



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, August 14, 2023

OPEN SESSION: 5:30PM

Open Session: AH – Conference Room A
<p>Join Zoom Meeting</p> <p>https://us02web.zoom.us/j/87687357210?pwd=KzI5U3NrQU1Ga2FJTUpHV0UyY1Fudz09</p> <p>Meeting ID: 876 8735 7210 Passcode: 065079</p> <p>Dial by your location</p> <p>669 444 9171 US 669 900 6833 US</p>

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.	Potential 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**

City of Alameda Healthcare District, August 14, 2023

√ Included in the PDF posted on August 11, 2023



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A	1)	Presentation on Bond Financing	Gary Hicks
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B	YTD AHS Reports		
✓	1)	Alameda Health System / Alameda Hospital Update ENCLOSURE	Mario Harding, CAO Alameda and San Leandro Hospitals
✓	2)	Patient Experience ENCLOSURE	Christopher Adams, VP of Patient Care Services
✓	3)	Financial Update ENCLOSURE	Kimberly Miranda, AHS CFO
	4)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi, AH Medical Staff Chief

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

D	Consent Agenda		
✓	1)	Acceptance of Minutes, June 12, 2023 ENCLOSURE	Dr. Robert Deutsch, President
✓	2)	Acceptance of May and June 2023 Financial Statements ENCLOSURE	Dr. Robert Deutsch, President



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E	Action items		
	1)	Renewal of Executive Director Contract Through June 30, 2024	Dr. Robert Deutsch, President
	2)	Extension of Jaber Distribution through June 30, 2024	Debi Stebbins, Executive Director
	3)	Partial Distribution of April 2023 Parcel Tax Payment	Debi Stebbins, Executive Director
	4)	Proposal for Capital Updates at Peral Street Apartments	Debi Stebbins, Executive Director

F	October 10, 2023, Agenda Preview		
	1)	Acceptance of August 14, 2023, Meeting Minutes	
	2)	Acceptance of July and August 2023 Financial Statements	

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

XI. Adjournment

<p>Next Scheduled Meeting Date</p> <p>Tuesday, October 10, 2023</p> <p>(2nd Monday, every other month or as scheduled)</p>	<p>Closed Session</p> <p>4:30Pm</p> <p>Open Session</p> <p>5:30 PM</p>
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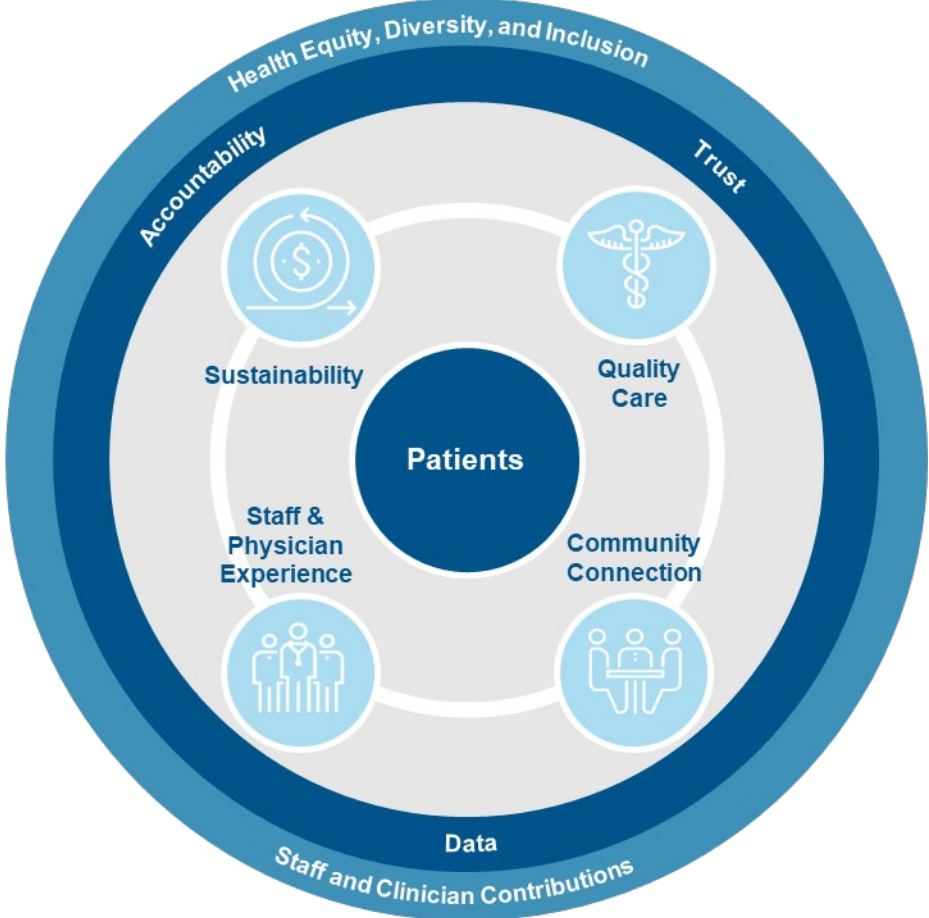
Alameda Hospital Update

presented to Alameda Health Care District Board Meeting • August 14, 2023

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



AHS Strategic Pillars



Sustainability: Financials

MONTHLY OPERATING REVIEW REPORT BY CAMPUS

Month: May

ROLLUP: ALAMEDA

	MONTH								YEAR-TO-DATE							
	MTD Actual	MTD Flex	Var	% Var	MTD Budget	Var	%Var		YTD Actual	YTD Flex	Var	% Var	YTD Budget	Var	% Var	
VOLUME & LABOR MANAGEMENT																
OR Cases	127	127	0	0.0%	143	(16)	-11.4%		1,471	1,471	0	0.0%	1,803	(332)	-18.4%	
ED/PES Visits	1,485	1,485	0	0.0%	1,453	32	2.2%		15,452	15,452	0	0.0%	13,442	2,010	15.0%	
Clinic Visits	1,158	1,158	0	0.0%	1,043	115	11.0%		11,650	11,650	0	0.0%	11,440	210	1.8%	
Acute Days	1,187	1,187	0	0.0%	957	230	24.0%		12,933	12,933	0	0.0%	9,898	3,035	30.7%	
SNF Days	4,474	5,241	(767)	-14.6%	5,224	(750)	-14.4%		49,539	54,076	(4,537)	-8.4%	56,463	(6,924)	-12.3%	
Observation Days	14	14	0	0.0%	89	(75)	-84.2%		1,527	1,527	0	0.0%	931	596	64.1%	
Acute Discharges	249	249	0	0.0%	212	37	17.5%		2,484	2,484	0	0.0%	2,113	371	17.6%	
Average Daily Census (ADC)	38.3	38.3	0.0	0.0%	30.9	7.4	24.0%		424.7	424.7	0.0	0.0%	325.0	99.6	30.7%	
Average Length of Stay (ALOS)	4.8	4.8	0.0	0.0%	4.5	(0.3)	-5.5%		5.2	5.2	0.0	0.0%	4.7	(0.5)	-11.1%	
Hours per Patient Day (HPPD)	23.05	19.17	(3.88)	-20.2%	22.50	(0.56)	-2.5%		20.39	19.59	(0.80)	-4.1%	23.05	2.66	11.5%	
Paid FTE	541.7	565.6	23.9	4.2%	588.8	47.1	8.0%		587.8	625.1	37.3	6.0%	581.6	(6.1)	-1.0%	
Paid FTE per ADC	14.1	14.8	0.6	4.2%	19.1	4.9	25.8%		1.4	1.5	0.1	6.0%	1.8	0.4	22.7%	
Productive FTE	484.7	478.6	(6.0)	-1.3%	503.2	18.5	3.7%		513.0	536.8	23.8	4.4%	494.8	(18.3)	-3.7%	
Non-Productive FTE	57.1	87.0	29.9	34.4%	85.7	28.6	33.4%		74.7	88.3	13.6	15.4%	86.9	12.2	14.0%	
Training Hours	1,274	786	(488)	-62.1%	786	(488)	-62.1%		17,816	12,561	(5,255)	-41.8%	12,561	(5,255)	-41.8%	
Training % of Productive Hours	1.5%	0.9%	(0.6%)	-60.1%	0.9%	(0.6%)	-68.3%		1.8%	1.2%	(0.6%)	-48.4%	1.3%	(0.5%)	-36.8%	
Missed Meals and Breaks Hours	481	110	(372)	-338.6%	110	(372)	-338.6%		3,768	1,383	(2,386)	-172.6%	1,383	(2,386)	-172.6%	
Missed Meals and Breaks \$	38,636	9,017	(29,619)	-328.5%	9,017	(29,619)	-328.5%		303,668	109,031	(194,637)	-178.5%	109,031	(194,637)	-178.5%	
PERFORMANCE INITIATIVES																
Overtime (OT) FTE	46.1	27.4	(18.7)	-68.1%	27.4	(18.7)	-68.1%		46.7	27.4	(19.2)	-70.1%	27.4	(19.2)	-70.1%	
Overtime (OT) \$	645,996	575,082	(70,915)	-12.3%	575,082	(70,915)	-12.3%		7,131,580	4,166,505	(2,965,075)	-71.2%	4,166,505	(2,965,075)	-71.2%	
Overtime (OT) Average Hourly Rate	79.07	118.35	39.28	33.2%	118.35	39.28	33.2%		79.86	79.35	(0.51)	-0.6%	79.35	(0.51)	-0.6%	
OT Hours as % of Productive Hours	9.5%	5.7%	(3.8%)	-66.0%	5.5%	(4.1%)	-74.5%		9.1%	5.1%	(4.0%)	-77.9%	5.5%	(3.5%)	-64.0%	

MONTHLY OPERATING REVIEW REPORT BY CAMPUS

Month: May

ROLLUP: ALAMEDA

	MONTH									YEAR-TO-DATE								
	MTD Actual	MTD Flex	Var	% Var		MTD Budget	Var	%Var		YTD Actual	YTD Flex	Var	% Var		YTD Budget	Var	% Var	
Registry FTE	48.9	25.5	(23.4)	-91.6%	●	21.3	(27.6)	-129.8%	●	77.0	26.1	(50.8)	-194.6%	●	21.4	(55.6)	-260.1%	●
Registry \$	1,323,240	341,291	(981,948)	-287.7%	●	278,251	(1,044,988)	-375.6%	●	19,036,554	3,789,562	(15,246,992)	-402.3%	●	3,021,788	(16,014,766)	-530.0%	●
Registry Average Hourly Rate	152.64	75.43	(77.21)	-102.4%	●	73.74	(78.90)	-107.0%	●	129.20	75.76	(53.44)	-70.5%	●	73.84	(55.36)	-75.0%	●
Registry Hours as % of Productive Hours	10.1%	5.3%	(4.8%)	-89.2%	●	4.2%	(5.9%)	-138.5%	●	15.0%	4.9%	(10.1%)	-208.2%	●	4.3%	(10.7%)	-247.2%	●
Sitter FTE	5.7	16.3	10.6	65.0%	●	11.0	5.3	48.1%	●	5.5	16.7	11.1	66.8%	●	11.7	6.2	52.7%	●
Sitter \$	37,774	605,656	567,883	93.8%	●	557,438	519,664	93.2%	●	374,773	5,534,689	5,159,916	93.2%	●	5,065,717	4,690,943	92.6%	●
LABOR COSTS																		
Salaries and wages	5,567,079	5,349,126	(217,953)	-4.1%	●	5,456,944	(110,135)	-2.0%	●	56,567,889	60,659,528	4,091,639	6.7%	●	56,027,805	(540,085)	-1.0%	●
Registry	1,323,240	341,291	(981,948)	-287.7%	●	278,251	(1,044,988)	-375.6%	●	19,036,554	3,789,562	(15,246,992)	-402.3%	●	3,021,788	(16,014,766)	-530.0%	●
Employee benefits (Notes Not Required)	1,574,990	1,549,765	(25,224)	-1.6%	●	1,549,765	(25,224)	-1.6%	●	16,963,157	16,677,481	(285,676)	-1.7%	●	16,677,481	(285,676)	-1.7%	●
Labor Costs	8,465,309	7,240,183	(1,225,126)	-16.9%	●	7,284,961	(1,180,348)	-16.2%	●	92,567,601	81,126,572	(11,441,029)	-14.1%	●	75,727,074	(16,840,527)	-22.2%	●
NON-LABOR COSTS																		
Physician contract services	304,722	3,000	(301,722)	-10057.4%	●	3,000	(301,722)	-10057.4%	●	2,524,746	33,000	(2,491,746)	-7550.7%	●	33,000	(2,491,746)	-7550.7%	●
Purchased services	651,900	584,638	(67,262)	-11.5%	●	584,638	(67,262)	-11.5%	●	6,705,858	6,604,162	(101,697)	-1.5%	●	6,604,162	(101,697)	-1.5%	●
Pharmaceuticals	277,143	250,256	(26,887)	-10.7%	●	200,599	(76,544)	-38.2%	●	2,529,505	2,730,408	200,903	7.4%	●	2,206,271	(323,234)	-14.7%	●
Supplies	794,932	761,303	(33,629)	-4.4%	●	774,926	(20,006)	-2.6%	●	9,797,553	8,350,885	(1,446,669)	-17.3%	●	8,500,546	(1,297,007)	-15.3%	●
Facilities	173,829	464,890	291,062	62.6%	●	464,890	291,062	62.6%	●	3,607,157	5,113,792	1,506,635	29.5%	●	5,113,792	1,506,635	29.5%	●
Depreciation (Notes Not Required)	392,710	198,742	(193,968)	-97.6%	●	198,742	(193,968)	-97.6%	●	4,402,477	2,186,158	(2,216,319)	-101.4%	●	2,186,158	(2,216,319)	-101.4%	●
General and administrative	(3,306)	32,329	35,635	110.2%	●	32,329	35,635	110.2%	●	271,964	355,620	83,656	23.5%	●	355,620	83,656	23.5%	●
Non-Labor Costs	2,591,931	2,295,158	(296,772)	-12.9%	●	2,259,124	(332,806)	-14.7%	●	29,839,261	25,374,025	(4,465,236)	-17.6%	●	24,999,550	(4,839,711)	-19.4%	●
Total Costs (Labor + Non-Labor)	11,057,239	9,535,341	(1,521,898)	-16.0%	●	9,544,085	(1,513,154)	-15.9%	●	122,406,862	106,500,596	(15,906,266)	-14.9%	●	100,726,623	(21,680,238)	-21.5%	●
OTHER METRICS																		
Supply Costs per Patient Day	670	641	(28)	-4.4%	●	810	140	17.3%	●	758	646	(112)	-17.3%	●	859	101	11.8%	●
Supply Costs per Case	3,192	3,057	(135)	-4.4%	●	3,657	464	12.7%	●	3,944	3,362	(582)	-17.3%	●	4,023	79	2.0%	●

Sustainability: HVAC Infrastructure Update

HVAC Infrastructure Replacement Plan



- Phasing of the project will take place over 5 years with total cost upward of \$15,000,000 depending on inflation of construction costs over this time period.
- Expect the cost for FY24 to range between \$1,250,000 and \$1,630,000 depending on costs for replacement when we begin each project.
- Capital cost for FY24 will come from AHS emergency capital fund.



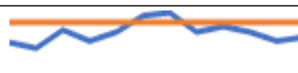

Project Phase by Year	Original Budget	Phased Budget
FY24 (07.1.23-06.30.24)		
Temporary Systems Readiness	\$0	\$300,000
Humidification	\$750,000	\$1,050,000
Pump, Expansion Tanks, Air Separator	\$200,000	\$280,000
FY25		
Replace Chiller & Cooling Tower #1	\$2,729,000	\$3,820,600
FY26		
Replace Boiler #1	\$1,091,000	\$1,527,400
FY27		
Replace Chiller & Cooling Tower #2	\$4,093,500	\$5,730,900
FY28		
Replace Boiler #2	\$1,636,500	\$2,291,100
TOTAL BUDGET	\$10,500,000	\$15,000,000

Quality Care

Alameda Hospital True North Metric Dashboard

STEEP	True North Metric	FY 22 Baseline	FY23 Goal	Final May2023	Prelim Jun2023	Final FY23 YTD	Trend Legend: Blue AHS Performance, Orange Benchmark	Action Planning	Responsible Party
	Healthcare Acquired Patient Harm ↓	91	Less Than* M=7 YTD=75	2	1	57			Phuong Le
	CLABSI # of Events / SIR	2 / 1.270	1 / 0.589	0 / 0	0 / 0	1 / 0.49		1. 3M Tegaderm dressing user training and implementation: Successfully Next: make PICC line, Dialysis, and physician teams aware of new dressing for insertion and dressing change	Phuong Le
	CAUTI # of Events / SIR	2 / 0.979	1 / 0.65	0 / 0	0 / 0	2 / 0.86		Reinforce Nurse-Driven Foley Catheter Removal Protocol (IP and Education)	Phuong Le
	MRSA # of Events / SIR	1 / 1.603	1 / 0.726	0 / 0	0 / 0	0 / 0		Reinforce CHG bathing daily on 3 patient group: a. Indwelling device until it's removed b. MRSA/ CRO/ CPO colonized c. CUU	Phuong Le
	C. Difficile # of Events / SIR	1 / 2.98	4 / 0.52	1 / 1.56	0 / 0	2 / 0.29		Reinforce CHG bathing daily on 3 patient group: d. Indwelling device until it's removed e. MRSA/ CRO/ CPO colonized f. CUU	Phuong Le
	SSI # of Events / SIR	1 / 1.08	1 / 0.738	0 / 0	0 / 0	1 / 0.72		Great work OR team!	Phuong Le
	Patient Falls # of Events / Rate Per 1000 days	57 / 4.8	54 / 5.52	0 / 0	1 / 0.97	44 / 2.94		Continued emphasis on purposeful rounding hourly, nurse leader rounding, installing equipment to connect bed alarms to call light system to improve response time. Equipment arrived. Biomed needs to PM. Waiting for installation.	Jessica Vinkavich
	HAPI # of Events / Rate Per 1000 days	11 / 0.996	7 / 0.66	1 / 0.62	0 / 0	8 / 0.534		Continue to Monitor and round w/ wound Care Nurse <u>bi weekly</u> and staff to educate and document at time of admission.	Joe Lotsko
	Hospital Handwashing Compliance ↑	81.80%	89.98%	95.6%	96.9%	91.5%			Phuong Le
Effective 8/22/23	All-cause <u>30 day</u> Readmissions ↓	10.22%	9.20%	16.9%	6.7%	13.4%		1 pt responsible for 12 admissions in April-May, reduced to 2 in June (and 0 so far in July) by working with Pain Team and HGH to formulate <u>output</u> pain plan for pt. UM RN also able to advise ED team on whether pt meets admission criteria when pt returns to the ED.	Esther Wang

Efficiency	ED Waiting Time Time in ED from Decision to Admit to Inpatient Bed ↓	3:02	2:43	3:29	3:56	3:16		Census continues to increase in the ED w/ increased admissions. Due to floor <u>staffing</u> longer wait times in the ED were expected d/t lack of open bed availability/staffed beds.	Joe Lotsko
	Hospital Nursing Communication (HCAHPS) ↑	71.54%	79.42%	71.5%	73.6%	72.6%		Nursing Communication increased slightly but did not meet the goal. House Supervisors are now expected to assist with patient rounding daily. We continue to struggle with stable staffing for the House Supervisor role so rounding compliance is an issue. House sup traveler started this week. Nurse leaders ensure bedside rounds are done. Looking for trends/any correlation between patient comments and rounding compliance.	Ronica Shelton

				Final	Prelim	Final			
STEEP	True North Metric	FY 22 Baseline	FY23 Goal	May2023	Jun2023	FY23 YTD	Trend Legend: Blue AHS Performance, Orange Benchmark	Action Planning	Responsible Party
Patient Centricity	Hospital Doctor Communication (HCAHPS) ↑	74.25%	81.60%	70.2%	81.7%	78.0%			Dr. Joshi/Dr. Isolani
	Likelihood of Recommending (HCAHPS) ↑	60.6%	72.9%	71.2%	65.2%	66.8%		Likelihood of Recommending did not meet goal. House Supervisors are now expected to assist with patient rounding daily. Struggle with stable staffing for the House Supervisor role so rounding compliance is an issue. House sup traveler started this week. Nurse leaders ensure bedside rounds are done. Looking for trends/any correlation between patient comments and rounding compliance.	Ronica Shelton
	Likelihood of Recommending (Amb Surgery) ↑	70.1%	84.7%	70.0%	100.0%	77.7%		Continue to share the weekly results of the survey with my staff in huddles and in the weekly email to all staff. Very low N number. Last week only one patient comment. This affects the results.	Pat Reynolds
	Likelihood of Recommending (Emergency) ↑	59.7%	66.7%	62.3%	54.6%	59.6%		Continued interactions w/ staff to identify concerns of care and customer experience in the ED. ED pamphlet continues to be handed out w/ few returned responses. Awaiting regulatory to advise on upgrading pit (where patients are seen) a more formal room to decrease ED rooms occupancy for ESI 4/5 and allow PA & RN to care for these patients.	Joe Lotsko
		At or better than Goal		Worse than Goal		Trend Graphs include data for last 12 months			

Fiscal Year 2023
True North Metric Definitions for Acute Cascade

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

Fiscal Year 2023
True North Metric Definitions for Acute Cascade

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

Staff & Physician Experience

2023 AHS Culture of Safety Survey

Steps in Debriefing Process	Total Work Settings	Step 1	Step 2 & Step 3 Conducted by Neutral Facilitator		Step 4	Step 5
Culture of Safety Survey Steps 1-5:		Prepare to Debrief	Record Debriefing Notes	Review and Reflect	Develop Action & Monitoring Plans	Action Plan(s) Implementation & Monitoring
Manager's Actions Required:		Schedule Debriefing(s)	Neutral facilitator to debrief and capture notes	Facilitator to review notes with Unit Leader	1-2 Actions from COS Results or Debriefing Feedback	Implement actions and monitor effectiveness
Actions Due By:		May 15, 2023	Debriefing Extended to July 7, 2023		Due July 31, 2023	Aug – Oct 2023
Alameda Hospital	12	12/12	12/12		12/12	
Ambulatory Care	22	22/22	22/22		19/22	
Highland Hospital	25	25/25	25/25		22/25	
JGPH	9	9/9	9/9		8/9	
Physicians & APPs	23	23/23	23/23		16/23	
Post-Acute	8	8/8	8/8		8/8	
San Leandro Hospital	10	10/10	10/10		7/10	
Systemwide Services	51	51/51	51/51		31/51	
Total – 8 Facilities	160 Work Settings	160/160 Debriefings Assigned	160/160 Debriefings Completed		123/160 or 77% Have developed their Action Plans	

ALAMEDA HOSPITAL	AMBULATORY CARE CLINICS	BEHAVIORAL HEALTH - JGPH	HIGHLAND HOSPITAL
<p>Step 4</p> <p>Develop Action Plan 12 out of 12 Work Settings Completed</p> <p>100%</p> <p>Completed</p> <ul style="list-style-type: none"> 3 West M/S Alameda Admin Cost Ctr Alameda Nursing Ldrshp / House Sup. Case Management/Social Work CCU Clinical Laboratory ED Kate Creedon Wound Center Nursing Services Technician OR/PACU/SDS Pharmacy Respiratory Therapy 	<p>Step 4</p> <p>Develop Action Plan 19 out of 22 Work Settings Completed</p> <p>86%</p> <p>Completed</p> <ul style="list-style-type: none"> Ambulatory HGH AIC Ambulatory Local Leadership Ambulatory Nursing Supervisors Bridge Program Staff Call Center Centralized Support Services Eastmont Staff Hayward Staff HCP5 Infusion Staff HCP5 Specialty Clinics Staff HGH Dental and OMFS Staff Homeless Hlth Cntr Staff Integrated Behavioral Health K6 Adult Medicine/AIC Staff K6 OBGYN Staff K6 Pediatrics Staff K7 Specialty Clinics Staff Marina Specialty Staff Urgent Care Staff <p>Not Completed</p> <ul style="list-style-type: none"> HCP4 Specialty Clinics Staff Newark Staff Ortho and Podiatry Staff 	<p>Step 4</p> <p>Develop Action Plan 8 out of 9 Work Settings Completed</p> <p>88%</p> <p>Completed</p> <ul style="list-style-type: none"> JGPH - Administration Staff JGPH - Leadership (Dir/Mgr/ANM) JGPH - Occupational Therapy JGPH - OP Behav Hlth Svc - FMT JGPH - OP Behav Hlth Svc - HGH JGPH - Unit B JGPH - Unit C JGPH - Unit D <p>Not Completed</p> <ul style="list-style-type: none"> JGPH - PES 	<p>Step 4</p> <p>Develop Action Plan 22 out of 25 Work Settings Completed</p> <p>88%</p> <p>Completed</p> <ul style="list-style-type: none"> ACT 6 - SDU ACT 9 - Med/Surg Admin - House Sup/Morgue/PICC Work/UM Cath Lab/Non-Invasv Cardio/Vascr US Central Sterile Processing Clinical Laboratory Emergency Department HGH Endoscopy Unit Labor and Delivery NICU OR PACU Palliative Care Pharmacy-Inpatient Pharmacy-Outpatient Post Partum Radiology Respiratory Therapy SDS Transfer Center Trauma <p>Not Completed</p> <ul style="list-style-type: none"> ACT 7 - Med/Surg/Tele ICU Staffing

- **Ronica Shelton retired on August 4th.
Thanks Ronica for your service to AH!!**



- **Chris Adams will serve as VP of
Patient Care Services for Alameda
Hospital and San Leandro Hospital**

Community Connection

Happenings/Upcoming Events



DONATE
BACKPACKS & SCHOOL SUPPLIES through July 28

It's back to school time and we're hosting a backpack and school supply drive for Paden Elementary School, not far from Alameda Hospital. Paden serves a diverse student population with 38% qualifying for a free or reduced lunch.

DONATE NEW

- Backpacks
- Pencils
- Lined paper/notebooks
- 2 pocket folders
- Scissors
- Reusable water bottles
- Glue sticks
- Colored pencils, markers and crayons
- Fat crayons for young students
- Wipes

Backpack drive is through July 28. Drop off donations at AH to box located in the **Main Lobby** and also weekdays from 7am—3pm to Nurse Manager Admin. Assistant's office on 2nd floor, **Administration Building**.



WHAT IS LEADERSHIP ALAMEDA?

Leadership Alameda is designed to introduce an annual class of future leaders to major facets of the community through an informative and interactive, professional development program.

Leadership Alameda's participants partake in educational sessions, tours and conversations with community leaders in various industries.

It is an ideal program for people in all industries, at all career levels, and from all backgrounds. Leadership Alameda recruits lifelong learners with an interest in becoming an empowered leader on a grassroots level by covering major areas important to the Alameda community.



Mario will participate in the 2023-24 class.
Kick-off September 14th

[Leadership Alameda 2023- 2024 - Alameda Chamber of Commerce](#)



Patient Experience Alameda Hospital May 2023

Alameda Hospital June 2023

H-CAHPS (N= 63) <i>N may vary by question</i>	FY22 Baseline	FY23 Goal	FY23 YTD	May 2023	June 2023
Overall Hospital Rating	59.29	71.66	66.11	73.18	64.21
Communication with Nurses	64.75	79.42	72.32	71.45	71.45
Communication with Doctors	71.94	79.83	77.69	71.45	69.67
Cleanliness and Quietness of Hospital Environment* (<i>*2 questions-noted below</i>)	60.14	65.63	59.21	58.09	55.97
<i>Quietness (no separate goal set)</i>	50.78	NA	47.47	40.77	48.96
<i>Cleanliness (no separate goal set)</i>	69.51	NA	70.96	75.42	62.99
Responsiveness of Hospital Staff	60.5	65.52	63.85	60.93	54.07
Communication about Medicines	48.49	63.11	59.49	61.88	56.86
Care Transitions	40.18	51.84	43.91	48.58	45.63
Discharge Information	84.74	87.23	83.55	81.70	89.51

Action Plan

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

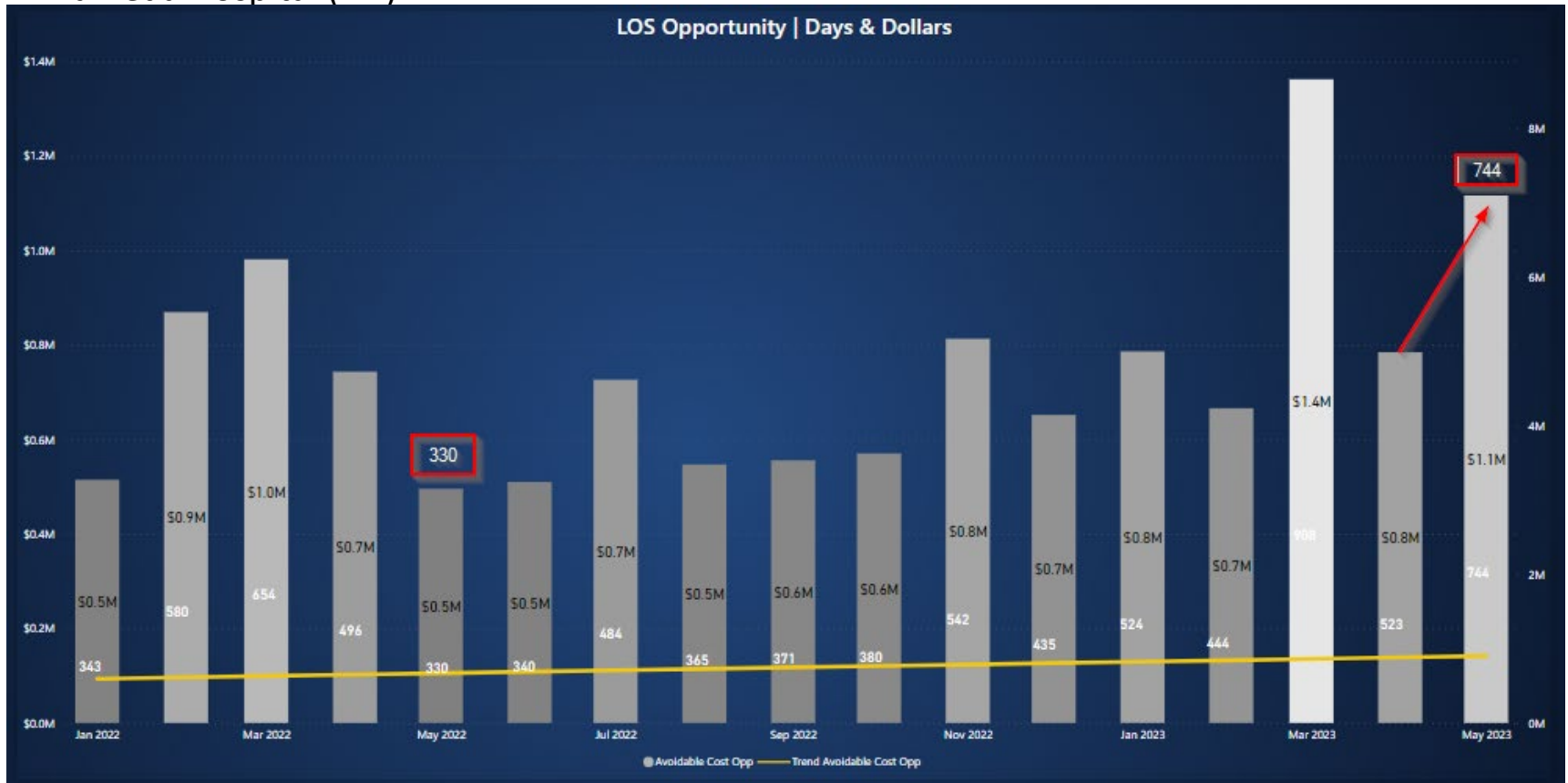


Alameda District Board Presentation 8/14/2023

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
ACUTE -----											
General Acute Days	1,187	957	230	24.00%	12,933	9,898	3,035	30.70%	10,870	2,063	19.00%
General Acute Discharges	249	212	37	17.50%	2,484	2,113	371	17.60%	2,179	305	14.00%
Average Daily Census	38.3	30.9	7.4	24.00%	38.6	29.5	9.1	30.70%	32.4	6.2	19.00%
Average Length of Stay	4.8	4.5	0.3	5.50%	5.2	4.7	0.5	11.10%	5	0.2	4.40%
Adjusted Patient Days	1,981	1,583	399	25.20%	21,464	16,492	4,972	30.10%	17,944	3,520	19.60%
Adjusted Discharges	416	350	65	18.60%	4,123	3,521	602	17.10%	3,597	525	14.60%
Occupancy %	58%	47%	0%	0.00%	58%	45%	0%	0.00%	49%	0%	0.00%
Observation Equiv Days	18	93	-75	-80.90%	1,560	956	604	63.20%	1,327	233	17.50%
Total Paid FTE	542	589	47	8.00%	588	582	-6	-1.00%	574	-14	-2.40%
Total Productive FTE	485	503	19	3.70%	513	495	-18	-3.70%	499	-14	-2.80%
Total Adjusted Patient Days	1,981	1,583	399	25.20%	21,464	16,492	4,972	30.10%	17,944	3,520	19.60%
Total Adjusted Discharges	416	350	65	18.60%	4,123	3,521	602	17.10%	3,597	525	14.60%
Total Paid FTE per AOB	8.48	11.53	3.06	26.50%	9.17	11.81	2.64	22.40%	10.72	1.55	14.40%
Worked Hours Per APD	43.3	56.3	13	23.10%	45.8	57.4	11.7	20.30%	53.2	7.5	14.00%
Worked Hours Per AD	207	254	48	18.80%	238	269	31	11.50%	266	27	10.30%
Emergency Visits	1,485	1,453	32	2.20%	15,452	13,442	2,010	15.00%	13,505	1,947	14.40%
IP Surgeries	32	36	-4	-10.20%	350	379	-29	-7.70%	362	-12	-3.30%
OP Surgeries	95	108	-13	-11.80%	1,121	1,424	-303	-21.30%	1,481	-360	-24.30%
Total Surgeries	127	143	-16	-11.40%	1,471	1,803	-332	-18.40%	1,843	-372	-20.20%
Clinic Visits	1,147	1,023	124	12.20%	11,460	11,121	339	3.10%	11,101	359	3.20%
CMI Alameda	1.431	1.390	0.041	2.9%	1.43	1.48	-0.050	-3.4%	1.48	-0.05	-3.4%

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE			
	MTD Actual	MTD Budget	Var	%Var	YTD Actual	YTD Budget	Var	% Var	YTD Budget	Var	% Var	
VOLUME & LABOR MANAGEMENT												
SNF-----												
SNF Patient Days	4,474	4,457	17	0.4%	49,539	51,975	(2,436)	-4.7%	52,054	(2,515)	-4.8%	
SNF Discharges	11	11	0	0.0%	124	150	(26)	-17.3%	160	(36)	-22.5%	
Average Daily Census	144	144	1	0.4%	147.9	155.2	(7)	-4.7%	155.4	(8)	-4.8%	
Average Length of Stay	406.7	405.2	2	0.4%	399.5	346.5	(53)	-15.3%	325.3	(74)	-22.8%	
Occupancy %	93%	93%	0%	0%	89%	93%	-4%	-5%	96%	-7%	-8%	
Bed Holds	38.0	58.0	(20)	-34.4%	582.0	587.5	(6)	-0.9%	510.5	71	14.0%	

Alameda Hospital (AH)



- LOS Variance Days: The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. May: 744 days which is an *42% month over month increase* and is a *125% increase year over year May*. ****Primary contributor to MoM increase for entire organization****
- LOS Variance Dollars: The AHS additional cost of resources due to the variance days for May was \$1.1M (calculated at \$1,500/day). Does not include the \$3.6M opportunity cost of the bed being unavailable for another patient (weighted average per diem reimbursement all heads in a bed \$4,883).

In Thousands

Operating Revenue -----

	MTD	YTD
<i>Net Patient Revenue</i>	\$8,726	\$94,677
<i>Capitation Revenue</i>	612	3,930
<i>Other Government Programs</i>	1,660	17,276
<i>Other Revenues</i>	477	5,544
Total Revenue - All Sources	11,475	121,428
<i>Budget Revenue</i>	10,792	114,726
Collection %	15.0%	14.8%
<i>Budget Collection %</i>	14.4%	14.3%

Operating Expenses -----

<i>Salaries & Benefits</i>	9,765	106,699
<i>Purchased Services</i>	1,207	12,159
<i>Materials and Supplies</i>	1,074	12,356
<i>Facilities</i>	174	3,607
<i>Depreciation</i>	393	4,402
<i>General & Administration</i>	(5)	467
Total Operating Expenses	12,608	139,691
<i>Budget Expenses</i>	11,100	117,253

Contribution Margin	(1,133)	(18,264)
<i>Budget Contribution Margin</i>	(307)	(2,527)

Monthly Operating Reviews (MOR) with each entity leaders/managers underway and have identified opportunities for improvement. Implementing action plans.

- Bridge plans to close financial gap in process

Next Steps

- Add entity Key Statistics
- Allocate Performance Improvement Initiatives
- Validate Revenue and understand collection ratios
- Continue work to direct cost all feasible expenses
- Physician expense/AHMG reporting moving forward
- Develop service line financial statements for next year FY24
 - Examples: Cardiology, Post Acute, Behavioral Health

- Alameda District Hospital acute average daily census was 38.3 in May which is 58% occupancy. Census has decreased over budget for the month with a YTD of 38.6.
- Acute Volume and Revenue Highlights:
 - CMI is at 1.43, 2.9% above budget for the month and 3.4% below budget YTD. Generally, a higher CMI increases the expected LOS.
 - LOS decreased in the month to 4.8; above budget of 4.5. YTD LOS is 5.2 and PY was 5.0.
 - Observation days has decreased to 18 and is below budget of 93. Case Management implemented a dedicated UM RN starting June to more accurately capture observation vs. inpatient stays.
 - Surgeries decreased to 127 in May below budget of 143. 2 ORs are open and the OR Committee has agreed to assess utilization and efficiency for the need of a 3rd OR.
 - OP Surgery is below budget by 13 and 11.8%; YTD below budget by 21.3%
 - IP Surgery is below budget by 4 and 10.2%; YTD below budget by 7.7%
- Expenses
 - Registry and Overtime are above budget due to staffing shortages and difficulty recruiting. Overtime has also increased due to traveler reductions
 - Advocating for earlier discharge times.
 - Reviewing registry usage and working to standardize process and suppliers. Reviewing contract with Vaya and looking at other registries that AHS is using. Nurse Manager regularly attending MDRs and advocating for earlier discharge times.
 - New Nurse Residents anticipated completion of Graduate Program in July 2023.
 - Dedicated RN recruiter

- Skilled Nursing Volume and Revenue Highlights:
 - Patient days were above budget by 17 days or 0.4%. Including bed holds of 38, patient days are over budget
 - Discharges were at budget as well as Daily Census
 - LOS was above budget by 0.4%
- Expenses
 - Registry FTE has decreased 37.2% YTD

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

- Skilled Nursing runs at approximately 80% capacity; mostly admissions from AHS hospitals.
 - Hospital (Subacute 35 beds)
 - Park Bridge (120 beds) and

Appendix

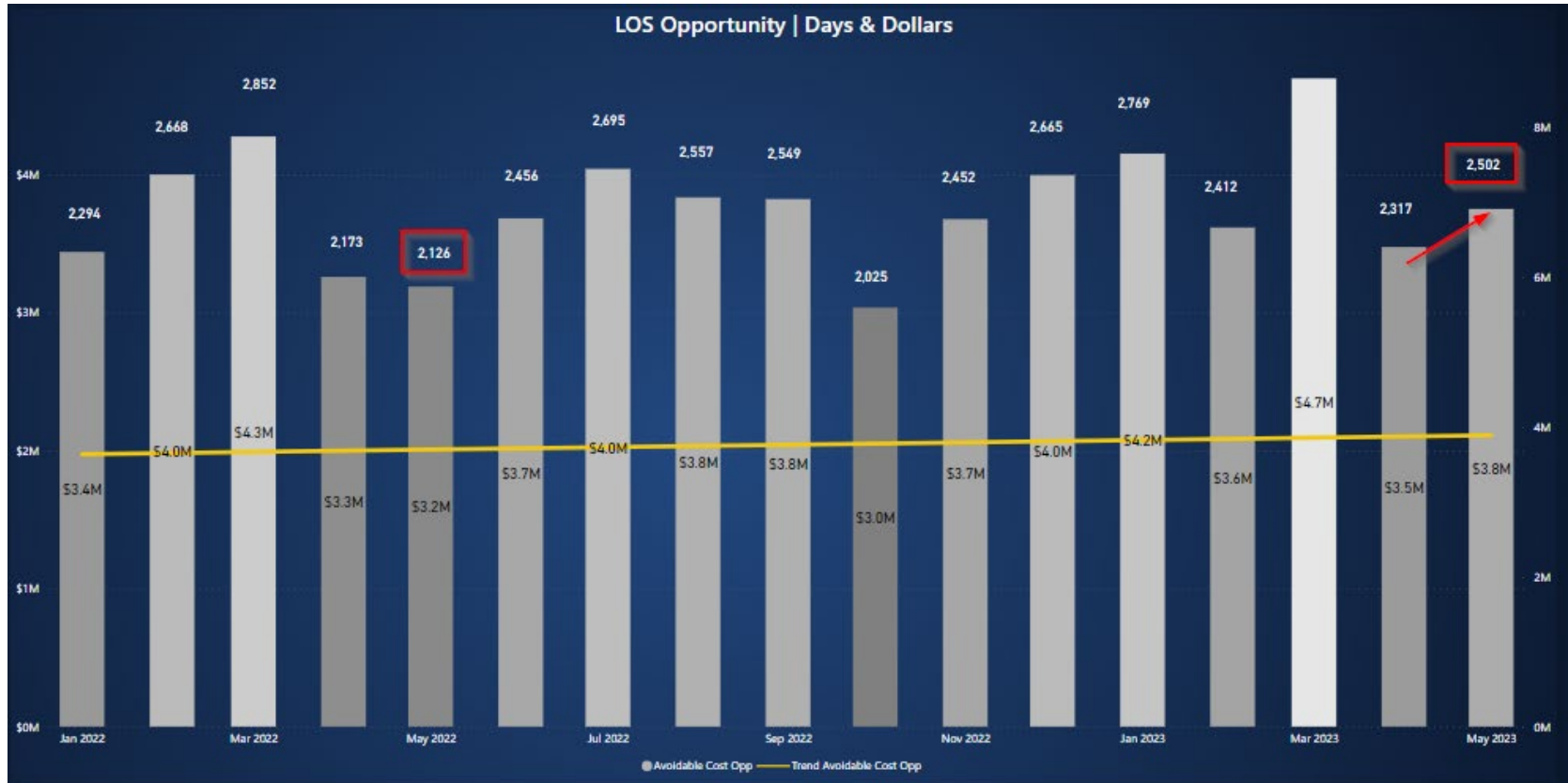
AHS Finance Committee Presentation



May 2023 Financial Report Finance Committee - 7/05/2023

	May	Budget	Variance	% Var	YTD Actual	YTD Budget	Variance	% Var	PY YTD Actual	Variance	% Var
ACUTE											
Patient Days	9,940	9,287	653	7.0%	106,063	96,072	9,991	10.4%	97,646	8,417	8.6%
Discharges	1,650	1,567	83	5.3%	16,702	17,070	(368)	-2.2%	16,484	218	1.3%
Average Daily Census	320.6	299.6	21.0	7.0%	316.6	286.8	29.8	10.4%	291.5	25.1	8.6%
Average Length of Stay	6.1	5.9	0.2	3.4%	6.4	5.6	0.8	14.3%	5.9	0.5	8.5%
Adjusted Patient Days	15,904	14,425	1,479	10.3%	167,996	150,102	17,894	11.9%	152,322	15,674	10.3%
Adjusted Discharges	2,594	2,434	160	6.6%	26,455	26,670	(215)	-0.8%	25,714	741	2.9%
CMI	1.557	1.490	0.067	4.5%	1.541	1.528	0.013	0.9%	1.528	0.013	0.9%
Emergency Visits	8,261	8,235	26	0.3%	87,951	87,554	397	0.5%	84,812	3,139	3.7%
Trauma Cases	325	286	39	13.6%	2,935	2,840	95	3.3%	2,798	137	4.9%
Observation Equivalent Days	90	146	(56)	-38.4%	2,402	1,568	834	53.2%	1,942	460	23.7%
PES Equivalent Days	771	457	314	68.7%	7,477	6,030	1,447	24.0%	6,006	1,471	24.5%
Surgeries	845	773	72	9.3%	8,063	7,807	256	3.3%	7,563	500	6.6%
IP Surgeries	395	386	9	2.3%	3,739	3,874	(135)	-3.5%	3,667	72	2.0%
OP Surgeries	450	387	63	16.3%	4,324	3,933	391	9.9%	3,896	428	11.0%
Deliveries	132	133	(1)	-0.8%	1,323	1,352	(29)	-2.1%	1,294	29	2.2%
SNF											
Patient Days	8,358	8,455	(97)	-1.1%	88,816	91,525	(2,709)	-3.0%	87,033	1,783	2.0%
Discharges	34	20	14	70.0%	254	271	(17)	-6.3%	274	(20)	-7.3%
Average Daily Census	269.6	272.7	(3.1)	-1.1%	265.1	273.2	(8.1)	-3.0%	259.8	5.3	2.0%
Average Length of Stay	278.6	414.6	(136.0)	-32.8%	349.7	337.2	12.5	3.7%	317.6	32.1	10.1%
CLINIC VISITS											
Clinic Visits	35,447	30,514	4,933	16.2%	351,519	347,992	3,527	1.0%	331,472	20,047	6.0%
Clinic Visits	29,836	26,223	3,613	13.8%	297,617	295,579	2,038	0.7%	269,363	28,254	10.5%
Telehealth Visits	5,611	4,291	1,320	30.8%	53,902	52,413	1,489	2.8%	62,109	(8,207)	-13.2%
Physician wRVU	117,305	88,731	28,574	32.2%	1,075,601	1,017,861	57,740	5.7%	1,006,621	68,980	6.9%
Total Adjusted Patient Days	28,140	26,455	1,685	6.4%	296,498	280,952	15,546	5.5%	276,546	19,952	7.2%
Total Adjusted Discharges	2,539	2,367	172	7.3%	25,804	25,977	(173)	-0.7%	25,107	697	2.8%

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



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and state regulatory acuity models. May: 2,502 days which is 8% month over month increase and is 17.7% increase year over year May.
- **LOS Variance Dollars:** The AHS estimated additional cost of resources due to the variance days for May was \$3.8M (calculated at \$1,500/day). Does not include the \$12.2M opportunity cost of the bed being unavailable to another patient (weighted average per diem reimbursement all heads in a bed \$4,883).

- Operating revenue continues to exceed budget due to improved patient volumes and mix of services, Supplemental funding, Revenue Cycle performance and Measure A receipts.
- Operating expenses continue to exceed budget driven by higher than budget LOS and patient days; driving up labor costs and supply costs. Labor rates significantly over budget.
- Non-operating is unfavorable for the month and year due to imputed lease interest required for the implementation of GASB 87.
- Net Income is favorable for the month and above budget by \$0.4M. YTD Net Income is \$37.1M and below budget by \$4.8M.
- EBIDA is favorable and above budget for the month and YTD.

	May 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 120,706	\$ 102,665	\$ 18,041	17.6%	\$ 1,249,114	\$ 1,112,755	\$ 136,359	12.3%	\$ 1,187,675	5.2%
Operating expense	116,775	99,286	(17,489)	(17.6)%	1,210,775	1,070,536	(140,239)	(13.1)%	1,071,428	(13.0)%
Operating income (loss)	3,931	3,379	552	16.3%	38,339	42,219	(3,880)	(9.2)%	116,247	(67.0)%
Other non-operating activity	(159)	(25)	(134)	(536.0)%	(1,190)	(277)	(913)	(329.6)%	(70)	(1600.0)%
Net Income (loss)	\$ 3,772	\$ 3,354	\$ 418	12.5%	\$ 37,149	\$ 41,942	\$ (4,793)	(11.4)%	\$ 116,177	(68.0)%
EBIDA adjustments	381	(71)	452		4,194	(783)	4,977		8,155	
EBIDA	\$ 4,153	\$ 3,283	\$ 870		\$ 41,343	\$ 41,159	\$ 184		\$ 124,332	
Operating Margin	3.3%	3.3%	0.0%		3.1%	3.8%	(0.7)%		9.8%	
EBIDA Margin	3.4%	3.2%	0.2%		3.3%	3.7%	(0.4)%		10.5%	

- Gross patient service revenue is favorable to budget driven by patient days (7.0%), clinic visits (16.2%), surgeries (9.3%), and trauma cases (13.6%).
 - The average LOS is 6.1 for the month and improved over YTD trend. YTD LOS is 6.4 which is above PYTD of 5.9 and 8.5%. CMI is above budget for the month by 4.5%. YTD CMI is above budget by 0.9% and above prior year at 1.528.
- NPSR Collection ratio was 18.5% and above budget, but below trend. Higher patient volumes, mix of services and improvement in payor mix toward commercial contributed to the positive results in the month. YTD, at 18.6% and 0.4% better than budget; reflecting positive mix and revenue cycle performance.
- Longer LOS trend is negatively impacting the Zero Balance Analysis resulting in a lower collection ratio due to medical necessity denials and lower reimbursement for administrative days.

	May 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 218,802	\$ 202,068	\$ 16,734	8.3%	\$ 2,268,848	\$ 2,138,252	\$ 130,596	6.1%	\$ 2,067,519	9.7%
Outpatient service revenue	117,692	99,243	18,449	18.6%	1,182,926	1,064,192	118,734	11.2%	1,028,232	15.0%
Professional service revenue	36,072	28,237	7,835	27.7%	334,940	311,982	22,959	7.4%	311,785	7.4%
Gross patient service revenue	372,565	329,548	43,018	13.1%	3,786,715	3,514,426	272,289	7.7%	3,407,536	11.1%
Deductions from revenue	(303,461)	(269,999)	(33,463)	(12.4)%	(3,083,920)	(2,875,957)	(207,963)	(7.2)%	(2,751,547)	12.1%
Net patient service revenue	69,104	59,549	9,555	16.0%	702,795	638,468	64,327	10.1%	655,990	(7.1)%
Collection % - NPSR	18.5%	18.1%	0.4%		18.6%	18.2%	0.4%		19.3%	
Capitation and HPAC	4,506	3,835	671	17.5%	43,811	42,190	1,621	3.8%	42,439	3.2%
Other government programs	43,500	35,846	7,655	21.4%	460,720	394,302	66,418	16.8%	452,214	1.9%
Other operating revenue	3,596	3,435	160	4.7%	41,788	37,794	3,994	10.6%	37,032	12.8%
Total operating revenue	\$ 120,706	\$ 102,665	\$ 18,041	17.6%	\$ 1,249,114	\$ 1,112,754	\$ 136,360	12.3%	\$ 1,187,675	5.2%

- Other government programs was favorable for the month driven by Measure A funds (\$2.6M), Medi-Cal Rate Range CY21 (\$5.4M), GME FY18 (\$2.2M) and offset by SNF Supplement FY22 (\$1.7M). YTD favorable by \$66.4M driven by:
 - Medi-Cal Waiver: GPP (\$4.0M) and CalAIM ECM (\$0.5M)
 - Measure A and Parcel Tax: Measure A (\$24.4M)
 - Supplemental Programs: Largest positive variances are QIP (\$24.9M), Rate Range CY21 (\$5.4M) and offset SNF Supplement recoupment (\$9.2M). All other variances are less than \$5.0M by program.
- Other operating revenue was favorable for the month \$0.2M, driven by higher retail pharmacy (\$1.1M) and offset by lower grant revenue (\$0.9M). YTD favorable by \$4.0M and 10.6% driven by higher pharmacy revenue (\$5.5M), Sutter class action settlement (\$1.0M), offset by grant revenue (\$1.8M) and parking revenue (\$0.7M).

	May 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	69,104	59,549	9,555	16.0%	702,795	638,468	64,327	10.1%	655,990	(7.1)%
Capitation and HPAC	4,506	3,835	671	17.5%	43,811	42,190	1,621	3.8%	42,439	3.2%
Medi-Cal Waiver	8,256	8,208	47	0.6%	94,927	90,292	4,635	5.1%	148,752	(36.2)%
Measure A and parcel tax	13,338	10,734	2,604	24.3%	142,496	118,078	24,418	20.7%	118,078	20.7%
Supplemental Programs	21,906	16,903	5,003	29.6%	223,297	185,933	37,364	20.1%	181,841	22.8%
Other government programs	43,500	35,846	7,655	21.4%	460,720	394,302	66,418	16.8%	448,670	2.7%
Grant Revenue	462	1,388	(927)	(66.8)%	13,443	15,281	(1,838)	(12.0)%	13,266	1.3%
Other Operating Revenue	3,134	2,047	1,087	53.1%	28,345	22,513	5,833	25.9%	23,766	19.3%
Other operating revenue	3,596	3,435	160	4.7%	41,788	37,794	3,994	10.6%	37,032	12.8%
Total operating revenue	\$ 120,706	\$ 102,665	\$ 18,041	17.6%	\$ 1,249,114	\$ 1,112,754	\$ 136,360	12.3%	\$ 1,184,131	5.2%

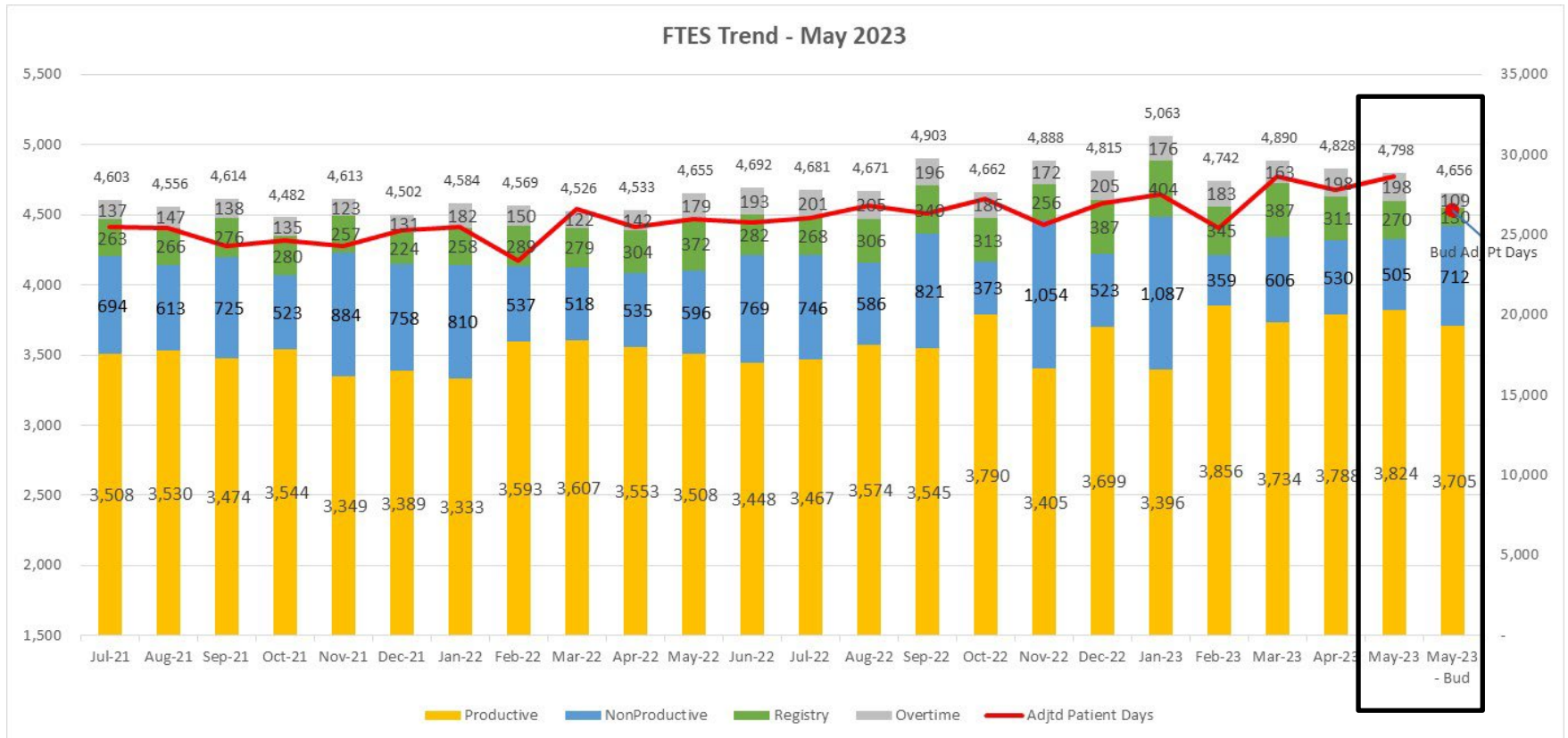
- Physician contract services were unfavorable driven by Anesthesiology (\$0.2M) and GME General Surgery (\$0.1M). YTD, unfavorable with the largest negative variances in Anesthesiology (\$1.0M), Psychiatry (\$0.7M), and Orthopedic (0.5M).
- Purchased Services unfavorable driven by higher outside medical services (\$0.9M), transitional housing (\$0.5M), HIM services (\$0.4M), Covid related activity (\$0.3M), sheriff services (\$0.2M), and partially offset by lower Huron contingency fees (\$0.9M). The remaining variance spread across multiple cost centers. YTD, unfavorable driven by higher HIM services (\$1.8M), outside medical services (\$1.6M), clinical services (\$1.5M), Covid related activity (\$1.3M), security (\$1.1M), patient access (\$0.9M) offset by favorable consultant fees (\$1.5M) and Huron contingency fees (\$3.7M).
- Material and Supplies unfavorable driven by pharmaceuticals (\$2.2M), medical supplies (\$0.7M), surgical supplies (\$0.3M), and non-medical supplies (\$0.2M). YTD, unfavorable driven by higher pharmaceuticals (\$8.2M), medical supplies (\$6.0M), surgical supplies (\$1.4M), non-medical supplies (\$0.9M), food (\$0.7M), bed/gurney purchase (\$0.6M), and lab reagent (\$0.5M).
- Facilities favorable driven by building repairs (\$0.2M), rental equipment (\$0.2M), and GASB reduction in lease expense (\$0.3M). YTD favorable driven by higher utilities (\$1.6M), offset by lower equipment rental (\$0.7M) and implementation of GASB 87 (\$3.5M) which reduces lease expense and includes it as amortization expense.
- General and administrative is unfavorable from higher recruitment costs (\$0.2M). YTD, favorable consulting travel (\$1.2M), legal (\$1.0M), and partially offset by recruiting (\$0.6M).

	May 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 83,333	\$ 71,331	\$ (12,002)	(16.8)%	\$ 875,470	\$ 759,066	\$ (116,404)	(15.3)%	\$ 771,758	(13.4)%
Physician contract services	3,732	3,284	(448)	(13.6)%	38,307	36,128	(2,179)	(6.0)%	34,966	(9.6)%
Purchased services	10,100	8,280	(1,820)	(22.0)%	94,770	91,428	(3,342)	(3.7)%	84,736	(11.8)%
Materials and supplies	11,635	8,244	(3,391)	(41.1)%	112,704	94,332	(18,372)	(19.5)%	96,355	(17.0)%
Facilities	2,598	3,243	645	19.9%	33,058	35,675	2,617	7.3%	32,497	(1.7)%
Depreciation and amortization	2,994	2,675	(319)	(11.9)%	33,461	29,423	(4,038)	(13.7)%	28,840	(16.0)%
General and administrative	2,383	2,229	(154)	(6.9)%	23,005	24,484	1,479	6.0%	22,276	(3.3)%
Total operating expense	\$ 116,775	\$ 99,286	\$ (17,489)	(17.6)%	\$ 1,210,775	\$ 1,070,536	\$ (140,239)	(13.1)%	\$ 1,071,428	(13.0)%

Labor costs are unfavorable to budget driven by increased volume of acute patient days (7.0% above budget) and labor shortages requiring overtime and the use of registry at higher rates.

- Staff (non-physician) rate variances include overtime utilization (\$0.7M/mo, \$17.5M/yr), unrealized “BEST” savings (\$1.4M/mo, \$15.1M/yr), extra shift pay “CES” (\$0.1M/mo, \$2.9M/yr), increases to base pay rates (\$1.0M/mo, \$6.4M/yr), other including hiring/retention bonus and settlements (\$0.6M/mo, \$2.6M/yr), offset by volume variance (14 FTE \$0.1M/mo, 89 FTE \$10.0M/yr).
- Physician Salaries were \$0.5M over budget for the month with the largest variance continuing in Hospitalists (\$0.1M). YTD Physician salaries were \$5.2M over budget. The largest variances were Hospitalists (\$1.8M), Internal Medicine (\$0.8M), Anesthesiology (\$0.5M), Podiatry (\$0.5M), Psychiatry (\$0.5M), and OB/GYN (\$0.5M) with remaining variance across many specialties.
- Higher registry usage (month 141 FTE, \$2.4M; YTD 197 FTE, \$35.6M) at higher rates (month \$2.0M; YTD \$28.7M) continues. May is lower than the July-December 2022 run rate \$7.8M.

	May 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 50,153	\$ 46,671	\$ (3,482)	(7.5)%	\$ 525,799	\$ 491,413	\$ (34,386)	(7.0)%	\$ 476,851	(10.3)%
Salaries and wages (physicians)	7,995	7,484	(511)	(6.8)%	86,029	80,803	(5,226)	(6.5)%	73,099	(17.7)%
Registry	6,494	2,171	(4,323)	(199.1)%	87,625	23,303	(64,322)	(276.0)%	59,675	(46.8)%
Employee benefits (taxes, insurance)	14,281	11,315	(2,966)	(26.2)%	133,799	124,331	(9,468)	(7.6)%	114,769	(16.6)%
Retirement	7,195	6,475	(720)	(11.1)%	72,853	69,851	(3,002)	(4.3)%	68,264	(6.7)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(30,635)	(30,635)	-	0.0%	(20,900)	46.6%
Total labor costs	\$ 83,333	\$ 71,331	\$ (12,002)	(16.8)%	\$ 875,470	\$ 759,066	\$ (116,404)	(15.3)%	\$ 771,758	(13.4)%
Compensation ratio	69.0%	69.5%	0.5%		70.1%	68.2%	-1.9%		65.0%	
Paid FTEs	4,798	4,656	(142)	(3.0)%	4,813	4,694	(119)	(2.5)%	4,567	5.4%



- May 2023 shows a negative variance for Paid FTEs, driven by registry needed to staff for higher patient days and vacancies. YTD unfavorable variance is 119 FTEs.
- Registry is high, productive labor is above average and non-productive labor is below average due to timing for absence of holiday during the month.

- Employee Benefits unfavorable driven by timing of self-funded health expenditures (\$1.9M), FICA (\$0.5M), other insurance plans (\$0.3M), and self-funded workers compensation (\$0.3M). YTD unfavorable driven by self-funded health expenditures (\$7.7M), self-funded workers compensation (\$1.9M), remote working stipend (\$0.3M) and offset by timing of FICA (\$0.1M) and other insurance plans (\$0.4M).
- Retirement unfavorable for ACERA (\$0.7M month; \$2.5M YTD), favorable for AHS and union plans (\$0.1M month; \$0.2M YTD), and unfavorable for AHMG plan (\$0.1M month; \$0.8M YTD).

	May 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 50,153	\$ 46,671	\$ (3,482)	(7.5)%	\$ 525,799	\$ 491,413	\$ (34,386)	(7.0)%	\$ 476,851	(10.3)%
Salaries and wages (physicians)	7,995	7,484	(511)	(6.8)%	86,029	80,803	(5,226)	(6.5)%	73,099	(17.7)%
Registry	6,494	2,171	(4,323)	(199.1)%	87,625	23,303	(64,322)	(276.0)%	59,675	(46.8)%
Employee benefits (taxes, insurance)	14,281	11,315	(2,966)	(26.2)%	133,799	124,331	(9,468)	(7.6)%	114,769	(16.6)%
Retirement	7,195	6,475	(720)	(11.1)%	72,853	69,851	(3,002)	(4.3)%	68,264	(6.7)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(30,635)	(30,635)	-	0.0%	(20,900)	46.6%
Total labor costs	\$ 83,333	\$ 71,331	\$ (12,002)	(16.8)%	\$ 875,470	\$ 759,066	\$ (116,404)	(15.3)%	\$ 771,758	(13.4)%
Compensation ratio	69.0%	69.5%	0.5%		70.1%	68.2%	-1.9%		65.0%	
Paid FTEs	4,798	4,656	(142)	(3.0)%	4,813	4,694	(119)	(2.5)%	4,567	5.4%

- Days in Cash are 3.9 and slightly higher than year-end; typically, below 5.0 days.
- Gross AR Days decreased 1.6 days and Net AR Days increased 0.8 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run. The target is 30 days.
- Net Position is negative \$70.1M and declined \$6.6M from June 30, 2022 reflecting YTD Net Income and a \$43.9M restatement of the Capital Cost receivable from the County.
- Net Negative Balance is a receivable \$63.8M consistent with prior year end. NNB consists of the liquidity facility (loan) of \$38.5M plus the restricted cash of \$25.3M; and is below the June 30, 2023 ceiling of \$110.0M.

	<u>May-23</u>	<u>Apr-23</u>	<u>FY 2022</u>
Days in cash	3.9	3.9	2.3
Gross days in patient receivable	65.3	66.9	64.6
Net days in patient receivable	44.2	43.4	43.8
Due from/(to) third-party payors	(3,477)	(18,966)	25,750
Due from/(to) County	24,839	60,640	65,152
Days in accounts payable	30.8	32.9	50.4
% of AP over 60 days	2.7%	2.5%	1.5%
Current ratio	1.2	1.2	1.2
Net position - fund balance/(deficit)	\$ (70,132)	\$ (30,172)	\$ (63,551)
Net negative balance - receivable/(payable)	\$ 63,839	\$ 86,916	\$ 50,718

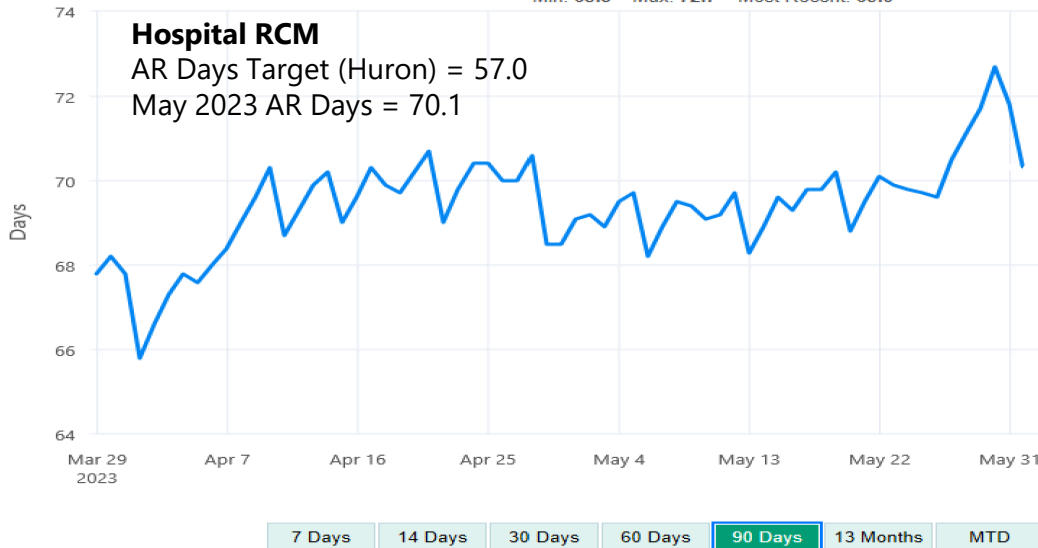
AR Summary - Total AR - Days

Min: 65.8 Max: 72.7 Most Recent: 69.0

Hospital RCM

AR Days Target (Huron) = 57.0

May 2023 AR Days = 70.1



Hospital Revenue Cycle Key Indicators

- HB AR Days increased 1.0 day from prior month. Medi-Cal is holding all inpatient claims related to NPI error load in state system upgrade. Impact to AR Days is 3.5 days, gross revenue \$35.9M, and net revenue \$6.4M.
- HB payments posted (collections) were \$50.1M for the month above the YTD trend at \$51.3M.
- ParaRev AR (outsourced) balance is \$27.4M and decreased \$4.6M from prior month. Collectability continues at risk; partnership with Cloudmed to assist with clinical denials; 13 cases overturned for \$0.2M.
- Candidate for Billing (CFB) increased 0.3 days to 9.5 days in May. Target is <4 CFB days. Focus group launched to decrease CFB.
- Continuous process improvement is underway in denial prevention.
 - DNFB Task Force
 - High risk, trauma, and high dollar review

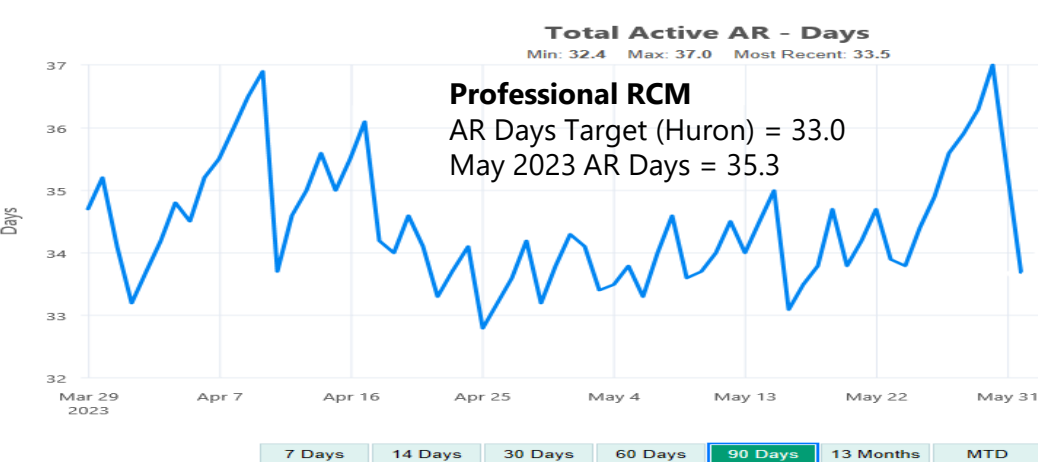
Total Active AR - Days

Min: 32.4 Max: 37.0 Most Recent: 33.5

Professional RCM

AR Days Target (Huron) = 33.0

May 2023 AR Days = 35.3



Professional Revenue Cycle Key Indicators

- PB AR Days were increased 1.5 from prior month.
- PB payments posted (collections) were \$9.1M for the month above the YTD trend of \$7.8M.
- Continuous process improvement is underway in denial prevention.
 - Denial trending by visit and procedure
 - Department Denial Task Force for prevention
 - Deployed new RCM Service Line Meeting with Cardiology Services. Plans to roll-out service line meetings for all other ambulatory clinics.

- FY22 collections were \$705.6M exceeding FY21 and FY20 collections. The transition to Epic occurred in FY20 on September 29, 2019. Volumes dropped during the pandemic (3/2021); however, collections strong with improved Revenue Cycle.
- FY23 Patient collections are running approximately 8.3% higher than the same time period in FY22.

PATIENT COLLECTIONS (in thousands)							
	Behavioral			Total	FY 2022	FY 2021	FY 2020
	Legacy	Health	Epic	FY 2023			
Jul	9	11,070	63,180	74,259	59,732	41,373	48,828
Aug	1	-	58,589	58,590	57,374	53,893	42,989
Sep	71	7,924	68,067	76,062	61,968	64,484	40,138
Oct	48	7,482	52,267	59,797	49,923	51,514	57,632
Nov	3	-	56,937	56,940	52,057	49,499	32,906
Dec	27	3,506	63,485	67,018	68,121	53,274	42,428
Jan	20	14,834	56,598	71,452	62,292	34,443	52,418
Feb	12	-	57,874	57,886	52,269	49,157	53,205
Mar	36	3,273	62,012	65,321	62,888	58,922	71,292
Apr	28	3,797	51,482	55,307	56,235	55,646	41,450
May	31	4,598	59,166	63,795	69,591	44,005	44,065
Jun	-	-	-	-	53,187	43,889	46,112
Total	286	56,484	649,657	706,427	705,637	600,099	573,463
	% change between fiscal years			8.3%	17.6%	4.6%	

- Due from County includes HPAC (base contract only), Behavior Health and grants.
- Due to County includes sheriff contract and NNB interest.
- Capital Designation funds of \$7.0M will be transferred in June 2023 which is available Fall 2023 if requirements are met on June 30, 2023. FY22 balance was paid to AHS in October.
- Capital Cost receivable was removed as improvements to the county owned facilities will be paid directly by the County and recorded as assets on their books.
- Capital Cost payable represents the funds due to the County relating to depreciation expense claimed on cost reports for FY14 to FY20, which will be paid after two years or upon final settlement.
- IGTs are ongoing and repaid by June 30th each year.

Due To/From County of Alameda			
	May-23	Apr-23	FY 2022
Due from County of Alameda	\$ 32,012	\$ 24,183	\$ 32,293
Capital designation receivable	-	-	28,000
Capital cost receivable	-	43,875	43,875
Due from County of Alameda	32,012	68,058	104,168
Due to County of Alameda	(778)	(1,021)	(1,079)
County IGT funding	(2,351)	(2,351)	-
Capital cost payable	(4,263)	(4,263)	(38,215)
Due to County of Alameda	(7,392)	(7,635)	(39,294)
Net due from/(to) County	\$ 24,620	\$ 60,423	\$ 64,874

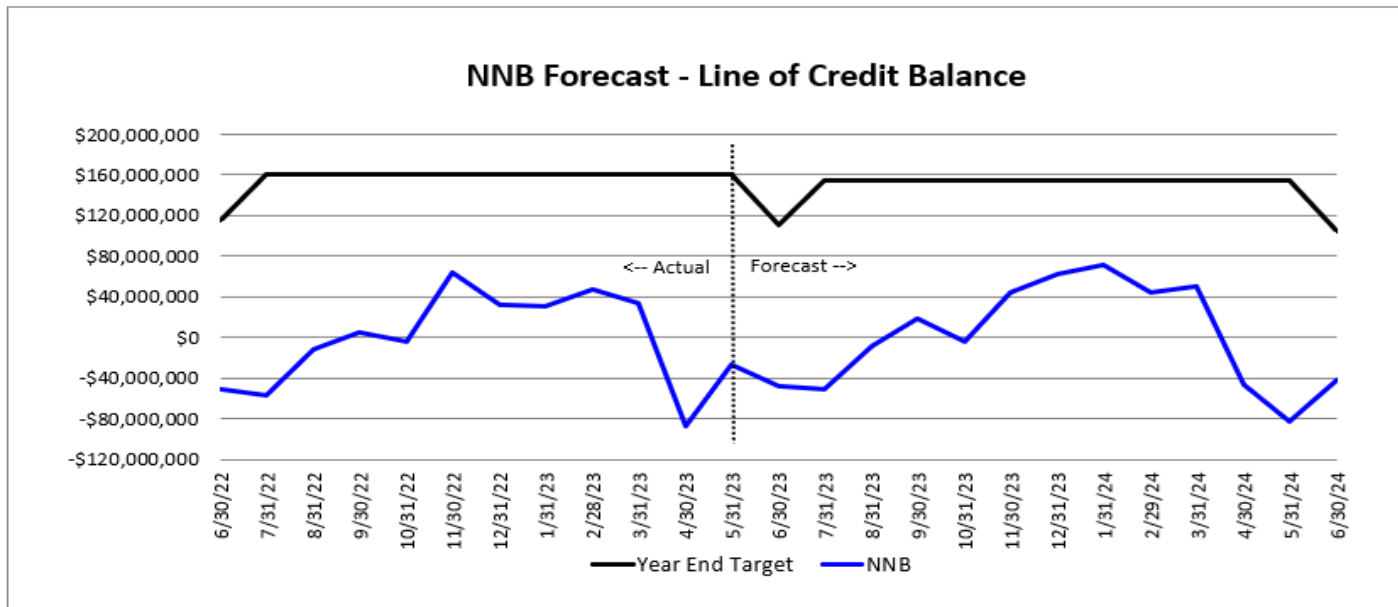
- The table summarizes cost reimbursement received or estimated to be received by fiscal year as the result of including County owned assets in AHS Cost Reports. Funding comes from Medi-Cal, as well as the AB915 and SNF supplemental programs. Capital related reimbursement through these funding sources allow healthcare entities to reinvest in themselves.
- In October 2022, the existing arrangement was amended to pay 90% of the estimated payable after two fiscal years instead of waiting until final settlement of the program, which can take many years. AHS paid the County \$34.0M in October for the estimated 90%.
- Final reconciliation between the parties would occur at final settlement of the program.

Capital Cost Reconciliation

Fiscal Year End	Payable to County	Paid	Outstanding Payable	Issue 90% payment to County	Revised Payable	Audit Phase
2011	\$ 530	\$ (530)	\$ -	\$ -	\$ -	Final settled. Paid 3/31/21.
2012	357	(357)	-	-	-	Final settled. Paid 3/31/21.
2013	354	(354)	-	-	-	Final settled. Paid 3/31/21.
2014	277	-	277	(249)	28	Pending final settlement of Old Waivers (2009-2015)
2015	320	-	320	(288)	32	Pending final settlement of Old Waivers (2009-2015)
2016	4,419	(4,419)	-	442	442	P14 has been audited. Pending AB915 & SNF Supplemental audits. *
2017	8,898	-	8,898	(8,008)	890	P14 has been audited. Pending AB915 & SNF Supplemental audits.
2018	10,650	-	10,650	(9,585)	1,065	P14 has been audited. Pending AB915 & SNF Supplemental audits.
2019	9,865	-	9,865	(8,879)	987	P14 has been audited. Pending AB915 & SNF Supplemental audits.
2020	8,206	-	8,206	(7,385)	821	P14 has been audited. Pending AB915 & SNF Supplemental audits.
	<u>\$ 43,875</u>	<u>\$ (5,660)</u>	<u>\$ 38,215</u>	<u>\$ (33,952)</u>	<u>\$ 4,263</u>	

* Note: A good faith payment was issued despite the AB915 and SNF Supplemental payments not having been audited yet.

- Projection forecasting NNB balance to be below limit for both FYs. Forecast will be updated with the FY24 budget next month.
- The forecast is based on the FY23 projection with bridge plans to achieve FY23 Budget.
 - Capital budget cash flow is \$31.8M; YTD capital was \$18.6M. The cashflow assumes another \$3.0M will be spent this fiscal year. FY24 forecast estimated \$28.0M.
 - The FY24 cashflows were adjusted 3% for patient receipts, payroll and accounts payable. Supplementals were forecasted based on run rate modified for any one-time items.
 - This month, FY23 Cash Flow from Operations improved \$36.6M driven by delayed timing for recoupment of Old Waiver \$16.1M (moved to June 2024), HPAC amendment related to realignment \$12.1M, and higher Patient receipts and Measure A funding.



- Payment from Elevance Health was delayed from May to June.
 - Rate Range CY2021 \$12.4M
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in a separate table as the final settlement amounts and timing are unknown.

Material Items Included in NNB Forecast								
(in thousands)								
	Jun-23	Jul-23	Oct-23	Nov-23	Jan-24	Mar-24	Apr-24	May-24
HPAC amendment and AB85 realignment	\$ -	\$ -	\$ -	\$ (38,000)	\$ 40,000	\$ -	\$ -	\$ -
EPP (semi-annual)			20,000				20,000	
QIP (annual)							70,000	
GPP (quarterly)		26,000	26,000		26,000	7,300	26,000	
Medi-Cal Managed Care Rate Range (annual)	12,363							45,000
	\$ 12,363	\$ 26,000	\$ 46,000	\$ (38,000)	\$ 66,000	\$ 7,300	\$ 116,000	\$ 45,000

Prior Year Reimbursement Settlements		
Waiver recoupment (fy10, fy11, fy14, fy15)	Jun-24	\$ (16,190)
Medi-Cal FQHC recoupment (fy08 - fy13)	TBD	\$ (40,000)
Physician SPA (fy08 - fy13)	TBD	\$ (30,000)

Entity Financial Statement

May 2023 Financial Statement by Entity

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>								
<i>Net Patient Revenue</i>	\$8,726	\$2,308	\$5,806	\$37,249	\$5,796	\$9,219	\$0	\$69,104
<i>Capitation Revenue</i>	612	17	886	2,376	60	555	0	4,506
<i>Other Government Programs</i>	1,660	(1,696)	36	15,193	42	1,803	0	17,038
<i>Other Revenues</i>	477	207	349	1,780	362	421	0	3,596
Total Revenue - All Sources	11,475	835	7,077	56,598	6,261	11,998	0	94,244
<i>Budget Revenue</i>	10,792	2,474	4,638	43,930	6,054	10,927	(0)	78,815
Collection %	15.0%	17.5%	39.7%	17.8%	26.7%	16.4%		18.5%
<i>Budget Collection %</i>	14.4%	17.9%	38.0%	16.9%	30.8%	18.1%		18.1%
<i>Operating Expenses -----</i>								
<i>Salaries & Benefits</i>	9,765	4,546	8,440	32,699	7,761	8,726	11,397	83,333
<i>Purchased Services</i>	1,207	357	326	5,245	976	738	4,983	13,832
<i>Materials and Supplies</i>	1,074	491	804	7,996	191	998	81	11,635
<i>Facilities</i>	174	156	124	1,043	168	84	848	2,598
<i>Depreciation</i>	393	30	174	365	24	181	1,827	2,994
<i>General & Administration</i>	(5)	27	9	155	14	11	2,171	2,383
Total Operating Expenses	12,608	5,607	9,878	47,504	9,134	10,737	21,307	116,774
<i>Budget Expenses</i>	11,100	4,739	7,690	40,721	8,486	9,617	16,932	99,285
Contribution Margin	(1,133)	(4,772)	(2,801)	9,094	(2,873)	1,261	(21,307)	(22,531)
<i>Budget Contribution Margin</i>	(307)	(2,266)	(3,052)	3,209	(2,432)	1,310	(16,932)	(20,470)

May 2023 Financial Statement by Entity

Pg 2 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
Contribution Margin	(1,133)	(4,772)	(2,801)	9,094	(2,873)	1,261	(21,307)	(22,531)
<i>Budget Contribution Margin</i>	<i>(307)</i>	<i>(2,266)</i>	<i>(3,052)</i>	<i>3,209</i>	<i>(2,432)</i>	<i>1,310</i>	<i>(16,932)</i>	<i>(20,470)</i>
System Overhead Expense Allocation	2,886	1,327	1,955	10,855	2,043	2,242	(21,307)	0
Measure A Allocation	1,709	742	1,248	6,374	1,298	1,508	0	12,879
GPP	1,089	473	796	4,063	827	961	0	8,208
QIP	713	309	521	2,660	542	629	0	5,375
Total Non-Operating Activity	(10)	(10)	(17)	(85)	(17)	(20)	0	(159)
Net Income (Loss) After Allocations	(519)	(4,585)	(2,207)	11,251	(2,266)	2,098	0	3,773
<i>Budget Net Income (Loss) After Allocations</i>	<i>163</i>	<i>(1,905)</i>	<i>(2,110)</i>	<i>6,424</i>	<i>(1,979)</i>	<i>2,762</i>	<i>0</i>	<i>3,355</i>
EBIDA Adjustments								
Interest Income (Expense)	23	10	17	85	17	20	0	172
Depreciation	1,008	76	447	937	62	464	0	2,994
Amortization (GASB-68, GASB-75)	0	(211)	(525)	(1,578)	(384)	(87)	0	(2,785)
Total EBIDA Adjustments	1,030	(125)	(61)	(556)	(305)	397	0	381
EBIDA	512	(4,710)	(2,268)	10,696	(2,571)	2,495	0	4,153
<i>Budget EBIDA</i>	<i>866</i>	<i>(2,007)</i>	<i>(2,371)</i>	<i>5,829</i>	<i>(2,285)</i>	<i>3,251</i>	<i>0</i>	<i>3,284</i>
<i>Operating Margin</i>	<i>-9.9%</i>	<i>-571.1%</i>	<i>-39.6%</i>	<i>16.1%</i>	<i>-45.9%</i>	<i>10.5%</i>		<i>-23.9%</i>
<i>EBIDA %</i>	<i>4.5%</i>	<i>-563.8%</i>	<i>-32.1%</i>	<i>18.9%</i>	<i>-41.1%</i>	<i>20.8%</i>		<i>4.4%</i>

May 2023 YTD Financial Statement by Entity

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>								
<i>Net Patient Revenue</i>	\$94,677	\$22,679	\$53,392	\$359,015	\$66,025	\$107,007	\$0	\$702,795
<i>Capitation Revenue</i>	3,930	448	10,754	24,451	324	3,903	0	43,811
<i>Other Government Programs</i>	17,276	216	693	103,510	4,828	18,422	0	144,947
<i>Other Revenues</i>	5,544	2,406	4,051	20,683	4,211	4,894	0	41,788
Total Revenue - All Sources	121,428	25,750	68,890	507,659	75,388	134,226	0	933,341
<i>Budget Revenue</i>	114,726	26,918	53,103	461,718	67,940	125,999	0	850,404
Collection %	14.8%	17.7%	39.7%	17.1%	30.0%	18.9%		18.6%
<i>Budget Collection %</i>	14.3%	17.7%	39.0%	16.5%	31.3%	19.9%		18.2%
<i>Operating Expenses -----</i>								
<i>Salaries & Benefits</i>	106,699	45,638	82,958	352,414	84,834	93,870	109,057	875,470
<i>Purchased Services</i>	12,159	4,443	3,734	43,589	11,916	8,219	49,018	133,077
<i>Materials and Supplies</i>	12,356	3,994	4,729	76,412	2,506	10,389	2,317	112,704
<i>Facilities</i>	3,607	2,640	1,432	11,781	2,288	3,398	7,912	33,058
<i>Depreciation</i>	4,402	325	1,835	4,202	266	2,026	20,403	33,461
<i>General & Administration</i>	467	91	105	1,907	64	189	20,181	23,005
Total Operating Expenses	139,691	57,131	94,793	490,305	101,874	118,091	208,888	1,210,774
<i>Budget Expenses</i>	117,253	50,931	85,486	435,430	91,835	104,158	185,443	1,070,536
Contribution Margin	(18,264)	(31,381)	(25,904)	17,354	(26,486)	16,135	(208,888)	(277,433)
<i>Budget Contribution Margin</i>	(2,527)	(24,013)	(32,383)	26,288	(23,895)	21,841	(185,443)	(220,132)

May 2023 YTD Financial Statement by Entity

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In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
Contribution Margin	(18,264)	(31,381)	(25,904)	17,354	(26,486)	16,135	(208,888)	(277,433)
<i>Budget Contribution Margin</i>	<i>(2,527)</i>	<i>(24,013)</i>	<i>(32,383)</i>	<i>26,288</i>	<i>(23,895)</i>	<i>21,841</i>	<i>(185,443)</i>	<i>(220,132)</i>
System Overhead Expense Allocation	33,887	11,157	18,147	101,075	20,669	23,954	(208,888)	0
Measure A Allocation	18,222	7,909	13,316	67,985	13,842	16,086	0	137,360
GPP	12,516	5,432	9,146	46,694	9,507	11,048	0	94,343
QIP	11,153	4,841	8,150	41,610	8,472	9,845	0	84,071
Total Non Operating Activity	(3)	(79)	(133)	(677)	(138)	(160)	0	(1,190)
Net Income (Loss) After Allocations	(10,263)	(24,435)	(13,573)	71,890	(15,471)	29,001	0	37,150
<i>Budget Net Income (Loss) After Allocations</i>	<i>2,915</i>	<i>(19,977)</i>	<i>(22,227)</i>	<i>62,209</i>	<i>(18,710)</i>	<i>37,731</i>	<i>0</i>	<i>41,942</i>
EBIDA Adjustments								
Interest Income (Expense)	182	79	133	677	138	160	0	1,368
Depreciation	11,282	833	4,703	10,768	682	5,193	0	33,461
Amortization (GASB-68, GASB-75)	(1)	(2,330)	(5,601)	(17,427)	(4,291)	(985)	0	(30,635)
Total EBIDA Adjustments	11,462	(1,418)	(765)	(5,982)	(3,471)	4,367	0	4,194
EBIDA	1,199	(25,853)	(14,338)	65,909	(18,942)	33,368	0	41,344
<i>Budget EBIDA</i>	<i>10,643</i>	<i>(21,103)</i>	<i>(25,218)</i>	<i>55,882</i>	<i>(22,154)</i>	<i>43,109</i>	<i>0</i>	<i>41,159</i>
Operating Margin	-15.0%	-121.9%	-37.6%	3.4%	-35.1%	12.0%		-29.7%
EBIDA %	1.0%	-100.4%	-20.8%	13.0%	-25.1%	24.9%		4.4%

Entity Financial Statements

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



City of Alameda
HEALTH CARE DISTRICT

Meeting Minutes for June 12, 2023- Open Session

Location: Zoom

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 Kimberly Miranda Ronica Shelton Dr. Nikita Joshi Richard Espinoza	

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 5:30 p.m. by the Board president Dr. Robert Deutsch.	
Roll Call	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
Alameda Health System Update	<p>Mr. Harding presented his CAO report to the group. Each month leadership from Alameda Hospital, site-based leaders, and system leaders hold a monthly operating review meeting for the previous month. The purpose is to identify opportunities for variances at a glance and areas that are doing well and need improvement. OR days for the month of April are down by 18% with a total of 133 cases against the budget of 161. Alameda Hospital is also currently only running two of its three operating rooms. Highland is currently servicing all the systems' sterile processing needs. Mr. Harding noted that the long-term plan is to have San Leandro Hospital service their campus and Alameda Hospital potentially by July of 2024.</p> <p>Ms. Miranda noted that in addition to a capital process there is a budget oversight committee that</p>	<p>Mr. Harding and Ms. Miranda will present the discussion to go going to the County for Capital Funding to their next EOT meeting.</p> <p>Ms. Miranda will reach out to her</p>

	<p>prioritizes the submitted requests. There is also a contingency fund that Mr. Fratzke has been working on a way to use some of the contingency funds for the HVAC/ capital needs. There is currently more capital than funding available. Each year there is about 30 million dollars spent on capital needs. The next two years of capital funding have already been approved, except for the contingency funds. Ms. Miranda suggested that Mr. Harding make sure that the requests were submitted to the budget oversight committee and see where they are in the prioritization.</p> <p>Ms. Miranda informed the group because San Leandro is on Highland's license, the reimbursement is higher however, Alameda is ahead of budget in collections and revenue. The issue is that the registry and overtime are extremely expensive. Mr. Harding has been working on reducing the registry rate and getting new grads in and try to reduce those labor costs. The total operating cost does include the Parcel Tax, whenever a cost can be directly allocated to the entity it is. Does that try to reduce the allocations as much as possible.</p>	<p>contacts within the County regarding how to start a grant for Capital Funding.</p> <p>AHS and the District will work together to get capital funding options from the county.</p>
Mammography Update	<p>Mr. Ashford informed the group there is a traveling imaging tech expected to start at Alameda Hospital on July 17, 2023. The new imaging tech will be conducting both mammogram and x-ray services. Scheduling will likely resume starting July 20, 2023. There will also be an ongoing search for a permanent imaging tech with the updated job description to include other diagnostic procedures.</p>	
Alameda Patient Hospital Experience	<p>Ms. Shelton presented the April 2023 Patient Experience Scores. There was an N of 47. (N is based on the patient question i.e., communication with doctors and nurses, overall hospital experience etc.). The over hospital rating increased from March 2023 of 52.99 % to April 2023 at 78.2 %. The strong April scores have improved the overall FY 23 year to date results. There have been some previous issues with the lack of staffing, not having Charge Nurses, or even break relief. As of May 2023, the house supervisors are now leader rounding one on one with patients on daily basis. This will allow them to connect with patients daily and provide real-time solutions for any concerns.</p>	

<p>AHS Financial Update</p>	<p>Ms. Miranda updated the group on the financial status. Alameda is not doing as well as budgeted, however the contribution margins are important. Post COVID, there was a decline in willingness to work that increased the expenses of registry staff and overtime. It would be beneficial to have permanent staff and be less reliant on registry staff.</p> <p>Ms. Miranda noted that registry staff used to be cheaper than permanent staff due to the benefits package provided to permanent staff, however since COVID that has changed. Currently, the discharge hospital gets the credit for funds. Transfers must be made correctly to insure the right hospital receives the funds. The financial team is currently going through an analysis developing workflows to make sure that each hospital is appropriately reimbursed for the work they are doing. An update will be provided once the analysis is finished.</p> <p>The census for April 2023 was 41.7 which is 63 %. 80 % is the goal for hospitals and it usually does not get higher than 80%. The CMI was 5.5 below budget for the month. Generally, if you have a higher CMI, you have a higher expected length of stay. There was a slight decrease in length of stay for April of 4.3 days compared to 5 days in 2022.</p> <p>Mr. Shaw added that Dr. Romanita Lofton has been in partnership with UCSF and other nursing programs in the Bay Area for possible recruitment and retention programs that will lead into a tuition reimbursement program for advancement of education. By doing so the hope is that students placed in the Alameda Health System will stay within the system saving time to training, because they have already been oriented to the organization.</p>	<p>Ms. Miranda will follow up once the workflow analysis is completed.</p>
<p>Alameda Hospital Medical Staff Update</p>	<p>Dr. Joshi provided a written report sent out to everyone today.</p>	
<p>Presidents Report</p>	<p>Dr. Deutsch informed the group the JPC is looking into various options for 2030 that included a mix between acute and SNF services. Ms. Miranda and her team will present an analysis at the June 26th JPC meeting on SNF, ED and other hospital service options. The analysis would allow for the options to be refined and then a performance analysis can be done. There</p>	
<p>Alameda Health System Board Liaison</p>	<p>Mr. Sayen informed the group that there are a lot of areas for improvement concerning quality measures. There are also plans to collaborate with a consultant to implement diversity, equality, and</p>	

Report	inclusion throughout the system. Additionally, the Trustees at Alameda Hospital are meeting with the Board of Supervisors tomorrow June 13, 2023.	
Executive Director Report	<p>Ms. Stebbins informed the group of the continued efforts working with ACHD and lobbying for AB 869, which extends the seismic deadline from 2030 to 2035 for potential rural hospitals if they can show financial hardship. AB 869 has passed the assembly and will be given to the senate. Ms. Stebbins noted she is working on an amendment that would cover Alameda Hospital since they do not fit any of the criteria for AB 869. The revenue Parcel Tax bond would not require a vote. If used it would be secured by the 6-million-dollar Parcel Tax.</p> <p>The loan from Bank of Marin has been approved with the terms presented on page 62. The payments for the new loan will be lower than the previous loan.</p>	
JPC Update	Page 68 outlines the option for the 2030 seismic upgrades studied at the JPC meeting. Ms. Stebbins idea to finance the project through a bond using the Parcel Tax as collateral will be discussed at the June 26 th JPC meeting.	

Consent Agenda		
	<ul style="list-style-type: none"> A. Acceptance of Minutes of April 11, 2023 B. Acceptance of Financial Statements, from March 2023 C. Acceptance of Financial Statements, from April 2023 	A motion to accept the consent agenda was made by Gayle Codiga seconded by Dr. Chen, and unanimously carried.
Action Items		
Parcel Tax Resolution	A resolution to levy the Parcel Tax each year.	A motion to levy the Parcel Tax was made by Ms. Codiga and seconded by Mr. Cambra
Certification of Indemnification of Alameda County	Authorizes Mr. Driscoll to act on the Districts behalf. A motion was made by Mr. Cambra	A motion to accept the certification was made by Mr.

		Cambra an seconded by Mr. Sayen.
Extension of spending Authority	Once the budget is approved AHS must accept the budget.	A motion was made by Mr. Cambra and seconded by Dr. Chen
Parcel Tax Payment	Dr. Chen made a motion to table this item until the next Board Meeting.	A motion to table the Parcel Tax discussion was made by Dr. Chen and seconded by Mr. Sayen.
District Budget and Jaber Budget		A motion to accept the FY 23 -24 District and Jaber budget was made by Mr. Cambra and seconded by Dr. Chen.

Minutes submitted by: Debi Stebbins, Executive Director

Approved: _____