

PUBLIC NOTICE

CITY OF ALAMEDA HEALTHCARE DISTRICT
COMMUNITY ADVISORY COMMITTEE

MEETING AGENDA

Tuesday, August 24, 2021

OPEN SESSION: 3:30pm-5:30pm

Location: Remote via ZOOM

Open Session Via ZOOM

Join Zoom Meeting – Open Session- August 24, 2021

Topic: Alameda Community Advisory Board Meeting

Date: Tuesday, Aug 24, 2021

Time: 3:30 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81840881209?pwd=LytiUytlVGZ4RW9hMENmK0xiaW84QT09>

Meeting ID: 818 4088 1209

Passcode: 122417

One tap mobile

+16699006833,,81840881209# US (San Jose)

Dial by your location

+1 669 900 6833 US (San Jose)

Office of the Clerk: 510-263-8223

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

I. Call to Order Stewart Chen

II. Roll Call Leta Hillman

III. Public Comments

IV. Regular Agenda

A.

1) Alameda Hospital Emergency Department, Updates and Best Practices Dr. Nikita Joshi

2) Update on Advocacy Efforts: Disaster Modernization Plan Debi Stebbins

3) May 20, 2021 Meeting Minutes (pages 2-4) Stewart Chen

4) Group Discussion

V. Adjournment

City of Alameda Health Care District		Minutes of the City of Alameda Health Care District Community Advisory Committee- Held via ZOOM Open Session Thursday, May 20, 2021	
Members Present:		Also Present	Absent
Gayle Codiga, Stewart Chen, Madlen Saddik, Jeff Cambra Tony Corica, Doug Biggs, Jim Oddie, Verna Castro, Amos White		Debi Stebbins, Leta Hillman	Lena Tam, Ross Peterson
Submitted by: Leta Hillman, Executive Assistant			
Topic		Discussion	Action / Follow-Up
I. Call to Order		The meeting was called to order at 4:10PM	
II. Roll Call		Roll call completed and recorded	
III. General Public Comments		No public comments	
IV. Regular Agenda			
1) The Role and Purpose of the Advisory Committee		Debi Stebbins, Gayle Codiga Stewart Chen. - Director Chen provided an overview of the goals and purpose of the committee: strategic planning with AHS, programming and development. To be ambassadors to the general public. - Gayle Codiga thanked every member for agreeing to serve - Debi Stebbins asked each member to introduce themselves and to describe their connection to Alameda.	
2) Alameda Hospital Today		Debi Stebbins -Debi provided an orientation of the Alameda Health System, to include several historical photos of the original AHS system buildings. Alameda Hospital history, Formation of the Alameda Health District, District Strategic Planning from 2007-2012, District Search for Affiliation Partner, AHS Vision in 2013, District Affiliation with AHS (responsibilities of the District, AHS and Joint)	

	<p>Planning in 2018 and 2019: in 2019, the AHS Board committed to completion in 2020 of seismic retrofit upgrades and the formation of the Joint AHS-District Seismic Planning Committee. Through this committee, Ratcliff, a local architectural firm submitted a proposal to comply with the 2020 Seismic retrofit to include: renovating hospital functions into the South Wing. The consulting firm Kaufman Hall provided a projection of proposed health care needs for 2029, to include: acute care bed needs and the contribution of Alameda Hospital to the AHS system. The total estimated fees are approximated at \$200 million.</p> <p>A comparison of patient admission statistics between 2019-2020 and 2020-2021 was provided: average patient admissions were lower than in previous years. Long term care beds were successfully managed, mainly due to COVID-19. Average admission wait times have been reduced.</p> <p>AHS and District Collaboration:</p> <ul style="list-style-type: none"> - 25% of acute care patients are transfers from Highland Hospital - Long Term Care at Alameda Hospital is at capacity (174 beds) and has a 5 star rating by the State of California. - Capacity remains to do more surgeries and the Stroke, Subacute and Wound Care programs are highly rated. - The EPIC (electronic medical records system) was successfully implemented at Alameda Hospital in 2019. <p>Debi Stebbins explained the Acute Care system requirements of The Joint Powers Agreement and the parcel tax legislation. The role of acute care has changed due to surgical/technological advances that are now completed on an out-patient basis. Many surgeries are now performed on an out-patient basis</p>
<p>3) Review of the SB 1953 Seismic Requirements</p>	<p>Debi Stebbins provided historical background to the SB 1953 Bill (Seismic Compliance and Safety). The bill was passed in 1994 with a first deadline of 2008, later extended to 2020 and a second deadline of 2030. Alameda Hospital is on target to meet the deadline in October 2021 at a cost of \$25 million. Improvements include a new kitchen that supports acute care following a seismic event. The 2030 deadline includes:</p> <ul style="list-style-type: none"> - requirements designed to allow continued system operations following a seismic event. Presently, 31% of California hospitals have non-compliant beds and in 2019, 22% are in financial distress which could increase to 40% after a seismic event. - Compliance with 2030 standards are estimated to cost between \$40-\$140 billion (2019 study). Some hospitals will be able to retrofit and others will require new construction. Construction costs in California are 40% higher than in other states. Any retrofits also require that all facility spaces be aligned and compliant with all regulations. - The SB 1953 bill was passed as an unfunded mandate. Smaller hospitals and

	<p>systems are challenged to secure funding.</p> <ul style="list-style-type: none"> - The “South Wing”, the newest wing at Alameda Hospital is seismically compliant though the adjacent buildings are not. The plan is to place diagnostic functions: Emergency Department and 25 acute care beds in the South Wing and retain 35 sub-acute beds in a non-compliant wing. The estimated cost is \$200 million, of which \$120 million is construction costs only. - Current advocacy in discussion: <ul style="list-style-type: none"> - extend the deadline, exempt certain hospitals (located in rural areas), locate public funding, limit funding to only essential services (emergency departments). <p>Group Discussion: What is the status on federal funding available to public hospitals? Supplemental hospital funding has been reduced.</p> <p>Status of the Joint AHS-District Seismic Committee: The prior committee was disbanded due to changes last year in the AHS Board leadership. There are plans to reinstate the committee.</p>
4) Future Meeting Dates	-Confirmed that the 4:00pm time works for everyone.
5) Group Discussion	<ul style="list-style-type: none"> - Feedback on program development at Alameda Hospital and what services would help the local community - District website updates: replace with more recent audit documents - Promoting the Wound Care Center - If any committee member requests additional background documentation, contact the District office.
V. Adjournment	There being no further business, the meeting was adjourned at 5:30pm

Approved: _____