PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, December 11, 2023
OPEN SESSION: 5:30PM

OPEN SESSSION: AH – EXECUTIVE BOARDROOM ADMINISTARTION BUILDING
Join Zoom Meeting https://us02web.zoom.us/j/86372240952?pwd=Q0VpNXFncmYrakRTeFBSMjl0TGxBdz09 Meeting ID: 863 7224 0952 Passcode: 071524 Dial by your location +1 669 444 9171 US +1 669 900 6833 US

Office of the Clerk: 510-263-8223

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

I. Call to Order — Dr. Robert Deutsch, President

II. Roll Call — Alixandria Williams, District Clerk

III. General Public Comment

IV. Adjourn into Executive Closed Session

V. Closed Session Agenda

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

VI. Adjourn to Open Session

VII. Reconvene to Public Session

VIII. Announcements From Closed Session — Dr. Robert Deutsch, President

IX. REGULAR SESSION AGENDA

√ Included in the PDF posted on December 8, 2023

City of Alameda
HEALTH CARE DISTRICT

PUBLIC NOTICE

A	YTD AHS Reports		
✓	1)	Review and Acceptance of 2023 Audit ENCLOSURE (Pages 4 - 24)	Rick Jackson
✓	2)	Alameda Health System / Alameda Hospital Update ENCLOSURE (Pages 25 - 43)	Mario Harding, CAO Alameda and San Leandro Hospitals
	3)	Financial Update NO WRITTEN REPORT SUBMITTED	Kimberly Miranda, AHS CFO
✓	4)	Alameda Hospital Medical Staff Update ENCLOSURE (Pages 44 - 45)	Dr. Nikita Joshi, AH Medical Staff Chief

B	District & Operational Updates **INFORMATIONAL**		
	1)	District Reports	
	2)	Presidents Report Submission of District Conflict of Intertest	Dr. Robert Deutsch, President
	3)	Alameda Health System Board Liaison Report	David Sayen
	4)	Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
	5)	Property Oversight Committee Update	Jeff Cambra
	6)	District – AHS Joint Planning Committee – Updated	Dr. Robert Deutsch, President Gayle Codiga, 1st Vice President
✓	7)	Executive Director Report ENCLOSURE (Pages 46 - 47)	Debi Stebbins, Executive Director

	Consent Agenda		
✓	1)	Acceptance of Minutes, October 11, 2023 ENCLOSURE (Pages 48 - 53)	Dr. Robert Deutsch, President
✓	2)	Acceptance of September and October 2023 Financial Statements ENCLOSURE (Pages 54 - 67)	Dr. Robert Deutsch, President

	Action Items		
✓	1)	Recommendation to Approve True-Up Tax Distribution to AHS ENCLOSURE (Pages 68 - 69)	Debi Stebbins, Executive Director
✓	2)	Approval of Proposed 2024 Meeting Dates ENCLOSURE (Page 70)	Debi Stebbins, Executive Director
✓	3)	Election of Board Officers and Liaison Positions	Dr. Robert Deutsch,

City of Alameda Healthcare District, December 11, 2023

√ Included in the PDF posted on December 8, 2023

		ENCLOSURE (Page 71)	President
✓	4)	Recommendation on Pearl Street Roofing Contractor ENCLOSURE (Page 72 - 75	Jeff Cambra,
	5)	Approval for Property Manager RFP	Jeff Cambra,

F	February 12, 2024, Agenda Preview	
	1)	Acceptance of December 11, 2023, Minutes
	2)	Acceptance of November and December 2023 Financial Statements

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

XI. Adjournment

Next Scheduled Meeting Date **February 12, 2024** (2nd Monday, every other month or as scheduled)	Open Session 5:30 PM

√ Included in the PDF posted on December 8, 2023

Audited Financial Statements

CITY OF ALAMEDA
HEALTH CARE DISTRICT

June 30, 2023

Audited Financial Statements

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2023

Management's Discussion and Analysis

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2023

The District Clerk and Treasurer of the City of Alameda Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of the District's performance for the fiscal year ended June 30, 2023 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments.* The intent of this document is to provide additional information on the District's historical financial performance as a whole in addition to providing a prospective look at revenue growth, operating expenses, and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2023 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Highlights

For the year of operations ending June 30, 2023, the District received $6,036,813 million in parcel taxes from the County of Alameda and $184,057 in rental and related interest income. The prior year taxes were $5,938,514 and rental income was $177,909.

Total District expenses for 2023 were $1,277,617, comprised of : $167,612 in depreciation and amortization, $66,973 in interest expense, $558,199 in professional fees, $125,911 in insurance and $358,922 in various other types of expenses. Transfers to the Alameda Health System were $3.5 million, leaving the District with an increase in net position for the year of $15,042.

Total District expenses for 2022 were $1,063,154: $170,640 in depreciation and amortization, $48,140 in interest expense, $411,089 in professional fees, $99,309 in insurance and $333,976 in various other types of expenses. Transfers to the Alameda Health System were $3.5 million, leaving the District with an increase in net position for the year of $1,515,694.

The District continues to operate as a health care district which allows for the continued collection of parcel taxes and certain rental income from which the District will pay operating expenses. Excess earnings are remitted to Alameda Health System (AHS) in order to support the operations of the Alameda Hospital by AHS.

Statements of Net Position

As of June 30, 2023, the District's current assets of $2,956,815 are comprised of $2,460,281 in operating cash, $343,074 in parcel taxes and short-term lease receivables and $153,460 in prepaid assets. Other assets include cash and cash equivalents of $862,163 which are restricted for specific purposes, $2,111,184 of capital assets, net of accumulated depreciation and $166,472 in long-term lease receivables. Current liabilities of $47,698 include $22,624 of current maturities of debt borrowings and $25,074 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to $802,462 and deferred inflows of resources were $203,217.

As of June 30, 2022, the District's current assets of $2,949,313are comprised of $2,505,423 in operating cash, $335,062 in parcel taxes and short-term lease receivables and $108,828 in prepaid assets. Other assets include cash and cash equivalents of $709,693 which are restricted for specific purposes, $2,278,048 of capital assets, net of accumulated depreciation and $203,964 in other assets of which $203,217 is long-term lease receivables. Current liabilities of $103,465 include $36,784 of current maturities of debt borrowings and $32,435 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to $806,121 and deferred inflows of resources were $237,463.

Statements of Revenues, Expenses and Changes in Net Position

For the year ended June 30, 2023 and 2022, the District realized an increase in net position of $15,042 and an increase in net position of $1,515,694, respectively. The 2023 year approximated budget and expectations.

Next Year's Budget

The District annual budget for 2024 approximates the 2023 results. Excess earnings will continue to be remitted to AHS to help support the operations of the Alameda Hospital, formerly operated by the District.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership
1111 East Herndon Avenue, Suite 211, Fresno, California 93720
Voice: (559) 431-7708 Fax: (559) 431-7685 Email: rjctcpa@aol.com

Report of Independent Auditors

The Board of Directors
City of Alameda Health Care District
Alameda, California

We have audited the accompanying financial statements of the City of Alameda Health Care District, (the District) which comprise the statements of net position as of June 30, 2023 and 2022, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the District at June 30, 2023 and 2022, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note A, the District adopted GASB 87 for the year beginning July 1, 2021 and ending June 30, 2022. Our opinion is not modified with respect to this matter.

Required Supplementary Information

Management's discussion and analysis is not a required part of the financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 9, 2023, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

JWT & Associates, LLP

Fresno, California
October 9, 2023

Statements of Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	June 30	
	2023	2022
Assets		
Current assets:		
Cash and cash equivalents	$ 2,460,281	$ 2,505,423
Other receivables	343,074	335,062
Prepaid expenses and deposits	153,460	108,828
Total current assets	2,956,815	2,949,313
Assets limited as to use	862,163	709,693
Capital assets, net of accumulated depreciation	2,111,184	2,278,048
Long-term lease receivable	166,472	203,964
	$ 6,096,634	$ 6,141,018
Liabilities		
Current liabilities:		
Current maturities of debt borrowings	$ 22,624	$ 36,784
Accounts payable and accrued expenses	25,074	32,435
Total current liabilities	47,698	69,219
Debt borrowings, net of current maturities	802,462	806,121
Total liabilities	850,160	875,340
Deferred inflows of resources	203,217	237,463
Net position		
Invested in capital assets, net of related debt	2,111,184	2,278,048
Restricted, by contributors	862,163	709,693
Unrestricted	2,069,910	2,040,474
Total net position	5,043,257	5,028,215
	$ 6,096,634	$ 6,141,018

See accompanying notes and auditor's report

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2023	2022
Operating revenues		
Rent and other operating revenue	$ 184,057	$ 177,909
Total operating revenues	184,057	177,909
Operating expenses		
Professional fees	558,199	411,089
Supplies	6,150	5,300
Purchased services	28,829	11,764
Building and equipment rent	20,430	19,269
Utilities and phone	14,820	12,256
Insurance	125,911	99,309
Depreciation and amortization	167,612	170,640
Other operating expenses	288,693	285,387
Total operating expenses	1,210,644	1,015,014
Operating loss	(1,026,587)	(837,105)
Nonoperating revenues (expenses)		
District tax revenues	6,036,813	5,938,514
Interest income	7,765	8,919
Interest expense	(66,973)	(48,140)
Transfers to AHS	(4,935,976)	(3,546,494)
Total nonoperating revenues (expenses)	1,041,629	2,352,799
Increase (decrease) in net position	15,042	1,515,694
Net position at beginning of the year	5,028,215	3,512,521
Net position at end of the year	$ 5,043,257	$ 5,028,215

See accompanying notes and auditor's report

Statements of Cash Flows

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2023	2022
Cash flows from operating activities:		
Cash received from operations	$ 220,555	$ 229,397
Cash payments to suppliers and contractors	(1,129,271)	(884,469)
Net cash (used in) operating activities	(908,716)	(655,072)
Cash flows from noncapital financing activities:		
District tax revenues	6,036,813	5,938,514
Transfers to AHS	(4,935,976)	(3,546,494)
Net cash provided by noncapital financing activities	1,100,837	2,392,020
Cash flows from capital financing activities:		
Principal payments on debt borrowings	(17,820)	(34,132)
Interest payments on debt borrowings	(66,973)	(48,140)
Net cash (used in) capital financing activities	(84,793)	(82,272)
Cash flows from investing activities:		
Net change in assets limited as to use	(152,470)	(31,097)
Net cash (used in) investing activities	(152,470)	(31,097)
Net increase (decrease) in cash and cash equivalents	(45,142)	1,623,579
Cash and cash equivalents at beginning of year	2,505,423	881,844
Cash and cash equivalents at end of year	$ 2,460,281	$ 2,505,423

See accompanying notes and auditor's report

Statements of Cash Flows (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2023	2022
Reconciliation of operating income to net cash provided by operating activities:		
Operating (loss)	$ (1,018,822)	$ (828,186)
Adjustments to reconcile operating income to net cash provided by (used in) operating activities:		
Depreciation and amortization	167,612	170,640
Changes in operating assets and liabilities:		
Other receivables	(8,012)	(25,923)
Prepaid expenses and deposits	(44,632)	(22,557)
Long-term lease receivable	36,745	(203,217)
Accounts payable and accrued expenses	(7,361)	16,708
Deferred inflows of resources	(34,246)	237,463
Net cash (used in) operating activities	$ (908,716)	$ (655,072)

See accompanying notes and auditor's report

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES

Reporting Entity: The City of Alameda Health Care District, (d.b.a. Alameda District), heretofore referred to as (the District) is a public entity organized under Local District District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five-member Board of Directors, elected from within the boundaries of the health care district to specified terms of office. The District is located in Alameda, California.

Through April 30, 2014, the District operated Alameda Hospital (the Hospital), which comprised a 100-bed acute care facility, a 35-bed sub acute unit within the Hospital, a 26-bed skilled nursing facility adjacent to the Hospital campus and another 120-bed skilled nursing facility near the Hospital campus which the District took over operations of in August, 2012. Effective May 1, 2014, operations of the Hospital were turned over to the Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors, through a joint powers agreement (the affiliation agreement). Through this affiliation with AHS, the District continues to provide health care services primarily to individuals who reside in the local geographic area.

Basis of Preparation: The accounting policies and financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB) that do not conflict with or contradict GASB pronouncements.

Management's Discussion and Analysis: The management's discussion and analysis is a narrative introduction and analytical overview of the District's financial activities for the year being presented. This analysis is similar to the analysis provided in the annual reports of organizations in the private sector. As stated in the opinion letter, the management's discussion and analysis is not a required part of the financial statements but is supplementary information and therefore not subject to audit procedures or the expression of an opinion on it by auditors.

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned.

Assets Limited as to Use: Assets limited as to use include contributor restricted funds, amounts designated by the Board of Directors for replacement or purchases of capital assets, and other specific purposes, and amounts held by trustees under specified agreements. Assets limited as to use consist primarily of deposits on hand with local banking and investment institutions, and bond trustees.

Risk Management: The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 40 years for buildings and improvements, and 3 to 10 years for major moveable equipment. The District periodically reviews its capital assets for value impairment.

Net Position: Net position is presented in three categories. The first category is net position "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets. The second category is "restricted" net position. This category consists of externally designated constraints placed on those net position by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation. The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

District Tax Revenues: The District receives most of its financial support from parcel taxes. These funds are used to support operations and meet required debt service agreements. They are classified as non-operating revenue as the revenue is not directly linked to patient care. Parcel taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Parcel taxes are considered delinquent on the day following each payment due date. Property taxes are considered delinquent on the day following each payment date. Those dates are: (1) lien date of January 1; (2) due dates of November 1 and February 1; and (3) delinquent dates of December 10 and April 10.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing health care services.

Recently Adopted Accounting Pronouncement: In June, 2017 the Governmental Accounting Standards Board released GASB 87 regarding changes in the way leases are accounted for. GASB 87 superceded GASB 13 and GASB 62 and more accurately portrays lease obligations by recognizing lease assets and lease liabilities on the statement of net position and disclosing key information about leasing arrangements. The District has adopted GASB 87 effective July 1, 2021 in accordance with the timetable established by GASB 87.

NOTE B - CASH AND CASH EQUIVALENTS

As of June 30, 2023 and 2022, the District had deposits invested in various financial institutions in the form of cash and cash equivalents in the amounts of $3,322,444 and $3,215,116 respectively. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), except for $250,000 per account that is federally insured. The CGC and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial risk for deposits. Custodial risk for deposits is the risk that, in the event of the failure of a depository financial institution, the District would not be able to recover its deposits or will not be able to recover collateral securities that are in possession of an outside party. Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

NOTE C - CONCENTRATION OF CREDIT RISK

District Tax Revenues : The District receives approximately 97% of their revenues from the County of Alameda under the parcel taxing program. These funds are used to support operations and meet required debt service agreements. Parcel taxes are levied by the County on the District's behalf during the year. Parcel taxes are secured by properties within the District, management believes that there is no credit risk associated with these parcel taxes.

Financial Instruments: Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of $250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the high financial quality of the bank with which the District does business. Management further believes that there is no risk of material loss due to concentration of credit risk with regards to investments as the District has no investments in equity funds, closed-end funds, exchange-traded products, or other perceived "at risk" alternatives as of June 30, 2023 and 2022.

NOTE D - OTHER RECEIVABLES

Other receivables as were comprised of Alameda County parcel taxes in the amounts of $306,329 and $300,816 as of June 30, 2023 and 2022, respectively. They also included $36,745 and $34,246 of short term lease receivable as of June 30, 2023 and 2022, respectively.

NOTE E - ASSETS LIMITED AS TO USE

Assets limited as to use are related to the Jaber agreement as described in Note F and were comprised of cash and cash equivalents in the amounts of $862,163 and $709,693 as of June 30, 2023 and 2022, respectively.

NOTE F - RELATED PARTY TRANSACTIONS

The Alameda Hospital Foundation (the Foundation), has been established as a nonprofit public benefit corporation under the Internal Revenue Code Section 501 c (3) to solicit contributions on behalf of the District. Substantially all funds raised except for funds required for operation of the Foundation, are distributed to the District or held for the benefit of the District. The Foundation's funds, which represent the Foundation's unrestricted resources, are distributed to the District in amounts and in period determined by the Foundation's Board of Trustees, who may also restrict the use of funds for District property and equipment replacement or expansion, reimbursement of expenses, or other specific purposes. Effective May 1, 2014, any further donations by the Foundation will be made directly to AHS according to the affiliation agreement. The Foundation is not considered a component unit of the District as the Foundation, in the absence of donor restrictions, has complete and discretionary control over the amounts, the timing, and the use of its donations to the District and management does not consider the assets material.

NOTE G - CAPITAL ASSETS

The District received two parcels of improved rental-real estate by court order dated December 3, 2003, pursuant to the terms of the Alice M. Jaber 1992 Trust. As successor to the former non-profit Alameda Hospital, the District has agreed to abide by the terms of the Trust Agreement. The Trust Agreement and the will of Alice M. Jaber require the District to account for the property as part of the Abraham Jaber and Mary A. Jaber Memorial Fund. Among other things, the District is prohibited from selling all or any portion of the parcels received until after the death of certain named family members and, if the property is sold, it may not be sold to any descendant, spouse or relative to the third degree of any such descendant of a named family member. The net carrying value of this property is $815,700 and $853,100 at June 30, 2023 and 2022, respectively. Capital assets as of June 30, 2023 and 2022 were comprised of the following:

	Balance at June 30, 2022	Adjustments & Additions	Retirements	Balance at June 30, 2023
Land and land improvements	$ 1,376,954			$ 1,376,954
Buildings and improvements	25,519,556			25,519,556
Equipment	3,747,274			3,747,274
Construction-in-progress				
Totals at historical cost	30,643,784			30,643,784
Less accumulated depreciation	(28,365,736)	(166,864)		(28,532,600)
Capital assets, net	$ 2,278,048	$ (166,864)	$	$ 2,111,184

	Balance at June 30, 2021	Adjustments & Additions	Retirements	Balance at June 30, 2022
Land and land improvements	$ 1,376,954			$ 1,376,954
Buildings and improvements	25,519,556			25,519,556
Equipment	3,747,274			3,747,274
Construction-in-progress				
Totals at historical cost	30,643,784			30,643,784
Less accumulated depreciation	(28,197,337)	(168,399)		(28,365,736)
Capital assets, net	$ 2,446,447	$ (168,399)	$	$ 2,278,048

NOTE H - DEBT BORROWINGS

As of June 30, 2023and 2022 debt borrowings were as follows:

	2023	2022
Note payable to a bank; principal and interest at 5.75% due in monthly installments of $6,099 through April 15, 2033; collateralized by District property:	$ 825,086	$ 842,905
	825,086	842,905
Less current maturities of debt borrowings	(22,624)	(36,784)
	$ 802,462	$ 806,121

Future principal maturities for debt borrowings for the next succeeding years are approximately: $22,624 in 2023; $23,755 in 2024; $24,943 in 2025; $26,190 in 2026; and 27,500 in 2027.

NOTE I - COMMITMENTS AND CONTINGENCIES

Operating Leases: The District leases various equipment and facilities under operating leases expiring at various dates. Total building and equipment rent expense for the years ended June 30, 2023 and 2022, were $20,430 and $19,269, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2023 and 2022 are not considered material as AHS has assumed responsibility for the significant leases associated with patient care effective May 1, 2014 according to the affiliation agreement. Other District lease or rent agreements that have initial or remaining lease terms in excess of one year are not considered material.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2023 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Risk Management Insurance Programs: AHS has assumed responsibility for all employee-related insurance programs effective May 1, 2014. The District has purchased tail coverage on other specific types of insurance where appropriate in conjunction with the affiliation agreement in order to prevent any lapse in coverage.

NOTE J - AFFILIATION AGREEMENT

District management had ongoing financial challenges operating a small general acute care District with 24-hour emergency services in this very competitive health care environment. The current and future changes brought about by healthcare reform at both the State and Federal levels, as well as other regulatory requirements and reimbursement reductions greatly compounded the challenges facing the District. Furthermore, the District was in need of capital resources to assist with required seismic retrofits, electronic health record implementation and other deferred facility and equipment replacements. Due to this situation, the District Board of Directors executed an affiliation agreement with a local health care system during the year ended June 30, 2014.

Effective May 1, 2014, operations of the Hospital were turned over to the Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors through a joint powers agreement. The agreement called for the transfer of specific assets and liabilities of the District to AHS which were related to the operations of the Alameda Hospital. The District maintained ownership of the Alameda Hospital land and real property (buildings and fixed equipment). The transfer included, without limitation, all cash and other deposits, accounts receivable, personal property (including all supplies, equipment and other fixed assets), intangible property, contractual rights, licenses, intellectual property and claims and causes of action, together with all the rights and privileges in any way belonging thereto, free and clear of all encumbrances. Through this affiliation, the District will continue to support the providing of health care services to those individuals, primarily, who reside in the local geographic area.

Transfers made to AHS related to this affiliation agreement for the year ended June 30, 2023 and 2022 amounted to $4,935,976 and $3,546,494, respectively.

NOTE K - LEASES

As of July 1, 2021 the District adopted the Governmental Accounting Standards Board (GASB) 87 requiring certain changes in the way the District accounted for leases, both as a lessee and as a lessor.

Lessor: The District leases the certain properties to a third party under an operating lease. Lease commencement occurs on the date the District third party takes possession or control of the properties. Original terms for the lease is 5 years. This lease contains an option to extend for another 5 years. The lease also contains an option to terminate the lease at the end of five years, with a written notice. For purposes of lease calculations for this operating lease, it is assumed that the termination clause would not be exercised due to the significant penalty associated with the early termination conditions.

The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

NOTE K - LEASES (continued)

This lease requires payment of common area maintenance and real estate taxes which represent the majority of variable lease costs. Variable lease costs are excluded from the present value of lease obligations.

The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

Lessor-lease related assets and liabilities as of June 30, 2023 and 2022 consist of the following:

Assets:	2023	2022
Lease receivable - current portion	$ 36,246	$ 34,246
Lease receivable - long term portion	166,472	203,217
Total lease assets	$ 203,217	$ 237,463
Deferred inflows of resources		
Deferred inflows of resources	$ 203,217	$ 237,463
Total deferred inflows of resources	$ 203,217	$ 237,463

Total operating lease revenue under this lease arrangement for the years ended June 30, 2023 and 2022 was $34,246 and $31,869, respectively. Due to the change with GASB 87 there was $7,765 and $8,919 of interest income associated with the lease revenues for the years ended June 30, 2023 and 2022, respectively. The District has other operating lease revenue not subject to GASB 87 reporting requirements of $149,811 and $146,040 for the years ended June 30, 2023 and 2022, respectively.

The future minimum rental payments required under operating lease obligations as of June 30, 2023, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

NOTE K - LEASES (continued)

Years ending June 30,

2024	$	43,272
2025		44,570
2026		45,907
2027		47,284
Thereafter		40,586
Total		221,619
Less: interest		(18,403)
Present value of lease liabilities	$	203,217

The weighted average for the remaining lease term of this operating lease is 58 months and the weighted average discount rate for this operating leases is 3.5%

NOTE L - SUBSEQUENT EVENTS

Management evaluated the effect of subsequent events on the financial statements through October 9, 2023, the date the financial statements are issued, and determined that there are no material subsequent events that have not been disclosed.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership
1111 East Herndon Avenue, Suite 211, Fresno, California 93720
Voice: (559) 431-7708 Fax: (559) 431-7685

Independent Auditors Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Directors
City of Alameda Health Care District
Alameda, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities of the City of Alameda Health Care District (the District) as of and for the years ended June 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated October 9, 2023.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given those limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

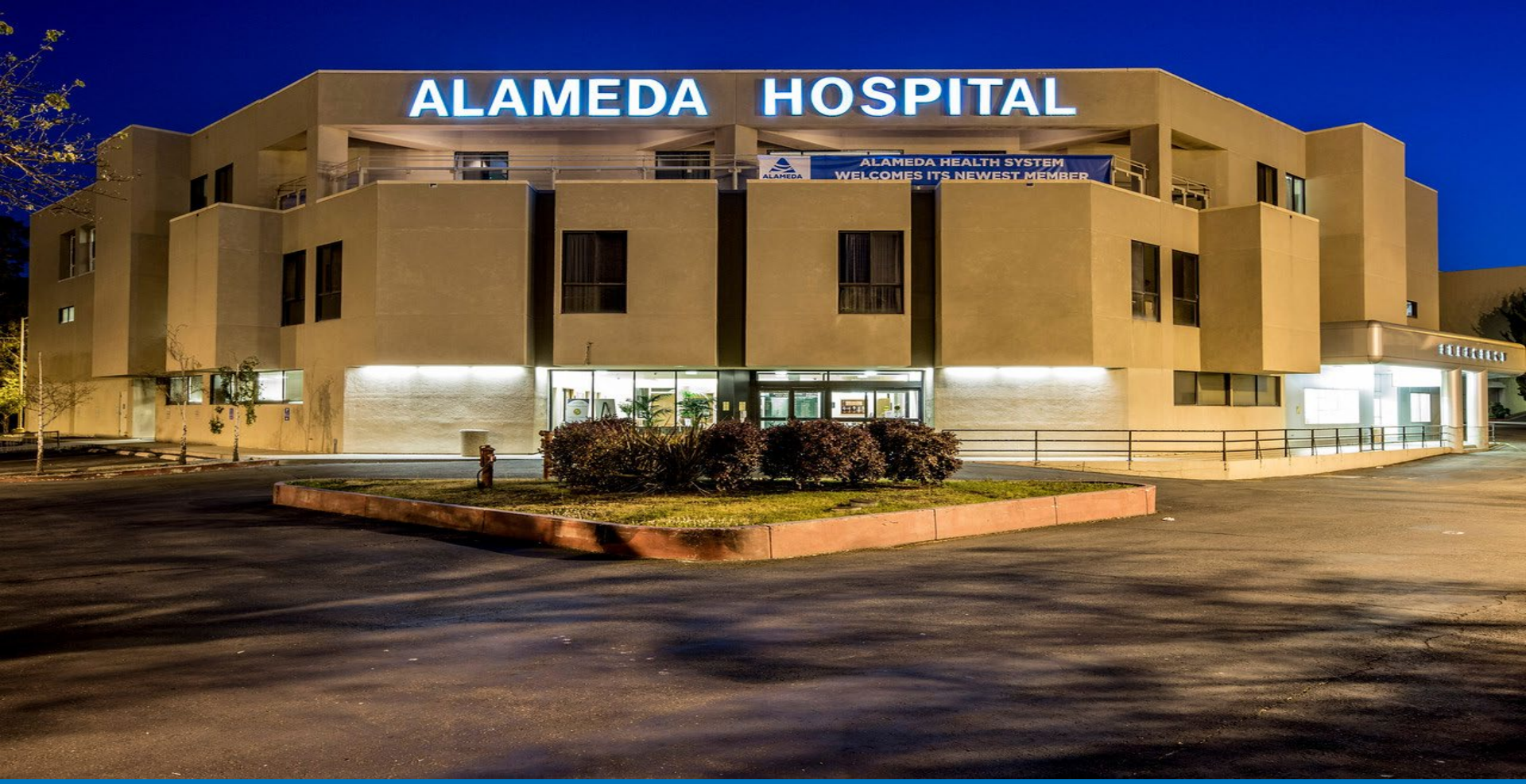
As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

JWT & Associates, LLP

Fresno, California
October 9, 2023



Alameda Hospital Update

presented to Alameda Health Care District Board Meeting • December 11, 2023

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

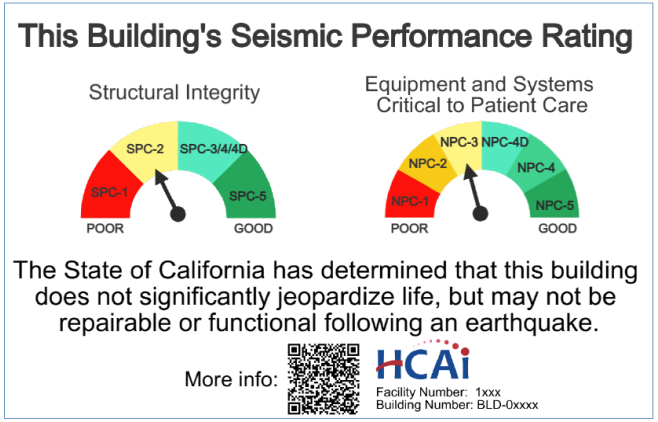
ALAMEDA HEALTH SYSTEM

Sustainability: Financials

Refer to CFO Report

Seismic 2030 Compliance Update

- Alameda Hospital Seismic 2030 Strategy Group established to meet compliance standards.
- Met with HCAI/OSHPD team on November 30, 2023, to progress towards Nonstructural Performance Category 2 (NPC 2) compliance
- January 1, 2024 annual status reporting deadlines to external agencies and hospital signage



Quality Care

ALAMEDA HEALTH SYSTEM

FY 2024 Alameda True North Metric Dashboard

Nov 2023 Report Data Through: Sep 2023

STEEEP	Metric	FY23 Base line	FY24 Goal	Sep 2023 Final	Oct 2023 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Patient Harm ↓	24	1 Month 12 Year	4	1	10	Unknown	4	Annette Johnson Chris Adams		
	CLABSI # of Events / SIR	1/0.46	1/0.589	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Continue to do CLABSI weekly rounding and surveillance of use.
	CAUTI # of Events / SIR	2/0.81	1/0.65	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Continue to do CLABSI weekly rounding and surveillance of use.
	MRSA # of Events / SIR	0/0	0/0	0/0	0/0	0/0	All	0	John Stark Robert McCabe Li Kuo Kong		On track
	C. Difficile # of Events / SIR	2/1.75	1/0.52	1/3.46	1/3.33	3/3.46	African American/ Black	2	John Stark Robert McCabe Li Kuo Kong		
	SSI # of Events / SIR	1/0.67	0/0	0/0	0/0	0/0	All	0	Fanny Domjian Pat Reynolds Laura Lang		Continue to monitor.
	Patient Falls w Injury # / % Per 1000 days	1/0.04	0/0	0/0	0/0	0/0	All	0	Nina Salman Jessica Vinkavich		Continue with new chair alarms. UBC created new signage for high risk fall patients and staff
	HAPI # / % Per 1000 days	8/0.53	0.3 Month 4 Year 0.27	2/1.98	0/0	6/1.37	Unknown	3	Janice Borrelli Joe Latsko		Hapi/Falls retreat hosted by QA.
	Behavior Events w/ Physical Injury	9/0.32	0.4 Month 4.5 Year 0.1	1/0	0/0	1/0	African American/ Black	1	Annette Johnson Joe Lotsko		Continue to have staff offer/attend TEAMS training.

ALAMEDA

FY 2024 Alameda True North Metric Dashboard

STEEEP	Metric	FY23 Base line	FY24 Goal	Sep 2023 Final	Oct 2023 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Hand Hygiene Compliance ↑	85.30%	95%	85%	91%	89%	N/A	N/A	Fanny Domjian Deborah Ellis Chris Adams		Workgroup identified ideas for HH campaign. Employee slogan competition, update AHS HH video through competition. Identify specifics on return demonstration for onboarding.
Effective	All-cause 30 day Readmissions for Black/African American Pts ↓	21.8%	10.70%	15%	4%	15.4%	N/A	N/A	Nina Salman Esther Wang Katherine Pyun		3 pt pilot at Alameda Hospital planned to set Readmit Risk Prediction/prevention Scoring
Efficient	ED Boarding Time Time in ED from Decision to Admit to Inpatient Bed ↓	3:16	1:30	3:05	2:58	3:24	African American/ Black	3:42	Jancie Borrelli Joe Lotsko Nikita Joshi		.RN Hand off continues. Staff using new tool well with continued education to both ED and Floor nursing.
Equity	Rate of Inpatients screened for health-related social needs (food, housing, transportation, safety, utilities) ↑	N/A	90%	Pending	Pending	Pending	Pending	Pending	Annette Johnson Esther Wang Tangerine Brigham		Epic build complete. Training plan being finalized. Anticipate mid-December launch.
Equity	Rate of inpatients who screened positive for health-related social needs (food, housing, transportation, safety, utilities) ↓	N/A	N/A	Pending	Pending	Pending	Pending	Pending	Annette Johnson Esther Wang Tangerine Brigham		See Above
Patient Centered	Rate of patients who reported that their nurses "always" communicated well↑	72.30%	76.53%	72.7%	52.2%	73.1%	Unknown	61.6%	Angela Ng Chris Adams		Focus on quality of rounding on staff and patients- simlab training for charge nurses scheduled for Jan. Staff engagement projects starting in Dec with first focus on GIFT campaign, PHR in Jan.
Patient Centered	Acute: Rate of patients who reported they would "definitely" recommend AHS ↑	66.90%	69.00%	65.6%	43.2%	63.7%	White	62.20%	Angela Ng Jessica Vinkavich Isolani-Nargavala		Sharing results with staff, sharing information on what drives the results. EVS & FNS leader rounding Discharge questions checking for care plan understanding pilot collaboration by Dr. Lowery, Esther and Jessica.
	Emergency: Rate of patients who reported they would "definitely" recommend AHS ↑	59.50%	68.80%	56.3%	61.5%	57.8%	African American/ Black	46.90%	Angela Ng Joe Lotsko Nikita Joshi		Continue to review "at the time" complaints when rounding. Review with staff at huddle opportunities to go above and beyond exceeding patient's expectations. ED staff patient experience and customer service training in development for roll out next quarter. ED to begin looking at questions for purposeful hourly rounding on patients.

ALAMEDA HEALTH SYSTEM

FY 2024 Alameda True North Metric Dashboard

STEEEP	Metric	FY23 Base line	FY24 Goal	Sep 2023 Final	Oct 2023 Prelim	FYTD 24 All	FYTD 24 Opportunity Race	FYTD 24 Rate	Accountable Team	Performance Trend	Action Plans
	Same Day Surgery: Rate of patients who reported they would "definitely" recommend AHS ↑	78.50%	86.40%	71.4%	87.5%	84.4%	Hispanic	73.70%	Angela Ng Pat Reynolds		Continue to monitor. Continue to share with staff during huddles and weekly emails. Challenged with low N numbers. Looking at QR survey option for real time patient and family feedback

Fiscal Year 2023

True North Metric Definitions for Acute Cascade

Metric	Definition	GOAL
Patient Harm	The number of potential health-care acquired patient harms Includes: CLABSI, CAUTI, MRSA BSI, C-Diff, SSI for Acute Med-Surg/Critical Care, and Patient Falls and Hospital Acquired Pressure Injuries for all areas (practically, not inclusive of ambulatory)	CMS 50th Percentile
CLABSI # of Events / SIR	A primary bloodstream infection (that is, there is no apparent infection at another site) that develops in a patient with a central line in place . #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
CAUTI # of Events / SIR	an infection of the urinary tract caused by a tube (urinary catheter) that has been placed to drain urine from the bladder. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
MRSA # of Events / SIR	Potential hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) staph infection that is difficult to treat because of resistance to some antibiotics. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
C. Difficile # of Events / SIR	Potential hospital acquired infection that causes diarrhea and colitis (an inflammation of the colon). #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
SSI # of Events / SIR	an infection that occurs after surgery in the part of the body where the surgery took place. Excludes superficial infections #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
Patient Falls with Injury # of Events / Rate Per 1000 days	Patient Fall reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
HAPI # of Events / Rate Per 1000 days	Hospital Acquired Pressure Ulcers reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
Assaultive Behavior Events w/ Physicial Injury	Behavior events that resulted in physicial injury via Midas Safety Alerts # of Events/Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
Handwashing Compliance (Hospital & Post-Acute)	Percentage of observed encounters where handwashing was completed	
All-cause 30 day Readmissions for Black/African American Pts ↓	Percentage of encounters, regardless of payer type, with an unplanned readmission to any AHS facility within 30 days for any cause among encounters for acute care inpatients with a principal discharge diagnosis/procedure for a clinical classification category in the Cardiorespiratory, Cardiovascular, Medicine, Neurology, or Surgery/Gynecology cohort. *Note:* This measure approximates, but likely does not match, the value of the corresponding CMS readmission measure.	Overall Readmission rate for AHS FY2023 Close the performance gap between overall rate and African American/Black rate.
ED Boarding Time Time in ED from Decision to Admit to Inpatient Bed	Median time from Decision to Admit to departure from the emergency department for admitted patients. Decision to Admit = First Admit Disposition Admit = Time patient admitted to Inpatient Unit	Per the Joint Commission ED patients who wait more than 4 hours for an inpatient bed are considered boarders
Rate of patients who reported that their nurses "always" communicated well	Percentage of patients who rated nursing communication top box. Nurse Communication is a composite composed of three questions related to nursing care, attitude, attention paid to personal needs, and how well the nurses explained the care they were providing	
Acute: Rate of patients who reported they would "definitely" recommend AHS	Percentage of discharged inpatients who would recommend AHS	CMS 50th Percentile

Fiscal Year 2023

True North Metric Definitions for Acute Cascade

Metric	Definition	GOAL
Same Day Surgery:Rate of patients who reported they would "definitely" recommend AHS	Percentage of same day surgery patients who would recommend AHS	Press Ganey 50th Percentile
Emergency: Rate of patients who reported they would "definitely" recommend AHS	Percentage of Emergency patients who would recommend AHS	Press Ganey 50th Percentile

LEAPFROG HOSPITAL SAFETY GRADE

What is Patient Safety? | Your Hospital's Safety Grade | What You Can Do to Stay Safe | For Hospitals | Licensure & Permissions | About Our Movement

A program of THELEAPFROGGROUP

Back to Results

This Hospital's Grade

C

FALL 2023

Alameda Hospital

2070 Clinton Avenue
Alameda, CA 94501-4397
Map and Directions

View this hospital's Leapfrog Hospital Survey Results

▼ Hide Recent Past Grades

2023	2022		2021		2020	
C	C	B	C	C	C	F
SPRING 2023	FALL 2022	SPRING 2022	FALL 2021	SPRING 2021	FALL 2020	SPRING 2020

More about past grades

Detailed table view

Learn how to use the Leapfrog Hospital Safety Grade

Infections | Problems with Surgery | Safety Problems | Practices to Prevent Errors | Doctors, Nurses & Hospital Staff

Not Available[2] MRSA Infection	C. diff Infection	Infection in the blood	Infection in the urinary tract	Not Available[2] Surgical site infection after colon surgery	Not Available[2] Sepsis infection after surgery

Hospital Performs Worse Than Average — Better Than Average

Home | Hospital Safety Grade
https://www.hospitalsafetygrade.org/

Outcomes measures include errors, accidents, and injuries that this hospital has publicly reported.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Dangerous object left in patient's body What's This?	0.000	0.340	0.014	0.000	CMS	07/01/2020 - 06/30/2022
Air or gas bubble in the blood What's This?	0.000	0.308	0.001	0.000	CMS	07/01/2020 - 06/30/2022
Patient falls and injuries What's This?	0.000	2.006	0.429	0.000	CMS	07/01/2020 - 06/30/2022
Infection in the blood What's This?	0.000	3.512	0.888	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
Infection in the urinary tract What's This?	1.545	3.026	0.735	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
Surgical site infection after colon surgery What's This?	Not Available	2.868	0.832	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
MRSA Infection What's This?	Not Available	3.653	0.927	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
C. diff. Infection What's This?	0.157	1.876	0.488	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
Death from treatable serious complications What's This?	Not Available	186.71	143.25	73.88	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Harmful Events What's This?	0.94	2.70	0.98	0.50	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Dangerous bed sores What's This? *	0.16	9.62	0.59	0.01	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Collapsed lung What's This? *	0.18	0.39	0.19	0.08	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Falls causing broken hips What's This? *	0.07	0.33	0.08	0.01	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Blood Leakage What's This? *	2.36	4.73	2.38	1.29	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Kidney injury after surgery What's This? *	Not Available	3.06	0.92	0.27	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Serious breathing problem What's This? *	Not Available	46.91	6.75	1.15	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Dangerous blood clot What's This? *	3.27	7.74	3.41	1.11	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Sepsis infection after surgery What's This? *	Not Available	8.70	4.15	1.53	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Surgical wound splits open What's This? *	0.79	1.98	0.81	0.30	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021
Accidental cuts and tears What's This? *	1.02	3.13	1.04	0.32	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021

* This measure is a part of the Harmful Events Composite and is not used for scoring.

Process measures include the management structures and procedures a hospital has in place to protect patients from errors, accidents, and injuries.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Doctors order medications through a computer What's This?	70	15	90.58	100	2023 Leapfrog Hospital Survey	2023
Safe medication administration What's This?	100	25	92.67	100	2023 Leapfrog Hospital Survey	2023
Specially trained doctors care for ICU patients What's This?	5	5	62.31	100	2023 Leapfrog Hospital Survey	2023
Effective leadership to prevent errors What's This?	101.54	64.62	117.49	120.00	2023 Leapfrog Hospital Survey	2023
Staff work together to prevent errors What's This?	110.00	0.00	116.99	120.00	2023 Leapfrog Hospital Survey	2023
Nursing and Bedside Care for Patients What's This?	100	15.00	71.00	100.00	2023 Leapfrog Hospital Survey	2023
Handwashing What's This?	40	15	77.32	100	2023 Leapfrog Hospital Survey	2023
Communication with nurses What's This?	87	75	89.55	97	CMS	10/01/2021 - 09/30/2022
Communication with doctors What's This?	88	76	89.45	98	CMS	10/01/2021 - 09/30/2022
Responsiveness of hospital staff What's This?	82	60	80.97	95	CMS	10/01/2021 - 09/30/2022
Communication about medicines What's This?	75	57	73.85	88	CMS	10/01/2021 - 09/30/2022
Communication about discharge What's This?	83	62	84.80	95	CMS	10/01/2021 - 09/30/2022

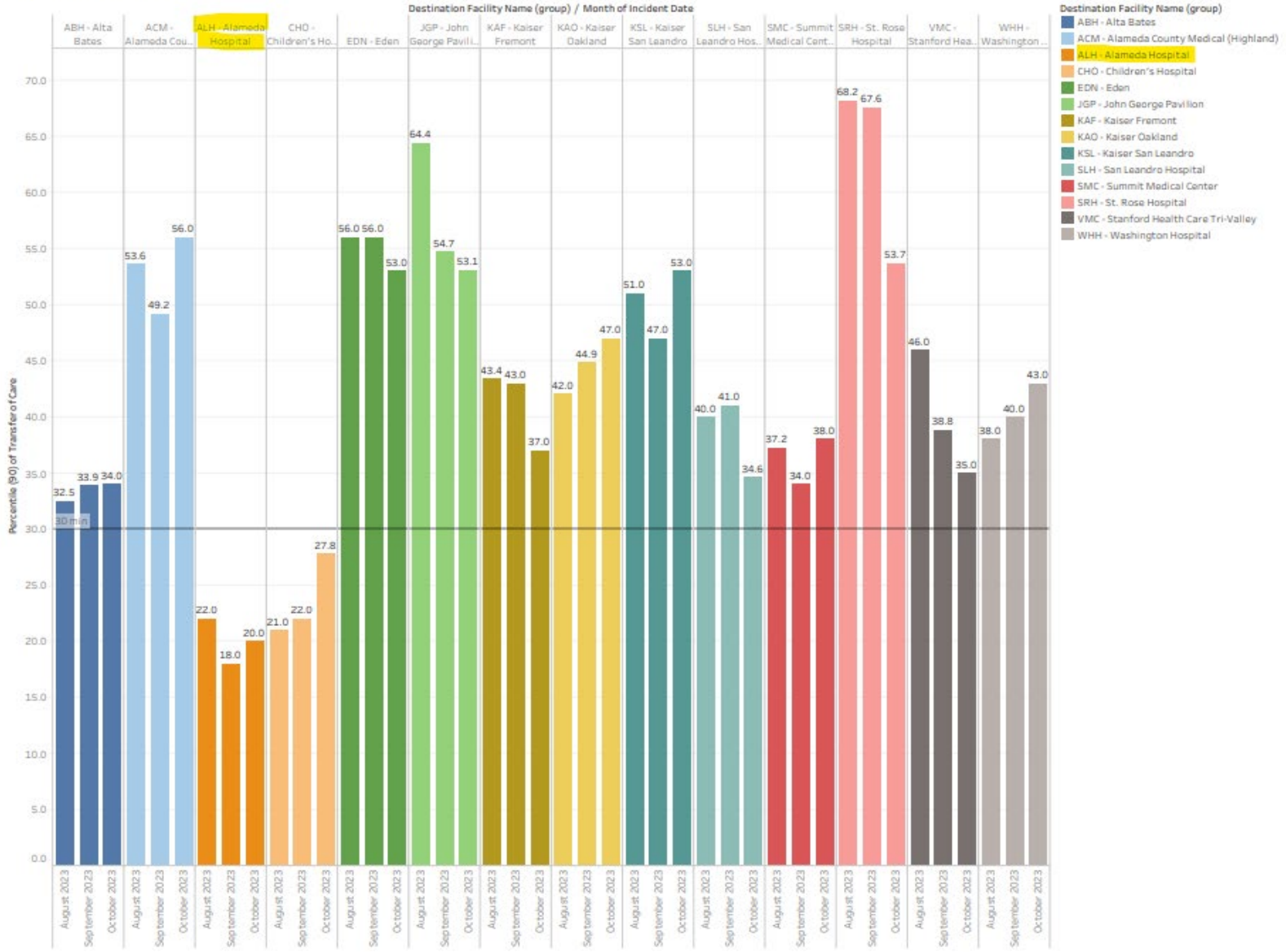
For a full description of the methodology, click here.

Alameda County EMS
Ambulance Patient Offload Time (APOT)
October 2023

APOT Bins

Destination Facility Name (group)	APOT Occurence Bins: 20 mins or less	21 to 60 mins	61 to 120 mins	121 to 180 mins	More than 18..	Grand Total
ABH - Alta Bates	454 71.84%	163 25.79%	12 1.90%	2 0.32%	1 0.16%	632 100.00%
ACM - Alameda County Medical (Highland)	697 52.96%	509 38.68%	99 7.52%	11 0.84%		1,316 100.00%
ALH - Alameda Hospital	312 90.43%	31 8.99%	2 0.58%			345 100.00%
CHO - Children's Hospital	133 81.60%	25 15.34%	5 3.07%			163 100.00%
EDN - Eden	674 56.73%	425 35.77%	76 6.40%	13 1.09%		1,188 100.00%
JGP - John George Pavilion	100 38.46%	146 56.15%	14 5.38%			260 100.00%
KAF - Kaiser Fremont	449 71.50%	163 25.96%	15 2.39%	1 0.16%		628 100.00%
KAO - Kaiser Oakland	499 56.58%	336 38.10%	46 5.22%	1 0.11%		882 100.00%
KSL - Kaiser San Leandro	398 49.01%	354 43.60%	59 7.27%	1 0.12%		812 100.00%
SLH - San Leandro Hospital	395 68.70%	170 29.57%	10 1.74%			575 100.00%
SMC - Summit Medical Center	1,142 73.02%	360 23.02%	59 3.77%	3 0.19%		1,564 100.00%
SRH - St. Rose Hospital	346 60.28%	181 31.53%	37 6.45%	10 1.74%		574 100.00%
VMC - Stanford Health Care Tri-Valley	639 73.79%	203 23.44%	22 2.54%	2 0.23%		866 100.00%
WHH - Washington Hospital	804 64.73%	387 31.16%	47 3.78%	4 0.32%		1,242 100.00%
Grand Total	**7,042** **63.75%**	**3,453** **31.26%**	**503** **4.55%**	**48** **0.43%**	**1** **0.01%**	**11,047** **100.00%**

Prev Month 90% APOT



Alameda County
Emergency Medical Services Agency

911 Patient Offload and Ambulance Availability

Effective: December 1, 2023
Review: December 1, 2026
Approved: Link to record of review and approval

I. Purpose

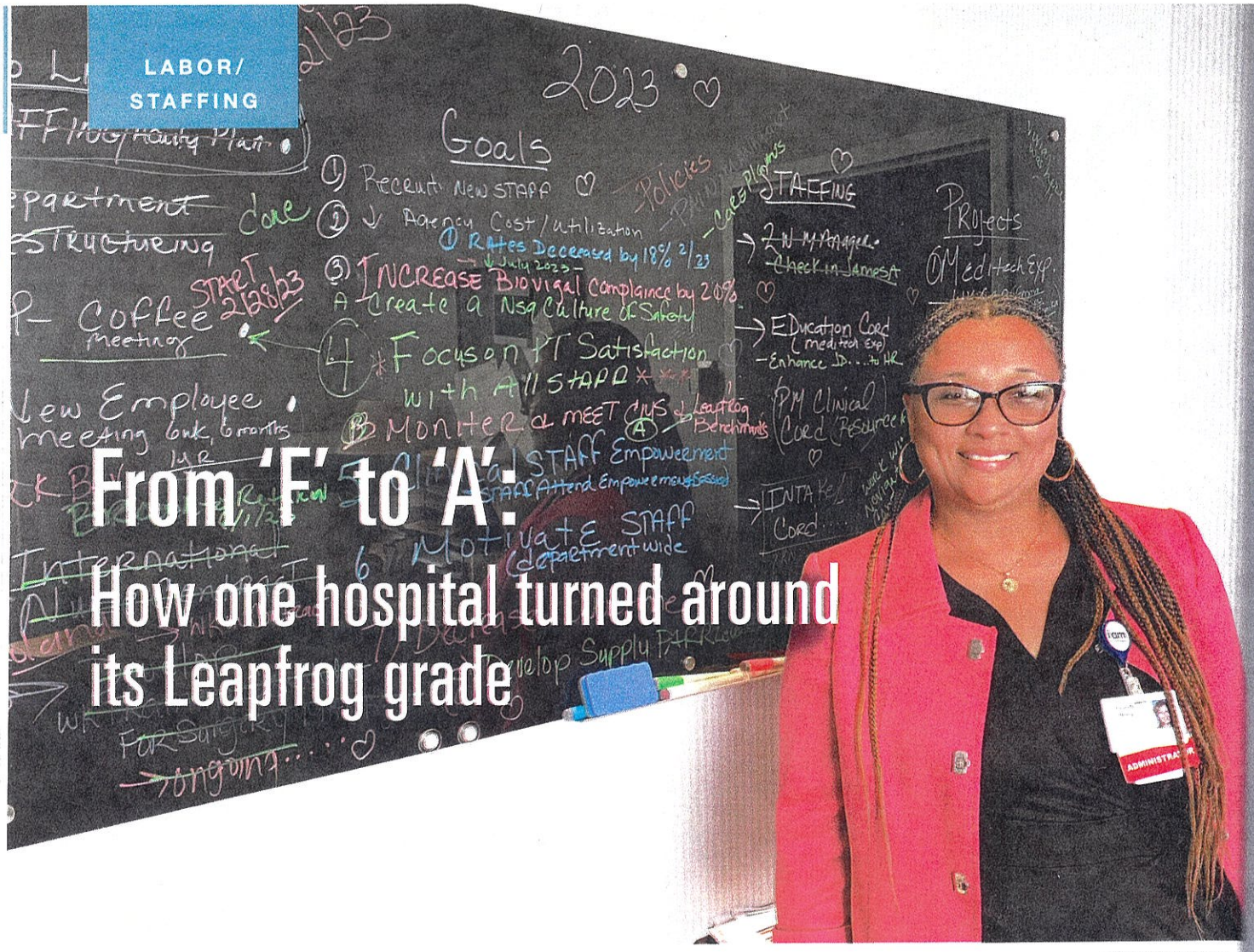
The purpose of this policy is to define the appropriate procedure to manage patient offloads and offload delays at receiving facilities and establish a standard for ambulance availability after transport. It is the expectation that ambulances shall be clear, available and ready for a post move or call within 30 minutes after arriving at a destination facility. The intent of this policy is to ensure the operation of the 911 EMS system is not adversely impacted by hospital delays.

II. Definitions

a. **APOT:** Ambulance Patient Offload Time. This is the amount of time it takes to transfer a patient off the gurney at the receiving hospital. It is the measurement of time between arrival of the EMS Transport unit at the facility and the transfer of care.
b. **Transfer of Care**: Transfer of care is the time at which the patient is transferred off the ambulance gurney and is considered complete once the receiving facility receives a verbal report and a signature from the facility is obtained.
c. **Offload Standard:** Transfer of care to the staff at the receiving hospital occurs within 30 minutes of arrival.
d. **Offload Delay:** Transfer of care has exceeded 30 minutes.
e. **Facility Signature**: The time the receiving facility's signature is received shall be used to determine the time of transfer of care. Signatures shall not be obtained until transfer of care occurs.
f. **Hard Offload**: The process implemented when the 60-minute threshold without transfer of care has been exceeded. Transport provider staff, under the authority of the County EMS Medical Director, are empowered to offload patients from the ambulance gurney and find a suitable place to stage the patient. This process shall only occur under the direct supervision of an EMS Supervisor who shall be in contact with facility management staff and ensure advisement to a registered nurse that the patient has been offloaded.

ACEMS_Patient Offload and Ambulance Availability v.4.pdf (acgov.org)


HAPPY
HOLIDAYS



From 'F' to 'A': How one hospital turned around its Leapfrog grade

MARI DEVEREAUX

BY MARI DEVEREAUX

In just under two years, an independent safety-net hospital on Chicago's South Side changed its Leapfrog Group safety grade from an 'F' to an 'A.'

How St. Bernard Hospital transformed patient safety outcomes could be a guide for health systems looking to deliver better care and score higher on external quality measures.

For the 174-bed facility, the work fell into three buckets: staffing, technology and culture.

The hospital, located in Chicago's Englewood neighborhood, serves a nearly all Black patient population with the majority covered by Medicare and Medicaid. Neighboring hospitals, including UChicago Medicine, University of Illinois Hospital and South Shore Hospital, are less than a 15-minute drive away.

The facility still struggles with industrywide problems of underfunding and low staffing. Nevertheless, St. Bernard's commitment to better patient care shows in the hospital's hallways dotted with bulletin boards detailing its quality improvement achievements and goals.

"We really felt our impact in the community during [the COVID-19 pandemic], and to come out still standing was important. But it didn't show on paper."

Yolanda Penny, (above) vice president of nursing services at St. Bernard Hospital.

A WAKE-UP CALL

The 'F' from Leapfrog Group in the spring of 2021 proved to be a major wake-up call for hospital leaders.

"We thought we were doing a great job, so when we got that 'F' grade, it was like, 'That can't be right, they made a mistake,'" said Yolanda Penny, vice president of nursing services. "We really felt our impact in the community during [the COVID-19 pandemic], and to come out still standing was important. But it didn't show on paper."

While the hospital had a quality department to report data and follow regulatory requirements set by the Centers for Medicare and Medicaid Services, there wasn't one

MARI DEVEREAUX

person overseeing safety efforts or coordinated leadership to improve certain areas of patient care, Penny said.

St. Bernard added a position for a chief quality and patient safety officer, and after Michael Richardson started the job, he rapidly convened a committee of key stakeholders that included nurses, pharmacists and physicians to determine why the hospital was getting low scores and identify quality barriers with quick fixes. The hospital also established a role for a quality manager/sepsis coordinator.

"One of the first things we noticed was that safe medication administration wasn't where we needed it to be," Richardson said.

The committee determined that pervasive equipment failures, internet outages and staff members' bad habits were preventing clinicians from routinely scanning patient wristbands and medications to avoid errors, Richardson said. After retraining nurses, fixing faulty equipment and bolstering the Wi-Fi system, St. Bernard's rate of barcode medication administration now sits at around 98%.

To tackle hand hygiene, the hospital invested in an electronic hand hygiene monitoring system that allows management to track how often staffers cleanse their hands. All hospital employees wear a device that changes colors each time they leave a room, reminding them of the need to sanitize. Data from the electronic badges are automatically sent to the cloud for leadership to review daily.

St. Bernard Hospital invested in an electronic hand hygiene monitoring system that allows management to track how often staffers cleanse their hands.

"Since we've had the system in place, which is just over a year now, we've seen over a million episodes of hygiene opportunities, with a compliance rate of around 92%," Richardson said. "We set our goal at 95%."

St. Bernard has also trained managers and directors on how to establish a "just culture" where staff feel comfortable reporting safety risks and leadership is responsible for analyzing mistakes and addressing system issues, he said.

By developing live data dashboards, hospital leaders see lapses in compliance in real time and talk with clinicians about safety and quality concerns one-on-one or in daily unit huddles.

These changes, in addition to making improvements to staffing ratios and infection prevention protocols,

"We're going to continue our journey on patient safety, making sure that we have zero harm, zero central line infections, zero catheter-associated infections, zero MRSA infections."

Michael Richardson, chief quality and patient safety officer at St. Bernard Hospital.

helped the hospital earn a 'C' in the spring of 2022 and an 'A' this spring.

CHANGED MINDSET

In 2021, St. Bernard made $104 million in revenue, including nearly $26 million it received from the COVID-19 provider relief fund. The hospital had more than $109 million in expenses.

Despite operating in the red, within the past year it has purchased an electronic health record system and renovated its emergency department.

In a change from past practices, any costs associated with patient safety and quality—including personnel, service fees and equipment—are routinely baked into the budget, said Robert Springer, the hospital's chief financial officer. Annual quality improvement expenses typically cost the hospital at least $100,000, he said.

"We try to prioritize patient safety and quality while budgeting because without quality, reliable care for patients, there is no need for anything else," Springer said. "The ramifications and costs of providing poor quality care far outweigh the costs of safety initiatives."

ROOM TO DO BETTER

Other areas still need to be addressed. The hospital has a one-star quality rating from CMS, largely because of its long emergency department wait times and high percentage of patients who leave without being seen.

"We're going to continue our journey on patient safety, making sure that we have zero harm, zero central line infections, zero catheter-associated infections, zero MRSA infections," Richardson said.

St. Bernard also has trouble getting its patients to respond to surveys about their care, and may hire a director of patient experience and retain an external company to follow up with patients after discharge.

Other priorities include developing a more efficient discharge planning process and helping community members understand the hospital's service offerings, said Felicia Slaton-Young, community board member at St. Bernard and executive director and co-founder of the Greater Englewood Chamber of Commerce.

For years, the hospital has engaged with locals through mobile health units in the neighborhood and an annual community baby shower where St. Bernard partners with other clinics to provide resources for first-time parents.

While external measures of quality and safety can play a valuable role in helping providers focus on certain risk areas, some say the metrics aren't always the best reflections of performance for facilities that only see high-risk, complex patients.

This is true for Westchester Medical Center, a referral academic medical center in Valhalla, New York, which has received D's from Leapfrog Group for the past three years.

As an institution that does virtually no primary or preventive care and receives more than 12,600 patient transfers from local hospitals, it is often extremely difficult to meet certain standards, said Dr. Renee Garrick, executive vice president and chief medical officer at Westchester Medical Center Health Network.

Even so, the medical center still uses CMS measures and Leapfrog Group scores as guides to enhance care and uses its data on infections and adverse events to identify areas for improvement, Garrick said.

"We may not always be able to successfully improve every score," she said. "But what we care about is, 'Did the patient get great care?'"

LOW PERFORMERS

Of the more than 2,800 hospitals graded biannually by the Leapfrog Group, less than 1% receive an 'F.' The grade indicates that a hospital is not performing well on numerous safety standards, including communication, infection prevention and surgical error, said Missy Danforth, vice president of healthcare ratings at the Leapfrog Group.

It is "extremely rare" for hospitals to go from an 'F' to an 'A' as quickly as St. Bernard, Danforth said.

The secrets to success for facilities able to undergo rapid improvement often include talking to frontline staff about technology barriers, retraining clinicians on safety processes and changing structural measures.

"In our mind, the sustaining of high performance is almost as important as achieving it for the first time," she said. ■

ALAMEDA HEALTH SYSTEM

Alameda Hospital

Alameda Hospital Medical Executive Committee (MEC)

Report to the Alameda Health Care District Board

December 12, 2023

The Medical Executive Committee met on November 17, 2023, to review and approve the routine items from the Departmental reports, Committees reports and Administrative reports. MEC report includes the organizational pillars listed below:

- ✓ Community
- ✓ Quality
- ✓ Staff/Patient Experience
- ✓ Sustainability

A. Community

- Alameda Hospital Status Report and Planning for the Future
  - Joint Powers Affiliation Agreement (JPA) meeting Option 3b presented which expanded to options 3b 1, 2, 3

B. Quality

- Dr. Taft Bhuket appointment as Medical Staff Representative to the AHS Board of Trustees for term of January 1, 2024-December 31, 2026
  - Request to forward the nomination to the Board of Supervisors for appointment.
  - Working with leadership and the Board to seek support for a representative from our Medical Staff.

- The MEC reviewed and approved documents which are key to the operational functions and compliance with regulatory requirements including the below:
  - Epic Order Sets
  - Policies and Procedures
    - Approval of the Quality Assurance & Performance Improvement Plan (QAIP)
    - Medical Staff Professionalism and Conduct revised policy and procedure that supports the standards and expectations set by our MECs around professional behavior, ethics, and integrity.

- 2023 BETA Incentive Programs
  - COS & JC Heart Domain
  - Rapid Event Investigation & Analysis Heart Domain

- FY 2024 QPSC True North Metric Dashboard
  - Includes 46 measures spread across 5 domains related to STEEEP- safety, timely effective, efficient, equity, patient centered

- Disaster Action Response Team (DART)
  - Multidisciplinary Task Force and multi-level team of clinical leaders and executive team focused on development of an integrated system response within AHS
    - Preparation, planning, prehospital, procedures for hospital management, physician leaders
    - Preparation to respond to mass casualty incidents; drills have been identified as a critical component in the response process

C. Staff/Patient Experience

- Access to parking for clinicians
- Patient and Family Advisory Council Presentation
  - Emphasis on involvement with clinical leadership and front-line staff
  - Efforts on patient outreach during significant events

D. Sustainability

- Medical Executive Committee pilot of combined meetings focusing on quality and safety
- Contingency planning of the infrastructure and operational needs
  - HVAC update and future direction
- Ongoing meetings of the Joint Planning Committee

December 11, 2023

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

From Debi Stebbins
Executive Director

RE: Executive Director Report – December 2023

1. Ethics Training

All of the Board members have completed the Ethics Trainiing course that is required for public officials every two years. Thank you for your compliance. This will be noted in our certification application to the Association of California Health Care Districts.

2. Conflict of Interest Statements

All Board members need to complete a Conflict of Interest statement for FY 2023. Copies were sent via email and will also be available in hard copy form at our December 11 Board meeting.

3. Discussions with AHS Leadership

Dr. Deutsch, Gary Hicks, and I met with two of the AHS Board members (Alan Fox and Mark Friedman) along with CEO James Jackson to provide them with an overview of how the Certificate of Participation "loan" will work to finance the 2030 seismic retrofit project. I think that meeting went well. The AHS Board members asked excellent questions. The next steps will be a presentation to the AHS Finance Committee and the AHS Board of Trustees in early January, 2024.

Tom Driscoll has drafted an amended Joint Powers Agreement that can be presented to AHS leadership for review and approval once the concept of pursuing the Certificate of Participation is approved by the AHS Board of Trustees.

4. Pursuit of the Statutory Lien

One of the steps necessary to secure the best possible credit rating for the District in issuing a Certificate of Participation is the passage of a Statutory Lien. I am working with MJM Advocacy, the advocacy firm that secured our last assembly bill to extend the seismic deadlines for Alameda Hospital, to help us with this process. We plan to ask Assemblymember Mia Bonta to introduce such a focused bill on an expedited process in the legislature in January 2024. There is ample precedent for such bills by District hospitals.

5. Meetings with HCAI

On November 30,, 2023, I participated in a zoom call with several representatives from HCAI and AHS leadership. Katy Ford from Ratcliff and Thorton Tomassetti staff also participated. The purpose of the meeting was to provide an overview of our 2030 Seismic Retrofit plans and financing strategy. A major portion of the meeting also focused on AHS' plans for compliance with NPC standards that are required over the next couple of years. AHS leadership seems to be on top of these deadlines and I am participating in biweekly calls with their staff to monitor progress on the NPC requirements.

City of Alameda HEALTH CARE DISTRICT		**Meeting Minutes for October 10, 2023, Open Session** **Location: Conference Room A – Alameda Hospital**	
Board Members Present	**Legal Counsel Present**	**Also Present**	**Absent**
Robert Deutsch, MD Gayle Codiga, Stewart Chen, DC David Sayen Jeff Cambra	Tom Driscoll	Debi Stebbins Alixandria Williams Mario Harding Chris Adams Grace Mesina	

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 5:30 p.m. by the Board president Dr. Robert Deutsch.	
Roll	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
Alameda Hospital Update	Mr. Harding presented the group with a side-by-side analysis of both the old and new HVAC replacement plans. He and Dr. Deutsch met with the Alameda Hospital Foundation during their August meeting and asked for $2 million to be put toward funding the HVAC replacement project. The Foundation approved the request on September 19, 2023. The $2 million gift is expected to be used during FY 2025 and has decreased the completion timeline from 5 years to 4 years. Mr. Harding noted that each contract takes about 30-45 days to be finalized through AHS's contract office. He will continue to keep the District updated as contracts are approved, and work commences. Additionally, department leaders have mapped out contingency plans should any of the HVAC systems fail before they are completely replaced.	

	Mr. Harding informed the group that Jessica Vinkavich, RN, MSN, has been promoted to Nurse Manager for Telemetry and Medical Surgical Units. Mr. Espinoza updated the group that Park Bridge, South Shore, and the Sub Acute unit were highlighted in Newsweek, The Alameda Post, and LinkedIn on September 27th among the best nursing homes in the country. This is the third time they have been recognized on a national level.	
Patient Experience	Chris Adams, Vice President of Patient Care Services, oversees all nursing care services at Alameda and San Leandro Hospitals and provided an overview of August's Patient Care Experience Report. There was significant improvement in the August Patient Experience report, with noteworthy areas, such as communication with nurses and physicians, meeting or surpassing the projected goals. Mr. Adams has implemented monthly Care Experience meetings with nursing leadership from San Leandro and Alameda Hospitals. The purpose of these meetings is to discuss patient care experiences and share best practices across the hospitals. Additionally, Mr. Adams aims to include support staff (e.g., EVS, Lab Tech, Pharmacy Techs) in rounding, as patient care should involve all areas of the hospital, not just nurses. Nurse Contract Negotiations: The California Nurses Association's contract ends on December 31, 2023. AHS has assembled a team to initiate bargaining with the association beginning in early November. Ideally, having a single contact for both Alameda and San Leandro Hospitals would be beneficial, allowing nurses to float between the two campuses and assist with staffing issues. The nurse vacancy rate for Alameda Hospital is between 35-40 percent, compared to the national average of 15 percent. Hopefully, through the CNA negotiations, the rate adjustment per hour for nurses will increase, encouraging more nurses to work for Alameda Hospital. New Grad Programs: Mr. Adams reported that, through the new grad program, five nurses have been recently hired for the Med Surg and Telemetry units, and two nurses have been hired for the ED. Jessica Vinkavich recently hired a charge nurse position, which had been challenging to fill through Incredible Health (a national database of nurses).	
Financial Update	Ms. Mesina presented the August financial report to the group. There were many green areas in the August report, indicating improvements. General Acute days increased by 15%, and General Acute discharges exceeded the expected budget, increasing by 23%. The average length of stay is slightly below the 5-day budget, with an average of 4.7 days for August. Observation equivalent days are below budget as there are fewer observations taking place at this time. Overall, there has been an increase in volume with lower Full-Time Equivalents (FTEs). Emergency visits increased by 9%, and the overall surgery volume increased by 27%. Skilled Nursing Facilities (SNFs) have slightly decreased in patient days, with 79% occupancy in August compared to the budgeted 92%. South Shore has not been included in Alameda's Financial Reports since it moved to the Fairmont location. Once South Shore moves back this month, that data will be included in future financial reports. The AHS financial team is still looking into opportunities to decrease	

	the length of stay. The variance in days is 451 days, with a 23% increase. The opportunity days are still increasing, meaning patients are staying longer than expected. <u>Alameda Hospital Entity Financials:</u> • The collection percent was 15.1% in August compared to 15.6% for the previous month • Salaries and Benefits are positive due to lower utilization, and this does include registry. • Purchase services are over budget due to the MRI alliance invoice being added during August. • There is $22,000 for the Alameda psychologist that was not budgeted. Ms. Mesina will look into this. • Materials and supplies are slightly over budget due to purchased pharmaceuticals and lab reagents. • Facilities are over budget by $214,000. There was $144,000 in repairs (elevator, flooring, rooter rooter) and utilities with a contribution margin of negative $1 million compared to a budget of $967,000 for a variance of $91 Mr. Harding noted that the overall revenue is up $521,000 year-to-date compared to August 2022. Salaries and benefits are down by $1.15 million, and overall operating expenses are down by $1.2 million. The contribution margin is much better this year compared to last year. Additionally, the AHS financial team will be combining the monthly operating review meetings with San Leandro. There will still be an entity breakout for Alameda Hospital. There was an overall positive bottom line due to the Anthem Blue Cross settlement, thanks to the Revenue Cycle consultants ability to collect payment. Dr. Deutsch suggested looking into the categories that make the length of stay longer than it should be. Ms. Mesina noted that AHS and Care Management Clinical Intelligence, are working on a substantial incentive to address this issue.	
Medical Staff Report	Dr. Joshi provided a written report from the Medical Executive Committee on page 44. The report summarized the Medical Star Rating, which measures clinical performance, patient satisfaction surveys, infection surveys, and various other areas. This rating is based on a scale of 1-5, with five being the best rating a hospital can receive. Alameda Hospital received an overall four-star rating, while sub-acute services, Park Bridge, and South Shore received five-star ratings. Sue Fairbanks will provide an update on the Creedon Wound Center during the December District Board meeting.	
Presidents Report	Dr. Deutsch had no business to report on.	
AHS Liaison Report	Mr. Sayen noted that AHS is undertaking an initiative called DIVE (Difference Invited Values and Embraced) with Brown Association Associates. The goal is to bridge any gaps related to inclusion and to create an environment where everyone feels welcome, regardless of their differences.	

	Mr. Sayen wanted to express how significant having a four-star rating is, as there are many 5-star ratings. In fact, many other local hospitals have much lower ratings, such as Highland with a one-star rating and Kaiser Oakland with a two-star rating.	
Hospital Liaison Report	Dr. Deutsch informed the group that there is currently no full-time mammography technician at Alameda Hospital. However, there is a traveling technician who is working at Alameda Hospital two days a week until they can find someone to fill the full-time position.	
Executive Director Report	Ms. Stebbins informed the group about the Community Health Fair on October 21st, from 9 am to 12 pm. The District will have a booth with materials to highlight the relationship between the District and AHS, as well as the seismic challenges we are facing. Board participation is encouraged, as it presents a wonderful opportunity to engage with the public. Ms. Stebbins noted that some Districts that run hospitals have not yet begun to prepare for the 2030 seismic requirements. The approval process for bond financing takes about 18 to 24 months, and there's a strong possibility that the completion date will be after the 2030 deadline. Legislation is still pending to potentially extend the deadline for another five years, and there is discussion of legislation to provide financing sources for districts facing financial challenges. Out of the 70 California Health Care Districts, only 14 of them are certified under ACHD guidelines. Ms. Stebbins has reached out to ACHD to find out what the District would need to become certified. This includes refining some policies and procedures, such as how the District complies with the Brown Act and establishing a governance self-evaluation process for the board. Ms. Stebbins will be working on a draft certification packet to present to the Board, ideally by the end of the calendar year. It is important to note that holding a leadership position on the Board of the Association requires certification as a District hospital. Additionally, being a certified District will help during the Bond Financing process and assure stakeholders that good governance practices and policies for public interaction are in place. Both Ms. Stebbins and Mr. Sayen completed an ethics training course during the ACHD annual meeting. AB 1234 applies to public agencies and requires that every two years, all governance members and executive staff of the District complete ethics training. The training covers topics like conflict of interest, permissible campaign contributions, and knowledge of the Brown Act, among other areas. Ms. Stebbins will send out information for the Board to enable them to complete the course by December 31, 2023. The annual audit was received today and has been presented for your review. Action will need to be taken on the audit during the December Board meeting, at which time Rick Jackson will address any questions the Board may have. Once the audit is approved, it will be followed by a true-up payment of the parcel tax distribution. Two parcel tax distributions are made to AHS each year, which have been completed for 2023, followed by the final true-up payment.	
AHS JPC Update	Dr. Deutsch updated the group on the progress the committee has made throughout the year. Out of all the options studied, the entire committee has agreed that Option 3B would be the best choice to move	

	forward with. This option would include 39 acute beds (8 ICU beds and 31 Telemetry beds), 35 Sub-Acute beds, and 16 Medi-SNF beds for more complex patients with higher per diems. The project will be estimated at $75 million. Using the $5.9 million parcel tax as security for the COP (Certificate of Participation) would result in a loss to AHS of $200,000 a year. Dr. Deutsch asked the Board to review the resolution later and approve Option 3B. Ms. Miranda and her team have put in a lot of effort for the last 10 months and made the numbers noticeably clear to choose an option.	
Property Oversight Committee	Mr. Cambra informed the board that there had been previous discussions about whether or not to sell the properties. He has consulted with legal counsel to determine the feasibility of this and to gain an understanding of the necessary steps. Mr. Cambra also provided the distribution list that the District has been receiving, which goes directly to Alameda Hospital and averages $144,000 annually. The distribution formula consists of 20% of the corpus, which grows each year, and 20% of the income from both District properties from the previous year. <u>Evaluation in Unit E:</u> Mr. Cambra met with Drysdale (the Districts property management company) to discuss the challenges Unit E has faced in being rented out. It was suggested that the strong, old smell, as well as the outdated kitchen and bathroom, may be delaying the rental of Unit E. To address this, it was recommended to consider reducing the unit's price to align it with the property's condition or to offer move-in incentives, such as one month's free rent. If the decision is not to sell the property, there are several capital improvement projects that need to be completed based on a priority that makes sense. Mr. Cambra will provide the board with RFPS for the replacement of the roof and a property management company during the December meeting.	

Consent Agenda		
	A. Acceptance of Minutes from September 5, 2023 B. Acceptance of Financial Statements, from July 2023 C. Acceptance of Financial Statements, from August 2023 A motion to accept the Consent Agenda was made by Ms. Codiga and seconded by Mr. Sayen. The motion was unanimously approved.	Motion Approved
Action Items		

	A. Proposal to Support Option 3B and Financing Strategy for 2030 Seismic Retrofit for Alameda Hospital A motion to support the proposal of Option 3B was made by Mr. Cambra and seconded by Mr. Sayen the motion was unanimously approved. B. Proposal to Engage Ratcliff Architects for Next Phase of Seismic Planning The estimates being used are over a year old and need to be updated in order to get a more detailed cost estimate. A motion to accept the proposal to engage Ratcliff was made by Ms. Codiga and seconded by Mr. Sayen. The motion was unanimously approved.	Motions Approved
New Business	Mr. Sayen attended the Chamber of Commerce Economic Development Report meeting, during which Mia Bonta noted the importance of healthcare in Alameda. Ms. Stebbins noted that there is a draft Strategic Plan for the City of Alameda that includes no commitment to healthcare. It would be beneficial for the board to provide information and express the importance of healthcare on the island.	

Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: _____

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(September 1-30, 2023)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2023	As of 9/30/2023
Assets		
Current assets:		
Cash and cash equivalents	$ 2,460,281	$ 554,430
Grant and other receivables	205,058	1,411,342
Prepaid expenses and deposits	153,460	136,057
Total current assets	2,818,799	2,101,828
Assets limited as to use	862,163	895,153
Capital Assets, net of accumulated depreciation	2,109,650	2,067,550
	5,790,611	5,064,531
Other Assets	(0)	(0)
Deferred outflows of resources	203,217	203,217
Total assets	$ 5,993,828	$ 5,267,748
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 22,624	$ 23,832
Accounts payable and accrued expenses	53,874	55,174
Total current liabilities	76,498	79,006
Deferred revenue	203,217	203,217
Debt borrowings net of current maturities	802,462	795,825
Total liabilities	1,082,177	1,078,048
Net position:		
Total net position (deficit)	4,911,651	4,189,700
Total liabilities and net position	$ 5,993,828	$ 5,267,748

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 9/30/2023	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	$ 5,900,000	$ 1,514,103	$ 1,514,103	-	0%
Rents	191,822	48,143	53,750	(5,607)	110%
Other revenues	-	-	-	-	
Total revenues	6,091,822	1,562,245	1,567,853	(5,607)	
Expenses					
Professional fees - executive director	175,433	49,041	46,250	(2,791)	-6%
Professional fees - Assistant	84,246	27,939	27,500	(439)	-2%
Professional fees	291,779	73,264	78,025	4,761	6%
Supplies	6,150	6,768	500	(6,268)	-1254%
Purchased services	4,100	-	2,415	2,415	100%
Repairs and maintenance	24,729	9,423	10,875	1,452	13%
Rents	20,430	5,733	5,107	(626)	-12%
Utilities	14,820	2,372	3,000	628	21%
Insurance	125,911	45,641	40,112	(5,529)	-14%
Depreciation and amortization	169,146	42,100	47,600	5,500	
Interest	66,973	12,071	9,587	(2,484)	-26%
Travel, meeting and conferences	8,691	8,029	3,750	(4,279)	-114%
Other expenses	15,941	1,816	8,643	6,827	79%
Community projects and programs	264,058	-	65,500	65,500	100%
Total expenses	1,272,409	284,196	348,864	64,667	
Operating gains	4,819,412	1,278,049	1,218,989	59,060	5%
Transfers	(4,935,976)	(2,000,000)	(1,274,924)		
Increase(Decrease) in net position	(116,564)	(721,951)	(55,935)		
Net position at *beginning of the year*	5,028,215	4,911,651	-		
Net position at the *end of the period*	$ 4,911,651	$ 4,189,700	$ (55,935)		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 9/30/2023
Increase(Decrease) in net position	$ (116,564)	$ (721,951)
Add Non Cash items		
Depreciation	169,146	42,100
Changes in operating assets and liabilities		
Grant and other receivables	130,004	(1,206,283)
Prepaid expenses and deposits	(44,631)	17,403
Deferred outflows of resources	-	-
Accounts payable and accrued expenses	(12,809)	1,300
Deferred revenues	-	-
Net Cash provided(used) by operating activities	125,146	(1,867,432)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(0)	-
Changes in assets limited to use	(152,470)	(32,990)
Net Cash used in investing activities	(152,470)	(32,990)
Cash flows from financing activities		
Principal payments on debt borrowings	(17,818)	(5,429)
Net cash used by financing activities	(17,818)	(5,429)
Net change in cash and cash equivalents	(45,141)	(1,905,851)
Cash at the beginning of the year	2,505,423	2,460,281
Cash at the end of the period	$ 2,460,281	$ 554,430

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023	District 9/30/2023	Jaber 9/30/2023	As of 9/30/2023
Assets						
Current assets:						
Cash and cash equivalents	$ 2,460,281	$ -	$ 2,460,281	$ 554,430	$ -	$ 554,430
Grant and other receivables	205,058	0	205,058	1,411,342	0	1,411,342
Prepaid expenses and deposits	153,460	(0)	153,460	136,057	(0)	136,057
Total current assets	2,818,799	(0)	2,818,799	2,101,829	(0)	2,101,828
Due To Due From	24,037	(24,037)	0	24,037	(24,037)	0
Assets limited as to use	0	862,163	862,163	0	895,153	895,153
Capital Assets, net of accumulated depreciation	1,293,950	815,700	2,109,650	1,261,200	806,350	2,067,550
	4,136,785	1,653,826	5,790,611	3,387,065	1,677,466	5,064,531
Other Assets	(0)	0	(0)	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217	0	203,217
Total assets	4,340,002	1,653,826	5,993,828	3,590,282	1,677,466	5,267,748
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	22,624	0	22,624	23,832	0	23,832
Accounts payable and accrued expenses	53,874	0	53,874	55,174	0	55,174
Total current liabilities	76,498	0	76,498	79,006	0	79,006
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	802,462	0	802,462	795,825	0	795,825
Total liabilities	1,082,177	0	1,082,177	1,078,048	0	1,078,048
Net position:						
Total net position (deficit)	3,257,824	1,653,826	4,911,651	2,512,234	1,677,466	4,189,700
Total liabilities and net position	$4,340,002	$1,653,826	$5,993,828	$3,590,281	$1,677,466	$5,267,748

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 9/30/2023	Jaber 9/30/2023	Actual YTD 9/30/2023
Revenues and other support						
District Tax Revenues	5,900,000	0	5,900,000	1,514,103	0	1,514,103
Rents	0	191,822	191,822	0	48,143	48,143
Other revenues	0	0	0	0	0	0
Total revenues	5,900,000	191,822	6,091,822	1,514,103	48,143	1,562,245
Expenses						
Professional fees - executive director	175,433	0	175,433	49,041	0	49,041
Professional fees - Assistant	84,246	0	84,246	27,939	0	27,939
Professional fees	282,128	9,651	291,779	70,903	2,361	73,264
Supplies	6,150	0	6,150	6,768	0	6,768
Purchased services	4,100	0	4,100	0	0	0
Repairs and maintenance	249	24,480	24,729	0	9,423	9,423
Rents	20,430	0	20,430	5,733	0	5,733
Utilities	2,479	12,341	14,820	569	1,803	2,372
Insurance	125,911	0	125,911	45,641	0	45,641
Depreciation and amortization	131,746	37,400	169,146	32,750	9,350	42,100
Interest	66,975	0	66,975	12,071	0	12,071
Travel, meeting and conferences	8,691	0	8,691	8,029	0	8,029
Other expenses	13,949	1,993	15,940	250	1,566	1,816
Community projects and programs	264,058	0	264,058	0	0	0
Total expenses	1,186,546	85,865	1,272,410	259,693	24,503	284,196
Operating gains	4,713,454	105,957	4,819,411	1,254,409	23,640	1,278,049
Transfers	(4,935,976)	0	(4,935,976)	(2,000,000)	0	(2,000,000)
Increase(Decrease) in net position	(222,522)	105,957	(116,565)	(745,591)	23,640	(721,951)
Net position at *beginning of the year*	3,480,346	1,547,869	5,028,216	3,257,825	1,653,826	4,911,651
Net position at the *end of the period*	3,257,824	1,653,826	4,911,651	2,512,234	1,677,466	4,189,700

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 9/30/2023	Jaber 9/30/2023	Actual YTD 9/30/2023
Increase(Decrease) in net position	(222,522)	105,957	(116,565)	(745,591)	23,640	(721,951)
Add Non Cash items						
Depreciation	131,746	37,400	169,146	32,750	9,350	42,100
Changes in operating assets and liabilities						
Grant and other receivables	130,003	0	130,003	(1,206,283)	0	(1,206,283)
Prepaid expenses and deposits	(44,631)	0	(44,631)	17,403	0	17,403
Deferred outflows of resources						
Due To Due From	(9,113)	9,113	0	0	0	0
Accounts payable and accrued expenses	(12,807)	0	(12,807)	1,300	0	1,300
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(27,324)	152,470	125,146	(1,900,422)	32,990	(1,867,433)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	0	0
Changes in assets limited to use	0	(152,470)	(152,470)	0	(32,990)	(32,990)
Net Cash used in investing activities	0	(152,470)	(152,470)	0	(32,990)	(32,990)
Cash flows from financing activities						
Principal payments on debt borrowings	(17,818)	0	(17,818)	(5,429)	0	(5,429)
Net cash used by financing activities	(17,818)	0	(17,818)	(5,429)	0	(5,429)
Net change in cash and cash equivalents	(45,142)	0	(45,142)	(1,905,852)	0	(1,905,852)
Cash at the beginning of the year	2,505,423	(0)	2,505,423	2,460,281	(0)	2,460,281
Cash at the end of the period	2,460,281	(0)	2,460,281	554,430	0	554,430

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(October 1 -31, 2023)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2023	As of 10/31/2023
Assets		
Current assets:		
Cash and cash equivalents	$ 2,460,281	$ 474,806
Grant and other receivables	306,329	2,017,313
Prepaid expenses and deposits	153,460	121,212
Total current assets	2,920,070	2,613,331
Assets limited as to use	862,163	907,496
Capital Assets, net of accumulated depreciation	2,111,184	2,055,051
	5,893,416	5,575,877
Other Assets	(0)	(0)
Lease receiveable	203,217	203,217
Total assets	$ 6,096,633	$ 5,779,094
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 22,624	$ 23,832
Accounts payable and accrued expenses	25,074	22,474
Total current liabilities	47,698	46,306
Deferred inflows of resources	203,217	203,217
Debt borrowings net of current maturities	802,462	794,041
Total liabilities	1,053,377	1,043,564
Net position:		
Total net position (deficit)	5,043,256	4,735,531
Total liabilities and net position	$ 6,096,633	$ 5,779,094

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 10/31/2023	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	$ 6,036,813	$ 2,018,803	$ 2,018,803	-	0%
Rents	184,057	63,909	71,667	(7,758)	96%
Other revenues	7,765	-	-	-	
Total revenues	6,228,635	2,082,712	2,090,470	(7,758)	
Expenses					
Professional fees - executive director	175,433	84,334	61,667	(22,667)	-37%
Professional fees - Assistant	84,246	39,221	36,667	(2,555)	-7%
Professional fees	291,779	91,531	104,033	12,503	12%
Supplies	6,150	8,386	667	(7,720)	-1158%
Purchased services	4,100	1,500	3,220	1,720	53%
Repairs and maintenance	24,729	10,175	14,500	4,325	30%
Rents	20,430	5,733	6,810	1,077	16%
Utilities	14,820	4,410	4,000	(410)	-10%
Insurance	125,911	60,486	53,482	(7,004)	-13%
Depreciation and amortization	167,612	56,133	63,467	7,334	
Interest	66,973	16,120	12,783	(3,337)	-26%
Travel, meeting and conferences	8,691	8,029	5,000	(3,029)	-61%
Other expenses	22,684	2,467	11,524	9,057	79%
Community projects and programs	264,058	-	87,333	87,333	100%
Total expenses	1,277,617	388,526	465,151	76,625	
Operating gains	4,951,017	1,694,186	1,625,319	68,867	4%
Transfers	(4,935,976)	(2,001,911)	(1,699,899)		
Increase(Decrease) in net position	15,041	(307,725)	(74,580)		
Net position at *beginning of the year*	5,028,215	5,043,256	-		
Net position at the *end of the period*	$ 5,043,256	$ 4,735,531	$ (74,580)		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 10/31/2023
Increase(Decrease) in net position	$ 15,041	$ (307,725)
Add Non Cash items		
Depreciation	167,612	56,133
Changes in operating assets and liabilities		
Grant and other receivables	28,733	(1,710,984)
Prepaid expenses and deposits	(44,631)	32,248
Deferred outflows of resources	0	-
Accounts payable and accrued expenses	(41,609)	(2,600)
Deferred revenues	-	-
Net Cash provided(used) by operating activities	125,146	(1,932,929)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(0)	0
Changes in assets limited to use	(152,470)	(45,333)
Net Cash used in investing activities	(152,470)	(45,333)
Cash flows from financing activities		
Principal payments on debt borrowings	(17,818)	(7,213)
Net cash used by financing activities	(17,818)	(7,213)
Net change in cash and cash equivalents	(45,141)	(1,985,475)
Cash at the beginning of the year	2,505,423	2,460,281
Cash at the end of the period	$ 2,460,281	$ 474,806

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023	District 10/31/2023	Jaber 10/31/2023	As of 10/31/2023
Assets						
Current assets:						
Cash and cash equivalents	$ 2,460,281	$ -	$ 2,460,281	$ 474,806	$ -	$ 474,806
Grant and other receivables	306,329	0	306,329	2,017,313	0	2,017,313
Prepaid expenses and deposits	153,460	(0)	153,460	121,212	(0)	121,212
Total current assets	2,920,070	(0)	2,920,070	2,613,331	(0)	2,613,331
Due To Due From	24,037	(24,037)	0	24,037	(24,037)	0
Assets limited as to use	0	862,163	862,163	0	907,496	907,496
Capital Assets, net of accumulated depreciation	1,295,484	815,700	2,111,184	1,251,817	803,233	2,055,051
	4,239,590	1,653,826	5,893,416	3,889,185	1,686,692	5,575,877
Other Assets	(0)	0	(0)	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217	0	203,217
Total assets	4,442,807	1,653,826	6,096,633	4,092,402	1,686,692	5,779,094
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	22,624	0	22,624	23,832	0	23,832
Accounts payable and accrued expenses	25,074	0	25,074	22,474	0	22,474
Total current liabilities	47,698	0	47,698	46,306	0	46,306
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	802,462	0	802,462	794,041	0	794,041
Total liabilities	1,053,378	0	1,053,377	1,043,564	0	1,043,564
Net position:						
Total net position (deficit)	3,389,429	1,653,826	5,043,256	3,048,838	1,686,692	4,735,531
Total liabilities and net position	$4,442,807	$1,653,826	$6,096,633	$4,092,401	$1,686,692	$5,779,094

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 10/31/2023	Jaber 10/31/2023	Actual YTD 10/31/2023
Revenues and other support						
District Tax Revenues	6,036,813	0	6,036,813	2,018,803	0	2,018,803
Rents	(7,765)	191,822	184,057	0	63,909	63,909
Other revenues	7,765	0	7,765	0	0	0
Total revenues	6,036,813	191,822	6,228,635	2,018,803	63,909	2,082,712
Expenses						
Professional fees - executive director	175,433	0	175,433	84,334	0	84,334
Professional fees - Assistant	84,246	0	84,246	39,221	0	39,221
Professional fees	282,128	9,651	291,779	88,383	3,148	91,531
Supplies	6,150	0	6,150	8,386	0	8,386
Purchased services	4,100	0	4,100	1,500	0	1,500
Repairs and maintenance	249	24,480	24,729	0	10,175	10,175
Rents	20,430	0	20,430	5,733	0	5,733
Utilities	2,479	12,341	14,820	759	3,651	4,410
Insurance	125,911	0	125,911	60,486	0	60,486
Depreciation and amortization	130,212	37,400	167,612	43,666	12,467	56,133
Interest	66,975	0	66,975	16,120	0	16,120
Travel, meeting and conferences	8,691	0	8,691	8,029	0	8,029
Other expenses	20,691	1,993	22,683	866	1,601	2,467
Community projects and programs	264,058	0	264,058	0	0	0
Total expenses	1,191,754	85,865	1,277,618	357,484	31,042	388,526
Operating gains	4,845,059	105,957	4,951,016	1,661,319	32,866	1,694,186
Transfers	(4,935,976)	0	(4,935,976)	(2,001,911)	0	(2,001,911)
Increase(Decrease) in net position	(90,917)	105,957	15,040	(340,592)	32,866	(307,725)
Net position at *beginning of the year*	3,480,346	1,547,869	5,028,216	3,389,430	1,653,826	5,043,256
Net position at the *end of the period*	3,389,429	1,653,826	5,043,256	3,048,838	1,686,692	4,735,531

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 10/31/2023	Jaber 10/31/2023	Actual YTD 10/31/2023
Increase(Decrease) in net position	(90,917)	105,957	15,040	(340,592)	32,866	(307,725)
Add Non Cash items						
Depreciation	130,212	37,400	167,612	43,666	12,467	56,133
Changes in operating assets and liabilities						
Grant and other receivables	28,733	0	28,733	(1,710,984)	0	(1,710,984)
Prepaid expenses and deposits	(44,631)	0	(44,631)	32,248	0	32,248
Deferred outflows of resources						
Due To Due From	(9,113)	9,113	0	0	0	0
Accounts payable and accrued expenses	(41,607)	0	(41,607)	(2,601)	0	(2,601)
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(27,324)	152,470	125,146	(1,978,262)	45,333	(1,932,929)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	(0)	0
Changes in assets limited to use	0	(152,470)	(152,470)	0	(45,333)	(45,333)
Net Cash used in investing activities	0	(152,470)	(152,470)	0	(45,333)	(45,333)
Cash flows from financing activities						
Principal payments on debt borrowings	(17,818)	0	(17,818)	(7,213)	0	(7,213)
Net cash used by financing activities	(17,818)	0	(17,818)	(7,213)	0	(7,213)
Net change in cash and cash equivalents	(45,142)	0	(45,142)	(1,985,475)	(0)	(1,985,475)
Cash at the beginning of the year	2,505,423	(0)	2,505,423	2,460,281	(0)	2,460,281
Cash at the end of the period	2,460,281	(0)	2,460,281	474,806	(0)	474,806

City of Alameda
HEALTH CARE DISTRICT

MEETING DATE: December 11, 2023

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

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Approval of FY 2022-2023 Parcel Tax True-Up Transfer to Alameda Health System

---

Action

Recommendation to transfer the **$657,453** for Fiscal Year 2022-2023 as the parcel tax true-up transfer to Alameda Health System.

Background

The attached document outlines an analysis of the fiscal period July 1, 2022 to June 30, 2023. As a reminder, the true-up transfer is recommended after the end of the fiscal year and after the annual audit is complete.

Total parcel tax revenue collected for the period was **$ 6,036,813** was an increase compared to taxes collected in the prior year. This number is reduced by the total District expenses for FY 2022, adjusted for depreciation (a non-cash item) and adding back the principal payment on the loan maintained by the District for a net available for transfer to AHS of **$4,957,453.** Earlier transfers to AHS for the FY 2022 year totaled $**4,300,000**.

The recommendation is to transfer **$657,453** immediately after receipt of the District tax revenue in mid-December, 2023.

City of Alameda Health Care District
Analysis of Asset Transfer
For the period July 1, 2014 through June 30, 2023

Purpose: To evaluate the past fiscal period July to June and true up the amounts transferred to the Alameda Hospital System based on terms of the agreements.

		6/30/2023
Actual Property Taxes Received for the period 7/1 to 6/30:		
12/15/2022	2,992,160	2,992,160
3/7/2023	3,576	3,576
4/4/2023	41,124	41,124
4/13/2023	2,687,858	2,687,858
5/10/2023	4,470	4,470
6/20/2023	1,296	1,296
7/11/2023	2,473	2,473
8/24/2023	303,856	303,856
		6,036,813
Interest income and other		-
Non-Cash Equity adjustments related to capital assets		-
Total District Revenue		6,036,813
Less Non Cash Items		-
Adjusted Revenue		6,036,813
Non-labor cash expenses of the district		1,191,754
Less depreciation and amortization		(130,212)
Adjusted Expenses		1,061,542
Capital Outlays of the District		0
Principal Payment on Mortgage		17,818
Subtotal Adjusted Outlays		1,079,360
Sub total Funds Available to Transfer (Revenues less Expenses)		4,957,453
Debt payment		
Actual Transfers for the period		
2/16/2022	(2,400,000)	
8/15/2022	(1,800,000)	
12/15/2022	(835,976)	
2/21/2023	(1,900,000)	(1,900,000)
3/31/2023	(400,000)	(400,000)
8/17/2023	(2,000,000)	(2,000,000)
		(4,300,000)
Sub total outlays and transfers		(4,300,000)
Residual balance due AHS(from AHS)		657,453

City of Alameda
HEALTH CARE DISTRICT

December 11, 2023

Memorandum to:	City of Alameda Health Care District Board of Directors
From:	Debi Stebbins Executive Director
RE:	Proposed Board Meeting Schedule for 2024
Monday, February 12, 2024	December Tax Installment to AHS
Monday, April 8, 2024	Distribution from Jaber Funds to AHS Review and Approval of District FY 24-25 Budget
Monday, June 10, 2024	Review of Annual Audit Engagement Adoption of Parcel Tax Levy Resolution
Monday, August 12, 2024	Review and Approval of 24-24 Parcel Tax Budget Mutual Certification and Indemnification with County Review of FY 24-25 Insurance Renewals Executive Director Evaluation and Contract Review
Tuesday, October 15, 2024	Review and Acceptance of FY 24-25 Audit Review of CY 24-25 Meeting Calendar
Monday, December 9, 2024	Election of Officers and Appointment to Liaison Positions Recommendation to Approve True-Up Tax Distribution to AHS

City of Alameda
HEALTH CARE DISTRICT

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

From: Robert Deutsch, MD
President

RE: Proposed Officers and Liaison Positions - 2023

The annual election of City of Alameda Health Care District Officers usually takes place at the October Board meeting. It was delayed in 2022 due to the possible changes in the composition of the Board. I am proposing the following slate of officers and liaison positions for 2023/

Article III, Section 1., Officers of the District Bylaws provides for the election of District Officers. Officers shall hold their office for terms of one (1) year or until such time as a successor is elected. An officer may be removed from office by a majority of the Board of Directors at any time. Officers may serve consecutive terms.

Proposed AHCD Officers and Liaisons for 2021-2022

Office/Liaison Position	Board Member
President / Representative #1 to City of Alameda Liaison Committee	Robert Deutsch, MD
1st Vice President	Gayle Codiga
2nd Vice President	Stewart Chen, DC
Secretary	Jeff Cambra
Treasurer	David Sayen
Alameda Health System Liaison	David Sayen
Community Health Liaison	Stewart Chen, DC
Alameda Hospital Liaison	Robert Deutsch, MD
Representative #2 on City of Alameda Liaison Committee	Jeff Cambra

City of Alameda
HEALTH CARE DISTRICT

December 11, 2023

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

From: Jeff Cambra, Director
Debi Stebbins, Executive Director

RE: **Recommendation on Roofing Contractor for 1359 Pearl Street**

Recommendation:

We are recommending that the District engage Central Roofing & Restoration of Alameda, California to replace the four roofs on 1359 Pearl Street, an apartment building owned by the District at the cost of $138,204. Two bids were received in response to the Request for Proposal (RFP) sent out. The amount of the bids were comparable and we are recommending Central Roofing since they pay prevailing wage rates and provided excellent references. There is a sufficient balance in the Jaber bank account to cover this expenditure.

Background:

On November 17, 2023, a Request for Proposal for the repair/replacement of the roofs on the 1359 Pearl Street property were sent out to several roofing contractors. A list of the recipients is attached to this memorandum.

Two responses to the RFP were received from: Central Roofing and Restoration (Alameda, CA) and Innovation Roofing System (Antioch, CA). Both firms provided detailed bids on replacement of the roofs, gutters and downspouts on the four sections of the apartment complex at 1359 Pearl Street in Alameda. The roof is quite old and has experienced leakage in recent years.

Both bids were comparable in price and proposed using the same asphalt shingle roofing product which has a 30 year warranty. Both firms provided the same level of proof of insurance.

The deciding factors for the recommendation to select Central Roofing & Restoration was their statement that they pay prevailing wages and presented three reputable local references, including work for another public agency.

Note: On December 6, 2023, Innovation Roofing withdrew their bid proposal due to inability to provide prevailing wage numbers for their work force.

December 11, 2023

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

From Jeff Cambra

RE: Language for RFP

Here is the language requesting the "general" services that the bidder should include in their bid. You have the language I suggested we also add to the RFP for specific details. Hopefully, other directors can add to the language.

"Please provide a detailed description of the services that are provided as part of your “standard” property management agreement and the cost of these services. Please note any details that would apply to the specific building relating to the commercial verses residential use. Additionally, please note any “typical” management activities that are specifically excluded and that would result in additional charges to the District. How are these additional services billed? Please provide billing rates for these additional services."

City of Alameda
HEALTH CARE DISTRICT

Roofer Vendor List

Advanced Roofing
Attn: Dave Lopez
1405 Viking St
Alameda, Ca 94502
510-522-2565
E: Advancedroofs337@att.net

All Weather Roofing
880 Fruitvale Avenue
Oakland, Ca 94601
510-534-1660
E: allweatherroofing5@yahoo.com

Banner Roofing Company
2424 Clement Avenue
Alameda, Ca 94501
510-895-4433
E: mbanner99@comcast.net
https://www.bannerroofingcompany.com/

Bay Roofing Company
3016 Adams St.
Alameda, Ca 94501
510-521-8300
https://www.bayroofingalameda.com/

Central Bay Roofing & Restoration
1814 Clement Avenue
Alameda, CA 94501
510-521-7334
E:info@centralbayroofing.com
https://www.centralbayroofing.com/

GRC Roofing Co.
1000 90th Avenue
Oakland, CA 94603
510-568-0531
https://www.roofingandguttersoakland.com/

Innovation Roofing Systems
2348 Chardonnay Way
Antioch, CA

510-330-3834
E: innovationroofing@yahoo.com
https://innovationroofingsystems.net/

Lovett & Lovett Roofing Co.
2525 East 10th Street
Oakland, CA 94601
510-532-7663
https://lovettroofing.net/