



PUBLIC NOTICE
CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, September 9, 2024

OPEN SESSION: 5:30PM

OPEN SESSION: AH – CONFERNCE ROOM A

TELECONFERENCE LOCATION: 1 LAKE AVE, COLORADO SPRINGS, CO 80606

Join Zoom Meeting
<https://us02web.zoom.us/j/89748654874?pwd=vb6NpU7wlvbMeGTRr0OdhckFaHAqzP.1>

Meeting ID: 897 4865 4874
Passcode: 678561

Dial by your location
+1 669 444 9171

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

	A.	Call to Order	Dr. Robert Deutsch, President
	B.	Report on Health Care Trade Secrets	Health and Safety Code Sec. 32106
	C.	Litigation	Government. Code Sec. 54956.9

V. Reconvene to Open Session/ Announcements

Dr. Robert Deutsch,
President

VI. REGULAR SESSION AGENDA

A	YTD AHS Reports		
✓	1)	Alameda Health System / Alameda Hospital Update ENCLOSURE (Pages 4- 20)	Mario Harding, CAO Alameda and San Leandro Hospitals

City of Alameda Healthcare District, September 6, 2024

✓ Included in the PDF posted on September 6, 2024



PUBLIC NOTICE

✓	2)	Patient Care Experience Report ENCLOSURE (Pages 21 - 25)	Chris Adams, VP Patient Care
✓	3)	Financial Update ENCLOSURE (Pages 26 - 50)	Grace Mesina, Director of Financial Planning
	4)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi, AH Medical Staff Chief

B	District & Operational Updates INFORMATIONAL		
	1)	Presidents Report / Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
	2)	Alameda Health System Board Liaison Report	David Sayen, Chair / Liaison AHS
	3)	Executive Director Report	Debi Stebbins, Executive Director
	4)	13.5 Million COP Update	Gary Hicks, Bond Financial Advisor Brian Quint, Bond Legal Counsel
✓	4)	Seismic and Operational Upgrade Status Report ENCLOSURE (Pages 51 - 60)	Kristen Thorson, Porter Consulting Debi Stebbins, Executive Director
✓	5)	Communications Committee Update ENCLOUSER (Pages 61- 66)	Jeff Cambra, Chair Communications Committee
✓	6)	Property Oversight Committee Update ENCLOSURE (Pages 67 - 77)	Jeff Cambra, Chair Property Oversight
✓	7)	Review of District Stipends ENCLOSURE (Page 78)	Alixandria Williams, District Clerk

C	Consent Agenda		
✓	1)	Acceptance of Minutes, July 15, 2024 ENCLOSURE (Pages 79 - 80)	Dr. Robert Deutsch, President
✓	2)	Acceptance of July 2024 Financial Statements ENCLOSURE (Pages 81 - 88)	Dr. Robert Deutsch, President



PUBLIC NOTICE

D	Action Items		
✓	1)	Approval of Executive Director Contract ENCLOSURE (Page 89)	Dr. Robert Deutsch, President
	2)	Recommendation for Property Management Company	Jeff Cambra, Chair Property Oversight

E	November 12, 2024 Meeting Overview	
	1)	Acceptance of September 9, 2024, Minutes
	2)	Acceptance of August and September 2024 Financial Statements
	3)	Recommendation to Approve True-Up Tax Distribution to AHS
	4)	Election of Officers and Appointment of Liaison Positions
	5)	Review and Acceptance of FY 2024 – 2025 Audit
	6)	Review of CY 2025 Meeting Dates

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

XI. Adjournment

Next Scheduled Meeting Date November 12, 2024 (2 nd Monday, every other month or as scheduled)	Open Session 5:30 PM
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Alameda Hospital Update - CAO Report

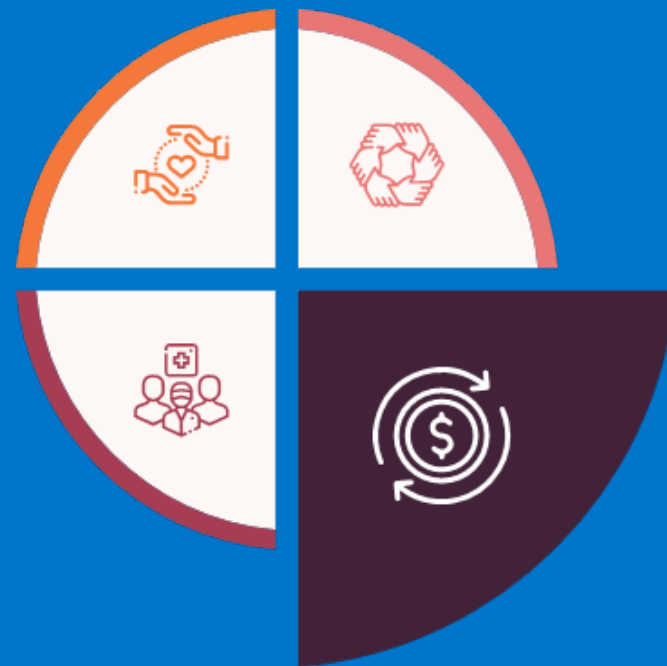
presented to Alameda Health Care District Board Meeting • September 9, 2024

Mario Harding, FACHE, Chief Administrative Officer-Community Hospitals
Alameda Hospital and San Leandro Hospital



Sustainability

AHS will pursue innovative approaches to invest in new programs while managing targeted investments in infrastructure to support the delivery of high-quality care.



Sustainability: Financials FY 2022 - FY 2024 Yearly Comparison Report



ROLLUP: ALAMEDA

	PRIOR YEARS		FISCAL YEAR 2024 (7/1/23-6/30/24)							ACTION PLAN												
ALAMEDA	Actual 22	Actual 23	YTD Actual	YTD Flex	Var	% Var	YTD Budget	Var	% Var	Action Plan to include plan to reach 100% of goal to budget. Include strategies/tactics to address barriers and estimated completion date.												
VOLUME & LABOR MANAGEMENT																						
OR Cases	2,056	1,612	1,928				1,731	197	11.4%													
ED/PES Visits	14,865	16,910	19,023				16,795	2,228	13.3%	Exceeded budget, act23, & act22 by 13%, 12%, 28% respectively, mainly from outpatient ED visits												
Clinic Visits	12,500	12,809	13,157				12,590	567	4.5%	20% increase in orthopedic clinic visits, offset from 4% decrease in Wound care visits as compared to BUD24												
Acute Days	11,865	13,981	13,272				13,270	2	0.0%	10% increase in Telemetry, offset decrease in CCU & M/S by 9% and 6% respectively.												
SNF Days	57,008	58,966	61,002				61,069	(67)	-0.1%	Uptick from prior years, mainly from Southshore and Park Bridge												
Observation Days	1,417	1,610	669				2,008	(1,339)	-66.7%	Variance mainly from Med/Surg with a decrease of 798 OBS days or 65% (2.5 ADC). Why? Change in billing? Dana? Ortho/joint transferred to SLH (.9 ADC) <div>Home -> Observation Days -> 76183 - AHD WEST MED End Month: June</div> <table><tr><th>Facility</th><th>Sub Account</th><th>Actual 2022</th><th>Actual 2023</th><th>YTD Actual</th></tr><tr><td>1 - AHS</td><td>90150 - Observation Care Day</td><td>1,115</td><td>1,228</td><td>430</td></tr></table>			Facility	Sub Account	Actual 2022	Actual 2023	YTD Actual	1 - AHS	90150 - Observation Care Day	1,115	1,228	430
Facility	Sub Account	Actual 2022	Actual 2023	YTD Actual																		
1 - AHS	90150 - Observation Care Day	1,115	1,228	430																		
Acute Discharges	2,394	2,718	2,954				2,656	298	11.2%	Improvement in all units												
Average Daily Census (ADC)	36.4	42.7	38.1				41.9	(3.8)	-9.0%													
Average Length of Stay (ALOS)	5.0	5.1	4.5				5.0	0.5	10.1%	Improvement due to higher number of discharges												
Hours per Patient Day (HPPD)	0.00	20.43	22.24	22.95	0.71	3.1%	21.38	(0.86)	-4.0%	Due to lower census. Sitters?												
Paid FTE	576.5	589.3	599.9	607.9	8.0	1.3%	612.0	12.1	2.0%													
Paid FTE per ADC	1.5	1.3	1.4	1.4	0.0	1.3%	1.4	0.0	2.0%													
Productive FTE	500.3	513.9	520.4	504.5	(15.9)	-3.1%	507.5	(12.9)	-2.5%													
Non-Productive FTE	76.2	75.4	79.6	103.5	23.9	23.1%	104.6	25.0	23.9%													
Training Hours	0	18,956	20,249	18,860	(1,388)	-7.4%	18,860	(1,388)	-7.4%	unfavorable to bud and act23												
Training % of Productive Hours	0.0%	1.8%	1.9%	1.8%	(0.1%)	-4.1%	1.8%	(0.1%)	-4.7%													
Missed Meals and Breaks Hours	0	4,412	10,263	4,366	(5,897)	-135.1%	4,366	(5,897)	-135.1%	Mainly from Southshore (\$133K), Subacute (\$134K), Radiology (\$70K), nursing admin (\$44K) due to new law. No actuals in prior years. MMMB - ED not in the budget (Christy to confirm). Staffing challenges in tele. Radiology has 1 CT tech that can not take a break without a phone in the evening shift. For NOC shift at both AH & SLH, has 1 tech and can not take a break.												
Missed Meals and Breaks \$	145,134	353,938	721,293	350,625	(370,668)	-105.7%	350,625	(370,668)	-105.7%													

YEARLY OPERATING REVIEW REPORT BY CAMPUS

ROLLUP: ALAMEDA

	PRIOR YEARS		FISCAL YEAR 2024 (7/1/23-6/30/24)							ACTION PLAN																																																		
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PERFORMANCE INITIATIVES																																																												
Overtime (OT) FTE	0.0	47.4	54.7	37.7	(17.0)	-45.1%	37.7	(17.0)	-45.1%	<div>Home -> Overtime (OT) \$</div> <div><input checked="" type="radio"/> Cost Center <input type="radio"/> Sub Account</div> <div>End Month: June</div> <table><tr><th>Facility</th><th>Cost Center</th><th>Actual 2022</th><th>Actual 2023</th><th>YTD Actual</th></tr><tr><td>1 - AHS</td><td>76582 - AHD PARK BRIDGE SNF</td><td>1,319,298</td><td>1,824,015</td><td>2,317,906</td></tr><tr><td>1 - AHS</td><td>76150 - AHD TELEMETRY UNIT</td><td>466,779</td><td>668,401</td><td>1,243,245</td></tr><tr><td>1 - AHS</td><td>76030 - AHD CRITICAL CARE UNIT CCU</td><td>507,541</td><td>836,304</td><td>973,541</td></tr><tr><td>1 - AHS</td><td>77010 - AHD EMERGENCY DEPT</td><td>468,635</td><td>699,860</td><td>980,347</td></tr><tr><td>1 - AHS</td><td>76183 - AHD WEST MED</td><td>518,680</td><td>721,869</td><td>827,194</td></tr><tr><td>1 - AHS</td><td>78460 - AHD PLANT MAINTENANCE</td><td>120,574</td><td>175,939</td><td>238,446</td></tr><tr><td>1 - AHS</td><td>78342 - AHD PARK BRIDGE DIETARY</td><td>161,426</td><td>217,098</td><td>255,315</td></tr><tr><td>1 - AHS</td><td>78560 - AHD SUB-ACUTE</td><td>1,153,654</td><td>1,507,995</td><td>1,386,121</td></tr><tr><td>1 - AHS</td><td>77630 - AHD DIAGNOSTIC IMAGING</td><td>37,337</td><td>29,845</td><td>114,823</td></tr></table>	Facility	Cost Center	Actual 2022	Actual 2023	YTD Actual	1 - AHS	76582 - AHD PARK BRIDGE SNF	1,319,298	1,824,015	2,317,906	1 - AHS	76150 - AHD TELEMETRY UNIT	466,779	668,401	1,243,245	1 - AHS	76030 - AHD CRITICAL CARE UNIT CCU	507,541	836,304	973,541	1 - AHS	77010 - AHD EMERGENCY DEPT	468,635	699,860	980,347	1 - AHS	76183 - AHD WEST MED	518,680	721,869	827,194	1 - AHS	78460 - AHD PLANT MAINTENANCE	120,574	175,939	238,446	1 - AHS	78342 - AHD PARK BRIDGE DIETARY	161,426	217,098	255,315	1 - AHS	78560 - AHD SUB-ACUTE	1,153,654	1,507,995	1,386,121	1 - AHS	77630 - AHD DIAGNOSTIC IMAGING	37,337	29,845	114,823
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Overtime (OT) \$	6,188,090	7,892,682	9,506,587	6,547,785	(2,958,802)	-45.2%	6,531,534	(2,975,053)	-45.5%																																																			
Overtime (OT) Average Hourly Rate	0.00	79.90	83.09	83.05	(0.04)	-0.1%	82.84	(0.25)	-0.3%																																																			
OT Hours as % of Productive Hours	0.0%	9.2%	10.5%	7.5%	(3.0%)	-40.7%	7.4%	(3.1%)	-41.5%																																																			
Registry FTE	59.8	77.6	45.4	38.3	(7.1)	-18.5%	38.3	(7.1)	-18.5%																																																			
Registry \$	13,931,554	20,142,594	9,683,437	12,440,783	2,757,346	22.2%	12,440,783	2,757,346	22.2%																																																			
Registry Average Hourly Rate	111.75	124.40	102.00	155.23	53.23	34.3%	155.23	53.23	34.3%																																																			
Registry Hours as % of Productive Hours	11.9%	15.1%	8.7%	7.6%	(1.1%)	-14.8%	7.6%	(1.2%)	-15.5%																																																			
LABOR COSTS																																																												
Salaries and wages	59,975,667	62,237,901	71,732,965	70,327,524	(1,405,441)	-2.0%	70,513,141	(1,219,824)	-1.7%	<div>Rest Between Shift: trending over the last three years, mainly from sub-acute (\$185K), CCU (\$194K), ED (\$122K), Tele (185K), M/S (149K)</div> <div>Pay Group <div>Rest Between Shifts</div></div> <div><div>Row Labels</div><div>ACT22</div><div>ACT23</div><div>ACT24</div></div> <div>ALAMEDA</div> <div>\$509,008</div> <div>\$652,657</div> <div>\$910,521</div>																																																		
Registry	13,931,554	20,142,594	9,683,437	12,440,783	2,757,346	22.2%	12,440,783	2,757,346	22.2%																																																			
Employee benefits (Notes Not Required)	16,778,470	18,857,026	21,587,741	20,078,677	(1,509,064)	-7.5%	20,078,677	(1,509,064)	-7.5%																																																			
Labor Costs	90,685,691	101,237,522	103,004,144	102,846,984	(157,159)	-0.2%	103,032,601	28,457	0.0%																																																			

YEARLY OPERATING REVIEW REPORT BY CAMPUS



ROLLUP: ALAMEDA

	PRIOR YEARS		FISCAL YEAR 2024 (7/1/23-6/30/24)								ACTION PLAN
ALAMEDA	Actual 22	Actual 23	YTD Actual	YTD Flex	Var	% Var		YTD Budget	Var	% Var	Action Plan to include plan to reach 100% of goal to budget. Include strategies/tactics to address barriers and estimated completion date.
NON-LABOR COSTS											
Physician contract services	36,000	2,753,821	2,962,920	2,632,000	(330,920)	-12.6%		2,632,000	(330,920)	-12.6%	
Purchased services	6,876,506	7,444,791	8,243,047	7,469,255	(773,792)	-10.4%		7,469,255	(773,792)	-10.4%	\$1M in sitter usage for park bridge SNF. Need to transfer expenses to registry where budget is.
Pharmaceuticals	2,250,384	2,840,342	2,556,098	2,767,035	210,938	7.6%		2,808,079	251,982	9.0%	favorable to bud and trending below prior years
Supplies	10,420,646	10,741,064	10,376,802	11,853,124	1,476,322	12.5%		11,575,359	1,198,557	10.4%	favorable to bud and trending below prior years due to transferring of orthopedic surgery to SLH on 7/1/2023.
Facilities	4,075,183	4,485,253	5,020,527	4,445,192	(575,335)	-12.9%		4,445,192	(575,335)	-12.9%	Facility repair (\$0.8M) compared to bud.
Depreciation (Notes Not Required)	3,742,947	4,905,205	4,766,066	4,583,490	(182,577)	-4.0%		4,583,490	(182,577)	-4.0%	n/a
General and administrative	539,248	288,222	434,134	497,696	63,562	12.8%		497,696	63,562	12.8%	
Non-Labor Costs	27,940,914	33,458,698	34,359,594	34,247,791	(111,802)	-0.3%		34,011,070	(348,523)	-1.0%	
Total Costs (Labor + Non-Labor)	118,626,606	134,696,219	137,363,737	137,094,776	(268,962)	-0.2%		137,043,671	(320,066)	-0.2%	
OTHER METRICS											
Supply Costs per Patient Day	878	768	782	893	111	12.5%		872	90	10.4%	
Supply Costs per Case	4,353	3,952	3,513	4,013	500	12.5%		4,358	845	19.4%	

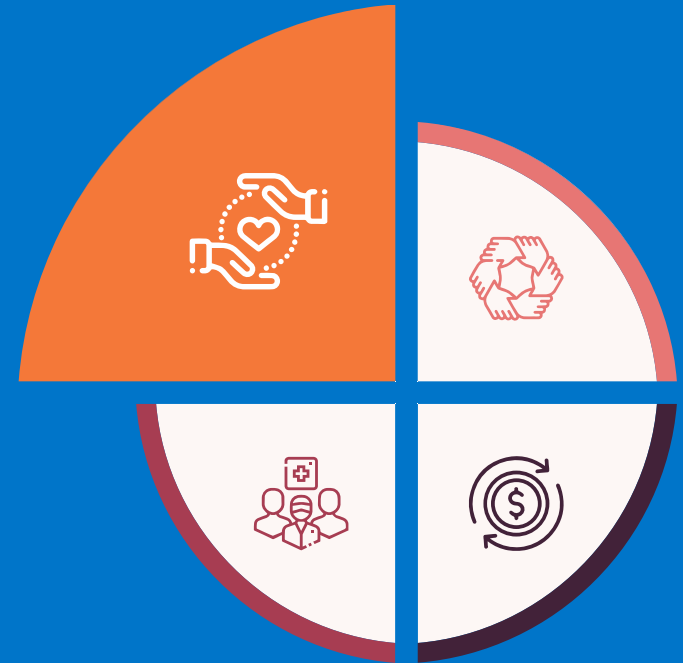
HVAC Central Utility Plant Infrastructure Project Update

- **Make Ready:** Project approved by HCAI in August. Contractors are bidding the project and are due 8/30. Smith-Karng Architecture (SKA) and AHS will promptly review bids upon receipt. Project is on schedule.
- Humidifier: AHS is coordinating with a contractor to remedy the humidifier operation prior to design team submittal to HCAI. Controls design is complete. The pause for HCAI submittal does not impact any SPC/NPC deadlines or future work.
- Pumps, etc.: Team is revising design based on AHS input for pumps selection. Review of selection will be scheduled for first week of September and project will be submitted to HCAI the following week. SKA/Interface Engineering (IE) is continuing to coordinate with Ratcliff team for seismic scope of work.
- Building Mgmt System (BMS) Controls: Team is waiting for contract to begin work. Kickoff will occur 1.5 weeks upon receipt.
- Boiler/Chiller/Cooling Tower (CT) Schematic Design: Team is waiting for contract to begin work. Kickoff will occur 1.5 weeks upon receipt.
- Partner with AHS Marketing and Debi Stebbins on joint communication plan.
<https://www.alamedahealthsystem.org/alameda-hospital-seismic-updates>








AHS Pillars






Quality Care


AHS provides Safe, Timely, Effective, Efficient, Equitable and Patient-Centered care that is accessible to all.



Aug 2024 Report Data Through: Jun 2024

STEEP	Metric	FY23 Base line	FY24 Goal	Jun 2024 Final	Jul 2024 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Patient Harm ↓	24	1 Month 12 Year	1	1	32	White	14	Annette Johnson Chris Adams		
	CLABSI # of Events / SIR	1/0.46	1/0.589	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Weekly ICP & Leadership continues with daily monitoring of appropriateness of device each shift.
	CAUTI # of Events / SIR	2/0.81	1/0.65	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Weekly ICP & Leadership continues with daily monitoring of appropriateness of device each shift.
	MRSA # of Events / SIR	0/0	0/0	0/0	0/0	0/0	All	0	John Stark Robert McCabe Li Kuo Kong		
	C. Difficile # of Events / SIR	2/1.75	1/0.52	1/2.53	0/0	8/1.47	African American/ Black	3	John Stark Robert McCabe Li Kuo Kong		
	SSI # of Events / SIR	1/0.67	0/0	0/0	0/0	0/0	All	0	Annette Johnson Pat Reynolds Laura Lang		Continue to follow
	Patient Falls w Injury # / % Per 1000 days	1/0.04	0/0	0/0	0/0	3/0	White	6	Annette Johnson Jessica Winkayich		Continue to reinforce falls education, mobility program pilot rolled out 8/20/24
	HAPI # / % Per 1000 days	8/0.53	0.3 Month 4 Year 0.27	0/0	0/0	0/0.78	White African American/ Black	6	Annette Johnson Jessa Nelson Youssef Youssef		NDNQI survey occurred 8/17/24, continuing wound Wednesdays and reinforcing education provided by wound nurse.
	Behavior Events w/ Physical Injury	9/0.32	0.4 Month 4.5 Year 0.1	0/0	1/0.88	0/0	African American/ Black White	1	Annette Johnson Joe Latsko		Increased number of combative patients in ED. Staff reporting continues appropriately. Recent TEAMS training with ANM's to roll out to all staff ASAP.

STEEP	Metric	FY23 Baseline	FY24 Goal	Jun 2024 Final	Jul 2024 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Handwashing Compliance ↑	85.30%	95%	84.2%	89%	88%	N/A	N/A	Annette Johnson Deborah Ellis Chris Adams		Realtime correction of staff during audits, having modified duty staff audit to ensure as much true feedback as possible.
Effective	All-cause 30 day Readmissions ↓	13.80%	10.7%	12.4%	13.1%	14.2%	N/A	N/A	Nina Salman Esther Wang Katherine Pyun		Piloting program for post-discharge follow-up calls to troubleshoot issues with dc prescriptions, dc instructions, home health, DME, etc.
Effective	All-cause 30 day Readmissions for Black/African American Pts ↓	21.8%	10.70%	11%	18%	17.3%	N/A	N/A			
Efficient	ED Boarding Time Time in ED from Decision to Admit to Inpatient Bed ↓	3:16	1:30	2:52	3:14	3:15	Asian	3:20	Annette Johnson Joe Lotsko Nikita Joshi		Continue to monitor for compliance of ED RN to Floor hand off tool being used. Boarding time meeting has not met for months to discuss barriers.
Equity	Rate of Inpatients screened for health-related social needs (food, housing, transportation, safety, utilities) ↑	N/A	90%	54.67%	44.30%	43.83%	Asian	41%	Annette Johnson Dusty Gilleland Tangerine Brigham		
Equity	Rate of inpatients who screened positive for health-related social needs (food, housing, transportation, safety, utilities) ↓	N/A	N/A	9.50%	10.50%	11.30%	American Indian/ Alaska Native	40.00%	Annette Johnson Dusty Gilleland Tangerine Brigham		
Patient Centered	Rate of patients who reported that their nurses "always" communicated well ↑	72.30%	76.53%	80.9%	71.4%	72.7%	Unknown	61.6%	Angela Ng Jessica Winkovich		Nurse leader rounding- quality of rounding simlah training completed in August. Sharing results with staff monthly in staff meetings, posting on units, recognizing staff during huddles for going above and beyond, meeting with Pt Exp team for monthly deep dives into data.
Patient Centered	Acute: Rate of patients who reported they would "definitely" recommend AHS ↑	66.90%	69.00%	55.6%	67.4%	64.9%	Unknown	47.80%	Angela Ng Chris Adams Isolani Nargava		Qualitative and quantitative data sharing across all patient facing departments – Customer service training for support services this fall. PHR reboot for nursing staff.
	Emergency: Rate of patients who reported they would "definitely" recommend AHS ↑	59.50%	68.80%	50.0%	62.3%	58.7%	African American/ Black	53.00%	Angela Ng Joe Lotsko Nikita Joshi		Continue to share weekly Pt Satisfaction results in daily rounds w/ ED staff. Customer service training schedule for Skills.

Same Day Surgery: Rate of patients who reported they would “definitely” recommend AHS ↑	78.50%	86.40%	88.9%	66.7%	77.9%	Other	50.00%	Angela Ng Pat Reynolds		Continue to follow. Share results weekly with staff in huddle and weekly email. Implementing QR code for patients to take survey. Low N number
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Alameda County EMS

Ambulance Patient Offload Time (APOT)

July 2024



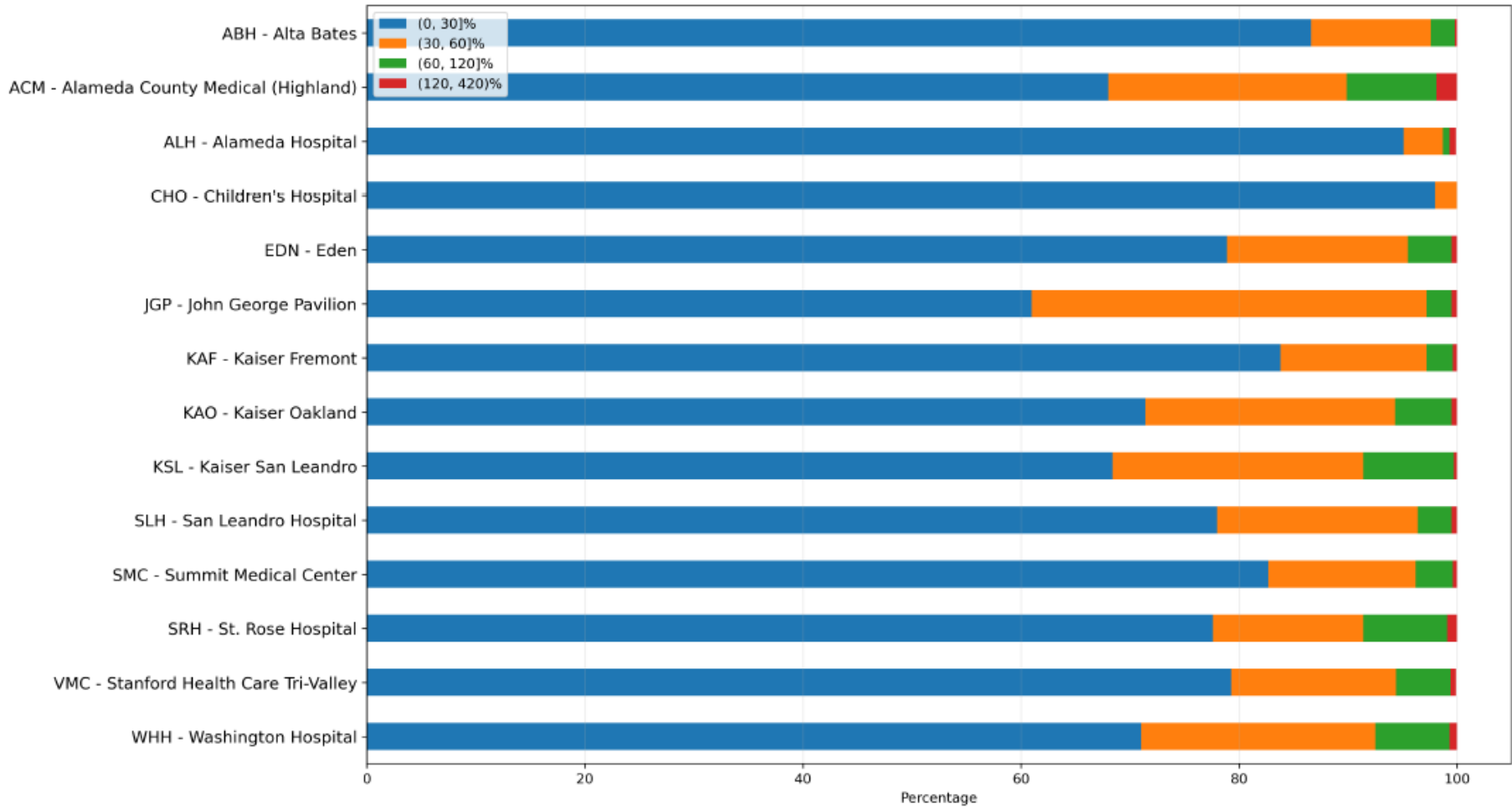
ALCO APOD Report

July 2024

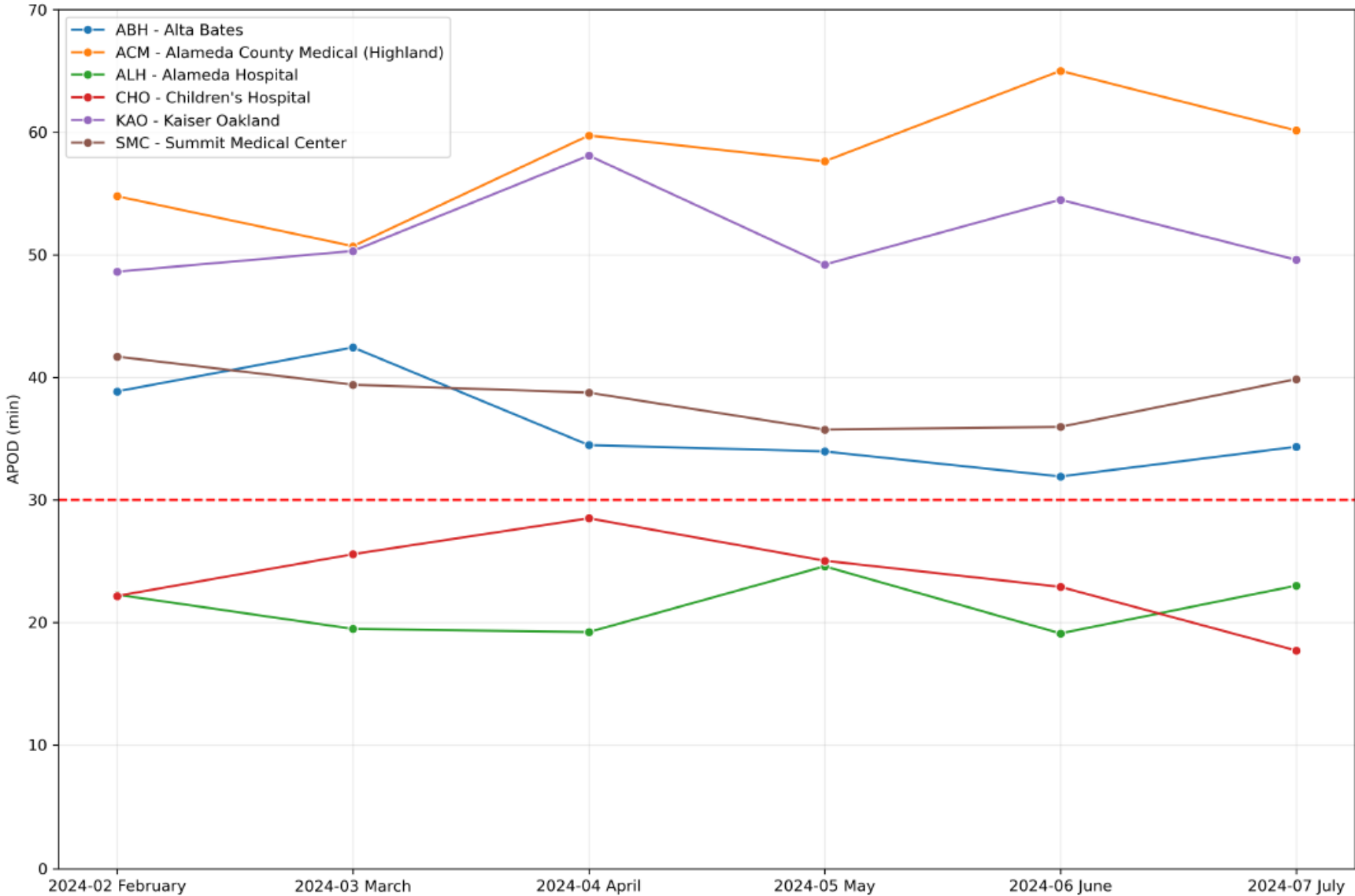
1 - Destinations APOD Statistics

	Transports	Average	90th Percentile	APODs > 30 min	APODs > 30 min %
ABH - Alta Bates	455	19.9	34.3	61	13.4%
ACM - Alameda County Medical (Highland)	1,029	29.6	60.1	329	32.0%
ALH - Alameda Hospital	329	13.8	23.0	16	4.9%
CHO - Children's Hospital	101	11.0	17.7	2	2.0%
EDN - Eden	986	22.5	42.7	208	21.1%
JGP - John George Pavilion	213	28.7	48.8	83	39.0%
KAF - Kaiser Fremont	499	20.8	38.1	81	16.2%
KAO - Kaiser Oakland	787	26.2	49.6	225	28.6%
KSL - Kaiser San Leandro	794	27.6	53.7	251	31.6%
SLH - San Leandro Hospital	587	23.7	41.0	129	22.0%
SMC - Summit Medical Center	1,365	21.1	39.9	236	17.3%
SRH - St. Rose Hospital	455	25.3	53.9	102	22.4%
VMC - Stanford Health Care Tri-Valley	754	22.6	43.4	156	20.7%
WHH - Washington Hospital	1,106	26.7	51.3	321	29.0%

3 - Destinations APOD Stacked Bins

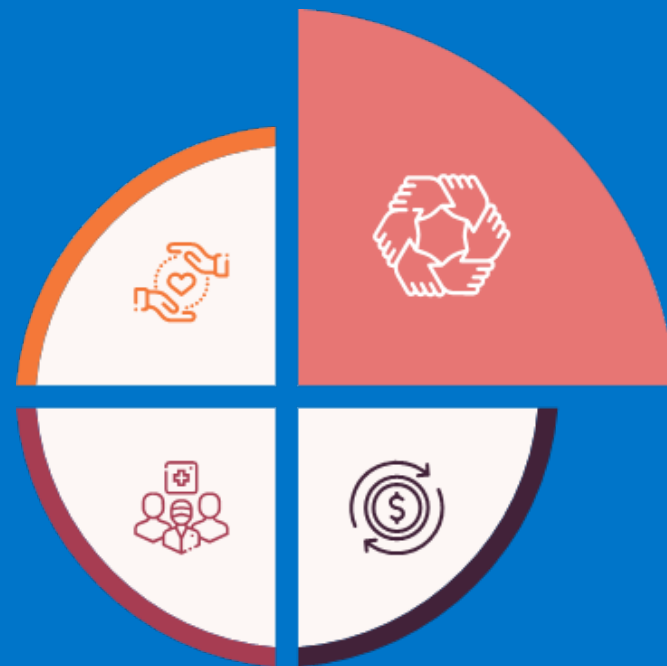


7 - Northern APODs 90th Percentile



Community Connection

AHS is an anchor in its community and aligns its services to deliver a comprehensive continuum of care by providing needed services and being a trusted partner in its community at large.



SAVE THE DATE!



Alameda Hospital

Community Health Fair 2024

October 12, 2024 | 9 a.m. – 12 p.m.

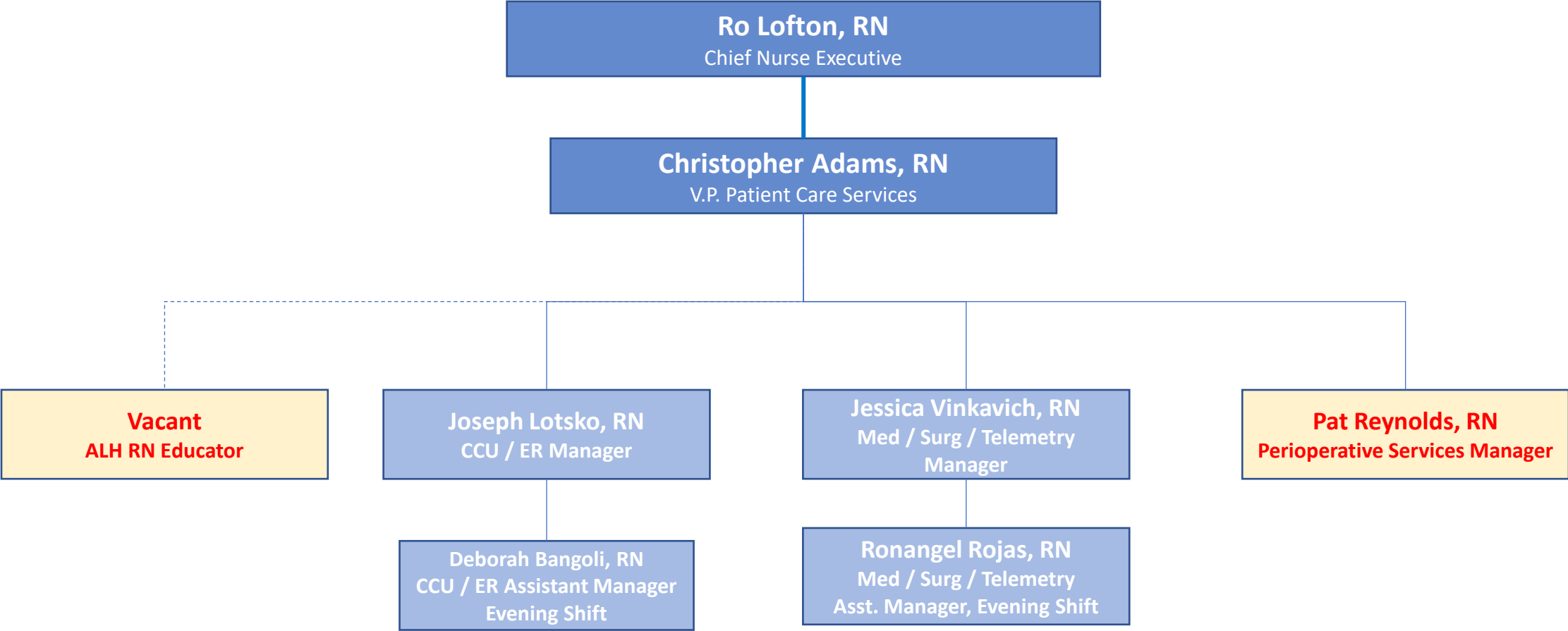
Alameda Hospital Parking Lot, 2070 Clinton Avenue, Alameda

Free flu shots*, Health Screenings, Emergency and Disaster Preparedness, Safety and Injury Prevention, Free Bike Helmets for Kids 12 and under*, Health and Wellness Activities for All Ages, Community Resources

*while supplies last



ALH Nursing Leadership Update



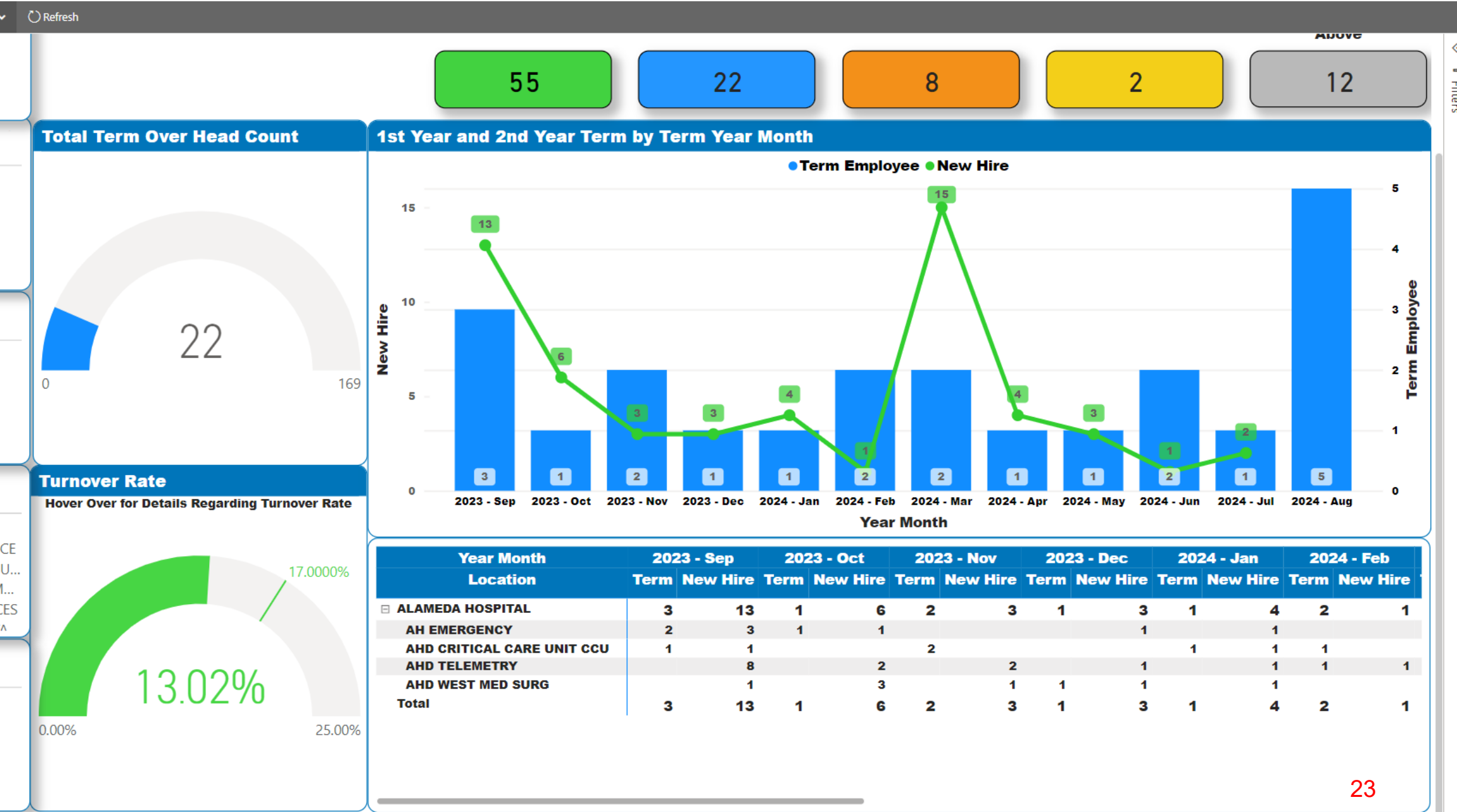
Alameda Hospital RN Vacancy Rate 17% in September 2024 vs. 35% in October 2023

Unit	Budget RN FTE	Hired RN FTE (Sept 24)	Hired RN FTE (Oct 23)	Vacancy FTE (%)
Emergency Department	21.7	↑ 20.5	17.9	1.2 (5.5%)
Critical Care Unit	20.3	↑ 17.2	16.4	3.1 (15%)
Med / Surg / Telemetry	26.4	↑ 21.8	14.6	4.6 (17%)
Med / Surg	24.5	↑ 17.6	13.2	6.9 (28%)
Total	92.9	77.1	62.1	15.8 (17%)*

*National RN Vacancy rate 9.9%

- New grad training program 2025
- Transition to practice program winter 2024
- Continue to prioritize hiring full time staff vs. agency

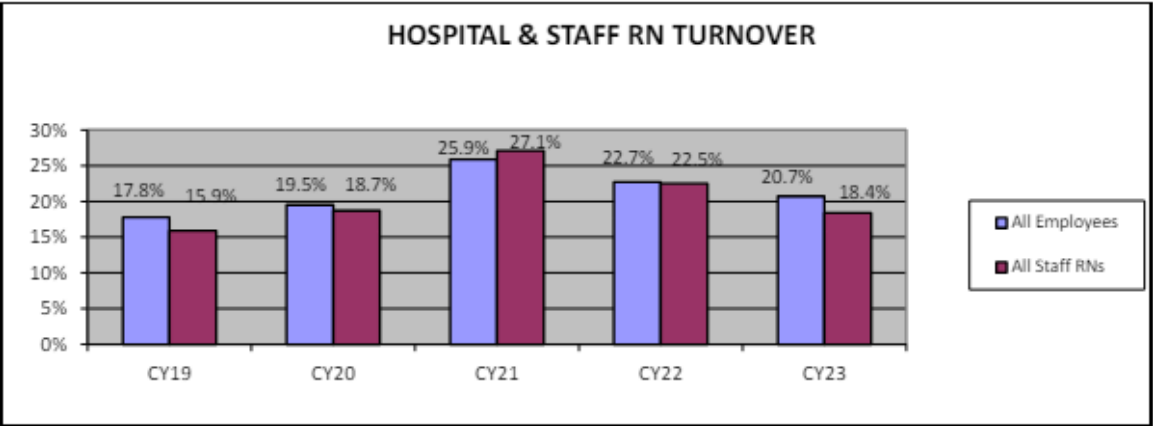
Turnover Rate – All Unions (ER, CCU, Med/Surg, Telemetry)



23

Nationally RN Turnover = 18.4%

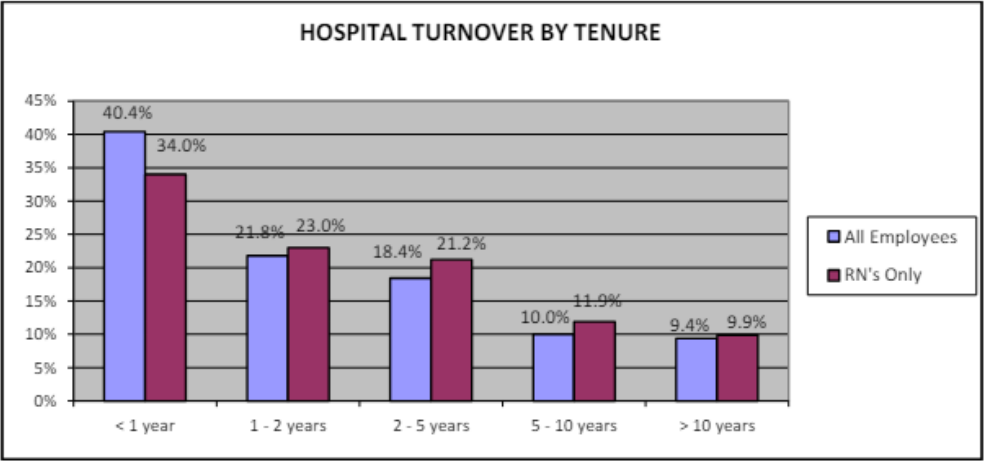
*2024 NSI National Health Care Retention & RN Staffing Report



Source: NSI Nursing Solutions Inc.

All Hospital Staff Employee Turnover = 20.7%

First and second year turnover remains high nationally and significantly impacts healthcare bottom line



Source: NSI Nursing Solutions Inc.

2024 Union Contract Negotiation Update



- Represents all Registered Nurses at both Alameda and San Leandro Hospital
- CNA contract expired December 31, 2023
- No extension – at this time the RNs are effectively without a contract meeting scheduled 2x/month with CNA
- Overall goal is to merge Alameda Hospital CNA and San Leandro Hospital CNA contract together
- Wage increase to align with market rates – competitive position for AHS



Alameda District Board Presentation

9/9/2024

Financial Report July 2024

Volume Highlights – Alameda Acute

	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
Campus: ALAMEDA											
ACUTE -----											
General Acute Days	999	1,000	-1	-0.10%	999	1,000	-1	-0.10%	1,162	-163	-14.00%
General Acute Discharges	208	227	-19	-8.50%	208	227	-19	-8.50%	228	-20	-8.80%
Average Daily Census	32.2	32.3	0	-0.10%	32.2	32.3	0	-0.10%	37.5	-5.3	-14.00%
Average Length of Stay	4.8	4.4	-0.4	-9.20%	4.8	4.4	-0.4	-9.20%	5.1	0.3	5.80%
Adjusted Patient Days	1,826	1,701	125	7.30%	1,826	1,701	125	7.30%	1,928	-102	-5.30%
Adjusted Discharges	380	387	-6	-1.70%	380	387	-6	-1.70%	378	2	0.50%
Occupancy %	49%	49%	0%	0.00%	49%	49%	0%	0.00%	57%	0%	0.00%
Observation Equiv Days	185	16	169	1048.30%	185	16	169	1048.30%	-28	213	-769.00%
Total Paid FTE	601	587	-14	-2.40%	601	587	-14	-2.40%	579	-22	-3.80%
Total Productive FTE	517	463	-54	-11.70%	517	463	-54	-11.70%	508	-9	-1.80%
Total Adjusted Patient Days	1,826	1,701	125	7.30%	1,826	1,701	125	7.30%	1,928	-102	-5.30%
Total Adjusted Discharges	380	387	-6	-1.70%	380	387	-6	-1.70%	378	2	0.50%
Total Paid FTE per AOB	10.2	10.7	0.49	4.60%	10.2	10.7	0.49	4.60%	9.31	-0.89	-9.60%
Worked Hours Per APD	50.1	48.2	-1.9	-4.00%	50.1	48.2	-1.9	-4.00%	46.6	-3.5	-7.50%
Worked Hours Per AD	241	212	-29	-13.60%	241	212	-29	-13.60%	238	-3	-1.30%
Emergency Visits	1,657	1,514	143	9.40%	1,657	1,514	143	9.40%	1,499	158	10.50%
Left Without Being Seen	30	0	-30	-100.00%	30	0	-30	-100.00%	38	8	26.70%
IP Surgeries	14	18	-4	-20.70%	14	18	-4	-20.70%	18	-4	-22.20%
OP Surgeries	86	0	86	0.00%	86	0	86	0.00%	128	-42	-32.80%
Total Surgeries	100	18	82	466.30%	100	18	82	466.30%	146	-46	-31.50%
Total Clinic Visits	1,228	946	282	29.80%	1,228	946	282	29.80%	959	269	28.10%
CMI Alameda	1.212	1.604	-0.392	-24.40%	1.212	1.443	-0.231	-16.00%	1.433	-0.221	-15.40%

Financial Report July 2024

Volume Highlights – Alameda Skilled Nursing

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE			
	MTD Actual	MTD Budge	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var	
Campus: ALAMEDA												
Total SNF & Subacute												
SNF Patient Days	5,091	5,290	-199	-3.76%	5,091	5,290	-199	-3.80%	5,218	-127	-2.40%	
SNF Discharges	8	12	-4	-34.70%	8	12	-4	-34.70%	14	-6	-42.90%	
Average Daily Census	164.2	170.7	-6.4	-3.80%	164.2	170.7	-6.4	-3.80%	168.3	-4.1	-2.40%	
Occupancy %	91%	94%	0%	0.00%	91%	94%	0%	0.00%	93%	0%	0.00%	
Bed Holds	66	51	15	29.90%	66	51	15	29.90%	36	30	83.30%	
Paid FTE	187	211	23	11.10%	187	211	23	11.10%	176	-11	-6.10%	
Subacute -----												
SNF Patient Days	948	1,043	-95	-9.11%	948	1,043	-95	-9.11%	1,003	-55	-5.50%	
SNF Discharges	3	1	2	191.30%	3	1	2	191.30%	3	0	0.00%	
Average Daily Census	30.6	33.7	-3	-3.10%	30.6	33.7	-3	-3.10%	32.4	-2	-5.50%	
Occupancy %	87%	96%	0%	0.00%	87%	96%	0%	0.00%	92%	0%	0.00%	
Bed Holds	14	3	11	415.10%	14	3	11	415.10%	-1	15	-1500.00%	
Paid FTE	52	54	2	3.70%	52	54	2	3.70%	46	3	6.40%	
SNF -----												
SNF Patient Days	4,143	4,247	-104	-2.45%	4,143	4,247	-104	-2.45%	4,215	-72	-1.71%	
SNF Discharges	5	11	-6	-54.55%	5	11	-6	-54.55%	11	-6	-54.55%	
Average Daily Census	133.6	137.0	-3	-2.45%	134	137	-3	-2.45%	168.3	-35	-25.93%	
Occupancy %	92%	94%	0%	0.00%	1	1	0	0.00%	115%	0%	0.00%	
Bed Holds	52	48	4	8.33%	52	48	4	8.33%	37	15	28.85%	
Paid FTE	135	157	22	14.01%	135	157	22	14.01%	130	-5	-3.70%	

In Thousands	MTD ACTUAL	MTD BUDGET	MTD VARIANCE
<i>Operating Revenue -----</i>			
<i>Net Patient Revenue</i>	\$9,293	\$8,036	\$1,258
<i>Capitation Revenue</i>	230	230	0
<i>Other Government Programs</i>	1,192	1,263	(71)
<i>Other Revenues</i>	870	57	814
Total Revenue - All Sources	\$11,585	\$9,585	\$2,000
 <i>Collection %</i>	 15.1%	 15.0%	 0.1%
<i>Operating Expenses -----</i>			
Salaries & Benefits	8,885	8,517	(368)
Purchased Services	607	587	(19)
Contracted and Allocated Physician	2,301	2,212	(90)
Materials and Supplies	821	1,022	200
Facilities	268	413	145
Depreciation	394	430	35
General & Administration	19	48	29
Total Operating Expenses	\$13,296	\$13,228	(\$68)
Contribution Margin	(\$1,711)	(\$3,643)	\$1,932

- Alameda District Hospital acute average daily census was 32.2 in July which is 49% occupancy
- Acute Volume and Revenue Highlights:
 - CMI is at 1.212, 24.4% below budget for the month. Generally, a higher CMI increases the expected LOS
 - LOS was above budget for the month at 4.8; above budget of 4.4. PY was 5.1
 - Surgeries were at 100 in July above budget of 18.
 - All elective surgeries were relocated to San Leandro and Highland effective July 1st. The exception is pain procedures, which are the majority of the OP surgery volume.
 - The actual to budget variance is due to unexpectedly having pain at Alameda and delays preventing the relocation to Highland which will not occur until November 2024.
 - OP Surgery was above budget by 86
 - IP Surgery was below budget by 4

- Skilled Nursing Volume and Revenue Highlights:
 - Patient days were below budget by 199 days or 3.8% due to lower census against budget for sub-acute and Park Bridge. The variance is a total of 6.4 residents per day. Sub-acute was off census budget by 3.42 patients per day and Park Bridge was off by 2.98 patients per day. Covid outbreaks at both sites also contributed to admission issues.
 - Daily Census was below budget by 6.4 or 3.8% with continued efforts to increase census
 - Discharges were below budget by 4 or 34.7%. COVID outbreaks contribute to discharge issues back in the community when the entire facility is in outbreak status and testing.
 - Occupancy is at 91%



Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for August 2024

Ratings for Alameda Hospital D/P SNF (555381) Alameda, California			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★★★	★★★★★	★★★★★	★★★★

- Alameda District Hospital acute average daily census runs approximately 49% occupancy; mostly admissions coming through the ED. YTD census is 32.2.
 - Med surg and Tele (58 beds)
 - ICU census (8 Beds)
 - Clinics include Wound Care Clinic & Marina Wellness Center

- Skilled Nursing runs at approximately 91% capacity; mostly admissions from AHS hospitals.
 - Hospital (Subacute 35 beds)
 - Park Bridge (120 beds)
 - South Shore (26 Beds)
















Appendix

AHS Finance Committee Presentation



July 2024 Financial Report Finance Committee September 4, 2024

July-2024

	Metric	FY2025 Goal YTD	Actual YTD	YTD	Trend Lines
Volume					
	Total Adjusted Discharges	2,571	2,460	●	
	Total Adjusted Patient Days	27,986	29,018	●	
Revenue Cycle					
	Collection Ratio	19.3%	19.3%	●	
	Cash as % of Net Revenue	100.0%	95.5%	●	
	Gross Days in Patient Receivables	65.0	65.7	●	
Labor					
	Productivity %	100.1%	100.8%	●	
	Registry as % of Total FTEs	3.8%	4.3%	●	
	Total FTEs	4,868	5,104	●	
	*Labor Cost/FTE w/o GASB	\$18,570	\$18,144	●	
Profitability					
	Total Cost per Adjusted Discharge	\$47,601	\$50,591	●	
	Total Cost per Adjusted Patient Days	\$4,373	\$4,288	●	
	Net Income*	(\$2,595)	\$2,989	●	
	EBIDA Margin	1.0%	5.2%	●	
	NNB (Net Negative Balance)	<\$100M	\$16,876	●	
	Net Position	>\$0	-\$77,308	●	
Capital					
	% of Capital Spent		29.5%	●	

*Labor costs excludes contracted physicians; Includes Registry travel & housing costs

	Jul-24	Budget	Variance	% Var	PY YTD Actual	Variance	% Var
ACUTE							
Patient Days	8,888	9,598	(710)	-7.4%	9,633	(745)	-7.7%
Discharges	1,443	1,641	(198)	-12.1%	1,567	(124)	-7.9%
Average Daily Census	286.7	309.6	(22.9)	-7.4%	310.7	(24.0)	-7.7%
Average Length of Stay	6.2	5.8	(0.4)	-6.9%	6.1	0.1	1.6%
Adjusted Patient Days	15,734	15,475	259	1.7%	15,396	338	2.2%
Adjusted Discharges	2,554	2,646	(92)	-3.5%	2,504	50	2.0%
CMI	1.339	1.558	(0.219)	-14.1%	1.473	(0.134)	-9.1%
Emergency Visits	9,174	8,165	1,009	12.4%	8,139	1,035	12.7%
Left Without Being Seen (LWBS)	7.1%	9.0%	1.9%	26.4%	9.6%	2.5%	35.4%
Trauma Cases	330	308	22	7.1%	299	31	10.4%
Observation Equivalent Days	681	300	381	127.0%	31	650	2096.8%
PES Equivalent Days	719	648	71	11.0%	736	(17)	-2.3%
Surgeries	827	722	105	14.5%	709	118	16.6%
IP Surgeries	346	330	16	4.8%	316	30	9.5%
OP Surgeries	481	392	89	22.7%	393	88	22.4%
Deliveries	132	144	(12)	-8.3%	150	(18)	-12.0%
SNF							
Patient Days	8,384	8,546	(162)	-1.9%	8,430	(46)	-0.5%
Discharges	21	26	(5)	-19.2%	27	(6)	-22.2%
Average Daily Census	270.5	275.7	(5.2)	-1.9%	271.9	(1.4)	-0.5%
Average Length of Stay	399.2	331.4	(67.8)	-20.5%	312.2	87.0	27.9%
Bed Holds	96	98	(2)	-2.0%	79	17	21.5%

	Jul-24	Budget	Variance	% Var	PY YTD Actual	Variance	% Var
CLINIC VISITS	34,801	28,767	6,034	21.0%	27,976	6,825	24.4%
Clinic Visits	28,935	24,043	4,892	20.3%	23,080	5,855	25.4%
Telehealth Visits	5,866	4,724	1,142	24.2%	4,896	970	19.8%
 <u>FQHC Visits</u>	28,875	24,194	4,681	19.3%	24,298	4,577	18.8%
Clinic Visits	23,982	20,113	3,869	19.2%	20,096	3,886	19.3%
Telehealth Visits	4,893	4,081	812	19.9%	4,202	691	16.4%
 <u>Non-FQHC Visits</u>	5,926	4,573	1,353	29.6%	3,678	2,248	61.1%
Clinic Visits	4,953	3,930	1,023	26.0%	2,984	1,969	66.0%
Telehealth Visits	973	643	330	51.3%	694	279	40.2%
 Physician wRVU	127,217	110,329	16,888	15.3%	104,348	22,869	21.9%
Total Adjusted Patient Days	29,018	27,986	1,033	3.7%	27,653	1,366	4.9%
Total Adjusted Discharges	2,460	2,571	(111)	-4.3%	2,440	19	0.8%
 PAYOR MIX							
Insurance %	6.5%	7.4%	-1.0%	-13.2%	8.4%	-1.9%	-22.9%
Medi-Cal %	9.2%	19.5%	-10.4%	-53.1%	21.7%	-12.5%	-57.8%
Medi-Cal MC %	53.0%	38.9%	14.1%	36.2%	36.2%	16.7%	46.1%
Medicare %	19.5%	20.1%	-0.6%	-2.8%	20.5%	-1.1%	-5.1%
Medicare MC %	7.2%	7.0%	0.1%	1.8%	7.0%	0.1%	1.8%
Other Govt %	1.6%	3.8%	-2.1%	-56.8%	3.6%	-2.0%	-55.4%
Self-Pay %	3.2%	3.3%	-0.2%	-5.4%	2.5%	0.7%	26.4%
Total Payor Mix %	100%	100%	0.0%	0.0%	100%	0.0%	0.0%

Acute Care Hospitals: HGH, SLH, AH (excludes any rehab)



- LOS Variance Days | July: There were 2,902 excess days which is a 28.5% month over month Increase and is a 5.9% Increase year over year. This reflects the total # of actual days in a bed in excess of the allowed # of days compared to the Medicare acuity model benchmark.
- Medicare GMLOS Benchmark: Compares the total AHS patient population against the Federal regulatory guidelines (Medicare), regardless if the patient is a non-Medicare State (APR) payer or a Medicare Federal (MSDRG) payer.

- Favorable revenue variance due to higher net patient service revenue and retail pharmacy.
- Unfavorable expenses due to labor costs and higher FTEs.

	July 2024				FY 2024	
	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 127,571	\$ 119,907	\$ 7,664	6.4%	\$ 116,770	9.2%
Operating expense	124,436	122,386	(2,050)	(1.7)%	114,833	(8.4)%
Operating income (loss)	3,135	(2,479)	5,614	226.5%	1,937	61.8%
Other non-operating activity	(147)	(116)	(31)	(26.7)%	(126)	(16.4)%
Net Income (loss)	\$ 2,988	\$ (2,595)	\$ 5,583	215.1%	\$ 1,811	65.0%
EBIDA adjustments	3,678	3,772	(94)		3,289	
EBIDA	\$ 6,666	\$ 1,177	\$ 5,489		\$ 5,100	
Operating Margin	2.5%	(2.1)%	4.6%		1.7%	
EBIDA Margin	5.2%	1.0%	4.2%		4.4%	

- Gross patient service revenue is favorable driven by outpatient services.
 - Discharges and Inpatient days were below budget and LOS was above trend at 6.2.
 - CMI below budget by 14.1% indicating lower complexity of patients and services.
 - Trauma 7.1% above budget. Inpatient surgery 4.8% above budget.
 - Observation exceeded budget at HGH and SLH.
 - ED visits favorable to budget by 12.4%. Outpatient surgery favorable to budget by 22.7%.
 - SNF discharges below budget by 19.2%; census unfavorable by 1.9%.
- NPSR Collection ratio YTD was 19.3% which is at budget.
 - Commercial Payer Mix was 6.5%, falling below budget by 1.1%.
- Other operating revenue favorable from retail pharmacy (\$2.3M).

	July 2024				FY 2024	
	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 212,781	\$ 218,233	\$ (5,452)	(2.5)%	\$ 211,863	0.4%
Outpatient service revenue	144,709	118,380	26,329	22.2%	112,480	28.7%
Professional service revenue	40,502	32,592	7,911	24.3%	30,909	31.0%
Gross patient service revenue	397,993	369,205	28,787	7.8%	355,252	12.0%
Deductions from revenue	(321,063)	(298,014)	(23,049)	(7.7)%	(285,877)	12.3%
Net patient service revenue	76,929	71,192	5,738	8.1%	69,376	(10.9)%
Collection % - NPSR	19.3%	19.3%	0.0%		19.5%	
Capitation and HPAC	4,474	4,136	338	8.2%	4,030	11.0%
Other government programs	39,714	40,060	(346)	(0.9)%	39,595	0.3%
Other operating revenue	6,454	4,520	1,934	42.8%	3,769	71.2%
Total operating revenue	\$ 127,571	\$ 119,908	\$ 7,664	6.4%	\$ 116,770	9.2%

- Physician contract services unfavorable with largest negative variance in OB-GYN (\$0.2M).
- Purchased services unfavorable from outside medical services (\$0.2M) offset by favorable variance for management consultants (\$0.2M).
- Material and supplies at budget with offsetting variance in retail pharmaceuticals (\$0.4M) and other medical supplies (\$0.4M). The retail pharmacy has a positive margin.
- Facilities favorable from lower utilities (\$0.1M).
- Depreciation and amortization favorable from timing of lease amortization and equipment depreciation.
- General and administrative approximately budget.

	July 2024				FY 2024	
	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 92,616	\$ 90,391	\$ (2,225)	(2.5)%	\$ 85,756	(8.0)%
Physician contract services	3,385	3,358	(27)	(0.8)%	3,908	13.4%
Purchased services	8,240	8,217	(23)	(0.3)%	7,755	(6.3)%
Materials and supplies	10,836	10,887	51	0.5%	10,171	(6.5)%
Facilities	3,257	3,324	67	2.0%	2,329	(39.8)%
Depreciation and amortization	3,518	3,643	125	3.4%	3,150	(11.7)%
General and administrative	2,584	2,566	(18)	(0.7)%	1,764	(46.5)%
Total operating expense	\$ 124,436	\$ 122,386	\$ (2,050)	(1.7)%	\$ 114,833	(8.4)%

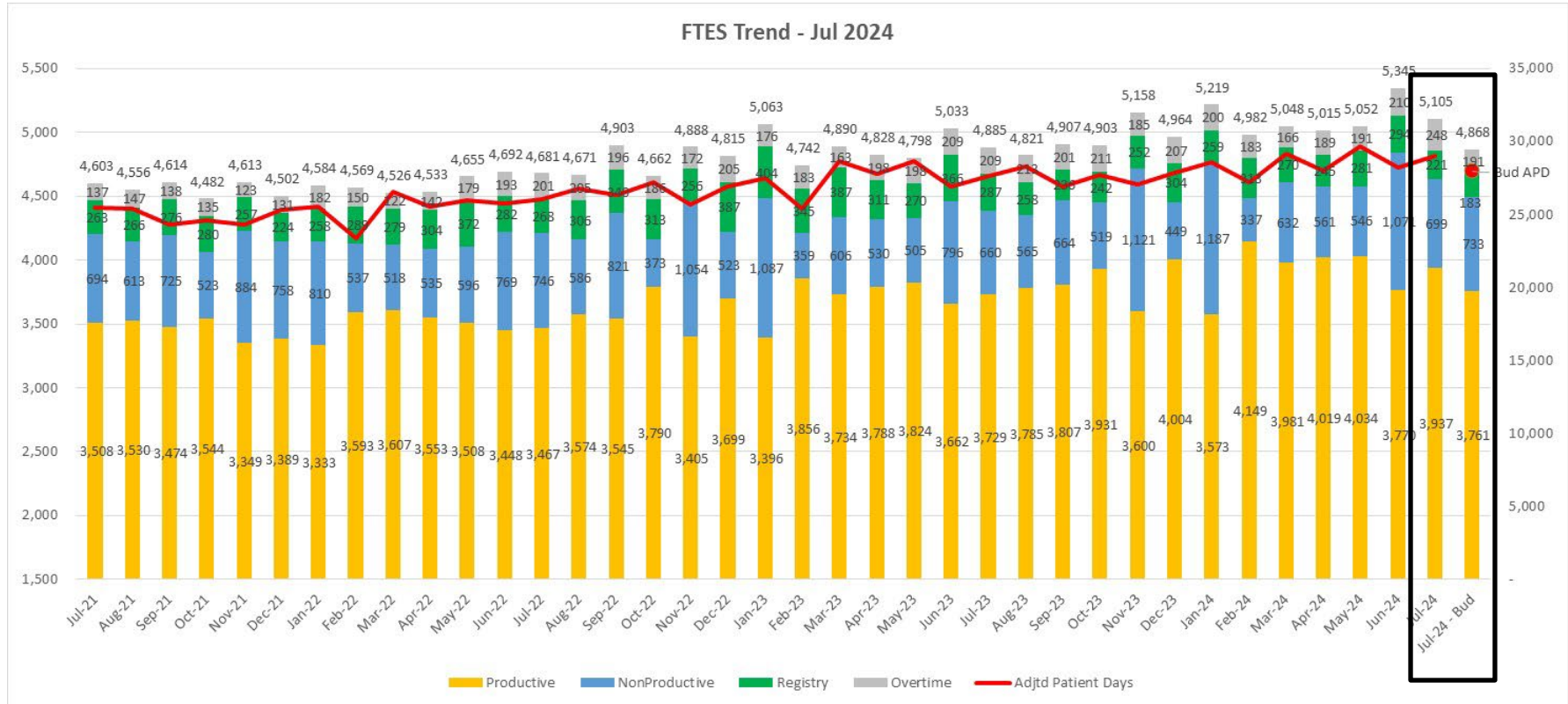
July 2024 Financial Report

Expense Highlights – Labor (part 1)

- Salaries and wages (staff) unfavorable for the month. See table to right variance detail.
- Rate Variance due to COLA timing.
- Salaries and wages (physicians) were unfavorable for month.
- Registry unfavorable for month. Higher utilization (38 FTEs & \$0.8M/month) offset by lower rates (\$0.4M/month).
- Employee Benefits unfavorable from FICA (\$0.4M) and other benefits (\$0.1M).
- AHS Retirement plan unfavorable (\$0.2M).

Non-physician Salaries and Wage Variance	
	Jul-24
<u>Rate Variance to Budget</u>	
Salaries/PTO/Holiday/Sick	\$ 1,656
Overtime (37 FTE July)	(180)
On-Call	(55)
Shift Differential	60
Other	286
Subtotal - Rate Variance	<u>1,767</u>
<u>Volume Variance to Budget</u>	
195 FTE	<u>(2,387)</u>
Total Variance	<u>\$ (620)</u>

	July 2024				FY 2024	
	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 54,562	\$ 53,942	\$ (620)	(1.1)%	\$ 51,191	(6.6)%
Salaries and wages (physicians)	10,152	9,645	(507)	(5.3)%	8,229	(23.4)%
Registry	4,456	4,032	(424)	(10.5)%	5,555	19.8%
Employee benefits (taxes, insurance)	15,676	15,203	(473)	(3.1)%	13,616	(15.1)%
Retirement	7,770	7,569	(201)	(2.7)%	7,166	(8.4)%
Total labor costs	\$ 92,616	\$ 90,391	\$ (2,225)	(2.5)%	\$ 85,756	(8.0)%
Compensation ratio	72.6%	75.4%	2.8%		73.4%	
Paid FTEs	5,105	4,868	(237)	(4.9)%	4,892	(4.4)%



- Paid FTEs exceeded budget by 237 (5,105-4,868) and 4.9% for the month.
- Higher hours in productive, overtime, and registry were partially offset by fewer non-productive hours.
- Total Adjusted patient days above budget 3.7%

Specialty	Current Month - July 2024		
	Salaries	Contract	Total
ED	(262)	0	(262)
Radiology	(150)	(102)	(252)
Hospitalist	(42)	(47)	(89)
Psychiatry	90	(178)	(88)
Podiatry	(83)	0	(83)
Eastmont FQHC	(43)	(23)	(66)
Medical Oncology	0	(62)	(62)
Primary	(58)	(1)	(59)
OMFS	0	(44)	(43)
Rehab	(17)	(26)	(42)
Pediatrics	(40)	0	(40)
Neurology	(1)	(32)	(34)
Pulmonology	(32)	2	(30)
Pathology	(28)	0	(28)
General Surgery	0	(27)	(27)
Hospice	(23)	0	(23)
Neurosurgery	0	(17)	(17)
Hematology	(15)	0	(15)
Nephrology	(17)	7	(10)
Ortho	67	21	88
GME	(1)	384	383
All other	149	118	267
	(\$507)	(\$26)	(\$533)

- Days in Cash are 9.3 and higher than year-end; typically, below 5.0 days.
- Gross AR Days decreased 3.3 days and Net AR Days increased 0.6 days. See next slide for additional detail.
- Days in Accounts Payable increased due to timing of the check run and implementation of Hyland/Onbase (automation of AP processes). The target is 30 days.
- Net Position is negative \$77.3M and decreased \$3.0M from June 30, 2024 reflecting YTD Net Income.
- Net Negative Balance is a receivable \$16.9M. NNB consists of the liquidity facility (loan) of \$8.9M offset by the restricted cash of \$25.8M; and is expected to be below the June 30, 2025 credit ceiling of \$100.0M at the end of the fiscal year.

	<u>Jul-24</u>	<u>FY 2024</u>
Days in cash	9.3	1.3
Gross days in patient receivable	65.7	69.0
Net days in patient receivable	40.8	40.2
Due from/(to) third-party payors	127,538	131,081
Due from/(to) County	216	29,951
Days in accounts payable	39.8	39.3
% of AP over 60 days	10.1%	2.2%
Net position - fund balance/(deficit)	\$ (77,308)	\$ (80,295)
Net negative balance - receivable/(payable)	\$ 16,876	\$ 20,295

AR Summary - Total AR - Days

Min: 66.9 Max: 77.6 Most Recent: 68.3



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased by 2.6 days compared to prior month. June AR Days 72.9, July AR Days 70.3.
- July collections increased to \$55.5M compared to June collections of \$51.0M. Higher than monthly trend of approximately \$54.8M.
- Partnership with Cloudmed vendor to assist with clinical denials. Open referral volume is 231 accounts with an expected net of \$17.8M. Claim appeals won to date \$3.0M.
- Candidate for Billing decreased by 2.2 days. June CFB was 9.7 and July CFB ended at 7.5 days. Behavioral Health claims continues to impact CFB days, a work standard is in progress to support the CMS beneficiary coverage regulation.

Total Active AR - Days

Min: 38.6 Max: 44.1 Most Recent: 40.2



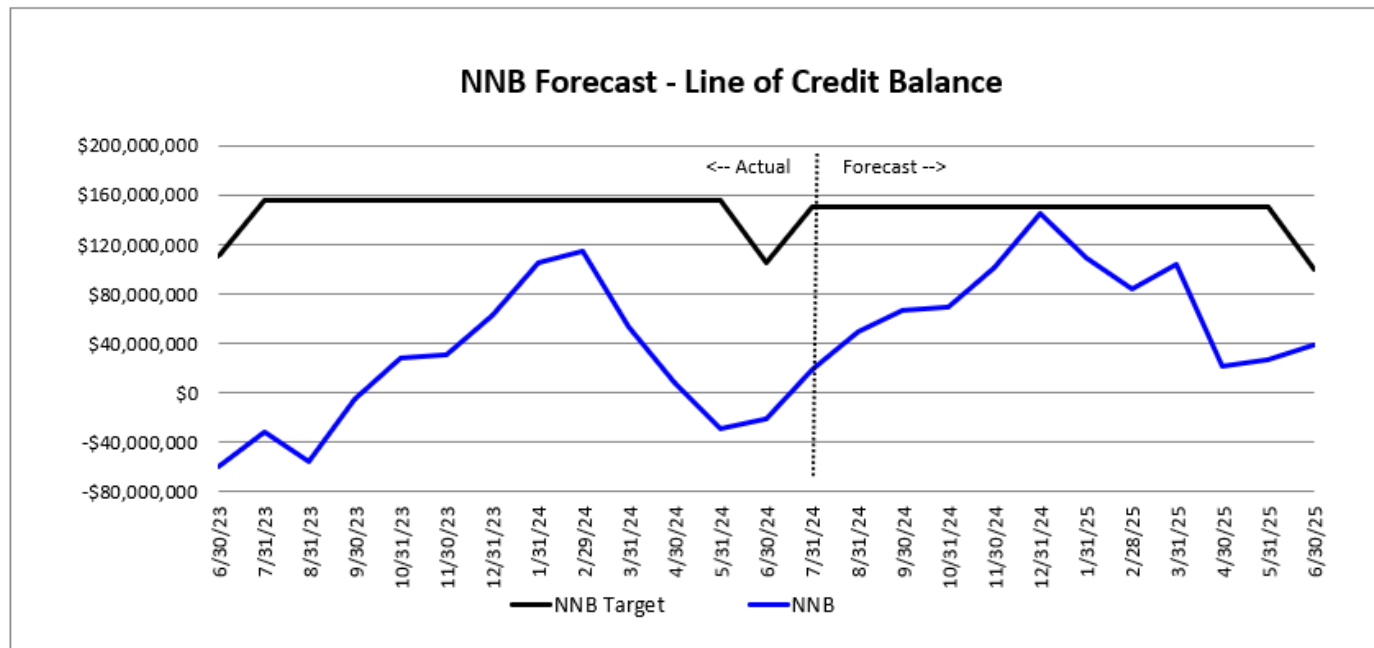
Professional Revenue Cycle Key Indicators

- PB AR Days decreased by 0.2 days compared to prior month. June AR Days 41.1 days, July AR Days 40.9 days.
- July collections increased to \$12.3M compared to June collections of \$10.1M. Higher than monthly trend of approximately \$9.2M.
- Enterprise CDI launched to address provider clinical documentation along with charge automation, and usage of Epic tools. Pilot project in progress with Orthopedics, Otolaryngologists, and Obstetrics & Gynecology.

- The State is expected to increase the Cal Aim behavior health published rates through a State Plan Amendment (SPA) which was approved in May. The published AHS rate was developed using older data and does not reflect current costs. The FY23 contract was \$72.1M. FY24 payments for JGP started in January under the FY24 interim agreement (\$48.0M). The County has initiated an interim agreement for FY25 (\$49.2M). The final FY24 and FY25 agreements are expected to be in the \$70-\$80M range.

PATIENT COLLECTIONS (in thousands)							
	Legacy	Behavioral Health	Epic	Total FY 2025	FY 2024	FY 2023	FY 2022
Jul	1	4,941	67,752	72,694	79,592	74,260	59,732
Aug	-	-	-	-	69,313	58,590	57,374
Sep	-	-	-	-	63,322	76,063	61,968
Oct	-	-	-	-	63,122	59,796	49,923
Nov	-	-	-	-	57,781	56,939	52,057
Dec	-	-	-	-	63,867	67,018	68,121
Jan	-	-	-	-	68,757	71,452	62,292
Feb	-	-	-	-	75,852	57,886	52,269
Mar	-	-	-	-	54,720	65,320	62,888
Apr	-	-	-	-	61,895	55,307	56,235
May	-	-	-	-	102,015	63,795	69,591
Jun	-	-	-	-	71,208	70,027	53,187
Total	1	4,941	67,752	72,694	831,444	776,453	705,637
% change between fiscal years				-8.7%	7.1%	10.0%	

- FY2025 forecast was updated for the approved budget, which has resulted in a lower NNB, and is expected to be compliant at 6/30/25.
- Items that are not included in forecast.
 - Potential new supplemental funding
 - St. Rose impacts have not been considered
 - Payroll draws in July increased \$2.0M over FY24 run rate. Forecast assumes payroll costs will drop starting in October consistent with budget.



- Patient payments impacted by the Change Healthcare cyberattack were reduced in FY25 Q1 because funds were received sooner than projected. GPP CY2024 Q2 funding was received in July, a month earlier than originally forecasted.
- JGP payments from the County are assumed to be restored to the FY23 levels.
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in bottom table as the final settlement and timing are unknown. Amounts are excluded from the forecast.

Material Items Included in NNB Forecast

(in thousands)

	Aug-24	Sep-24	Oct-24	Nov-Dec-24	Jan/Feb-25	Mar/Apr-25	May/Jun-25
GPP (quarterly)	\$ -	\$ -	\$ 25,400	\$ -	\$ 25,400	\$ 25,700	\$ -
EPP (semi-annual)			21,000				21,000
QIP							68,728
Medi-Cal Rate Range					42,700		
BHCS (JGP/Alameda County) - fy24		4,000	4,000	27,000			
BHCS (JGP/Alameda County) - fy25			12,167	12,167	12,167	12,167	12,167
HPAC			9,843	9,843		9,843	9,843
AB85 Realignment			(48,780)		50,000		
Patient receipts - cyberattack	1,500	2,000					
	<u>\$ 1,500</u>	<u>\$ 6,000</u>	<u>\$ 23,630</u>	<u>\$ 49,010</u>	<u>\$ 130,267</u>	<u>\$ 47,710</u>	<u>\$ 111,738</u>

Prior Year Reimbursement Settlements

Waiver recoupment (fy11)	\$ (5,796)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,000)	TBD
	<u>\$ (70,796)</u>	



City of Alameda Health Care District Project Report

Presented for September 9, 2024 District Board Meeting



City of Alameda Health Care District

Project Summary

Projects	Current Budget	Committed	Commit vs Bud	Actuals	% Complete	Project Status
Cost of Issuance Alameda Hospital Costs associated with financing the COP's	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 321,339	WORK PAID <div><div></div><div></div></div> 33% 32%	IN PROGRESS
District Project 1 - NPC Upgrades Alameda Hospital NPC 4 and NPC 5 Upgrades	\$ 14,498,100	\$ 1,335,253	\$ 13,162,847	\$ 276,583	WORK PAID <div><div></div><div></div></div> 8% 20%	IN PROGRESS
District Project 2 - Stephens Wing (SPC) Alameda Hospital SPC4D Upgrades to Stephens Wing	\$ 8,655,809	\$ 466,760	\$ 8,189,049	\$ 120,703	WORK PAID <div><div></div><div></div></div> 9% 25%	IN PROGRESS
District Project 3 - West Wing (SPC) Alameda Hospital SPC4D Upgrades to West Wing	\$ 5,753,961	\$ 386,295	\$ 5,367,666	\$ 84,269	WORK PAID <div><div></div><div></div></div> 9% 21%	IN PROGRESS
District Project 4 - South Wing SNF (JPA Operational Upgrade) Alameda Hospital Renovation of existing space on 2 South for an 18 Bed Skilled Nursing Unit	\$ 25,092,130	\$ 984,309	\$ 24,107,821	\$ 229,108	WORK PAID <div><div></div><div></div></div> 3% 23%	IN PROGRESS
Total	\$ 55,000,000	\$ 4,172,617	\$ 50,827,383	\$ 1,032,003	WORK PAID <div><div></div><div></div></div> 12% 24%	



Project Updates

Cost of Issuance Update

Project Scope	Costs associated with financing the COP's
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This "project" has been established in Skillhop to track all costs associated with financing of the COP's.

District Project 1 - NPC Upgrades Project Update

Project Scope	NPC 4 and NPC 5 Upgrades
---------------	--------------------------

NPC 4 focuses on ensuring that essential systems like water, power, and medical gas remain functional. This includes securing or reinforcing equipment, pipes, ducts, and other essential systems to prevent them from getting damaged or becoming hazards during an earthquake. NPC 5 ensures that the building can be fully operational immediately after an earthquake with onsite supplies of water and holding tanks for sewage and liquid waste, and fuel sufficient to support 96 hours of emergency operations that are integrated into the building plumbing systems and electrical systems.

Design Development (DD) is in progress on both NPC 4 and 5 with plans that identify equipment and routing of pipes and duct that will need to be seismically anchored. In addition, locations and sizes for the emergency tanks have been identified and are being reviewed by the project team. There are delays in the schedule primarily driven by the delay in start of the geotechnical report; however, the report has been issued and the design team is working to finalize details of the DD sets.

District Project 2 - Stephens Wing (SPC) Project Update

Project Scope	SPC4D Upgrades to Stephens Wing at Alameda Hospital
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Design Development for the SPC 4D upgrade to the West Wing is progressing. The project is slightly behind schedule due to a delay in the start of the geotechnical report. However, the report has been completed and submitted to the design team and specifically the structural engineers for review and use in the design of the seismic upgrades. This project includes structurally upgrading the building to meet SPC4D seismic standards by installing concrete shear walls to the exterior of the building.

As a result of HCAI review of the South and ER Addition structural as-builts to confirm the SPC3 rating, HCAI is requiring joint evaluation in these 2 buildings. We are working with structural engineers, Thornton Tomasetti, on a proposal to oversee the testing and inspection process for this joint evaluation in addition to an overall budget to perform the necessary work. This is a separate project from the original scope of the SPC4D upgrades to West and Stephens Wing but related to the overall seismic requirements for 2030 and beyond.

District Project 3 - West Wing (SPC) Project Update

Project Scope

SPC4D Upgrades to West Wing at Alameda Hospital

Design Development for the SPC 4D upgrade to the West Wing is progressing. The project is slightly behind schedule due to a delay in the start of the geotechnical report. However, the report has been completed and submitted to the design team and specifically the structural engineers for review and use in the design of the seismic upgrades. This project includes structurally upgrading the building to meet SPC4D seismic standards by installing concrete shear walls to the exterior of the building.

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District Project 4 - South Wing SNF (JPA Operational Upgrades) Project Update

Project Scope

Renovation of existing space on 2 South for an 18 Bed Skilled Nursing Unit

The Validation Study is expected to be completed in September. The majority of the work of developing a layout of patient rooms and code required spaces to ensure everything could be accommodated in the designated footprint of the new unit. AHS stakeholders have reviewed and signed off on an option to advance forward for design. Reference SNF Layout on page 10. In addition, a MEP validation study is being performed to capture any potential deficiencies in mechanical, electrical and plumbing systems that would support the new SNF unit. A cost estimate update will be also completed once the validation study is finished.

Make Ready Planning is also progressing. This planning encompasses finding locations within the hospital buildings to relocate functions and departments that are currently occupying 2 South that have to move to make the space available for construction of the new SNF unit. These moves were not contemplated in initial planning for the project and the Project Team is working to develop a budget as plans are finalized with AHS.



Schedule

Alameda Hospital Seismic Upgrades, Operational Upgrades and HVAC Master Project Schedule

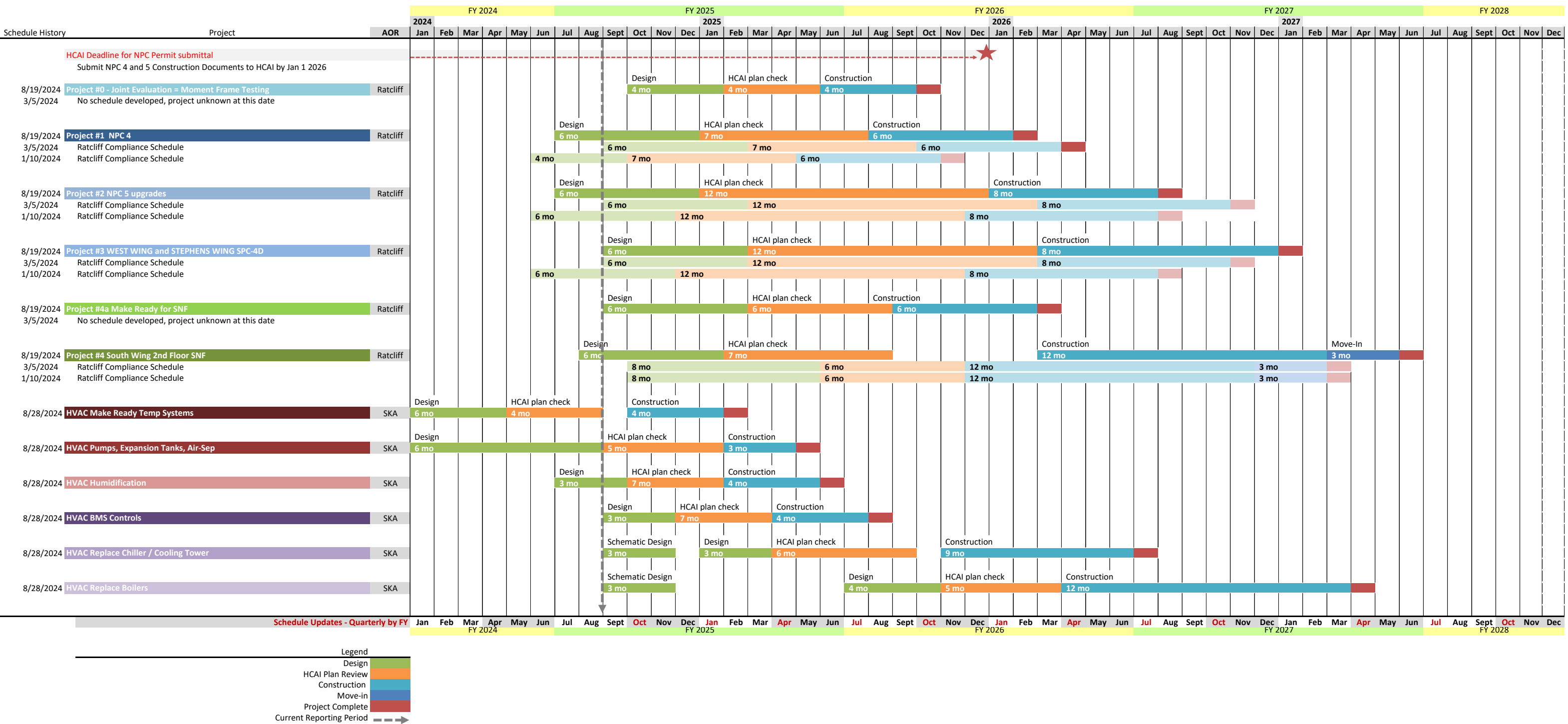




Photo Updates & SNF Layout



Geotechnical Work - Completed July 2024



Department Legend

- CORRIDOR
- MEP/IT
- PATIENT ROOM
- PATIENT USE
- SUPPORT
- VERTICAL CIRCULATION

City of Alameda Healthcare District Community Outreach Program

Description of Project

Vox Populi will assemble the assets provided by a variety of sources to appear on a completely redesigned website using the WordPress platform. Navigation tabs will organize the material into logical categories such as “About”, History”, Governance (Board), Meetings & Agendas, District Assets, Medical Services via AHS, Seismic Compliance, etc. While there needs to be some temporary emphasis on the seismic project, the main objective of the project is to have an updated website functioning as the main point of entry to all things District. The seismic emphasis would be accomplished through a variety of individual publicity campaigns using various distribution opportunities.

The raw information would be provided to Vox Populi from a variety of sources including the District, the Alameda Hospital Foundation, Alameda Museum and any other sources, including sources unique to Vox Populi. A suggested list of subjects is attached to this proposal as a starting point for topics to be included.

Once the overall content is assembled, organized and initially edited, Vox Populi will present an overview of the content organized by “tab” that would appear on the new website to the District subcommittee for approval. During this meeting, Vox Populi is invited to propose the development of additional material (text, images, etc.) that may need to be developed for the most effective yet cost sensitive messaging.

Once amendments are made, the content will go to the full board for final approval. If necessary, a special board meeting will be called in order to meet the milestones of the proposed timeline.

During the final content approved process, the District will contract with the web designer and developer to create the individual content pages and navigation. Vox Populi will coordinate scheduling of meetings as appropriate. Using the content from these pages, individual aspects of the information would be distributed through letters to the editor, presentations, and social media posts in order to drive individuals to the website.

Vox Populi will coordinate the development and distribution of the direct mail piece designed to introduce the District to the community and emphasizing that the hospital will be able to meet the 2030 state seismic requirements deadline. The new blog component contained within the website could serve as the newsletter that people would sign up to receive.

Objectives

Educate and inform about the history of the Hospital and the District.

Showcase the critical care services provided by Alameda Hospital and how the upgrades will secure the services beyond the 2030 requirements.

Develop a communication and outreach plan with materials provided by the District and create the delivery mechanisms and provide strategic counsel for execution.

Accomplish the above objectives according to the 90 day timeline. See attached.

Scope of Services

Develop an action plan with a projected timeline and benchmarks to

Refine the current list of talking points provided by the District.

Conduct an inventory of existing materials to support District talking points.

Design a new more user friendly website that will contain the materials.

Develop social media and other programs using the assets provided above for distribution to the community including a direct mail piece.

Form of Proposal

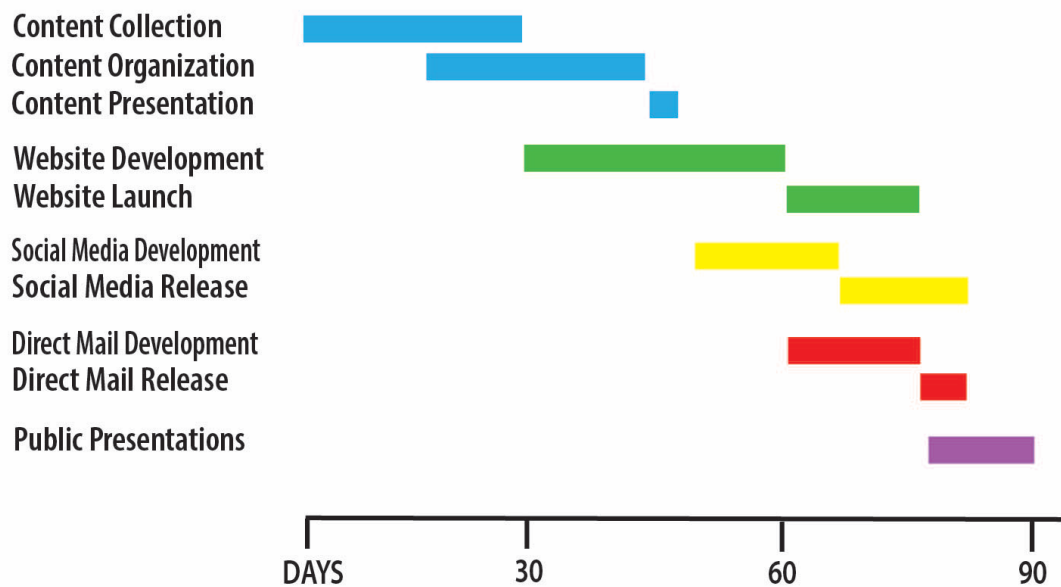
The District is looking for a fixed cost or narrow range of pricing for the above services predicated on the assumption that the District will meet all milestones in the timeline and that vendors will also be able to produce the content in accordance with the proposed timeline.

Additional Information

The District's Community Relations Committee will coordinate communications directly with Kristen on any impacts of construction on the neighbors.

The District's City of Alameda/Healthcare District Liaison Committee will work directly with the City of Alameda regarding all aspects of the seismic project.

*City of Alameda Health Care District
Community Outreach Program
Project Timeline*



District Talking Points

History

Develop a graphic timeline of the major milestones of Alameda Hospital

Keep in mind that long before AHA took over the hospital and voters approved the formation of the District; AH was very much a part of the community. The History tab would serve to commemorate this long-standing collaboration and contribution.

It may be worthwhile to emphasize the Hospital's contribution as a separate subsection of the History tab or create a new tab in the main menu bar to answer the question, "That was then. What are you doing for me now?"

Statistics and Services:

Alameda Hospital is the second oldest hospital in Alameda County and has served residents of the City of Alameda and surrounding areas for over 100 years.

The Hospital is licensed for 66 acute beds, including 8 critical care beds, and 171 skilled nursing beds, distributed across three facilities: 35 sub-acute beds within the acute hospital, 26 skilled nursing beds at South Shore adjacent to the hospital and 120 beds at the leased Park Ridge facility located next to the Park Street Bridge. All the skilled nursing facilities have a 5 star rating from CMS and are virtually all fully occupied.

Simple list of facilities with picture and single line of description.

Title 22 require that an acute care hospital of the size of Alameda Hospital provide the following basic services: _____

The hospital maintains a basic level emergency department (ED) staffed by Board certified emergency physicians. It also is one of only a handful of certified Stroke Centers in Alameda County. The ED serves about 17,000 patient visits per year, including about 1000 ambulance runs by the Alameda Fire Department Paramedic Teams.

Alameda Hospital provides a comprehensive Wound Care Program, the Kate Creedon Wound Care Center, serving _____ patients per year. Two hyperbaric Oxygen chambers, which provide for accelerated wound healing for some patients, are available at the Center. Approximately _____ % of wound care patients originate from outside the City of Alameda.

Legal/Governing Structure:

In 2002, the voters of Alameda passed a statute forming the City of Alameda Health Care District and authorized a parcel tax of \$298/parcel for the support of the hospital. The parcel tax passed by a 69% majority of City of Alameda voters.

Prior to the formation of the District, the hospital operated as a 501(c)3 non-profit organization. The geographic definition of the District is co-terminus with the City of Alameda. An important component of the enabling statute was that Alameda Hospital continue to provide acute care services and a basic emergency department, services which the electorate deemed essential for the health and safety of Alameda citizens. The District is governed by a 5-member elected Board, all of whom must be Alameda residents. All deliberations of the District Board are public and subject to the requirements of the Brown Act. Today's Board members include: (with titles)

In 2013, after a lengthy discernment process to seek a partner organization, the District Board entered into a Joint Powers Agreement (JPA) with Alameda Health System. Under this agreement, the hospital real and leased properties continue to be owned by the District.

Alameda Hospital and its programs are operated by Alameda Health System, which also determines which services are provided in the hospital subject to regulatory and licensing requirements.

The affiliation between the District and AHS, which was initiated in 2014 was intended to strengthen Alameda Hospital by becoming part of a more comprehensive public health system, increase its access to capital for future improvements and increase its leverage with third party payors. AHS now also operated Highland Hospital, San Leandro Hospital, John George Psychiatric Hospital and Fairmont Hospital.

Seismic Retrofit Requirements:

SB1953 was passed in the late 1990's and sets forth regulations for the progressive retrofit of hospitals to comply with increasingly stringent seismic standards. It was an unfunded State mandate that arose out of the significant damage to hospitals sustained in the Northridge earthquake.

While there have been extensions on the compliance deadlines in the bill, two significant deadlines occur in 2020 and 2030. The 2020 standards are targeted to prevent complete collapse of a hospital building. The 2030 standards are targeted to enable a hospital to continue to operate after a sizable earthquake.

Alameda Hospital is in complete compliance with the 2020 standards and was achieved through the efforts of AHS at a cost of \$25M/. This was achieved by Alameda Health System, a requirement of the JPA, at a cost of \$25 million.

The JPA also required that beginning in 2020, the District and AHS begin planning on how to meet and finance the requirements to meet the 2030 standards. Toward that end, the entities formed a joint planning committee to develop options for meeting the standards, estimate the costs and determine mechanisms to finance the project.

The resulting project consists of two primary components: the seismic requirements to retrofit all buildings to 2030 standards at a cost of \$ 28.9 M and an operational upgrade of one area in the South Wing, creating an 18-bed short stay Skilled nursing facility unit which will facilitate timely transfer of acute care patients to a more appropriate level of care at a cost \$ 25.1M. The total project construction schedule will extend through 2028.

Financing Strategy ONLY FOR THE SEISMIC PROJECT:

The District is financing the \$54 Million dollar seismic/operational upgrade project at Alameda Hospital by issuing Certificates of Participation (COP), similar to tax exempt bonds to public investors. The COP's will be issued in two tranches, the first in August, 2024 for \$13.5 million and the second in December, 2025 for \$ 41.5 million.

The COP debt will be repaid by a portion of the parcel tax income of the District. This necessitated an amendment to the original JPA between AHS and the District that was signed in 2013. Under the amendment, AHS has agreed to a portion of the parcel tax being used to service the project debt instead of being used to support hospital

operations. AHS will continue to receive over \$2 million per year for hospital operations after the project is fully funded. In addition, AHS projects that the operational upgrade creating the new short-stay SNF unit will help offset the partial loss of parcel taxes. The District has also collaborated with California Assemblymember Mia Bonta, who authored AB 2157 which provides a statutory lien for the District financing. The statutory lien provides additional security for investors in the COP's, thereby reducing the interest rates paid on the debt. The statutory lien bill has passed all levels of the State legislature and currently awaits the signature of Governor Gavin Newson

The background of the slide is a close-up photograph of large, heart-shaped green leaves, likely Philodendrons, with prominent white veins. The leaves are layered and fill the entire frame. Overlaid on this is white text. In the bottom right corner, there is a small red number '67'.

1359 Pearl Street

Landscaping Maintenance & Driveway Repair

1359 Pearl Street - Front of Property



1359 Pearl Street - Right Side



1359 Pearl Street - Driveway Front



1359 Pearl Street - Driveway Mid



1359 Pearl Street - Driveway Back



1359 Pearl Street - Backyard



1359 Pearl Street - Driveway Repair



139 Pearl Street - Driveway Repair



1359 Pearl Street - Tree Removal



1359 Pearl Street - History





District Compensation Comparison

1. Beach Cities Health District:

Board Members receive \$100 per meeting up to 5 meetings max a month. We have this below language in our bylaws: Each Director may be compensated \$100 for each Board or Committee meeting attended by such director, up to five (5) meetings per month. Each Director shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.

- This has been standard practice and there has never been an increase in the stipend.

2. Desert Healthcare District's :


Board stipend compensation is \$115.76 up to six meetings per month. In 2022 and 2023, the board received a 5% increase (previously \$110.25 in 2022). The policy describes the relationship to a health nexus for compensation and non-compensation meetings. Naturally, the Board approved a resolution and ordinance for the 5% increase.

3. Pajaro Valley Health Care District:

Board allows for payment as indicated below. However, they have not yet chosen to take the option for payment. We are a very new District, established in 2022, and the learning curve and policy establishment is a slow steady process.

Section 3. Compensation. The Board of Directors authorizes payment to members of the Board amounts not to exceed the maximum allowed by Health and Safety Code Section 32103, as amended, or as may otherwise be authorized by California law, per month and per Board or Board committee meeting, as compensation to each member of the Board attending such meetings. Members of the Board shall be allowed and paid actual and necessary traveling and incidental expenses incurred in the performance of official business in accordance with policies as may be established by the Board.

4. Tahoe Forest Health District: \$100

 City of Alameda HEALTH CARE DISTRICT		Special Meeting Minutes for July 15, 2024 Location: Executive Boardroom	
Board Members Present	Legal Counsel Present	Also Present	Absent
Robert Deutsch, MD Gayle Codiga, Stewart Chen, DC Jeff Cambra David Sayen	Tom Driscoll	Richard Espinoza James Helena Kim Miranda Eric Schottgen Kristen Thorson	

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 4:30 p. m. by the Board president Dr. Robert Deutsch.	
Roll	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
Property Oversight Committee Update	<p>Mr. Cambra informed the group that the following maintenance items should be taken care of at the Pearl Street apartments: tree removal, driveway/sidewalk repair, exterior shingle siding, water heater replacement, exterior window replacement, and electrical outlet update.</p> <p>A motion to approve Project 1, the tree removal, and Project 2, the driveway and sidewalk repair, while collecting quotes for the above-listed projects, was made by Mr. Cambra and seconded by Ms. Codiga. The motion was unanimously approved.</p>	Motion Approved
Seismic and operational Upgrade Status Report	<p>Ms. Thorson noted that during the last week of June, the structural engineer conducted a site visit to inspect any NPC 4-related items. There were no concerns regarding any anchorages below the ceiling, and a design investigation is still taking place for everything above the ceiling.</p> <p>NPC 5: The geotechnical team was on site last week to test the soil composition and is advancing forward.</p> <p>SPC: The structural engineers are reviewing the geotechnical reports to discuss the potential impact on shear walls.</p> <p>SNF: A validation study is taking place, which involves a schematic design. There has been one review with</p>	

	the OAC team to assess how it will work in 2 South while addressing any major risk items, such as the air handler unit on top of the south wing nearing the end of its life and potentially needing replacement. The OAC team is evaluating how this can be incorporated into the project. The Cardiology department will need to be relocated permanently while the Respiratory department will only be relocated temporarily during construction.	
District Communications Planning	Mr. Cambra noted that following the June 10th Board meeting, the Board requested a more comprehensive proposal from Ms. Perata regarding the services she will provide. The scope has been narrowed down to a website update to inform the public about the history of the hospital and the district, along with social media outreach to create a better communications plan. It was discussed to hold off on mailed communications at the moment. Ms. Perata will provide her updated proposal during the September Board meeting.	

Action Items		
Consent Agenda	A motion to approve the meeting minutes from June 10, 2024, and Financial Statements from May and June 2024 was made by Ms. Codiga and seconded by Mr. Cambra. The motion was unanimously approved.	Motion Approved
Resolution 2024 -5	Mr. Quint noted that this is the first of two planned issues. The first issue will finance some of the pre-construction costs of the work that needs to be done by the district. Resolution 2024-5 authorizes the execution of these documents to sell the COPs. The preliminary official statement describes the transaction and would allow the funds to be deposited to get the project started. A motion to approve Resolution 2024-5 was made by Mr. Cambra and seconded by Ms. Codiga. The motion was unanimously approved	Motion Approved
Review and Approval of FY 24 – 25 District Priorities	Ms. Stebbins presented the focused priorities for the upcoming fiscal year, including: <ul style="list-style-type: none"> - Obtaining approval and the Governor's signature for AB 2157 - Developing a system for tracking all COP payments and signatures - Designing and implementing a communications plan with the Community Outreach Committee - Enhancing the visibility of the District in the community - Suggestion planning A motion to approve the FY 24 -25 District priorities was made by Ms. Codiga and seconded by Dr. Chen. The Motion was unanimously approved.	Motion Approved
Resolution 2024 -6	Mr. Driscoll noted that during each election, the district sends a notice of the general election. The Registrar of Voters is requesting a signed resolution approving the filing of this notice. A motion to approve Resolution 2024-6 was made by Dr. Chen and seconded by Mr. Sayen. The motion was unanimously approved.	Motion Approved

Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: _____



CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(July 1 - 31, 2024)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2023	As of 6/30/2024	As of 6/30/2025
Assets			
<u>Current assets:</u>			
Cash and cash equivalents	\$ 2,460,281	\$ 1,324,758	\$ 1,143,196
Grant and other receivables	306,329	322,129	826,830
Prepaid expenses and deposits	153,460	165,553	157,336
Total current assets	2,920,070	1,812,441	2,127,362
Assets limited as to use	862,163	697,407	709,327
Capital Assets, net of accumulated depreciation	2,111,184	2,082,273	2,068,240
	5,893,416	4,592,121	4,904,930
Other Assets	(0)	(0)	(0)
Lease receivable	203,217	203,217	203,217
Total assets	\$ 6,096,633	\$ 4,795,338	\$ 5,108,147
Liabilities and Net Position			
<u>Current liabilities:</u>			
Current maturities of debt borrowings	\$ 22,624	\$ 23,832	\$ 25,040
Accounts payable and accrued expenses	25,074	25,074	31,574
Total current liabilities	47,698	48,906	56,613
Deferred inflows of resources	203,217	203,217	203,217
Debt borrowings net of current maturities	802,462	778,669	775,593
Total liabilities	1,053,377	1,030,792	1,035,423
Net position:			
Total net position (deficit)	5,043,256	3,764,546	4,072,724
Total liabilities and net position	\$ 6,096,633	\$ 4,795,338	\$ 5,108,147

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 6/30/2024	Actual YTD 6/30/2025	Budget YTD 6/30/2024	Variance	
Revenues and other support						
District Tax Revenues	\$ 6,036,813	\$ 6,099,035	\$ 507,144	\$ 504,701	2,444	0%
Rents	184,057	202,831	20,222	17,917	2,305	548%
Other revenues	7,765	84,050	-	-	-	
Total revenues	6,228,635	6,385,916	527,366	522,618	4,749	
Expenses						
Professional fees - executive director	175,433	224,923	16,347	15,417	(930)	-6%
Professional fees - Assistant	84,246	115,820	8,575	9,167	592	6%
Professional fees	291,779	626,861	149,335	26,008	(123,327)	-474%
Supplies	6,150	10,606	43	167	124	74%
Purchased services	4,100	4,200	500	805	305	38%
Repairs and maintenance	24,729	34,612	3,978	3,625	(353)	-10%
Rents	20,430	21,021	1,911	1,702	(209)	-12%
Utilities	14,820	13,304	1,334	1,000	(334)	-33%
Insurance	125,911	179,884	15,426	13,371	(2,055)	-15%
Depreciation and amortization	167,612	168,399	14,033	15,867	1,833	
Interest	66,973	47,415	3,965	3,196	(769)	-24%
Travel, meeting and conferences	8,691	8,029	-	1,250	1,250	100%
Other expenses	22,684	24,600	3,742	2,881	(861)	-30%
Community projects and programs	264,058	263,500	-	21,833	21,833	100%
Total expenses	1,277,617	1,743,173	219,188	116,288	(102,901)	
Operating gains	4,951,017	4,642,743	308,178	406,330	98,152	24%
Transfers	(4,935,976)	(5,921,453)	-	(424,975)		
Increase(Decrease) in net position	15,041	(1,278,710)	308,178	(18,645)		
Net position at <i>beginning of the year</i>	5,028,215	5,043,256	3,764,546	3,764,546		
Net position at the <i>end of the period</i>	\$ 5,043,256	\$ 3,764,546	\$ 4,072,724	\$ 3,745,901		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 6/30/2024	Actual YTD 6/30/2025
Increase(Decrease) in net position	\$ 15,041	\$ (1,278,710)	\$ 308,178
Add Non Cash items			
Depreciation	167,612	168,399	14,033
Changes in operating assets and liabilities			
Grant and other receivables	28,733	(15,800)	(504,701)
Prepaid expenses and deposits	(44,631)	(12,094)	8,217
Deferred outflows of resources	0	-	-
Accounts payable and accrued expenses	(41,609)	-	6,500
Deferred revenues	-	-	-
Net Cash provided(used) by operating activities	125,146	(1,138,205)	(167,773)
Cash flows from investing activities			
Acquisition of Property Plant and Equipment	(0)	(139,488)	0
Changes in assets limited to use	(152,470)	164,756	(11,920)
Net Cash used in investing activities	(152,470)	25,267	(11,920)
Cash flows from financing activities			
Principal payments on debt borrowings	(17,818)	(22,585)	(1,869)
Net cash used by financing activities	(17,818)	(22,585)	(1,869)
Net change in cash and cash equivalents	(45,141)	(1,135,523)	(181,562)
Cash at the beginning of the year	2,505,423	2,460,281	1,324,758
Cash at the end of the period	\$ 2,460,281	\$ 1,324,758	\$ 1,143,196

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2024	Jaber 6/30/2024	As of 6/30/2024	District 6/30/2025	Jaber 6/30/2025	As of 6/30/2025
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,324,758	\$ -	\$ 1,324,758	\$ 1,143,196	\$ -	\$ 1,143,196
Grant and other receivables	322,129	0	322,129	826,830	0	826,830
Prepaid expenses and deposits	165,553	(0)	165,553	157,336	0	157,336
Total current assets	1,812,441	(0)	1,812,441	2,127,363	0	2,127,363
Due To Due From	25,037	(25,037)	0	25,037	(25,037)	0
Assets limited as to use	0	697,407	697,407	0	709,327	709,327
Capital Assets, net of accumulated depreciation	1,164,485	917,788	2,082,273	1,153,568	914,672	2,068,240
	3,001,962	1,590,159	4,592,121	3,305,967	1,598,963	4,904,930
Other Assets	(0)	0	(0)	0	0	0
Deferred outflows of resources	203,217	0	203,217	203,217	0	203,217
Total assets	3,205,179	1,590,159	4,795,338	3,509,184	1,598,963	5,108,147
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	23,832	0	23,832	25,040	0	25,040
Accounts payable and accrued expenses	25,074	0	25,074	31,574	0	31,574
Total current liabilities	48,906	0	48,906	56,613	0	56,613
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	778,669	0	778,669	775,593	0	775,593
Total liabilities	1,030,792	0	1,030,792	1,035,423	0	1,035,423
Net position:						
Invested in capital assets, net of related debt	2,278,048	0	2,278,048	2,278,048	0	2,278,048
Restricted, by contributors	0	1,590,159	1,590,159	0	1,598,963	1,598,963
Unrestricted (deficit)	(103,661)	0	(103,661)	195,713	0	195,713
Total net position (deficit)	2,174,387	1,590,159	3,764,546	2,473,761	1,598,962	4,072,724
Total liabilities and net position	\$3,205,179	\$1,590,159	\$4,795,338	\$3,509,184	\$1,598,962	\$5,108,147

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2024	Jaber 6/30/2024	Actual YTD 6/30/2024	District 6/30/2025	Jaber 6/30/2025	Actual YTD 6/30/2025
Revenues and other support						
District Tax Revenues	6,099,035	0	6,099,035	507,144	0	507,144
Rents	0	202,831	202,831	0	20,222	20,222
Other revenues	84,050	0	84,050	0	0	0
Total revenues	6,183,085	202,831	6,385,916	507,144	20,222	527,366
Expenses						
Professional fees - executive director	224,923	0	224,923	16,347	0	16,347
Professional fees - Assistant	115,820	0	115,820	8,575	0	8,575
Professional fees	616,361	10,500	626,861	148,471	864	149,335
Supplies	10,606	0	10,606	43	0	43
Purchased services	4,200	0	4,200	500	0	500
Repairs and maintenance	0	34,612	34,612	0	3,978	3,978
Rents	21,021	0	21,021	1,911	0	1,911
Utilities	1,342	11,961	13,304	0	1,334	1,334
Insurance	179,884	0	179,884	15,426	0	15,426
Depreciation and amortization	130,999	37,400	168,399	10,917	3,117	14,033
Interest	47,415	0	47,415	3,965	0	3,965
Travel, meeting and conferences	8,029	0	8,029	0	0	0
Other expenses	16,575	8,025	24,600	1,616	2,126	3,742
Community projects and programs	263,500	0	263,500	0	0	0
Total expenses	1,640,674	102,499	1,743,173	207,770	11,418	219,188
Operating gains	4,542,411	100,332	4,642,743	299,374	8,804	308,178
Transfers	(5,757,453)	(164,000)	(5,921,453)	0	0	0
Increase(Decrease) in net position	(1,215,042)	(63,667)	(1,278,710)	299,374	8,804	308,178
Net position at <i>beginning of the year</i>	3,389,430	1,653,826	5,043,256	2,174,387	1,590,159	3,764,546
Net position at the <i>end of the period</i>	2,174,387	1,590,159	3,764,546	2,473,762	1,598,962	4,072,724

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2024	6/30/2024	YTD 6/30/2024	6/30/2025	6/30/2025	YTD 6/30/2025
Increase(Decrease) in net position	(1,215,042)	(63,667)	(1,278,710)	299,374	8,804	308,178
Add Non Cash items						
Depreciation	130,999	37,400	168,399	10,917	3,117	14,033
Changes in operating assets and liabilities						
Grant and other receivables	(15,800)	0	(15,800)	(504,701)	(0)	(504,701)
Prepaid expenses and deposits	(12,094)	0	(12,094)	8,217	(0)	8,217
Deferred outflows of resources						
Due To Due From	(1,000)	1,000	0	0	0	0
Accounts payable and accrued expenses	(1)	0	(1)	6,500	0	6,500
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(1,112,939)	(25,267)	(1,138,206)	(179,693)	11,920	(167,773)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	(139,488)	(139,488)	0	(0)	0
Changes in assets limited to use	0	164,756	164,756	0	(11,920)	(11,920)
Net Cash used in investing activities	0	25,267	25,267	0	(11,920)	(11,920)
Cash flows from financing activities						
Principal payments on debt borrowings	(22,585)	0	(22,585)	(1,869)	0	(1,869)
Net cash used by financing activities	(22,585)	0	(22,585)	(1,869)	0	(1,869)
Net change in cash and cash equivalents	(1,135,524)	(0)	(1,135,524)	(181,562)	(0)	(181,562)
Cash at the beginning of the year	2,460,281	(0)	2,460,281	1,324,758	(0)	1,324,758
Cash at the end of the period	1,324,758	(0)	1,324,758	1,143,196	(0)	1,143,195

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	
<u>Rents - 1359 Pearl Street</u>														
Amina Nadir	2,000												2,000	
Nubla, Bernadette	1,586												1,586	
Anderson, Robert	1,543												1,543	
Stephen A Bayer	1,900												1,900	
Duderstadt, Mack	1,485												1,485	
DeLong, Sarah	2,483												2,483	
Jordan, Tara	1,752												1,752	
Reed, Alexander C	4,013												4,013	
	16,762	-	-	-	-	-	-	-	-	-	-	-	16,762	
Laundry	129												129	
	16,891	-	-	-	-	-	-	-	-	-	-	-	16,891	
<u>Expenses</u>														
Landscaping	275												275	
Utilities	1,334												1,334	
Cleaning, Inspection, Repairs	3,538												3,538	
Other	645												645	
Mngt Fee	697												697	
Unexplained	1,481												1,481	
Total Expenses	7,970	-	-	-	-	-	-	-	-	-	-	-	7,970	
Net	8,920.91	-	-	-	-	-	-	-	-	-	-	-	8,921	
<u>Rents - 2711 Encinal Avenue</u>														
Wendy and Shawn Shay	3,331												3,331	
<u>Expenses</u>														
Other													-	
Cleaning, Inspection, Repairs	165												165	
Mngt Fee	167												167	
Unexplained													-	
Total Expenses	332	-	-	-	-	-	-	-	-	-	-	-	332	
Net	2,999.45	-	-	-	-	-	-	-	-	-	-	-	2,999	
<u>Summary Rents</u>														
	20,222	-	-	-	-	-	-	-	-	-	-	-	20,222	9260.00
<u>Summary Expenses</u>														
9520 26 Mngt Fee	864	-	-	-	-	-	-	-	-	-	-	-	864	9520.26
9520 62 Landscaping	275	-	-	-	-	-	-	-	-	-	-	-	275	9520.62
9520 62 Cleaning, Inspection, Repairs	3,703	-	-	-	-	-	-	-	-	-	-	-	3,703	9520.62
9520 80 Utilities	1,334	-	-	-	-	-	-	-	-	-	-	-	1,334	9520.80
9520 84 Other	645	-	-	-	-	-	-	-	-	-	-	-	645	9520.84
9520 84 Unexplained	1,481	-	-	-	-	-	-	-	-	-	-	-	1,481	9520.84
Total Expenses	8,301	-	-	-	-	-	-	-	-	-	-	-	8,301	
Net Revenues over Expenses	11,920	-	-	-	-	-	-	-	-	-	-	-	11,920	
Actual Deposit	11,920												11,920	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	



September 9, 2024

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

**From: Robert Deutsch, MD
President**

RE: Renewal of Contract with Deborah E. Stebbins, LLC for One Year, FY 24-25

I am recommending for Board approval that the contract with Deborah E. Stebbins, LLC for Executive Director services be renewed for one year from July 1, 2024 to June 30, 2025 at a new base consulting fee of \$220,000 per year to be awarded retroactive to July 1, 2024. In addition, after consultation with the Board, I am recommending that Ms. Stebbins receive a one time bonus compensation of \$10,000 in acknowledgment of her performance in FY 2024 as well as an additional one time bonus of \$10,000 in acknowledgment of the closing of our COP financing on August 29, 2024.

If approved, Tom Driscoll will provide an updated contract for Ms. Stebbins, with all other contract terms remaining the same as her original contract.