250,000 for the Alameda Fire Department CARE program. The following summary analyzes the basis upon I am projecting that the proposed distribution leaves the District with sufficient funds to cover operating and budgeted special expenses between June to December, 2023.

Bank Balance as of 6/6/2023	2,687,475
Recommended Parcel Tax Distribution	(2,000,000)
Balance Available	\$ 687,475
Projected Expenses (June – December 2023)	
Routine Expenses	(170,850)
Special Consultants	(125,000)
Expense Subtotal (June-December 2022)	\$ 295,850

April 10, 2023

Memorandum: City of Alameda Health Care District
Board of Directors

From: Debi Stebbins
Executive Director

RE: **Proposed FY 2023-2024 District Priorities**

Recommendation. The following District priorities for the work plan and budget for the FY 2023-2024 are presented below for Board review, input and approval:

ARCHITECTURAL AND PROGRAM DESIGN FOR SEISMIC COMPLIANCE

Continue architectural design and planning in collaboration with AHS and incorporating appropriate consultants including structural engineering, placement of auxiliary water towers, central plant upgrade and achievement of required NPC upgrades.

Define optimal bed configuration including acute, distinct-part SNF and/or subacute

Continue to refine estimates of total project costs.

ADVOCACY:

Collaborate with Association of California Health Care Districts (ACHD) on advocacy for AB 869 extending the deadline for compliance with 2030 seismic retrofit by 5 years.

Design community education regarding importance of legislation on ensuring availability of community health resources in Alameda, including emergency services.

Engage Community Advisory Committee in designing a advocacy plan for legislation and identifying key leadership in stakeholder groups to be contacted.

Develop social media program to orient community on importance of retaining health care services provided at Alameda Hospital

FINANCING PLAN:

Explore various financing options for seismic retrofit including bond issuance, local, state and federal financing options.

PROGRAM DEVELOPMENT:

Continue to work with AHS leadership on exploration of two to three program development opportunities that will enhance the operational and financial success of Alameda Hospital so that it can continue to meet the expectations of Alameda constituents and be a valuable component of Alameda Health System.



CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: June 12, 2023

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

FROM: Debi Stebbins, Executive Director

SUBJECT: Review of proposed FY 2024 General
Operating and Jaber Budgets

Action:

Recommendation to accept Fiscal Year Ending June 30, 2024 City of Alameda Health Care District Operating Budget and Jaber Properties Budgets as outlined in Attachments A and B to this memorandum.

Overview:

The proposed budget was prepared in consultation with the District financial consultant, Kelly Hohenbrink, and based on YTD actual expense projections based on year to date actual expenses through February 2023 (or in some cases May 2023) for the operating budget and the Jaber Properties. The following two budgets, District Operations and Jaber Properties, are presented for your review.

Per the affiliation Joint Powers Agreement (JPA) (Section 2.2 Parcel Tax Revenue), "District shall be permitted to withhold and retain, from the Parcel Tax Revenue an amount equal to the reasonable out-of-pocket costs and expenses actually incurred by the District for its statutorily required services, costs of elections, meetings, strategic planning, insurance, administration and collection of the parcel tax and payment of legal obligations, if any (known or unknown), unrelated to the administration and operation of Alameda Hospital ("District Expenses"); provided, however, that in no event shall the amounts withheld and retained by the District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without prior written approval of AHS."

Revenue:

Revenue projections are based on estimates from SCI Consulting, the firm that monitors the collection of District parcel tax revenue. Between FY 2022 and FY 2023 tax revenue remained rose slightly. It is also projected to increase slightly in FY 2024. Note that the projected actual revenue is based on taxes paid to date through April 2023.

The District parcel tax (Measure A) is structured under the County's "Teeter" plan, under which the County is obligated to pay the District all taxes due even if they are delinquent to the County. In accordance with SCI projections we are projecting a slight increase in revenue in FY 2024 compared to actual FY 2023.

Expenses:

We have separated out the two key "staff" positions for the District from professional fees. These include the Executive Director at 50% time and the Executive Assistant, for whom we contract with a "registry" (Dynamic Solutions). This position has required increased hours this year, averaging 75% time so far this year. This is an increase in previous hours of 50% time; however, the quality of the work has improved over prior years. The budget reflects a full year of projected use of an Executive Assistant. We will continue to assess whether this increase in Executive Assistant hours remains appropriate.

Professional Fees.

Professional fees include payments to our accounting, audit and tax collection consultants which reflect small cost of living increase in FY 2024.

Strategic Planning Consulting. This amount, \$175,000. assumes engaging Ratcliff Architects for the next phases of planning for 2030 seismic planning as well as a contingency for use of other consultants for financial planning and/or strategic planning on behalf of the District. The budgeted amount is a substantial decrease from prior strategic planning expenses and assumes there will be increased collaboration between the District and AHS in planning for 2030.

Legal fees, which covers expenses to general counsel, Thomas Driscoll III, as well as possible engagement of bond counsel to assist with exploring financing options for the 2030 capital project.

Annual Audit Expenses. This is essentially flat compared to prior years and reflects the audit engagement letter approved in April by the District Board.

Office Expenses. These items reflect the cost of maintaining office communications, Board video taping and website maintenance. Note this is a decrease from prior years when website maintenance was provided by West Advertising. We now maintain this function internally.

Lease. Our lease for 1402 Park Street reflects our lower rent since relocating from the

Willow Street location. The landlord provides all utilities under the new lease.

Insurance premiums have remained rather stable in all areas but Property (HARPP) coverage, which provides property coverage for the hospital property. The budgeted amounts are still estimates since coverage has yet to be bound for FY 2024. Our insurance broker, Alliant, estimates the property insurance will increase by 23% next year, largely due to the very unfavorable losses to property as a result of natural disasters in recent years.

Depreciation and Amortization. As a part of the FY 2021 annual audit, our auditor updated our depreciation projections for the building and equipment on which Alameda Hospital operates in a manner that reflected the actual projected life of these assets. As a result, projected depreciation and amortization decreased significantly in FY 2022. Since depreciation is a non-cash expense, this adjustment has no impact on the cash expenses of the District or the funds available for distribution each year to AHS.

Interest expenses reflect the lower levels projected under the new ten year loan with Bank of Marin. This loan of \$825,000 has a ten year term (amortized over 25 years) at an fixed interest rate of the 10 year Treasury Constant Maturity Index (at the time of loan closing) plus 2.23%. Based on a 6.21% of 3/9/23, this interest rate would be

Travel and Education. There is a slight increase projected in this category compared to the last two years when the pandemic limited Board and staff participation in educational programs.

Other Expenses:

The following explains noteworthy changes in the Other Expenses category.

Election Fees.

There are no District seats up for election this year. In prior years, while we have budgeted election expenses, we have generally had uncontested elections and the County has not charged the District with any election expenses

Dues and Subscriptions include our membership in the healthcare leadership forum, Adaptive Business Leaders (ABL) at \$3500 per year and our \$500 membership in the Alameda Chamber of Commerce. We are budgeting dues for LAFCO at \$5000, despite the organization submitting a bill for FY 2024 for \$10,000. LAFCO has not provided adequate documentation for this large increase in dues and we are currently in discussions with the basis for their claim. Their proposed fee is significantly higher than what they are attempting to appropriate from other special Districts. Larger memberships are budgeted separately including the Association of California Health Care Districts (ACHD) for \$8111.

District Marketing and Promotions – While very little was spent in FY 2022, \$5000 is budgeted next year to allow for communication support for our Community Advisory Committee activities as well as promotion of our support for the Community

Paramedicine program.

Donations. We have customarily provided donations to AHS, the Alameda Hospital Foundation and Chamber of Commerce events each year. \$12,000 is budgeted in FY 2024 for support of these and other smaller community events.

Community Paramedicine Program: I am proposing that the District continue to provide \$250,000 for FY 2024 to support the AFD CARE program. The CARE program continues to demonstrate success in reducing transfers to emergency rooms and inpatient psych facilities and has become a model for similar programs in other communities around the country.

In summary, the District Use of Funds are budgeted for FY 2024 at \$1,154,538 which is an decrease in the budgeted District use of funds in FY 2023. The projected actual District use of funds for FY 2023 is less than budget. The budgeted District use of funds in FY 2024 is a slight increase over actual FY 2023.

In summary, under the proposed budget the projected funds available for transfer to AHS after appropriate District expenses in FY 2024 would be \$4,901,872, an increase from the FY 2023 budgeted levels and a slight decrease from the projected actual balance available for transfer to AHS in FY 2023 of \$4,928,118.

Jaber Properties Budget

The FY 2024 budget for the Jaber properties remains quite consistent with prior year budget and actual projected expenses for FY 2023. The net revenue (\$215,000) over expenses (\$109,900) is budgeted at \$105,100

Revenue (rental income) was slightly lower in projected 2023 actual due difficulty in securing a new tenant in the Pearl street apartment vacated by a problem tenant.

We have also budgeted a slight increase in maintenance expenses due to the age of the properties

	A	B	C	D	E	F	G
		BUDGET FY 2021	BUDGET 2022	BUDGET 2023	YTD ACTUAL thru 2/22)	PROJ FY ACTUAL 2023	BUDGET 2024
1							
2	REVENUE AND OTHER SUPPORT:						
3	District Tax Revenues	6,009,468	5,981,689	6,009,000	\$3,045,517	6,090,000	\$6,161,150
4	County Commission (1.7%)	102,161	101,689	109,000	\$51,774	103,530	\$104,740
5	NET REVENUE	5,907,307	5,880,000	5,900,000	\$2,993,743	5,986,470	\$6,056,410
6							
7	EXPENSES:						
8							
9	EXECUTIVE DIRECTOR PROFESSIONAL FEES	132,220	135,000	173,000	\$100,499	177,665	\$185,000
10							
11	REGISTRY (EXECUTIVE ASST) .5 FTE (1000 HRS)	50,500	59,800	56,000	\$53,957	102,300	\$110,000
12							
13	PROFESSIONAL FEES	482,112	333,250	334,800	177,665	194,800	211,100
14	Accounting CHW LLP	16,800	17,500	18,200	\$15,600	18,200	\$18,500
15	Other Consulting Fees						
16	SCI Consulting (tax collection services)	13,812	14,000	15,000	\$9,131	15,000	\$16,000
17	TCA Partners (financial report filing)	1,500	1,750	1,600	\$0	1,600	\$1,600
18	Strategic Planning/Advocacy	450,000	300,000	300,000	\$152,934	160,000	\$175,000
19							
20	LEGAL FEES	75,000	75,000	50,000	\$28,470	50,000	\$75,000
21							
22	ANNUAL INDEPENDENT AUDIT	13,500	14,000	14,000	\$15,510	15,510	\$16,000
23							
24	OFFICE SUPPLIES	4,500	4,500	4,000	\$113	2,000	\$2,000
25							
26	OFFICE EXPENSES	11,140	10,000	13,000	4,270	8,660	9,660
27	Video taping service	3,900	3,000	3,000	\$500	2,000	\$3,000
28	Phone/Internet	240	1,550	1,000	\$1,760	2,640	\$2,640
29	Quickbooks/zoom			2,000	\$1,080	2,160	\$2,160
30	Website/Other Software	7,000	7,000	7,000	\$930	1,860	\$1,860
31							
32	REPAIR & MAINTENANCE	4,200	0	1,000	\$0	500	\$500
33							
34	LEASE 888 WILLOW/1402 Park Street)	28,464	21,336	21,420	\$12,945	18,829	\$20,429
35							
36	UTILITIES (Water, garbage, Electric)	1,800	0	0	\$0	0	\$0
37							
38	INSURANCE	58,500	80,425	126,166	125,840	126,704	152,946

	A	B	C	D	E	F	G
1		BUDGET FY 2021	BUDGET 2022	BUDGET 2023	YTD ACTUAL thru 2/22)	PROJ FY ACTUAL 2023	BUDGET 2024
39	Crime (ACIP)	1,500	1,500	1,528	\$1,459	1,500	\$1,678
40	D & O ISLIP)	17,000	18,000	20,034	\$19,177	20,000	\$22,054
41	Property (HARPP)	40,000	60,925	104,604	\$105,204	105,204	\$129,214
42							
43	DEPRECIATION & AMORTIZATION	367,024	152,951	153,000	\$102,000	153,000	\$153,000
44							
45	INTEREST	52,000	50,000	50,000	\$35,553	53,329	\$38,348
46							
47	TRAVEL & EDUCATION	15,000	7,000	10,000	\$6,298	8,000	\$15,000
48							
49	OTHER EXPENSES	290,800	286,200	533,571	14,197	278,071	296,571
50	Election Year Expenses	250,000	0	250,000	\$0	0	\$0
51	Dues & Subscriptions						
52	(West Lagoon Assn)	3,200		3,460	\$3,460	3,460	\$3,460
53	ACHD Membership		9,000	8,111	\$0	8,111	\$8,111
54	Other Membership: (Chamber, ABL, Lafco)	5,000	4,200	4,000	\$3,500	3,500	\$9,000
55	Board Stipends	4,500	3,000	3,000	\$1,500	3,000	\$3,000
56	District Marketing/Promotions	10,000	5,000	5,000	\$0	2,000	\$5,000
57	Donations (AHS, Foundation, etc)	10,000	10,000	10,000	\$1,030	2,500	\$12,000
58	Community Paramedicine Grant/CARE Program		250,000	250,000	\$0	250,000	\$250,000
59	Other Miscellaneous	8,100	5,000		\$4,707	5,500	\$6,000
60							
61	TOTAL EXPENSES	1,586,760	1,229,462	1,539,957	677,317	1,189,368	1,285,554
62							
63	NET REVENUE less TOTAL EXPENSES	4,320,547	4,650,538	4,360,043	2,316,426	4,797,102	4,770,856
64							
65	DISTRICT USE OF FUNDS:				N/A		
66	Total Expenses	1,586,760	1,229,462	1,539,957		1,189,368	1,285,554
67	less DEPRECIATION	367,024	152,951	153,000		153,000	\$153,000
68	PRINCIPAL ON NOTE	31,000	32,200	35,000		21,984	21,984
69	DISTRICT USE OF FUNDS	1,250,736	1,108,711	1,421,957		1,058,352	1,154,538
70							
71	AVAILABLE BALANCE FOR TRANSFER TO AHS						
72	NET REVENUE	5,907,307	5,880,000	5,900,000		5,986,470	\$6,056,410
73	LESS: DISTRICT USE OF FUNDS	1,250,736	1,108,711	1,421,957		1,058,352	\$1,154,538
74	AVAILABLE BALANCE FOR TRANSFER TO AHS	4,656,571	4,771,289	4,478,043		4,928,118	4,901,872

**City of Alameda Health Care District - Jaber Properties
FY 2023/2024 Proposed Budget**

	BUDGET FY 2020	BUDGET FY 2021	BUDGET 2022	Actual thru 2/23	Proj FY 2023	BUDGET 2024
REVENUE						
RENTS	\$227,850	\$227,850	\$225,000	\$135,661	\$203,492	\$215,000
OTHER REVENUE	\$2,500	\$2,500	\$1,500	\$2,451	\$4,902	\$5,000
TOTAL REVENUE	\$230,350	\$230,350	\$226,500	\$138,112	\$208,393	\$215,000
EXPENSES						
REPAIRS & MAINTENANCE	\$30,000	\$30,000	\$20,000	\$14,827	\$20,000	\$25,000
UTILITIES	\$11,000	\$11,000	\$10,000	\$7,964	\$11,964	\$12,000
INSURANCE	\$5,300	\$5,300	\$9,000	\$0	\$7,489	\$7,500
DEPRECIATION	\$37,400	\$37,400	\$37,400	\$18,700	\$37,400	\$37,400
OTHER EXPENSES						
Management Fee	\$11,000	\$11,000	\$10,000	\$6,503	\$9,755	\$10,000
Landscaping/Other	\$5,000	\$5,000	\$7,000	\$4,550	\$6,825	\$7,000
Cleaning, Inspection	\$10,000	\$10,000	\$8,000	\$11,652	\$13,000	\$11,000
TOTAL EXPENSES	\$109,700	\$109,700	\$101,400	\$64,196	\$106,433	\$109,900
NET REVENUE OVER EXPENSES	\$120,650	\$120,650	\$125,100	\$73,916	\$101,960	\$105,100



RESOLUTION NO.2023-3

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE

DISTRICT STATE OF CALIFORNIA

* * *

LEVYING THE CITY OF ALAMEDA HEALTH CARE

DISTRICT PARCEL TAX FOR THE FISCAL YEAR

2023-2024

WHEREAS, the Alameda County Local Agency Formation Commission ("LAFCo") resolved on January 10, 2002, to present a ballot measure to the registered voters of the City of Alameda which, if approved, would authorize the formation of the new health care district within the boundaries of the City of Alameda and authorize the District to levy a parcel tax of up to \$298.00 on each parcel and possessory interest within the proposed district; and

WHEREAS, on April 9, 2002, over two-thirds of the registered voters of the City of Alameda, who voted that day, voted in favor of creating a health care district authorized to tax each parcel and possessory interest within the district's boundaries in an amount up to \$298.00 per year in order to defray ongoing hospital general operating expenses and capital improvement expenses; and

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, on November 26, 2013, Alameda Health System ("AHS") and the District executed a Joint Powers Agreement ("Agreement") pursuant to (i) Chapter 5 (beginning with Section 6500) of Division 7 of Title 1 of the Government Code, authorizing local public entities, including healthcare districts and counties, to exercise their common powers through joint powers agreements, and (ii) Section 14000.2 of the California Welfare and Institutions Code, authorizing the integration of county hospitals with other hospitals into a system of community service; and

WHEREAS, AHS, a public hospital authority created by the Alameda County Board of Supervisors, pursuant to Section 101850 of the California Health and Safety Code, obtained possession, use and control of Alameda Hospital("Hospital") from the City of Alameda Health



Care District ("District"), a California health care district organized under the California Local Health District Law, California Health and Safety Code 32000 et seq. effective May 1, 2014 pursuant to the Agreement; and

WHEREAS, pursuant to the Agreement the District agreed to fulfill its mission to serve the health needs of the Alameda City Community by using the parcel tax proceeds to finance the capital needs of Alameda Hospital and the continued operation of its hospital and other health related services; and

WHEREAS, without the levy of a parcel and possessory interest tax in the amount of \$298.00, the District's revenue will be insufficient to allow the provision of continued local access to emergency room care, acute hospital care and other important services to protect and promote safety and health of District residents; and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes on all real property within its boundaries.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby levies an annual tax on every parcel and possessory interest within the District's boundaries in the amount of Two Hundred Ninety-Eight Dollars (\$298.00) per year (the "Parcel Tax") in order to defray ongoing hospital general operating expenses and capital improvement expenses; provided, however that parcels or possessory interests that have an assessed value (real property and improvements combined) of less than \$30,000 shall be automatically exempt from the Parcel Tax.

PASSED AND ADOPTED on June 12, 2023, by the following vote:

AYES: _____

NOES: _____

ABSENTMENTATION: _____

ABSENT: _____

ATTEST: _____

Robert Deutsch MD, President

Stewart Chen DC, Secretary



MEETING DATE: June 12, 2023

TO: City of Alameda Board of Directors

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Authorization to Execute Certification and Mutual Indemnification Agreement

RECOMMENDATION:

It is recommended that the District Board authorize District Legal Counsel to execute the annual Certification and Mutual Indemnification Agreement between the City of Alameda Health Care District and County of Alameda.

BACKGROUND:

Each year the District Board approves and authorizes the District's Legal Counsel to execute the Certification and Mutual Indemnification Agreement from Alameda County Auditor-Controller Agency (attached). This agreement needs to be executed and returned to the Office of Auditor-Controller by the 2nd week of August 2023. The language is standard and has not significantly changed since 2002.

In 2002, both hospital counsel at the time of the Asset Transfer (Hansen Bridgett) and County Counsel confirmed that the District's Special Assessment does meet the requirements of Proposition 218, which is an updated version of Proposition 13, and that this matter had been thoroughly researched during the due diligence process before Measure A was placed on the April 2002 ballot



Certification and Mutual Indemnification Agreement

The CITY OF ALAMEDA HEALTH CARE DISTRICT (hereafter referred to as public agency), by and through its Attorney, hereby certifies that to its best current understanding of the law, the taxes, assessments, and fees placed on the 2020/2021 Secured Property Tax bill by the public agency met the requirements of Proposition 218 that added Articles XIIC and XIID to the State Constitution.

Therefore, for those taxes, assessments and fees which are subject to Proposition 218, and which are challenged in any legal proceeding on the basis that the public agency has failed to comply with the requirements of Proposition 218; the public agency agrees to defend, indemnify and hold harmless the County of Alameda, its Board of Supervisors, its Auditor-Controller/Clerk-Recorder, its officers and employees.

The public agency will pay any final judgment imposed upon the County of Alameda as a result of any act or omission on the part of the public agency in failing to comply with the requirements of Proposition 218.

The County of Alameda, by and through its duly authorized agent, hereby agrees to defend, indemnify and hold harmless the public agency, its employees, agents and elected officials from any and all actions, causes of actions, losses, liens, damages, costs and expenses resulting from the sole negligence of the County of Alameda in assessing, distributing or collecting taxes, assessments and fees on behalf of the public agency.

If a tax, assessment or fee is challenged under Proposition 218 and the proceeds are shared by both the public agency and the County of Alameda; then the parties hereby agree that their proportional share of any liability or judgment shall be equal to their proportional share of the proceeds from the tax, assessment or fee.

The above terms are accepted by the public agency, and I further certify that I am authorized to sign this agreement and bind the public agency to its terms.



CITY OF ALAMEDA HEALTH CARE DISTRICT

COUNTY OF ALAMEDA

Dated: June 12, 2023,

Dated: _____

By: _____
(Signature)

By: _____
(Signature)

Thomas L. Driscoll

(Print Name)

(Print Name)

General Counsel

(Print Title)

President of the Board of Supervisors
County of Alameda, California

(Print Title)

Approved as to Form:

Farand C. Kan
Deputy County Counsel



RESOLUTION NO. 2023-4

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE

DISTRICT STATE OF CALIFORNIA

* * *

EXTENSION OF SPENDING AUTHORITY

WHEREAS, on June 12, 2023, the District adopted the Fiscal Year Ending June 30, 2024, Operating Budget;

WHEREAS, Per the Joint Powers Agreement (JPA) between the District and Alameda Health System (“AHS”) Section 2.2 Parcel Tax Revenue, *“District shall be permitted to withhold and retain, from the Parcel Tax Revenue an amount equal to the reasonable out-of-pocket costs and expenses actually incurred by District for its statutorily required operations, including without limitation expenses of administrative, legal and accounting services, cost of elections, meetings, strategic planning, insurance, administration and collection of the parcel tax, and payment of legal obligations, if any (known or unknown), unrelated to the administration and operation of Alameda Hospital (“District Expenses”); provided, however, that in no event shall the amounts withheld and retained by District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without the prior written approval of AHS.”*

WHEREAS, AHS has not provided written approval of the operating budget and has requested to meet with the President of the Board to discuss the details of the Operating Budget.

WHEREAS, it is recommended that the Board of Directors authorize an extension of spending authority through August 31, 2023, at the current FY 2023-2024 operating budget levels;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District, that the District hereby authorizes that, until further action is taken specifying otherwise, the City of Alameda Health Care District will continue to utilize its spending authority approved by the District Board on June 12, 2023, until such time that AHS provides written approval of the operating budget.



PASSED AND ADOPTED on June 12, 2023, by the following vote:

YES:

NOES:

ABSTENTION:

ABSENT:

Robert Deutsch, MD
President

Stewart Chen, DC
Secretary