√ Included in the PDF posted on June 10, 2022

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, June 13, 2022
OPEN SESSION: 5:30 PM

Location: REMOTE VIA ZOOM

Open Session : Remote Via Zoom
Join Zoom Meeting – Open Session- June 13, 2022 Time: 5:30 PM Pacific Time (US and Canada) Join Zoom Meeting https://us04web.zoom.us/j/77261433535?pwd=rfBv4ayA-vmvJ9sWq4Q_KrdKL6PGnJ.1 Meeting ID: 772 6143 3535 | Passcode: 719094 One tap mobile +16699006833,,77261433535#,,,,*719094# US (San Jose) Dial by your location +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 — Michael Williams

II. Roll Call — Leta Hillman

III. General Public Comments

IV. √ **Brown Act Resolution** **ENCLOSURE (pages 4-5)** — Tom Driscoll

V. Adjourn into Executive Closed Session

VI. Closed Session Agenda

	A.	Call to Order	Mike Williams
	B.	Report on Healthcare Trade Secrets	Health and Safety Code Sec. 32106

VII. Adjourn to Open Session

VIII. Reconvene to Public Session

IX. Announcements From Closed Session — Mike Williams

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X. REGULAR SESSION

✓	1)	Presentation on Alameda Health System Strategic Plan **ENCLOSURE (pages 6-14)**	James Jackson, CEO Alameda Health System Leslie Grimmer, Huron Consulting
✓	2)	Update on Board of Supervisors- AHS Board Discussions **ENCLOSURE (pages 15-25)**	James Jackson, CEO Alameda Health System

A.	AHS Reports		
✓	1)	Alameda Health System / Alameda Hospital Update / Status of 2020 Alameda Hospital Seismic Project **ENCLOSURE (pages 26-32)**	Mario Harding, Chief Administrative Officer, Alameda Hospital
✓	2)	Patient Satisfaction **ENCLOSURE (pages 33-35)**	Ronica Shelton, VP of Patient Care Services
✓	3)	Post Acute Care Update **ENCLOSURE (pages 36-37)**	Richard Espinoza, Chief Administrative Officer, Post Acute Services
✓	4)	Financial Update **ENCLOSURE (pages 38-55)**	Kimberly Miranda, AHS CFO
	5)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi

B.	District & Operational Updates **INFORMATIONAL**		
	1)	District Reports	
		a. President's Report	Michael Williams
		b. Alameda Health System Board Liaison Report	Tracy Jensen
		c. Alameda Hospital Liaison Report	Robert Deutsch, MD
✓		d. Executive Director Report, Update on AB 2904 **ENCLOSURE (pages 56-60)**	Debi Stebbins

C.	Consent Agenda		
✓	1)	Acceptance of Minutes, May 9, 2022, Special Board Meeting **ENCLOSURE (pages 61-65)**	
✓	2)	Acceptance of March and April 2022 Financial Statements **ENCLOSURE (pages 66-80)**	

D.	Action Items	
✓	1)	Adoption of Resolution 2022-1: Levying the Parcel Tax for FY 2022-2023 **ENCLOSURE (pages 81-82)**
✓	2)	Approval of Mutual Certification and Indemnification Agreement with Alameda County **ENCLOSURE (pages** 83-84)
✓	3)	Approval of Resolution 2022-2: Extension of Spending Authority **ENCLOSURE (pages 85-86)**

√ Included in the PDF posted on June 10, 2022

E.	August 8, 2022 Agenda Preview	
	1)	June 13, 2022 Minutes
	2)	May and June Financials
	3)	Performance Evaluation and Contract Review of Executive Director

F.	Informational Items:	
	1)	General Public Comments
	2)	Board Comments

XI. Adjournment

Next Scheduled Meeting Dates (2nd Monday, every other month or as scheduled) **August 8, 2022**	Open Session 5:30 PM

City of Alameda
HEALTH CARE DISTRICT

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: June 13, 2022

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

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Authorization to Continue the Use of Teleconferences

Whereas, on September 10, 2021, both houses of the California Legislature voted to approve AB 361 (Rivas), "Open Meetings: State and Local Agencies: Teleconferences." The Governor signed AB 361 and it took effect immediately as an urgency statute; and

Whereas, A.B. 361 amended Government Code section 54953 to provide more clarity on the Brown Act's rules and restrictions surrounding the use of teleconferencing to conduct meetings during a declared state of emergency as defined under the California Emergency Services Act. In addition, the District Board must determine that, as a result of the emergency, meeting in person presents imminent risks to the health or safety of attendees; and

Whereas, if those circumstances apply, then the amended Brown Act provides an exemption from certain of the Brown Act's existing requirements and creates alternate measures to protect the statutory and constitutional rights of the public to appear before local legislative bodies. When the District Board elects to hold a virtual or remote meeting because the emergency and public health and safety criteria are met, the following alternate set of requirements apply:

1. The District must provide adequate notice of the meeting and post an agenda as otherwise required by the Brown Act;

2. Where there is a disruption in the public broadcast of the call-in or internet-based meeting service, the District Board must take no further action on agenda items until public access is restored;

3. The District is prohibited from requiring public comments to be submitted in advance of the meeting and cannot close the comment period or opportunity to register online until the timed public comment period has elapsed; and

4. The District Board, acting under these teleconference exemptions, must make periodic findings about whether the circumstances explained above apply. Specifically:
    - The Board must find that it considered/reconsidered the circumstances of the state of emergency and that one of the following circumstances exist: (i) the emergency continues to directly impact the ability of members to safely meet in person, or (ii) state or local officials continue to impose or recommend measures to propose social distancing.
    - If the District Board cannot make these findings by majority vote, then it will no longer be exempt from the physical public access, quorum, and public comment opportunity rules applied to teleconference meetings under subsection 54953(b)(3) of the Brown Act.

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOW THEREFORE, BE IT RESOLVED THAT:

1. This Board finds that, after due consideration of the current circumstances of the state of emergency caused by the pandemic, the emergency continues to directly impact the ability of members and the public to safely meet in person; and
2. Prior to conducting any business described on a posted agenda for a duly called future meeting, this Board shall find that it reconsidered the circumstances of the state of emergency and that one of the following circumstances exists at the time of such meeting: (i) the emergency continues to directly impact the ability of members to safely meet in person, or (ii) state or local officials continue to impose or recommend measures to propose social distancing.

AHS Strategic Plan

Summary Presentation

Alameda Health Care District Board

June 13, 2022

DRAFT FOR DISCUSSION PURPOSES ONLY

huronconsultinggroup.com

Strategic Planning Process Overview

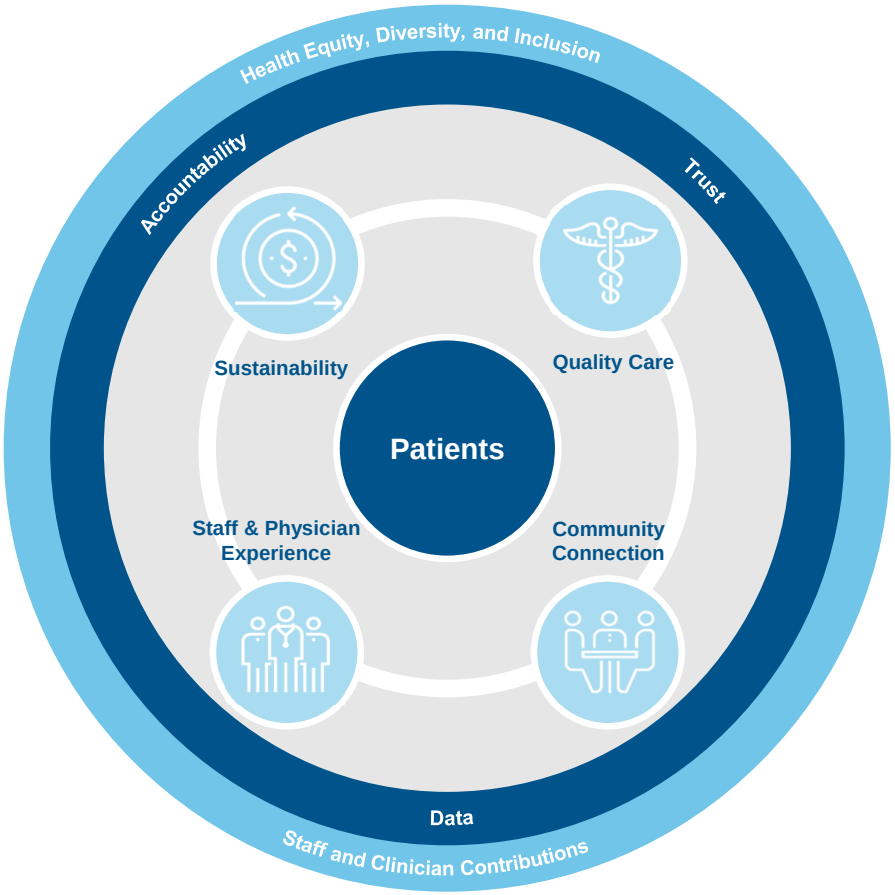
Alameda Health System began its strategic planning process in November 2021. The AHS Executive Leadership Team (ELT) partnered with Huron Consulting Group to collaborate on the development of an updated, system-wide 5-year strategic plan. The process has been guided by the ELT under the direction of CEO James E. T. Jackson and the Board of Trustees and with focused contributions from a five-member Strategic Planning Steering Committee comprised of senior executives.

The planning process included more than 50 interviews with internal and external constituents, Board Members, executive leadership, and community and County leaders as well as on-site orientation and experience at AHS's hospitals and clinic facilities. In addition, a system-wide survey was distributed to all AHS employees to capture feedback on the Mission, Vision, and Values, governance, services, and strategic priorities. Additionally, through a collaboration with some of AHS's front line team members, a diverse sample of patients provided feedback around services, experience, and access within AHS via a survey and interviews conducted in multiple languages.

Informed by this stakeholder input and East Bay market trends and data, the following version of the strategic framework includes pillars, goals, actions, and measures of success that have been assembled through the strategic planning process. Each goal and action within this plan represents a key priority for AHS and each will have a multidisciplinary team responsible for developing detailed projects, timelines, and success metrics to monitor progress.

ALAMEDA HEALTH SYSTEM

Strategic Pillars, Values, and Enablers



Surrounding the four pillars of AHS's strategic plan are four key strategic values and enablers. These enablers represent the values and resources required for success, and support multiple goals and actions.

- Health Equity, Diversity, and Inclusion: AHS will commit to reducing and ultimately eliminating health disparities and addressing social determinants that adversely impact the health of all patients. Noted on specific actions with: HEDI
- Staff and Clinician Contributions: AHS recognizes the critical contributions made by our staff and clinicians in serving our patients and community
- Accountability: AHS leaders, physicians and staff are accountable to each other, and to the community, for delivering care
- Trust: AHS will foster an environment of trust within its organization and outwardly with the community and its constituents
- Data: AHS will develop and utilize trusted sources of data in support of the delivery of care and reporting of performance results

DRAFT FOR DISCUSSION PURPOSES ONLY

ALAMEDA HEALTH SYSTEM

Quality Care Pillar

Strategic Actions	Expected Outcomes
Develop community-based care programs for our patients that keep them healthy and reduce hospitalizations	• Expand and grow specialty care
Expand AHS's role within the community's behavioral health continuum and deploy programs that support our patients in and out of our hospitals	• Grow and expand IOP and PHP • Establish and grow a behavioral health clinic presence within AHS's overall footprint • Establish a geri-psych unit
Improve inpatient throughput to leading practice to create additional capacity	• IP LOS O/E ratio aligned with BEST goals
HEDI Improve quality metrics [1],[2]	• All patient safety, quality, and satisfaction metrics tracked by AHS reach top quartiles • Achieve >90th percentile on key clinical and community-based health measures • Move Leapfrog score from C to A and Medicare Stars from 2 to 5 • Maintain CMS 5-star rating for SNF • Increase patients who provide a 9 or 10 rating on HCAHPS and CG-CAHPS surveys • Decrease the number of hospital-acquired infections and harms
HEDI Meet timely access to care standards, improve quality of customer service, and meet patients where they are to deliver care [2]	• Establish turnaround time standards for departments and achieve 100% compliance • Proactively identify patients assigned to AHS who are not located near a facility and work to reassign them within 180 days • Create access to drop-in appointments • Mobile care sites expanded to meet patient needs • Meet DHCS Timely Access Standards
HEDI Formulate team-based, multidisciplinary care models that integrate patient's SDOH to better reach and care for patients	• Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters

[1] Metrics to be determined by the committee implementing the plan; outcomes are illustrative only and may be expanded or modified
[2] Data stratification to be conducted on metrics for this action to support HEDI efforts

DRAFT FOR DISCUSSION PURPOSES ONLY

ALAMEDA HEALTH SYSTEM

Community Connection Pillar

	Strategic Actions	Expected Outcomes
HEDI	Establish and engage patient advisory committees to proactively identify opportunities to partner with the community and improve health	• Establish additional patient advisory committees • Generate AHS systemwide initiatives generated from patient advisory committees
HEDI	Foster trusted relationships with community (–based and –led) and governmental agencies to serve all [1]	• Establish community stakeholder feedback forum • Develop regular report to the community highlighting programs, key metrics, and priorities and regularly publish internally and externally (e.g., intranet, County Board of Supervisors meetings) • Participate in community-led and directed efforts with other providers and community partners
HEDI	Develop a community healthcare worker program for our patients that keep them healthy and out of our hospitals	• Establish a Community Health Worker (CHW) Program • Reduction in avoidable days
	Create a closed-loop feedback system to ensure patients access care and community resources to which they are referred (i.e., navigating outside the AHS system)	• Patients utilizing referral program have the loop “closed” with confirmation of services • Partners included and regularly providing feedback on patients referred

DRAFT FOR DISCUSSION PURPOSES ONLY

[1] Metrics to be determined by the committee implementing the plan; outcomes are illustrative only and may be expanded or modified

ALAMEDA HEALTH SYSTEM

Staff and Physician Experience Pillar

Strategic Actions	Expected Outcomes
Improve Culture of Safety Survey results	• Reach top quartile
Engrain work standards surrounding equity, diversity, and inclusion in day-to-day AHS operations [1]	• Develop and deploy diversity and equity scorecard for departments that reflects organizational goals • 100% participation in anti-racism, structural competency, and equity-explicit training • Make health disparity data readily available for all care partners • Define expectations related to recruitment and retention through an equity lens
Develop leadership academy program for leaders, staff, and physicians	• Train a 100% of identified operational and physician leaders
Increase and encourage developmental opportunities available for staff [1]	• Increase number of trainings and forums provided and define participation expectations • Provide training on crucial conversations for 100% of leaders • Reward performance and growth as part of the annual review process • Increase number of new certifications and qualifications achieved per year
Clearly communicate responsibilities and accountabilities to promote independent decision making	• Implementation of tiered huddles • Development of functional area strategic plans • Utilize consistent benchmark data in relation to budget and FTE and equity
Provide public recognition for staff successes [1]	• Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings

DRAFT FOR DISCUSSION PURPOSES ONLY

[1] Metrics to be determined by the committee implementing the plan; outcomes are illustrative only and may be expanded or modified

ALAMEDA HEALTH SYSTEM

Sustainability Pillar

Strategic Actions	Expected Outcomes
Maximize reimbursements from payors	• Achieve and maintain BEST Revenue Cycle goals (financial impact already included in baseline, Post-BEST cash gap model) • Perform at 50th percentile or better for Revenue Cycle metrics as compared to other Epic customers in peer group
Enhance non-operational revenue by improving metrics tied to governmental or supplemental funding (e.g., QIP)	• Meet specific metrics of supplemental funding sources (e.g., QIP, Access, etc.) • Implement programs specifically addressing goals of CalAIM
Meet budgetary goals for operating margin in combination with the growth plans contained in the Quality Care pillar	• Achieve and maintain expense-related goals through BEST (financial impact already included in baseline, Post-BEST cash gap model) • Measure financial performance at the programmatic / service line level • Leverage overhead to support growth • Meet budget / benchmark standards for labor expenses such as FTE/AOB
Invest in IT Capital Plan while fully leveraging existing technology solutions	• Maintain and further develop enterprise-level certifications (e.g., HIMSS Level, Most Wired, and similar) • Align IT Capital Plan with approved annual Capital Plan
HEDI Provide systems and meaningful and actionable data, dashboards, and reports to support high quality care Ensure transparency and accuracy of data through data governance for decision making	• 100% of existing dashboards and reports reviewed unused resources retired to support efficiency • Establish a standard of 100% integrated enterprise systems • Expand the audience for reports to a broader audience • Develop new reports / datasets to support KPIs in financial (e.g., Long-Range Capital Plan) and strategic plans as well as emerging care areas (e.g., Population Health) • Participate in all appropriate national and state-led outcomes reporting requirements to maximize financial impact on AHS

ALAMEDA HEALTH SYSTEM

Financial Modeling Process and Assumptions

- Worked in conjunction with AHS team to create a **baseline financial forecast**
  1. This baseline assumes no strategic or process improvement related action is taken, and market/industry trends continue as normal → It serves as a **"Do Nothing Scenario"**
  2. Utilizes high-level market assumptions, along with guidance from the AHS finance team to provide a directional view of Alameda's financial state and what could change based on market dynamics in the next 5-10 years
  3. Base year utilized was **adjusted calendar year 2021** – adjustments were made for one-time items provided by AHS
- Once a consensus was reached, we then layered in the Huron Performance Improvement initiatives already in motion, called "BEST", to see how those altered results – this is referred to as **Baseline + BEST**
- Lastly, we created directional financial projections for each of the actions in the strategic plan and then layered those in as well – this is referred to as **Baseline with BEST + Strategic Actions**

ALAMEDA HEALTH SYSTEM

DRAFT FOR DISCUSSION PURPOSES ONLY

[1] Strategic actions begin in year 1 and apply every year

Cash Gap with BEST + Strategic Actions ($ in 000s)

Baseline Forecast	Year 1	Year 2	Year 3	Year 4	Year 5
Net Income	$8,412	($3,206)	($15,814)	($29,797)	($44,693)
Plus: Depreciation & Amortization	$30,253	$30,217	$30,418	$31,125	$31,834
Less: Capital Expenditures	$32,780	$24,461	$36,000	$36,000	$32,705
Plus: BEST Initiatives	$35,279	$45,750	$45,750	$45,750	$45,750
Plus: Strategic Actions	($17,423)	($20,483)	($20,373)	($8,358)	($6,114)
Equals: Baseline + BEST and Strategic Actions	$23,741	$27,817	$3,981	$2,720	(5,928)

DRAFT FOR DISCUSSION PURPOSES ONLY

ALAMEDA HEALTH SYSTEM

ALAMEDA COUNTY BOARD OF SUPERVISORS' ALAMEDA HEALTH SYSTEM (AHS) GOVERNANCE AD HOC COMMITTEE

UPDATE TO AHS BOARD OF TRUSTEES

Wednesday, June 8, 2022

AHS Governance Reform Timeline

September 2020 – The County's Internal AHS Governance Workgroup, led by Supervisors Chan and Valle, kicks off internal discussions to explore possible reform of AHS's governance structure.

October 2020 – The Board of Supervisors (BOS) initiates a formal AHS governance reform process with the intent of bringing a recommendation on governance change back to the BOS no later than March 2021.

December 2020 – The County retains Health Management Associates (HMA) as consultants to facilitate exploration of potential governance changes to AHS.

January – March 2021 – HMA conducts preliminary research and information gathering, including interviews with 50 stakeholders. HMA also explores 4 Pathway Governance Model Options: 1) Status Quo, 2) Reboot+ Improved Hospital Authority, 3) BOS as Governing Board of AHS, and 4) AHS returns to County government.

AHS Governance Reform Timeline Continued

April – June 2021 – Supervisors Chan and Valle and HMA present two recommended options (Reboot+ or BOS as Governing Board of AHS) to AHS and labor partners.

September 2021 – The County retains Pacific Health Consulting Group to provide planning and meeting facilitation support to the County in the review of the AHS governance reform process.

February 2022 – June 2022 – The BOS AHS Governance Ad Hoc Committee, namely Supervisors Brown and Valle, holds six planned meetings to develop a final recommendation on AHS governance reform changes in partnership with AHS and labor stakeholders.

May 2022 – The BOS AHS Governance Ad Hoc Committee presents recommendation to Board of Supervisors during May 24th Retreat.

Purpose and Scope
AHS Governance Ad Hoc Committee

- Review, discuss, and suggest the most effective financial accountability structure(s) between Alameda Health System (AHS) and Alameda County.
- Review, discuss, and identify approaches to improving effectiveness of governance oversight and transparency between AHS and Alameda County.
- Review, discuss, and identify potential changes to the AHS Permanent Agreement, including policy changes, that might be necessary.

Members and Participants

- **Members**
  - **Supervisor Dave Brown, District 3, Chair**
  - **Supervisor Richard Valle, District 2**

- **Participants**
  - Taft Bhuket, MD, AHS Board of Trustees
  - Colleen Chawla, Health Care Services Agency
  - Nato Green, SEIU 1021
  - James Jackson, Alameda Health System
  - Susan S. Muranishi, County Administrator
  - Liz Ortega, Alameda Labor Council
  - Michelle Reyna, California Nurses Association
  - Melissa Wilk, County Auditor/Controller

Topics Discussed

Meeting #1:

Possible AHS Governance Model Improvements

Meeting #2:

Permanent Agreement/Alameda County Financial Commitments to AHS

AHS Financing Over Past 10 Years

Meeting #3:

Financial Issues and Shared Financial Accountability Understandings

AHS 5 Year Financial Forecast

Topics Discussed, Cont.

Meeting #4:

Contra Costa and San Mateo County Public Hospital Governance Structures

Other County Public Hospital Governance Models

Meeting #5:

Recent AHS Governance Improvements and Impact

Shared Governance Understandings Strengthening the Relationship between BOS and AHS

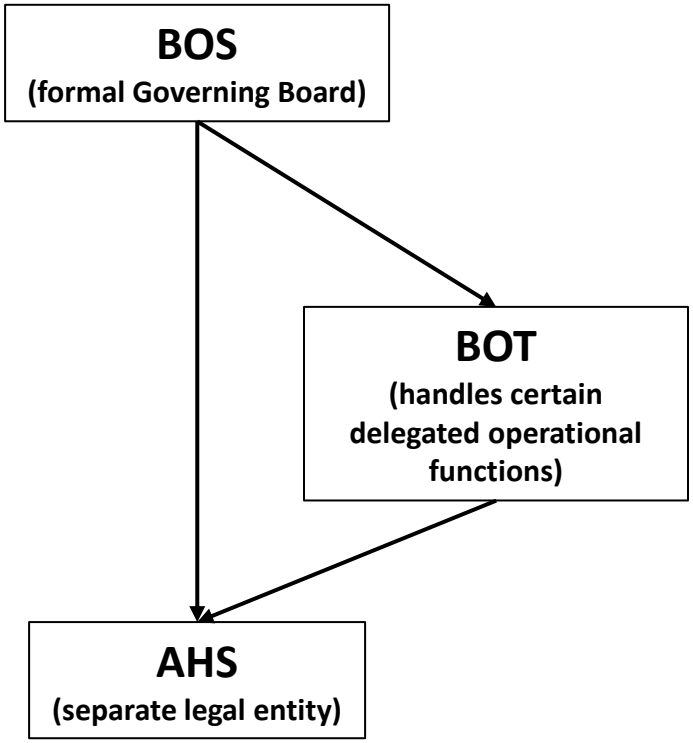
Meeting #6:

Refine Details and Components of Recommendations

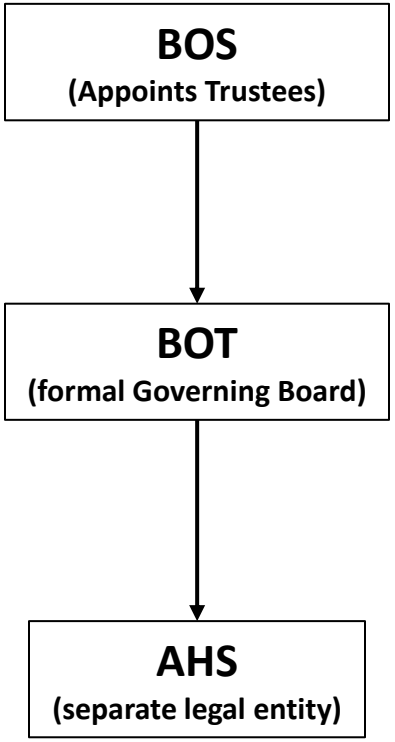
Options Under Consideration

Option A

(Ad Hoc Cmte Recommendation)



Option B



Comparison of Options – UNDER DISCUSSION

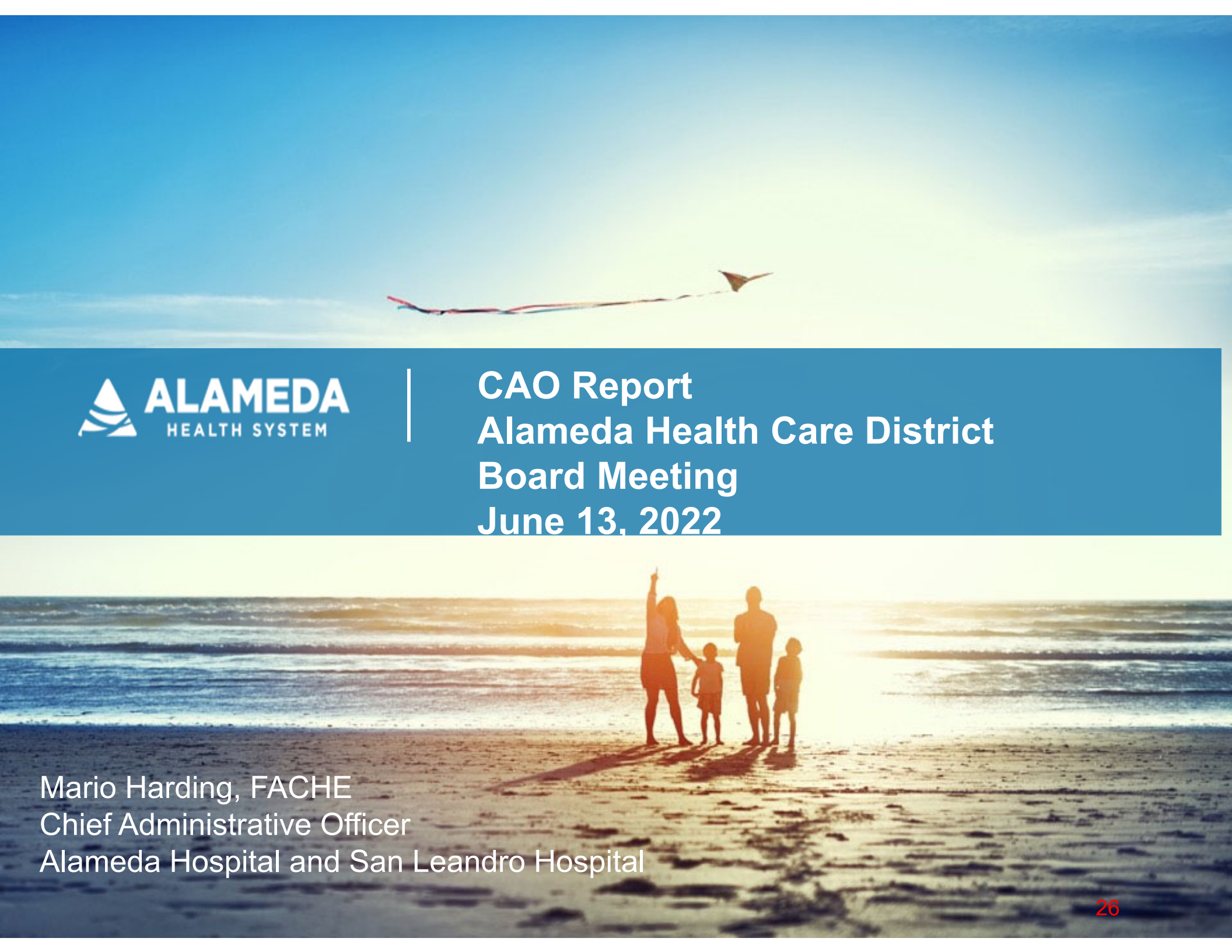
	Option A: BOS as governing body of AHS as a separate entity with BOT acting as delegated body	Option B: Strengthen BOT as governing body of AHS
Enhancing BOT Membership	• Designate seats for key stakeholders, labor, HCSA designee	• Add BOS member to BOT • Designate seats for key stakeholders, labor, HCSA designee
Role of BOS	• Hires/fires/evaluates CEO performance • Responsible for AHS financial decisions	• 1 BOS participates in CEO hiring, firing, performance evaluation
Role of BOT	• Quality, Compliance, Human Resources	• No change
Budget	• BOS approves AHS budget	• BOS reviews AHS budget
Meetings	• Formalize operational structures between AHS Admin and County (Auditor-Controller, CAO, and HCSA)	• Health Committee reports and Joint BOS/BOT meetings continue • Formalize operational structures between AHS Admin and County (Auditor-Controller, CAO, and HCSA)

May 24th BOS Retreat Recap

- Ad Hoc Committee recommended Option A and requested direction from the BOS.
- BOS directed County staff to research and analyze potential legal and policy changes under Option A before a final recommendation is made.

Next Steps

- County staff and Ad Hoc Committee will bring forward final governance change recommendation and legal/policy analysis for BOS consideration (anticipated Fall 2022).
- State legislation needed to implement required State statutory changes (timing TBD).



ALAMEDA HEALTH SYSTEM

CAO Report
Alameda Health Care District
Board Meeting
June 13, 2022

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

Operations Update

- Joint Commission triennial survey (clinical) occurred June 1st and 2nd (split survey)
  - Pending Life Safety surveyor to complete survey and finalize
  - Seven (7) preliminary findings
- AHS Strategic Plan - approved by AHS Board of Trustees (BOT) on May 18th
- FY2023 Operating & Capital Budget - pending review and approval by AHS BOT at its June 8th meeting
- Doug Johnson, interim director of Supply Chain
- Recruiting a Director of Facilities for Alameda and San Leandro hospitals. Focus on construction projects and engineering.

Care Optimization

Current Activities & Next Steps

Overview	
Status	**Watch**
Project Timeline	December 2021 – ~November 2022
Approved Benefit	Recurring: $15M – $18M
Cumulative Annual Confirmed Benefit	$0
Cumulative Realized Benefit To Date	$0

Watch or Risk Areas

Watch:
Consistent engagement, alignment, and pacing

Summary

Recent Key Activities

Patient Placement:
- Completed Transfer Center Design Session 1 and 2 –Pre-approved clinical criteria, exclusion protocols, transfer workflows and process maps, and vetted Escalation Protocol with initial stakeholders
- Held House Management Design Session 1
- Held Internal Transfer Center Design Session 1
- Completed Patient Transport observations and data analysis

IDR/CM
- Finalized HGH IDR decisions on revised framework
- Identified 8thFloor as Pilot Unit
- Continued CM staffing analysis and vetting
- Initiated CM workflow observations
- Integrated new nursing VP and increased meeting frequency with CM System Director

ED
- Completed HGH ED Front End Design Session #3 on 04/20/22
- Continue to review front-end patient flow metrics
- Finalized front-end redesign and process flows

Near-Term Goals & Upcoming Initiatives

Patient Placement:
- Vet Transfer Center documents with Delivery Team
- Establish vetting/education plan for AHS key stakeholders in transfer processes, tools and manual
- House Management Design Session Part 2–5/24/22
- Review and Determine Centralized Staffing Office Expansion FTE, Roles, Responsibilities

IDR/CM:
- Finalize IDR Quality Review process
- Finalize Facilitator training deck, cue cards, and discussion frameworks
- Finalize draft for IP Med / Surg CM staffing analysis for Highland Hospital
- Further work on ED CM / SW staffing to align with arrivals and volumes
- Support onboarding for Concurrent Clinical Denials Coordinator

ED:
- Finalize work standards for front-end roles and develop education plan
- Kick-off PI work at San Leandro and Alameda Eds
- Kick-off Fast Track work at Highland ED

ALAMEDA HEALTH SYSTEM

On Track | Watch | Requires Immediate Attention

Community Events and Happenings

Caring for Our Community

Health, Wellness and Happenings in our Community

- May 25: District 3 Alameda County Board of Supervisors Candidate Forum District 3 Alameda County Board of Supervisors Candidate Forum - May 25, 2022 (alamedachamber.com) – Mario attended
- June 16: Sponsor of the Alameda Chamber and Economic Alliance Business Excellence Awards Celebration
- July 1: Red Cross Community Blood Drive at Alameda Hospital, 12 p.m. - 6 p.m.

QUESTIONS?

Patient Experience Alameda Hospital

April 2022

Alameda Hospital April 2022

H-CAHPS (N=42) *N may vary by question*	FY21 Baseline	FY22 Goal	FY22 YTD	March 22	April 22
Overall Hospital Rating	55.18	71.66	62.50	64.67	73.86
Communication with Nurses	69.28	74.7	68.87	66.85	87.05
Communication with Doctors	74.97	77.85	71.34	66.97	87.31
Responsiveness of Hospital Staff	60.5	70.18	60.70	60.59	80.87
Communication about Medicines	48.49	59.39	51.97	51.17	70.80
Cleanliness and Quietness of Hospital Environment* *(*2 questions-noted below)*	52.53	51.01	55.77	61.74	58.59
Cleanliness (no separate goal set)	62.04	NA	65.01	71.62	68.63
Quietness (no separate goal set)	43.02	NA	46.53	51.87	48.54
Discharge Information	79.98	84.14	77.74	79.62	84.01
Care Transitions	44.58	46.04	47.51	41.78	67.03

Action Plan

Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion
Rate the Hospital and key drivers	• Actions to drive patient experience across AHS. 1. Standards - GIFT is the service standard for the organization and replaces AIDET 2. Build organizational knowledge – implement Patient Experience Boot Camps for all leaders to complete with action plans, metrics and sign off by one-up leadership 3. Daily Work – leaders to integrate patient experience into their daily work practices (audits, monitoring, metrics) • Olivia Kriebl attending monthly AH Leadership to discuss patient experience and actions for all departments • Weekly push out of patient comments to all units for more real time follow up. • Data shared at physician and staff department meetings. Patient comments shared. • ED Patient Experience Council to address patient concerns/issues and improve patient experience. Focus will be communication/working on an ED patient real time survey. • SMILE board (Safety, Metrics, Issues, Logistics, Encouragement) on all units • Sentact Rounding (EOC, TJC readiness, and patient rounding) done weekly on units • Plan for Medication Education sheet and Patient Handbook roll out in June 2022	Ongoing
Care Transition domain-preferences taken into account in d/c planning	• Care Transition Managers are focusing on Sentact patient rounding prior to discharge.	Ongoing

Post-Acute Update

Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for April 2022

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

Provider Name	Submitted Data	Passed Quality Assurance Check	Recent Percentage of Residents who are Fully Vaccinated[1]	Recent Percentage of Fully Vaccinated Residents who Received a Booster Dose[2]	Recent Percentage of Staff who are Fully Vaccinated[3]	Recent Percentage of Fully Vaccinated Staff who Received a Booster Dose[4]	Recent Percentage of Staff who are Fully OR Partially Vaccinated[5]
ALAMEDA HOSPITAL D/P SNF	Y	Y	93.3	87.1	99.4	98.2	99.4

PA CMS Vaccination Data

Resident vaccination

Higher percentages are better

92.1%

National average: 87.9%

California average: 89.9%

Resident boosters

Higher percentages are better

86.5%

National average: 80.5%

California average: 84.3%

Staff vaccination

Higher percentages are better

99.1%

National average: 87.1%

California average: 95.1%

Staff boosters

Higher percentages are better

97.9%

National average: 50.7%

California average: 88.4%

ALAMEDA HEALTH SYSTEM

Alameda District Board Presentation
6/13/2022

April Financial Report
Volume Highlights – Alameda Acute

	April	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
AHD											
Acute Care											
Patient Days	987	1,007	(20)	(2.0)%	9,814	9,660	154	1.6 %	9,277	537	5.8 %
Discharges	225	259	(34)	(13.2)%	1,960	2,357	(397)	(16.8)%	1,796	164	9.1 %
Average Daily Census	*32.9*	*33.6*	(0.7)	(2.0)%	*32.3*	*31.8*	0.5	1.6 %	*30.5*	1.8	5.8 %
Average Length of Stay	*4.4*	*3.9*	0.5	12.9 %	*5.0*	*4.1*	0.9	22.2 %	*5.2*	(0.2)	(3.1)%
Occupancy	50%	51%	(1.0)%		49%	48%	0.8 %		46%	*2.8 %*	
Observation Equiv Days	52	68	(16)	(24.1)%	1,224	622	602	96.7 %	796	428	53.8 %
CMI	1.455	1.503	(0.048)	(3.2)%	1.489	1.503	(0.014)	(0.9)%	1.503	(0.014)	(0.9)%
AHD Medicare CMI	1.662	1.587	0.075	4.7 %	1.548	1.473	0.075	5.1 %	1.473	0.075	5.1 %
AHD Medicare LOS	6.6	4.5	2.1	46.7 %	5.1	4.0	1.1	27.5 %	4.0	1.1	27.5 %
Surgeries	164	206	(42)	(20.3)%	1,697	1,964	(267)	(13.6)%	1,148	549	47.8 %
IP Surgeries	38	45	(7)	(15.5)%	328	429	(101)	(23.6)%	328	-	0.0 %
OP Surgeries	126	161	(35)	(21.6)%	1,369	1,535	(166)	(10.8)%	820	549	67.0 %
Emergency Visits	1,226	1,416	(190)	(13.4)%	12,045	13,687	(1,642)	(12.0)%	9,753	2,292	23.5 %
Deliveries	-	-	-	0.0 %	-	-	-	0.0 %	-	-	0.0 %
Clinic Visits	1,048	1,150	(102)	(8.9)%	10,352	11,547	(1,195)	(10.4)%	10,000	352	3.5 %
										-	0.0 %
Paid FTEs	394	403	9	2.3 %	376	387	11	3.0 %	392	(16)	(4.1)%
Prod FTEs	347	343	(4)	(1.3)%	325	329	4	1.2 %	338	(13)	(3.9)%
Paid FTE Per AOB	8.42	8.77	0.35	4.0 %	8.31	8.89	0.57	6.5 %	9.54	(1.22)	(12.8)%
Worked Hours per AD	191	166	(25)	(15.4)%	206	177	(29)	(16.3)%	243	(37)	(15.1)%
Worked Hours per APD	42.4	42.6	0.2	0.6 %	41.1	43.2	2.1	4.8 %	47.0	(5.8)	(12.4)%
Adjusted Discharges	320	355	(35)	(9.8)%	2,744	3,231	(487)	(15.1)%	2,425	319	13.2 %
Adjusted Patient Days	1,405	1,380	25	1.8 %	13,740	13,244	496	3.7 %	12,524	1,216	9.7 %

April Financial Report
Volume Highlights – Alameda Skilled Nursing

	April	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
SNF											
Patient Days	4,779	5,130	(351)	(6.8)%	47,392	51,903	(4,511)	(8.7)%	46,458	934	2.0 %
Bed Holds	127	62	65	105.6 %	557	628	(71)	(11.3)%	428	129	30.1 %
Discharges	10	21	(11)	(52.2)%	151	212	(61)	(28.9)%	167	(16)	(9.6)%
Average Daily Census	*159.3*	*171.0*	*(11.7)*	*(6.8)%*	*155.9*	*170.7*	*(14.8)*	*(8.7)%*	*152.8*	*3.1*	*2.0 %*
Average Length of Stay	*477.9*	*245.4*	*232.5*	*94.8 %*	*313.9*	*244.4*	*69.5*	*28.4 %*	*278.2*	*35.7*	*12.8 %*
Occupancy	*88%*	*94%*	*(6.5)%*		*86%*	*94%*	*(8.2)%*		*54%*	*32.3 %*	
Paid FTEs	180	199	*18.9*	*9.5 %*	196	198	*2.1*	*1.1 %*	188	8	4.5 %
Prod FTEs	159	174	*15.1*	*8.7 %*	172	173	*1.2*	*0.7 %*	162	10	6.3 %
Paid FTE Per AOB	0.79	0.85	*0.05*	*6.5 %*	0.90	0.85	*(0.05)*	*(6.1)%*	0.91	(0.01)	(1.5)%
Worked Hours per AD	1,911	1,040	*(871.4)*	*(83.8)%*	1,413	1,033	*(380.0)*	*(36.8)%*	1,246	166	13.3 %
Worked Hours per APD	4.0	4.2	*0.2*	*5.6 %*	4.5	4.2	*(0.3)*	*(6.5)%*	4.5	0.0	0.5 %
Adjusted Discharges	10	21	*(11.0)*	*(52.2)%*	151	213	*(61.6)*	*(28.9)%*	167	(16)	(9.5)%
Adjusted Patient Days	4,789	5,146	*(357.3)*	*(6.9)%*	47,534	52,059	*(4,524.8)*	*(8.7)%*	46,551	983	2.1 %
Payor Mix											
Insurance	3.46%	7.69%	(4.2)%	(55.0)%	6.83%	7.63%	(0.8)%	(10.5)%	8.34%	*(1.5)%*	(18.2)%
Medi-Cal	35.99%	37.54%	(1.5)%	(4.1)%	41.09%	38.38%	2.7 %	7.1 %	41.40%	*(0.3)%*	(0.8)%
Medi-Cal MC	16.73%	13.99%	2.7 %	19.5 %	16.27%	13.77%	2.5 %	18.1 %	13.59%	*2.7 %*	19.7 %
Medicare	29.04%	28.11%	0.9 %	3.3 %	25.12%	27.59%	(2.5)%	(8.9)%	25.35%	*(0.2)%*	(0.9)%
Medicare MC	7.63%	6.78%	0.9 %	12.6 %	7.07%	6.76%	0.3 %	4.6 %	6.94%	*0.1 %*	1.9 %
Other Govt	4.44%	2.55%	1.9 %	74.3 %	3.85%	2.51%	1.3 %	53.4 %	2.90%	*1.0 %*	32.9 %
Self Pay	2.70%	3.33%	(0.6)%	(19.1)%	-0.23%	3.36%	(3.6)%	(106.8)%	1.48%	*(1.7)%*	(115.5)%

April Financial Report
AHD General Highlights

- Alameda District Hospital has an acute average daily census of 32.9 in February which is 50% occupancy; mostly admissions coming through the ED. Census has decreased under budget for the month with a YTD of 32.3.
- Acute Highlights:
  - CMI is slightly lower at 1.46 vs budget of 1.50. YTD is 1.489 which is below Budget and PY.
  - LOS decreased to 4.4, but is exceeding budget of 3.9. YTD is 5.0, improved slightly over PY at 5.2.
  - Observation days at 52 were below budget of 68; YTD exceeding budget and PY.
  - Surgeries increased significantly in March, falling off in April. The majority of surgeries are in Ophthalmology & Orthopedic Surgery.
    - OP Surgery is below budget by 35 and 21.7%; YTD below budget by 10.8%
    - IP Surgery is below budget by 7 and 15.6%; YTD below budget by 23.5%
- Skilled Nursing discharges are were 10 and 52.4% below budget.
  - Park Bridge has been in a chicken pox outbreak which has limited admits.
  - The SNF sites have had on an off COVID outbreaks.
  - Sub-Acute and South Shore have been 100% full for most of April.

April 2022 Financial Report
AHS Highlights

- Operating Revenue is favorable $42.0M and 45.4%. YTD is favorable $150.2M and 16.2%.
- Operating Expense is unfavorable $6.9M and 7.6%. YTD is unfavorable by $56.3M and 6.2%.
- Net Income is $36.3M and favorable to budget by $35.6M. YTD is $116.0M and favorable by $96.9M.
- EBIDA is $36.8M resulting in an EBIDA Margin of 27.4%; above budget by $35.0M. YTD is $123.0M with an EBIDA Margin of 11.4%; above budget by $93.8M.

	April 2022				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 134,505	$ 92,521	$ 41,984	45.4%	$ 1,079,637	$ 929,466	$ 150,171	16.2%	$ 882,275	22.4%
Operating expense	98,493	91,553	(6,940)	(7.6)%	963,681	907,386	(56,295)	(6.2)%	908,246	(6.1)%
Operating income (loss)	**36,012**	**968**	**35,044**	**3620.2%**	**115,956**	**22,080**	**93,876**	**425.2%**	**(25,971)**	**546.5%**
Other non-operating activity	280	(304)	584	192.1%	34	(3,014)	3,048	101.1%	(3,838)	100.9%
Net Income (loss)	**$ 36,292**	**$ 664**	**$ 35,628**	**5365.7%**	**$ 115,990**	**$ 19,066**	**$ 96,924**	**508.4%**	**$ (29,809)**	**489.1%**
EBIDA adjustments	518	1,134	(616)		6,980	10,138	(3,158)		15,911	
EBIDA	**$ 36,810**	**$ 1,798**	**$ 35,012**		**$ 122,970**	**$ 29,204**	**$ 93,766**		**$ (13,898)**	
Operating Margin	26.8%	1.0%	25.8%		10.7%	2.4%	8.3%		(2.9)%	
EBIDA Margin	27.4%	1.9%	25.5%		11.4%	3.1%	8.3%		(1.6)%	

April 2022 Financial Report
Net Patient Services Revenue Highlights

- Gross patient service revenue is favorable to budget by $13.8M and 4.6% due to higher Trauma, Clinic visits overall adjusted patient days. As a reminder, FY22 Budget assumed volumes would ramp up to pre-covid levels.
  - The length of stay is unfavorable and above budget for the month and year.
  - CMI is ahead of budget for the month and the YTD trend.
- NPSR Collection ratio was 21.5% and higher than budget by 4.4%. YTD was 19.2% and 2.5% higher than budget. Results are consistent with improved Revenue Cycle performance.
  - March collection ratio is higher due to $1.6 million collected on patient accounts previously 100% reserved which is above trend, improved ZBA attributed to "BEST" efforts.
  - YTD collection ratio reflects one-time pickups for the Medicare cost report ($8.7M); Triage and UHC Trauma pickups.

	April 2022				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 184,067	$ 184,010	$ 56	0.0%	$ 1,865,947	$ 1,879,506	$ (13,560)	(0.7)%	$ 1,698,355	9.9%
Outpatient service revenue	98,065	86,614	11,452	13.2%	931,180	900,493	30,687	3.4%	762,614	22.1%
Professional service revenue	30,230	27,973	2,256	8.1%	281,951	293,990	(12,039)	(4.1)%	267,483	5.4%
Gross patient service revenue	312,362	298,598	13,764	4.6%	3,079,077	3,073,989	5,088	0.2%	2,728,453	12.9%
Deductions from revenue	(245,070)	(247,579)	2,510	1.0%	(2,488,969)	(2,559,612)	70,642	2.8%	(2,281,223)	9.1%
Net patient service revenue	**67,292**	**51,018**	**16,274**	**31.9%**	**590,108**	**514,377**	**75,730**	**14.7%**	**447,230**	**(31.9)%**
Collection % - NPSR	21.5%	17.1%	4.4%		19.2%	16.7%	2.5%		16.4%	
Capitation and HPAC	3,885	3,792	93	2.4%	38,552	37,921	631	1.7%	39,364	(2.1)%
Other government programs	58,979	34,880	24,098	69.1%	416,876	348,845	68,031	19.5%	364,288	14.4%
Other operating revenue	4,349	2,831	1,518	53.6%	34,101	28,323	5,778	20.4%	31,393	8.6%
Total operating revenue	**$ 134,505**	**$ 92,522**	**$ 41,983**	**45.4%**	**$ 1,079,637**	**$ 929,467**	**$ 150,170**	**16.2%**	**$ 882,275**	**22.4%**

April 2022 Financial Report
Governmental and Other Revenue Highlights

- Medi-Cal Waiver was favorable by $22.3M budget driven by additional GPP CY21 funding based on a formula change to allow full funding during the pandemic ($15.4M) and Senate Bill 129 which provided additional funding to public hospitals which AHS received an allocation ($6.9M). YTD reflects new funding ARPA ($22.3M) and additional GPP CY20 ($27.1M), CY21 ($15.4M), and CY22 ($6.9M) offset by the under accrual for the final settlement of the FY13 Waiver ($2.5M).
- Supplemental Programs was favorable by $1.9M driven by increase in monthly accruals based on payments. YTD reflects additional FY20 EPP ($11.9M), FY21 QIP ($6.2M), FY21 Hospital Fee ($4.5M), FY21 AB915 ($3.4M) and higher current year accruals offset by AB85 reserve ($57.9M).
- Other operating revenue is favorable $1.5M driven by Medication Assisted Treatment grant ($0.8M), other grant activity ($0.5M), and Retail Pharmacy ($0.3M). The 340b regulations effective 1/1/22 limit the benefit of accessing lower cost drugs as Medi-Cal scripts are now reimbursed at cost plus a flat fee. YTD, Retail Pharmacy exceeding budget $5.6M primarily from scripts for rheumatology medications and some oral oncology medication.

	April 2022				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	67,292	51,018	16,274	31.9%	590,108	514,377	75,730	14.7%	447,230	(31.9)%
Capitation and HPAC	3,885	3,792	93	2.4%	38,552	37,921	631	1.7%	39,364	(2.1)%
Medi-Cal Waiver	29,515	7,226	22,289	308.5%	141,511	72,256	69,254	95.8%	55,410	155.4%
Measure A and parcel tax	10,734	10,776	(42)	(0.4)%	107,343	107,760	(417)	(0.4)%	103,485	3.7%
Supplemental Programs	18,730	16,879	1,851	11.0%	164,492	168,829	(4,337)	(2.6)%	174,640	(5.8)%
Covid-19	-	-	0	0.0%	3,530	-	3,530	100.0%	30,753	(88.5)%
Other government programs	**58,979**	**34,880**	**24,098**	**69.1%**	**416,876**	**348,845**	**68,031**	**19.5%**	**364,288**	**14.4%**
Grants & Research Protocol	2,359	1,167	1,192	102.2%	11,919	11,681	238	2.0%	9,903	20.3%
Other Operating Revenue	1,991	1,664	326	19.6%	22,182	16,642	5,540	33.3%	21,490	3.2%
Other operating revenue	**4,349**	**2,831**	**1,518**	**53.6%**	**34,101**	**28,323**	**5,778**	**20.4%**	**31,393**	**8.6%**
Total operating revenue	**$ 134,505**	**$ 92,522**	**$ 41,983**	**45.4%**	**$ 1,079,637**	**$ 929,467**	**$ 150,171**	**16.2%**	**$ 882,275**	**22.4%**

April 2022 Financial Report
Expense Highlights

- Operating Expense is $98.5M and unfavorable to budget by $6.9M and 7.6% . YTD unfavorable $56.3M and 6.2%
  - The Labor costs are discussed on next slide.
- Purchased services are unfavorable $1.6M and 24.5% driven by COVID lab testing ($0.4M), contracted food services incentive ($0.4M), security services ($0.2M), and clinical services ($0.2M). YTD, unfavorable $10.4M and 15.6%, driven by BEST Project ($7.8M), security services ($1.5M), clinical services ($1.4M), health information management ($1.2M), COVID related services ($1.2M), and outside medical services ($0.4M) offset by software/hosting fees ($1.7M) and management consultants ($1.7M).
- Material and Supplies are unfavorable $0.3M and 4.3% driven by ongoing COVID medical supplies/PPE ($0.2M) and pharmaceuticals ($0.2M) offset by lower lab reagents. YTD, unfavorable $10.7M and 13.9%, driven by higher pharmaceuticals ($4.1M), COVID medical supplies/PPE ($3.6M), lab reagents ($2.5M), and surgical supplies ($0.5M).
- Facilities are unfavorable $0.2M and 5.6% driven by building repairs ($0.2M). YTD favorable $0.7M and 2.2% driven by lower equipment repairs ($0.9M) primarily in Bio-Medical Services .
- General and Administrative are favorable $0.2M and 12.7% driven by quarterly insurance dividend ($0.3M). YTD unfavorable $2.3M and 13.6% driven by self-funded insurance claim activity ($1.0M), legal services ($0.7M), travel costs for consultants/registry ($0.5M), and recruitment ($0.6M) offset by lower AHSF subsidy ($0.4M).

	April 2022				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 71,553	$ 66,680	$ (4,873)	(7.3)%	$ 693,280	$ 660,066	$ (33,214)	(5.0)%	$ 660,993	(4.9)%
Physician contract services	3,295	3,117	(178)	(5.7)%	31,317	31,018	(299)	(1.0)%	31,401	0.3%
Purchased services	8,280	6,652	(1,628)	(24.5)%	76,898	66,534	(10,364)	(15.6)%	63,461	(21.2)%
Materials and supplies	8,098	7,763	(335)	(4.3)%	87,479	76,775	(10,704)	(13.9)%	78,972	(10.8)%
Facilities	3,082	2,918	(164)	(5.6)%	29,288	29,958	670	2.2%	28,737	(1.9)%
Depreciation	2,685	2,704	19	0.7%	25,882	25,835	(47)	(0.2)%	26,472	2.2%
General and administrative	1,500	1,719	219	12.7%	19,537	17,200	(2,337)	(13.6)%	18,209	(7.3)%
Total operating expense	**$ 98,493**	**$ 91,553**	**$ (6,940)**	**(7.6)%**	**$ 963,681**	**$ 907,386**	**$ (56,295)**	**(6.2)%**	**$ 908,246**	**(6.1)%**

April 2022 Financial Report
Expense Highlights

- Total Labor costs are unfavorable for the month $4.9M and 7.3%; Paid FTEs are favorable 138. YTD Labor costs are exceeding budget by $33.2M and 5.0%. Paid FTE are favorable 70.
  - Salaries and registry combined are unfavorable to budget by $3.2M for the month and $25.6M for the year; registry costs continue to exceed budget consistent with historical trend. Labor shortage and COVID leave coverage has created a greater need for registry at significantly higher rates and overtime is required.
  - Physician wages are unfavorable $2.0M for the month driven by the payment of salary withhold as bonus criteria was not established ($1.4M). The remaining unfavorable variance $0.6M is consistent with previous run rate. YTD unfavorable $8.4M driven by withhold ($1.4M), Emergency ($2.3M), Anesthesiology ($1.8M), Cardiology ($1.6M), and Orthopedics ($1.3M).
  - Employee Benefits are favorable $0.9M for the month and favorable $3.9M for year; higher registry usage resulting in fewer staff with benefits.
  - Retirement is unfavorable $0.6M for the month and unfavorable $3.1M for year; resulting from employer matching contributions that restarted as of January 1st.

	April 2022				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages	$ 42,510	$ 44,524	$ 2,014	4.5%	$ 430,772	$ 441,250	$ 10,478	2.4%	$ 413,819	(4.1)%
Salaries and wages (physicians)	7,493	5,469	(2,024)	(37.0)%	63,782	55,405	(8,377)	(15.1)%	57,317	(11.3)%
Registry	6,793	1,571	(5,222)	(332.4)%	51,841	15,750	(36,091)	(229.1)%	44,739	(15.9)%
Employee benefits (taxes, insurance)	10,029	10,945	916	8.4%	104,385	108,236	3,851	3.6%	103,039	(1.3)%
Retirement	6,628	6,071	(557)	(9.2)%	61,500	58,425	(3,075)	(5.3)%	56,629	(8.6)%
Retirement (GASB-68, GASB-75)	(1,900)	(1,900)	-	0.0%	(19,000)	(19,000)	-	0.0%	(14,549)	30.6%
Total labor costs	**$ 71,553**	**$ 66,680**	**$ (4,873)**	**(7.3)%**	**$ 693,280**	**$ 660,066**	**$ (33,214)**	**(5.0)%**	**$ 660,993**	**(4.9)%**
Compensation ratio	53.2%	72.1%	18.9%		64.2%	71.0%	6.8%		74.9%	
Paid FTEs	4,533	4,671	138	3.0%	4,558	4,628	70	1.5%	4,591	(0.7)%

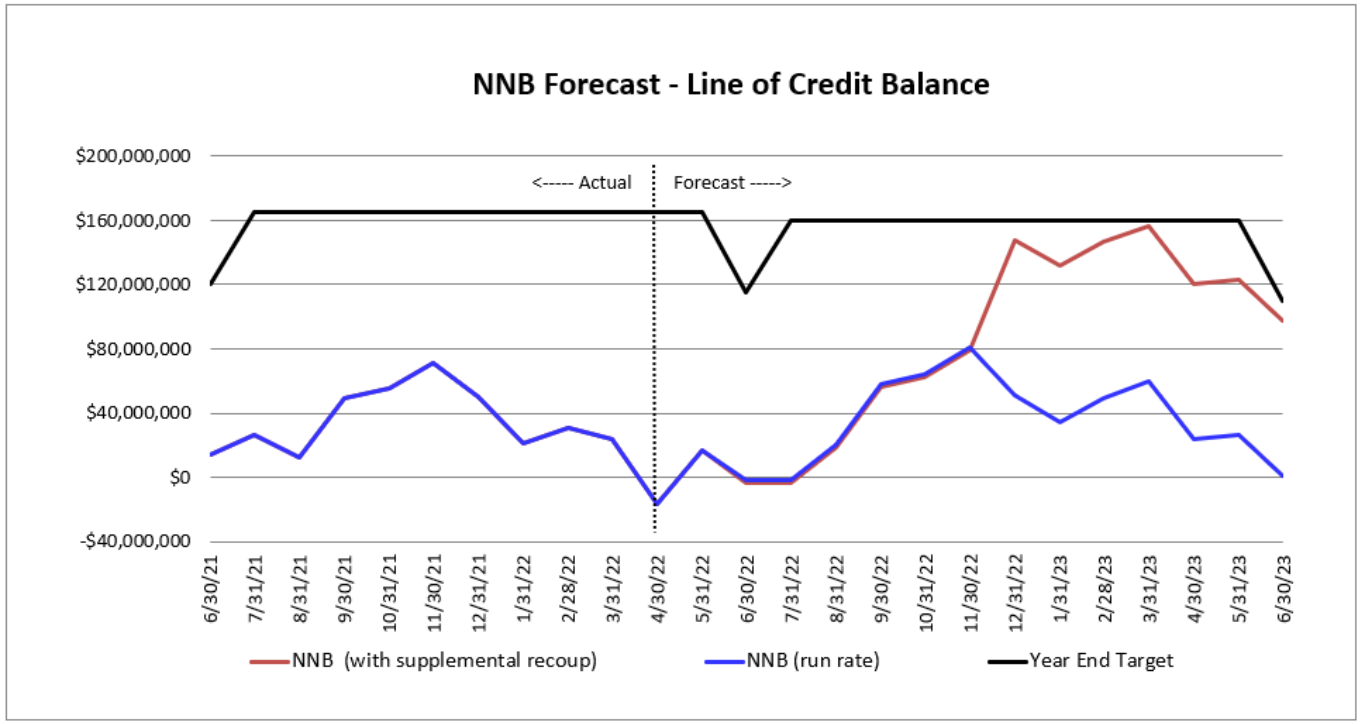
April 2022 Financial Report
Balance Sheet Key Metrics

- Days in Cash is consistent and typically are below 5.0 days.
- Gross AR Days decreased 0.9 days from prior month consistent with "BEST" work.
- Net AR Days increased by 2.1 days from the prior month mostly due to volatility caused by using the rolling 3-month NPSR which includes cost report settlement ($8.7M) and higher collections.
- Days in Accounts Payable increased due to timing of the check run. The target is 30 days.
- Net Position is negative but improved from June 30, 2021 by $117.0M (YTD net income).
- Net Negative Balance $16.3M is now positive! The liability of $9.3M is offset with restricted cash of $25.5. NNB is below the June 30, 2022 ceiling of $115.0M.

	Apr-22	Mar-22	FY 2021
Days in Cash	5.0	6.0	2.5
Gross Days in Patient Receivable	58.5	59.4	62.7
Net Days in Patient Receivable	37.1	35.0	48.3
Net Reimbursement Receivable/(Payable)	(33,903)	76,962	(108,258)
Net County Receivable/(Payable)	78,067	(20,250)	67,510
Days in Accounts Payable	33.6	31.3	27.0
% of AP Over 60 days	2.0%	1.0%	0.3%
Current Ratio	1.1	1.1	1.0
Net Position - Fund Balance/(Deficit)	$ (164,530)	$ (200,823)	$ (280,520)
Net Negative Balance - due from/(due to)	$ 16,255	$ (23,985)	$ (14,527)

April 2022 Financial Report
Line of Credit (NNB) Forecast

- FY22 Cash Flow from Operations Forecast is expected to be below NNB limit (blue line).
  - Capital budget cash flow at $32.4M and currently running below plan. Total spent to date is $17.5M which is expected to increase $4.5M to $22M this fiscal year.
- FY23 Cash Flow from Operations Forecast is expected to be below NNB limit (blue line).
  - Anticipated cash flow based on FY23 proposed budget, including $45.0M performance improvement driven by Huron partnership.
  - Capital budget cash flow at $31.8M.
- PY Recoupments are reported in December 2022, reflected in the red line, and remain below the NNB Limit.
  - FY13 Waiver SNCP portion receivable ($1.8M) is expected to be paid in June 2022.
  - No new information is available on recoupment timing for the remaining programs.
  - Expect adjustments for the FQ Settlements



April 2022 Financial Report
Table of Material Items Impacting NNB Forecast

- Changes in the forecast from last month are as follows:
  - Additional funding for GPP CY21 of $15.4M based on formula change; expected in May 2022.
  - Moved Capital Cost (paid to County) of $26.6M from May 2022 to June 2022, pending execution of amendment.
  - Prior year recoupment are shown on the top four rows and reflected in December 2022, as a placeholder.

Material Items Included in NNB Forecast
(in thousands)

	May-22	Jun-22	Jul-22	Aug-22	Oct-22	Dec-22	Jan-23	Apr-23	Jun-23
Waiver recoupment (fy11, fy13 - fy15)	$ -	$ 1,750	$ -	$ -	$ -	$ (16,291)	$ -	$ -	$ -
Medi-Cal FQHC recoupment (fy08 - fy13)						(40,000)			
Medi-Cal P14 cost report (fy11 - fy15)						(9,394)			
Physician SPA (fy08 - fy13)						(30,000)			
HPAC amendment and AB85 realignment					(40,822)		40,000		
EPP (semi-annual)					21,000		21,000	21,000	
QIP (annual)									32,000
GPP (quarterly)	15,436		20,600		20,600			41,200	
Medi-Cal Managed Care Rate Range (annual)						36,000			
AB915 (annual)		12,433							
Capital Cost Fund (to County)		(26,564)		(9,000)					
Capital Designation Funds (from County)		21,000							7,000
	$ 15,436	$ 8,619	$ 20,600	$ (9,000)	$ 778	$ (59,685)	$ 61,000	$ 62,200	$ 39,000

Appendix

AHD key facts
AHS Volume Statistics
COVID Related Funding
Direct Expenses

Financial Report
AHD Key Facts

- Alameda District Hospital acute average daily census runs approximately 50% occupancy; mostly admissions coming through the ED. YTD census is 32.3.
  - Med surg and Tele (58 beds)
  - ICU census (8 Beds)
  - Clinics include Wound Care Clinic & Marina Wellness Center
- Skilled Nursing runs at approximately 86% capacity; mostly admissions from AHS hospitals.
  - Hospital (Subacute 35 beds)
  - Park Bridge (120 beds) and
  - South Shore (26 beds)

April 2022 Financial Report
Volume Highlights

	April	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
ACUTE											
Acute Patient Days	8,716	9,007	(291)	(3.2)%	88,121	89,503	(1,382)	(1.5)%	83,930	4,191	5.0 %
Acute Discharges	1,539	1,700	(161)	(9.5)%	14,985	16,684	(1,699)	(10.2)%	14,741	244	1.7 %
Average Daily Census	290.5	300.2	(9.7)	(3.2)%	289.9	294.4	(4.5)	(1.5)%	275.2	14.7	5.3 %
Average Length of Stay	5.7	5.3	0.4	7.5 %	5.9	5.4	0.5	9.3 %	5.7	0.2	3.5 %
Acute Adjusted Discharges	2,439	2,567	(128)	(5.0)%	22,987	25,159	(2,172)	(8.6)%	21,876	1,111	5.1 %
Acute Adjusted Patient Days	13,815	13,601	214	1.6 %	135,178	134,971	207	0.2 %	124,552	10,626	8.5 %
CMI	1.564	1.501	0.063	4.2 %	1.549	1.552	(0.003)	(0.2)%	1.552	(0.003)	(0.2)%
ED Visits	7,755	8,666	(911)	(10.5)%	76,823	85,678	(8,855)	(10.3)%	67,642	9,181	13.6 %
Trauma Cases	276	242	34	14.0 %	2,516	2,529	(13)	(0.5)%	2,213	303	13.7 %
Observation Equiv Days	89	108	(19)	(17.6)%	1,790	1,022	768	75.1 %	1,040	750	72.1 %
PES Equivalent Days	605	838	(233)	(27.8)%	5,551	10,289	(4,738)	(46.0)%	5,984	(433)	(7.2)%
Surgeries	713	765	(52)	(6.8)%	6,812	7,509	(697)	(9.3)%	5,642	1,170	20.7 %
IP Surgeries	334	345	(11)	(3.2)%	3,301	3,405	(104)	(3.1)%	3,054	247	8.1 %
OP Surgeries	379	420	(41)	(9.8)%	3,511	4,104	(593)	(14.4)%	2,588	923	35.7 %
Deliveries	103	104	(1)	(1.0)%	1,167	1,058	109	10.3 %	1,017	150	14.7 %
SNF											
Patient Days	7,928	8,223	(295)	(3.6)%	78,982	83,235	(4,253)	(5.1)%	76,043	2,939	3.9 %
Discharges	18	28	(10)	(35.7)%	249	282	(33)	(11.7)%	236	13	5.5 %
Daily Census	264.3	274.1	(9.8)	(3.6)%	259.8	273.8	(14.0)	(5.1)%	249.3	10.5	4.2 %
Average Length of Stay	440.4	293.7	147	50.1 %	317.2	295.2	22	7.5 %	322.2	(5.0)	(1.6)%
CLINIC VISITS	28,767	27,333	1,434	5.2 %	300,883	281,907	18,976	6.7 %	287,868	13,015	4.5 %
Clinic Visits	24,093				244,993				175,086	69,907	39.9 %
Telehealth	4,674				55,890				112,782	(56,892)	(50.4)%
Physician wRVU	94,252	93,549	703	0.8 %	910,505	921,546	(11,041)	(1.2)%	796,537	113,968	14.3 %
Total Adjusted Discharges	2,387	2,541	(154)	(6.1)%	22,836	25,094	(2,258)	(9.0)%	21,702	1,134	5.2 %
Total Adjusted Patient Days	25,512	25,340	172	0.7 %	250,487	255,497	(5,010)	(2.0)%	231,801	18,686	8.1 %

February 2022 Financial Report
Covid 19 Funding

Program	Description	Amount
CARES Act Part 1	$30B nationwide distribution based on Medicare FFS revenue	Received $10M on April 10, 2020
CARES Act Part 2	Additional $20B nationwide distribution based on net patient revenue	Received $4M on April 24, 2020
CARES Act Part 5	$100M to be used for increased medical supplies, testing and telehealth needs and additional $1.32B for the prevention, diagnosis, and treatment of COVID-19, plus additional $583M to expand testing. FQHC clinics were auto awarded based on annual UDS report. Such County wide UDS report includes significant portion of AHS' data.	County awarded $64K on March 24, 2020, $751K on April 8, 2020, and $261K on May 7, 2020. AHS and County partnered to provide COVID testing to the Homeless. Agreement was signed on September 30, 2020, to reimburse costs. AHS received $268K on January 1, 2021, $437K on March 26, 2021, and $636K on May 10, 2021.
CARES Act Part 6	$150B Relief Fund for necessary expenditures incurred due to the public health emergency for local government based on population.	County allocated $291.63M. Agreement signed December 17, 2020, for County to reimburse AHS for Fairmont SNF Quarantine start-up cost up to $318K. Received $318K on March 12, 2021.
CARES Act Part 7	Relief fund for SNFs. SNF will receive a fixed distribution of $50,000, plus $2,500 per bed	Received $825,000 on May 22, 2020
CARES Act Part 9	Reconciled payment for providers not filing a Medicare cost report	AHP received $1M on June 15, 2020
CARES Act Part 10	$10B high impact for hospitals with 161+ admissions between January 1 to June 10	Received $8.35M on July 20, 2020
CARES Act Part 11	Targeted distribution for Safety Net Hospitals meeting 3 criteria based on FYE 6/30/18 Medicare Cost Report.	Received $20M on January 26, 2021
CARES Act Part 12	Relief fund for SNFs. SNF will receive a fixed distribution of $10,000, plus $1,450 per bed	Received $440,500 on August 27, 2020
Centers for Medicare & Medicaid Services	Increase to the weighting factor of the assigned DRG by 20% for an individual diagnosed with COVID discharged during the PHE period from an IPPS Hospital identified using ICD-10-CM diagnosis codes B97.29 and U07.1.	
Subtotal	CARES Act	Received $46.3M

February 2022 Financial Report
Covid 19 Funding

Program	Description	Amount
Assistant Secretary for Preparedness Response	First round: $50M nationwide distribution. California Hospital Association (CHA) submitted application for California share of $4M. Second round: $100M nationwide distribution. CHA applied for California share of $10.7M	Received payment for $25K in MAY 2020 & $77K in SEP 2020.
CDPH	Grant for outreach and telemedicine for low English proficiency immigrant population	$20K grant approved. Received payment in JUN 2020.
FEMA	Federal government will reimburse 75% of cost	AHS is actively looking to apply separately or together with the County. CAPH has contracted with Ernst & Young to offer group training. AHS has participated in training.
Increased FMAP	For Pre-ACA Medi-Cal FFS inpatient population, 6.2% FMAP increase applicable during PHE period.	Received from the State $2.1M for JAN-DEC 2020 and $3.6M for JAN-OCT 2021 dates of service.
SNF Rate Increase	SNF/Sub-Acute 10% rate increase effectiveduring PHE period for Medi-Cal FFS.	Received $1.5M for MAR-JUN 2020 service months on August 17, 2020. July month of service and forward is paid on the claim.
Medi-Cal Plans	Alameda Alliance announced $16.6M Health Safety-Net Sustainability Fund	AHS submitted application on May 22, 2020. Awarded $1.85M or 37% in May cycle, payment received in July. Awarded $1.05M for June cycle. Program closed.
PRF Phase 4 and ARP Rural Distributions	Provider Relief Funds Phase 4 General Distribution and American Rescue Plan Rural payments.	Received $3.3M Phase 4 in DEC 2021 and $195K ARP Rural payment in NOV 2021
Subtotal	Non-CARES Act	Received $13.7M
Total COVID Funding	All programs	Received $60M

April 2022 Financial Report
Covid 19 Expenditures

COVID-19 expenses from 3/01/20 to 4/30/22
(in thousands)

	FY 2020*	FY 2021	FY 2022	Total	
Directly charged to COVID-19					
Labor costs	$ 810	$ 6,027	$ 3,220	$ 10,057	
Purchased Services	234	2,261	1,231	3,726	Cleaning and conceige parking services; Work area redesign
Supplies	894	2,442	2,337	5,673	PPE and other supplies purchased through non-GPO vendors
Non-medical minor equipment	40	623	-	663	
	$ 1,978	$ 11,353	$ 6,788	$ 20,119	
Other expenses embedded in dept					
Payroll	$ 8,007	$ 9,346	$ 2,149	$ 19,502	COVID-19 specific pay codes
Cleaning Supplies (all campuses)	820	1,369	-	2,189	amount over prior run rate of $132k
Linen & Laundry	167	341	-	508	amount over prior run rate of $287k
IT Services	330	-	-	330	assistance with remote access and Epic
IT Equipment	137	-	-	137	laptops, ipads, and licenses
	$ 9,461	$ 11,056	$ 2,149	$ 22,666	
Capital Expenditures	$ 223	$ 422	$ -	$ 645	
Total expenditures	$ 11,662	$ 22,831	$ 8,937	$ 43,430	

* starting 3/01/20

June 13, 2022

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

From Debi Stebbins
Executive Director

RE: Executive Director Report – June 2022

1. Presentations by James Jackson, CEO, Alameda Health Systems

At the June 13, 2022 District Board meeting, James Jackson, CEO, Alameda Health Systems, will be giving updates on two topics: a) Status of the discussions between the Board of Supervisors and the AHS Board on the possible restructuring of the governance structure of AHS, and 2) an overview of the conclusions of the strategic planning process recently completed in consultation with Huron Consulting for AHS.

2. Updates on AB 2904

As you are aware, AB 2904 (Bonta) providing a two-year extension for Alameda Hospital to meet the 2030 seismic requirements passed the Assembly Health and Appropriations Committees and was ultimately approved on the Assembly Floor earlier this month all without opposition.

The bill is now headed for review in Senate Committees. We project that the bill we be heard in the Senate Health Committee on either June15 or June 22. From there it will go to the Senate Appropriations Committee and later to the Senate floor. It is a parallel process to the one the Bill went through in the Assembly. Once approved by the Senate, the bill will be referred to the Governor, who has until September 30, 2022, to approve the bill. We are working with our advocacy consultants, MJM Consultants, to develop a strategy to orient the Governor's office to the issues.

Our advocacy consultants and I were a bit concerned that the bill could have been more specific about exempting the Stephens Wing from certain 2030 standards in order to allow the newly renovated kitchen/cafeteria to remain in that building. I drafted potential amendment language to AB 2904 as follows:

> **AB 2904 also provides for continued operation after 2032 of an SPC 2 building on the Alameda Hospital campus, known as the Stephens Wing. The Stephens Wing is the site of the newly completed kitchen and food service (2022) supporting acute care services at the Hospital. A**

contingency plan will be developed by no later than 2030 to provide for continued food services for patients and employees in the event the kitchen is not operational after a seismic event.

MJM Advocacy, presented this to the consultant for the Senate Health Committee (chaired by Dr. Pan) and he felt the committee would not be open to such a building exemption. He felt the Committee would support the 2-year extension as in the original bill. The concern from the Senate was setting a precedent for exempting specific buildings from the 2030 standards. If we are to push forward on the exemption language, MJM Advocacy feels the bill could die in Senate Committees.

While the work Ratcliff and various engineering consultants are doing right now will determine if the Stephens Wing can be retrofit to full 2030 standards (SPC4B) and at an affordable cost, it right now still seems unlikely. While the exemption would have set the Hospital up to keep the new kitchen in a non-compliant building, I think keeping the bill with the two-year exemption in play is very important in giving us more time to plan. The consultants and I have discussed possible approaches to continuing exemption discussions after AB 2904 is passed.

3. Pursuit of Funding for 2030 Seismic Retrofit Funding

I am a member of the Association of California Health Care Districts (ACHD) Seismic Committee. Recently the Committee, in recognition of the unprecedented level of State surpluses ($100 Billion) this year, initiated an effort to get a portion of this money directed to the 2030 retrofit requirements for District hospitals. District hospitals have much more limited sources of funding for capital projects, often needing to seek bond initiatives from local voters, a quest that is not destined for success in this inflationary climate. Furthermore, District hospitals are among the hospitals with the biggest remaining seismic challenges in this state. ACHD estimates the cost to bring all District hospitals up to the 2030 requirements is $3 billion.

Assemblyman Eduardo Garcia (56th District) has written a letter on behalf of the California Hospital Districts to Budget Chairs of both the Assembly and Senate Budget Committees (Ting and Skinner) requesting consideration of allocating $1 billion from the State surplus for use by the District hospitals. (See attached letter). So far, the letter has been supported by 20 other legislators. Unfortunately, this strategy emerged rather late in the budget process this year as did the size of the surplus this year.

While this effort may not prevail in term of inclusion in this year's budget. Finalization of this year's budget will wrap up at the end of June. However, there is strong interest on the part of many District hospitals in continuing to pursue special funding starting with the planning for the next budget in the Fall. There is likely to be another surplus for the FY 23=24 year.

4. Continued Facility Planning for Alameda Hospital

Under the direction of Ratcliff Architects, we have structural engineering and MEP consultants working on an assessment of all buildings on the campus except for the administration building regarding the potential upgrade and cost of bringing them into compliance with 2030 SPC and NPC standards. In addition, Ratcliff is developing scenarios for reconfiguring services especially in the South and West Wings. I expect we will have progress reports on these studies by the end of this month. I plan to schedule the next Seismic Planning Committee meeting soon thereafter.

Kristen Thorson, who left to assume a project management position at Queen of the Valley Hospital in Napa (sad to us, but great for Kristen) we are asking John Ramirez, who oversees all facilities at AHS to join the Committee.

STATE CAPITOL
P.O. BOX 942849
ROOM 8120
SACRAMENTO, CA 94249
(916) 319-2056
FAX (916) 319-2156

RIVERSIDE COUNTY DISTRICT OFFICE
48220 JACKSON STREET, #A3
COACHELLA, CA 92236
(760) 347-2360
FAX (760) 347-5704

IMPERIAL COUNTY DISTRICT OFFICE
1101 AIRPORT ROAD, SUITE D
IMPERIAL, CA 92251
(760) 355-8656
FAX (760) 355-8856

Assembly
California Legislature

EDUARDO GARCIA
ASSEMBLYMEMBER, FIFTY-SIXTH DISTRICT

STANDING COMMITEES

CHAIR: UTILITIES AND ENGERY

APPROPRIATIONS
COMMUNICATIONS AND CONVEYANCE
GOVERNMENTAL ORGANIZATION

May 19, 2022

The Honorable Phil Ting
Chair, Assembly Budget Committee
1021 O Street, Room 8230
Sacramento, 95814

The Honorable Nancy Skinner
Chair, Senate Budget Committee
1021 O Street, Room 8630
Sacramento, 95814

RE: District Hospital Seismic Infrastructure Funding

Dear Assemblymember Ting and Senator Skinner:

In light of the $97.5 billion budget surplus, the undersigned members of the California State Assembly and Senate respectfully request the inclusion of $1 billion for Public District Hospitals, for the purpose of meeting the 2030 Seismic Mandate. This request seeks a one-time expenditure of $1 billion, in Fiscal Year (FY) 2022-23, for the 32 District Hospitals to fund new or ongoing infrastructure seismic compliance projects. Without this funding, these public hospitals will struggle to meet the deadline and face closures.

District Hospitals are public entities that services California's most vulnerable populations, including high volumes of Medi-Cal enrollees. These hospitals serve rural and remote areas of the state, provider shortage areas, and urban underserved areas. In many communities they are to sole provider of health care, or the sole provider of care to the uninsured or underinsured. Of the 76 healthcare districts throughout the state, 32 have hospitals, 17 of which are critical access. District hospitals are funded nominally by their communities through taxes but primarily through reimbursement for services, this means they face significant financial challenges in generating funding for capital outlay—especially of this magnitude. The Administration has signaled that infrastructure is critically important and, in that thread, we believe funding should be extended to preserve hospital care for the state's most vulnerable.

While it is hard to quantify with certainty the total cost for all districts to meet the 2030 mandate, it is approximately $3 billion, with small hospital projects estimated at $45 million and larger projects in the hundreds of millions. For District Hospitals they must go to their voters to approve a bond or tax to fund these projects or to leverage government financing. These initiatives often fail and given the current economy are likely to remain unsuccessful. With no additional revenue or support, District Hospitals struggle to even secure financing to begin these projects. Additionally, as public entities they must already pay prevailing wage which significantly increases the costs of these projects.

The COVID-19 pandemic impacted all health care providers, but especially public providers like, healthcare districts creating another financial setback. With only eight years remaining until 2030, hospitals must begin construction now. Without state funding, public District Hospitals will face closures or consolidation regardless of any mandate modifications. This investment is appropriately timed as California has a significant budget surplus that is too volatile for significant ongoing spending. Additionally, this proposal counts against the State Appropriations Limit.

We are seeking this budget investment to ensure these public hospitals remain open to provide essential live saving services to their communities. This one-time funding will serve as a way for District Hospitals to finance their 2030 retrofit and rebuild projects to meet the mandate. Hospitals of all kinds have proven to be some of the most critical infrastructure that our constituents rely on and as we invest in health, technology, business and rebuilding California we believe this appropriation should be included.

The $1 billion state budget appropriation will keep these public hospitals open to serve all Californians for years to come. Thank you very much for the consideration of this request. If you have any questions do not hesitate to reach out to Rexford Scott in my office at Rexford.Scott@asm.ca.gov or 916.319.2056.

Sincerely,

Assemblymember Eduardo Garcia
56th Assembly District

City of Alameda HEALTH CARE DISTRICT	**Minutes of the City of Alameda Health Care District Board of Directors - Held via ZOOM** Open Session Monday, May 9, 2022 Special Meeting

Board Members Present	**Legal Counsel Present**	**Also Present**	**Absent**
Tracy Jensen, Robert Deutsch MD, Mike Williams, Gayle Codiga, Stewart Chen DC	Tom Driscoll	Morgan Verrett, Debi Stebbins	

Minutes submitted by: Morgan Verrett, Executive Assistant and Clerk of the Board

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
I. Call to Order	The meeting was called to order at 5:40PM by President Michael Williams.	
II. Roll Call	Roll had been called prior to the start of the closed session. A quorum of Directors was present.	
III. General Public Comments	No public comments.	
IV. Guest Presentation	2030 Seismic Timeline & Next Steps by Katy Ford Katy Ford presented her outlines of the requirements of the 2030 Alameda Hospital Campus upgrades to the west wing. This is a two story building that she assesses that can be taken up to SPC4D. Points of focus: ● *Upgrade infrastructure,* ● *Upgrade emergency generators* ● *Upgrade mechanical, electrical, plumbing & water.* ● *Request dietary stay in SPC2 Building, reclassify to skilled nurses* Timeline: Katy Ford explains the timeline for this project may need to be broken up into phases across 2022 through 2034. 2022-2028 for mapping out, 2028-2034 for beginning expansion upgrades. Takeaways:	The Board moved to approve with funding. It was seconded and carried out.

	-Largely the upgrades will need new code requirements - There will need to be a relocation of IT - May need a reconfiguration of 3rd floor - Maintain emergency, lab, and admin offices -Expand sterile rooms & storage space Total funding request is explained in steps: Step 1 funding: $79,000 Step 2 funding: $66,300 Step 3 funding: $11,320 Step 4 funding: $4,500 Total: $161,174 <u>Questions</u> Dr. Deutsch - will the 3rd floor remain the same as far as the amount of sub acute beds? Katy Ford - Yes.	It was moved, seconded and approved to proceed with the Ratliff proposals as submitted
Regular Agenda		
A. 1)	<u>Chief Michael Williams, Presidents Report</u> Michael Williams reports that he and Debi Stebbins went to Sacramento to testify for AB2904, it went well.	

A. 2)	Tracy Jensen, Alameda Health System Board Liaison Report April: ● AHS Board continued discussion of long term Strategic Plan ● Recap of Mike Williams and Debi Stebbins going to Sacramento to testify for AB2904 for the 2030 Seismic Requirements. ● The AHS trustees will hear from Debi Stebbins to discuss provisions of AB2904. ● Tracy Jensen reports no opposition to the bill. Questions: Dr. Stewart Chen - If AB2904 Passes, what is the new deadline? Tracy Jensen - The 7 year extension remains.	
A. 3)	Dr. Robert Deutsch, Alameda Hospital Liaison Report ● Dr. Deutsch would like the minutes to reflect that there are still ongoing challenges providing tertiary level care to patients due to lack of complete specialty coverage. Dr. Deutsch mentions those who are working on this; Dr. Joshi, Dr. Tornabene, Dr. Lowry, Mario Harding and others,assuring that when patients at Alameda Hospital need high level care, they are able to receive it swiftly.	
A. 4)	Debi Stebbins - Executive Director Report Debi Stebbins reports that AB2904 advanced. She reports that after a full assembly vote, it will be referred to the senate for a parallel process, hoping Senator Skinner will be the sponsor of this bill, with a 2 year extension and waiver with the ability to keep the kitchen. In addition, Debi is pursuing options of the possibility of funding for California hospitals for the 2030 standards.	
District & Operational Updates		

A. 5)	Gayle Codiga - Alameda Hospital Seismic Planning Committee Report Gayle reports the advancement of AB2904 with hopes to get the funding needed for the expansion.	
A. 6)	Stewart Chen - Community Liaison Report Dr. Chen reports that AB2904 is on track to being passed by reaching out to officials. He reports that it's looking very good, though they haven't gotten a chance to meet, he requests that he has a meeting with Debi Stebbins in the near future.	
Consent Agenda		
B. 1)	Acceptance of Minutes of April 11, 2021 Board Meeting Dr. Deutsch requests a correction under the Liaison Board Report: "Dr. Deutsch noted challenges providing higher levels of care for those patients who need them, and more specifically getting those patients transported to Highland Hospital for needed care, also, the issue of inappropriate balanced billing raised at the last meeting appears to be improving"	A motion was made, seconded and carried to accept the April 11h, 2022 minutes with the addition of Dr. Deutsch's comments.
Action Items		
C. 1)	District Goals & Priorities FY 22-23	A motion was made, seconded and carried to accept the District goals & priorities FY 22-23
D. 2)	Review and Approve District Budget FY 22-23 Transfer funds from community $140,000 to CARES Team program.	There was approval and the motion carried with 4 ayes, Mike Williams abstaining

June 13th, 2022 Agenda Preview		
E. 1)	Presentation from Alameda Fire on CARES and the Community Paramedicine Program	
E. 2)	Discussion on Minutes Philosophy	
E. 3)	Acceptance of May 9, 2022 Minutes	
E. 3)	Review and Approve District Budget FY 22-23 - Second review	
E. 4)	Approval of Recommendation on Distribution of Jaber Funds to Support AHS Capital Equipment Expenditures	
E. 5)	Approval of Audit Engagement Letter	
Informational Items		
F. 1)	YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)	
Final Closing Remarks		
V. General Public Comments	No public comments.	
VI. Board Comments.	No comments from the board.	
VII. Adjournment	There being no further business, the meeting was adjourned at 8:00pm.	

Approved: _____

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(March 1-31, 2022)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2021	As of 3/31/2022
Assets		
Current assets:		
Cash and cash equivalents	$ 881,844	$ 261,171
Grant and other receivables	309,139	1,459,741
Prepaid expenses and deposits	86,271	35,260
Total current assets	1,277,254	1,756,173
Assets limited as to use	678,596	802,798
Capital Assets, net of accumulated depreciation	2,446,447	2,305,365
	4,402,297	4,864,335
Other Assets	2,988	1,307
Total assets	$ 4,405,285	$ 4,865,643
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,853	$ 36,941
Accounts payable and accrued expenses	15,729	7,928
Total current liabilities	50,582	44,869
Debt borrowings net of current maturities	842,184	814,710
Total liabilities	892,766	859,579
Net position:		
Total net position (deficit)	3,512,519	4,006,064
Total liabilities and net position	$ 4,405,285	$ 4,865,643

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 3/31/2022	Budget YTD 3/31/2022	Variance	
Revenues and other support					
District Tax Revenues	$ 5,898,222	$ 4,432,290	$ 4,410,000	22,290	1%
Rents	189,737	139,960	168,750	(28,790)	-17%
Other revenues	7,481	-	1,125	(1,125)	
Total revenues	6,095,439	4,572,250	4,579,875	(7,625)	
Expenses					
Professional fees - executive director	123,321	116,417	101,250	(15,167)	-15%
Professional fees - Assistant	-	40,181	44,850	4,669	10%
Professional fees	102,614	101,099	324,188	223,088	69%
Supplies	5,417	1,288	3,375	2,087	62%
Purchased services	3,850	1,500	7,500	6,000	80%
Repairs and maintenance	15,579	5,145	26,250	21,106	80%
Rents	27,015	14,014	16,002	1,988	12%
Utilities	13,085	8,867	8,663	(204)	-2%
Insurance	92,786	73,453	67,069	(6,385)	-10%
Depreciation and amortization	187,024	142,763	142,763	0	
Interest	47,321	36,318	37,500	1,182	3%
Travel, meeting and conferences	352	5,725	5,250	(475)	-9%
Other expenses	69,253	117,064	214,650	97,586	45%
Total expenses	687,616	663,834	999,309	335,475	
Operating gains	5,407,824	3,908,416	3,580,566	327,850	9%
Transfers	(5,766,724)	(3,414,871)	(3,577,304)		
Increase(Decrease) in net position	(358,900)	493,545	3,262		
Net position at *beginning of the year*	3,871,419	3,512,519	3,512,519		
Net position at the *end of the period*	$ 3,512,519	$ 4,006,064	$ 3,515,781		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 3/31/2022
Increase(Decrease) in net position	$ (358,900)	$ 493,545
Add Non Cash items		
Depreciation	187,024	142,763
Changes in operating assets and liabilities		
Grant and other receivables	(10,722)	(1,150,602)
Prepaid expenses and deposits	(79,643)	51,011
Accounts payable and accrued expenses	5,639	(7,801)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(256,603)	(471,085)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(7,546)	-
Changes in assets limited to use	(31,845)	(124,202)
Net Cash used in investing activities	(39,391)	(124,202)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,951)	(25,386)
Net cash used by financing activities	(34,951)	(25,386)
Net change in cash and cash equivalents	(330,945)	(620,672)
Cash at the beginning of the year	1,212,789	881,844
Cash at the end of the period	$ 881,844	$ 261,171

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2021	Jaber 6/30/2021	As of 6/30/2021	District 3/31/2022	Jaber 3/31/2022	As of 3/31/2022
Assets						
Current assets:						
Cash and cash equivalents	$ 881,844	$ -	$ 881,844	$ 261,171	$ -	$ 261,171
Grant and other receivables	309,139	0	309,139	1,459,741	0	1,459,741
Prepaid expenses and deposits	86,271	(0)	86,271	35,260	(0)	35,260
Total current assets	1,277,254	(0)	1,277,254	1,756,173	(0)	1,756,173
Due To Due From	14,925	(14,925)	0	14,925	(14,925)	0
Assets limited as to use	0	678,596	678,596	0	802,798	802,798
Capital Assets, net of accumulated depreciation	1,555,948	890,500	2,446,447	1,442,915	862,449	2,305,365
	2,848,126	1,554,171	4,402,297	3,214,013	1,650,323	4,864,336
Other Assets	2,988	0	2,988	1,307	0	1,307
Total assets	2,851,114	1,554,171	4,405,285	3,215,320	1,650,323	4,865,643
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	34,853	0	34,853	36,941	0	36,941
Accounts payable and accrued expenses	15,729	0	15,729	7,928	0	7,928
Total current liabilities	50,582	0	50,582	44,869	0	44,869
Debt borrowings net of current maturities	842,184	0	842,184	814,710	0	814,710
Total liabilities	892,766	0	892,766	859,579	0	859,579
Net position:						
Total net position (deficit)	1,958,349	1,554,171	3,512,519	2,355,742	1,650,323	4,006,064
Total liabilities and net position	$2,851,114	$1,554,171	$4,405,285	$3,215,320	$1,650,323	$4,865,643

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 3/31/2022	Jaber 3/31/2022	Actual YTD 3/31/2022
Revenues and other support						
District Tax Revenues	5,898,222	0	5,898,222	4,432,290	0	4,432,290
Rents	0	189,737	189,737	0	139,960	139,960
Other revenues	7,481	0	7,481	0	0	0
Total revenues	5,905,703	189,737	6,095,439	4,432,290	139,960	4,572,250
Expenses						
Professional fees - executive director	123,321	0	123,321	116,417	0	116,417
Professional fees - Assistant			0	40,181	0	40,181
Professional fees	93,218	9,396	102,614	94,202	6,898	101,099
Supplies	5,417	0	5,417	1,288	0	1,288
Purchased services	3,850	0	3,850	1,500	0	1,500
Repairs and maintenance	0	15,579	15,579	716	4,428	5,145
Rents	27,015	0	27,015	14,014	0	14,014
Utilities	3,119	9,966	13,085	630	8,236	8,867
Insurance	92,786	0	92,786	73,453	0	73,453
Depreciation and amortization	149,624	37,400	187,024	114,713	28,050	142,763
Interest	47,321	0	47,321	36,318	0	36,318
Travel, meeting and conferences	352	0	352	5,725	0	5,725
Other expenses	64,152	5,101	69,253	120,868	(3,805)	117,064
Total expenses	610,173	77,442	687,615	620,026	43,808	663,834
Operating gains	5,295,529	112,295	5,407,824	3,812,264	96,152	3,908,416
Transfers	(5,648,874)	(117,850)	(5,766,724)	(3,414,871)	0	(3,414,871)
Increase(Decrease) in net position	(353,345)	(5,555)	(358,900)	397,393	96,152	493,545
Net position at *beginning of the year*	2,311,693	1,559,726	3,871,419	1,958,348	1,554,171	3,512,519

Net position at the *end of the period*	1,958,348	1,554,171	3,512,519	2,355,742	1,650,323	4,006,065

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 3/31/2022	Jaber 3/31/2022	Actual YTD 3/31/2022
Increase(Decrease) in net position	(353,345)	(5,555)	(358,900)	397,393	96,152	493,545
Add Non Cash items						
Depreciation	149,624	37,400	187,024	114,713	28,050	142,763
Changes in operating assets and liabilities						
Grant and other receivables	(10,722)	0	(10,722)	(1,150,602)	0	(1,150,602)
Prepaid expenses and deposits	(79,643)	0	(79,643)	51,011	0	51,011
Due To Due From	0	0	0	0	0	0
Accounts payable and accrued expenses	5,638	0	5,638	(7,802)	0	(7,802)
Net Cash provided(used) by operating activities	(288,448)	31,845	(256,603)	(595,287)	124,202	(471,085)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	(7,547)	0	(7,547)	(0)	0	(0)
Changes in assets limited to use	0	(31,845)	(31,845)	0	(124,202)	(124,202)
Net Cash used in investing activities	(7,547)	(31,845)	(39,392)	(0)	(124,202)	(124,202)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,951)	0	(34,951)	(25,386)	0	(25,386)
Net cash used by financing activities	(34,951)	0	(34,951)	(25,386)	0	(25,386)
Net change in cash and cash equivalents	(330,945)	(0)	(330,945)	(620,673)	0	(620,673)
Cash at the beginning of the year	1,212,789	(0)	1,212,789	881,844	(0)	881,844
Cash at the end of the period	881,844	(0)	881,844	261,171	(0)	261,171

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(April 1-30, 2022)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2021	As of 4/30/2022
Assets		
Current assets:		
Cash and cash equivalents	$ 881,844	$ 2,849,519
Grant and other receivables	309,139	(700,776)
Prepaid expenses and deposits	86,271	29,901
Total current assets	1,277,254	2,178,644
Assets limited as to use	678,596	816,326
Capital Assets, net of accumulated depreciation	2,446,447	2,289,689
	4,402,297	5,284,659
Other Assets	2,988	1,121
Total assets	$ 4,405,285	$ 5,285,779
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,853	$ 36,941
Accounts payable and accrued expenses	15,729	9,228
Total current liabilities	50,582	46,169
Debt borrowings net of current maturities	842,184	811,765
Total liabilities	892,766	857,933
Net position:		
Total net position (deficit)	3,512,519	4,427,846
Total liabilities and net position	$ 4,405,285	$ 5,285,779

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 4/30/2022	Budget YTD 4/30/2022	Variance	
Revenues and other support					
District Tax Revenues	$ 5,898,222	$ 4,922,290	$ 4,900,000	22,290	0%
Rents	189,737	152,246	187,500	(35,254)	-19%
Other revenues	7,481	-	1,250	(1,250)	
Total revenues	6,095,439	5,074,537	5,088,750	(14,213)	
Expenses					
Professional fees - executive director	123,321	144,750	112,500	(32,250)	-29%
Professional fees - Assistant	-	45,784	49,833	4,049	8%
Professional fees	102,614	118,148	360,208	242,061	67%
Supplies	5,417	4,155	3,750	(405)	-11%
Purchased services	3,850	1,500	8,333	6,833	82%
Repairs and maintenance	15,579	5,915	29,167	23,252	80%
Rents	27,015	14,014	17,780	3,766	21%
Utilities	13,085	9,836	9,625	(211)	-2%
Insurance	92,786	82,072	74,521	(7,551)	-10%
Depreciation and amortization	187,024	158,626	158,626	0	
Interest	47,321	40,229	41,667	1,438	3%
Travel, meeting and conferences	352	5,725	5,833	108	2%
Other expenses	69,253	113,586	238,500	124,914	52%
Total expenses	687,616	744,339	1,110,343	366,004	
Operating gains	5,407,824	4,330,198	3,978,407	351,791	9%
Transfers	(5,766,724)	(3,414,871)	(3,974,783)		
Increase(Decrease) in net position	(358,900)	915,327	3,624		
Net position at *beginning of the year*	3,871,419	3,512,519	3,512,519		
Net position at the *end of the period*	$ 3,512,519	$ 4,427,846	$ 3,516,144		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 4/30/2022
Increase(Decrease) in net position	$ (358,900)	$ 915,327
Add Non Cash items		
Depreciation	187,024	158,626
Changes in operating assets and liabilities		
Grant and other receivables	(10,722)	1,009,915
Prepaid expenses and deposits	(79,643)	56,369
Accounts payable and accrued expenses	5,639	(6,501)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(256,603)	2,133,736
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(7,546)	0
Changes in assets limited to use	(31,845)	(137,730)
Net Cash used in investing activities	(39,391)	(137,730)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,951)	(28,331)
Net cash used by financing activities	(34,951)	(28,331)
Net change in cash and cash equivalents	(330,945)	1,967,675
Cash at the beginning of the year	1,212,789	881,844
Cash at the end of the period	$ 881,844	$ 2,849,519

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2021	Jaber 6/30/2021	As of 6/30/2021	District 4/30/2022	Jaber 4/30/2022	As of 4/30/2022
Assets						
Current assets:						
Cash and cash equivalents	$ 881,844	$ -	$ 881,844	$ 2,849,519	$ -	$ 2,849,519
Grant and other receivables	309,139	0	309,139	(700,776)	0	(700,776)
Prepaid expenses and deposits	86,271	(0)	86,271	29,901	(0)	29,901
Total current assets	1,277,254	(0)	1,277,254	2,178,644	(0)	2,178,644
Due To Due From	14,925	(14,925)	0	14,925	(14,925)	0
Assets limited as to use	0	678,596	678,596	0	816,326	816,326
Capital Assets, net of accumulated depreciation	1,555,948	890,500	2,446,447	1,430,356	859,333	2,289,688
	2,848,126	1,554,171	4,402,297	3,623,924	1,660,734	5,284,658
Other Assets	2,988	0	2,988	1,121	0	1,121
Total assets	2,851,114	1,554,171	4,405,285	3,625,045	1,660,734	5,285,779
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	34,853	0	34,853	36,941	0	36,941
Accounts payable and accrued expenses	15,729	0	15,729	9,228	0	9,228
Total current liabilities	50,582	0	50,582	46,169	0	46,169
Debt borrowings net of current maturities	842,184	0	842,184	811,765	0	811,765
Total liabilities	892,766	0	892,766	857,933	0	857,933
Net position:						
Total net position (deficit)	1,958,349	1,554,171	3,512,519	2,767,112	1,660,734	4,427,846
Total liabilities and net position	$2,851,114	$1,554,171	$4,405,285	$3,625,045	$1,660,734	$5,285,779

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 4/30/2022	Jaber 4/30/2022	Actual YTD 4/30/2022
Revenues and other support						
District Tax Revenues	5,898,222	0	5,898,222	4,922,290	0	4,922,290
Rents	0	189,737	189,737	0	152,246	152,246
Other revenues	7,481	0	7,481	0	0	0
Total revenues	5,905,703	189,737	6,095,439	4,922,290	152,246	5,074,537
Expenses						
Professional fees - executive director	123,321	0	123,321	144,750	0	144,750
Professional fees - Assistant			0	45,784	0	45,784
Professional fees	93,218	9,396	102,614	110,502	7,646	118,148
Supplies	5,417	0	5,417	4,155	0	4,155
Purchased services	3,850	0	3,850	1,500	0	1,500
Repairs and maintenance	0	15,579	15,579	716	5,199	5,915
Rents	27,015	0	27,015	14,014	0	14,014
Utilities	3,119	9,966	13,085	630	9,205	9,836
Insurance	92,786	0	92,786	82,072	0	82,072
Depreciation and amortization	149,624	37,400	187,024	127,459	31,167	158,626
Interest	47,321	0	47,321	40,229	0	40,229
Travel, meeting and conferences	352	0	352	5,725	0	5,725
Other expenses	64,152	5,101	69,253	121,119	(7,533)	113,586
Total expenses	610,173	77,442	687,615	698,656	45,683	744,339
Operating gains	5,295,529	112,295	5,407,824	4,223,635	106,563	4,330,198
Transfers	(5,648,874)	(117,850)	(5,766,724)	(3,414,871)	0	(3,414,871)
Increase(Decrease) in net position	(353,345)	(5,555)	(358,900)	808,764	106,563	915,327
Net position at *beginning of the year*	2,311,693	1,559,726	3,871,419	1,958,348	1,554,171	3,512,519
Net position at the *end of the period*	1,958,348	1,554,171	3,512,519	2,767,112	1,660,734	4,427,846

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 4/30/2022	Jaber 4/30/2022	Actual YTD 4/30/2022
Increase(Decrease) in net position	(353,345)	(5,555)	(358,900)	808,764	106,563	915,327
Add Non Cash items						
Depreciation	149,624	37,400	187,024	127,459	31,167	158,626
Changes in operating assets and liabilities						
Grant and other receivables	(10,722)	0	(10,722)	1,009,915	0	1,009,915
Prepaid expenses and deposits	(79,643)	0	(79,643)	56,369	0	56,369
Due To Due From	0	0	0	0	0	0
Accounts payable and accrued expenses	5,638	0	5,638	(6,500)	0	(6,500)
Net Cash provided(used) by operating activities	(288,448)	31,845	(256,603)	1,996,007	137,730	2,133,737
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	(7,547)	0	(7,547)	(0)	0	(0)
Changes in assets limited to use	0	(31,845)	(31,845)	0	(137,730)	(137,730)
Net Cash used in investing activities	(7,547)	(31,845)	(39,392)	(0)	(137,730)	(137,730)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,951)	0	(34,951)	(28,331)	0	(28,331)
Net cash used by financing activities	(34,951)	0	(34,951)	(28,331)	0	(28,331)
Net change in cash and cash equivalents	(330,945)	(0)	(330,945)	1,967,675	0	1,967,675
Cash at the beginning of the year	1,212,789	(0)	1,212,789	881,844	(0)	881,844
Cash at the end of the period	881,844	(0)	881,844	2,849,519	(0)	2,849,519

CITY OF ALAMEDA HEALTH CARE DISTRICT

RESOLUTION NO.2022-1

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 2022-2023

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 13, 2022 by the following vote:

AYES: _____

NOES: _____

ABSENTENTATION: _____

ABSENT: _____

_____
Michael Williams, President

ATTEST:

_____
Tracy Jensen, Secretary

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: June 13, 2022

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

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Authorization to Execute Certification and Mutual Indemnification Agreement

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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 2022. 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 XIIIC and XIIID 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

Dated: June 11, 2022

By: _____
(Signature)

Thomas L. Driscoll
(Print Name)

General Counsel
(Print Title)

COUNTY OF ALAMEDA

Dated: _____

By: _____
(Signature)

(Print Name)

President of the Board of Supervisors County of Alameda, California
(Print Title)

Approved as to form:

Farand C. Kan,
Deputy County Counsel

RESOLUTION NO. 2022-*2*

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

*** * ***

EXTENSION OF SPENDING AUTHORITY

WHEREAS, on April 11, 2022 the District adopted the Fiscal Year Ending June 30, 2023 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, 2022 at the current FY 2022-2023 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 April 11, 2022 until such time that AHS provides written approval of the operating budget.

PASSED AND ADOPTED on June 13, 2022 by the following vote:

AYES:
NOES:
ABSTENTION:
ABSENT:

Michael Williams
President

Tracy Jensen
Secretary