



Meeting Minutes from March 10, 2025 Open Session

Board Members Present: Dr. Deutsch, Dr. Chen, Ms. Codiga, Mr. Sayen, Mr. Cambra,
District Representatives Present: Mr. Driscoll, Ms. Stebbins, Ms. Williams

Others Present: Terrance Shaw, Kristen Thorson, Grace Mesina, Richard Espinoza, Louise Nakada, James Helena, Gary Hicks, Dr. Catherine Pyun

Call to Order:

The meeting was called to order at 5:30 p.m., with a quorum of board members present.
Location: Conference Room A

ALAMEDA HOSPITAL OPERATIONS UPDATES:

PATIENT CARE EXPERIENCE REPORT:

Mr. Shaw provided the group with a comprehensive review of the current state of the patient care experience at Alameda Hospital.

EMERGENCY DEPARTMENT (ED):

ED Manager Joseph Lotsko has been encouraging staff to increase patient rounding, which has led to improved overall patient care. Key performance indicators (KPIs) identified for improvement include the patient arrival experience and reducing wait times. These priorities have prompted AHS to examine operational efficiencies within the ED.

Positive trends have been observed in staff engagement and hospital cleanliness.

PATIENT MOBILITY & LENGTH OF STAY (LOS):

AHS has been collaborating with EPIC to promote patient mobility, which is expected to positively impact LOS and overall recovery. Mr. Espinoza noted that Physical Therapy (PT) is now available on Saturdays and will soon expand to Sundays. In addition, AHS Management is developing a mobility program in collaboration with PT and nursing teams at Alameda Hospital. This program is currently underway and is also being implemented at San Leandro Hospital.

CREEDON WOUND CARE:

Creedon's Wound Care visits have increased, and the department is looking to expand hyperbaric chamber appointments. Currently, there are four chamber centers in the Bay Area: Walnut Creek, San Jose, San Francisco, and Alameda. Mr. Shaw highlighted



additional opportunities to expand these services to other AHS campuses, such as St. Rose, and to broaden offerings for burn victims.

RADIOLOGY & IMAGING SERVICES:

Currently, patients at Marina Wellness must leave the facility to obtain X-rays at Alameda Hospital. Adding a mobile X-ray unit onsite would significantly improve efficiency.

There is only one radiology technician at Alameda, scheduled for Tuesdays and Saturdays. Mr. Shaw will be reviewing data for all radiology appointments, including mammograms.

The mammography equipment is outdated, and preliminary replacement costs are estimated at approximately \$400,000. Dr. Deutsch noted that there is a substantial waitlist for mammograms, with patients often waiting several months. He recommended exploring the use of Jaber Funds, which are available for capital improvement projects, to invest in new mammography equipment.

SAFETY & REPORTING:

There were five reportable injuries in January. However, Mr. Shaw emphasized that these are internal metrics, and inaccuracies in reporting can occur. He has requested the implementation of a standardized reporting model across the system to ensure consistency and streamline information.

ALAMEDA HOSPITAL FINANCIAL UPDATE:

Ms. Mesina provided the group with the December 2024 financials.

Inpatient days were below budget, while observation days exceeded budget. Historically, there were not many observation days; however, staff are now making a concerted effort to ensure patients are classified at the appropriate level of care. Adjusted patient days were 576 over budget, and FTEs were 10 below budget.

ED visits were 6.1% over budget. Inpatient surgeries were below budget, and no outpatient surgeries were budgeted following their removal. However, pain procedures will continue through January 2026.

Clinic visits have increased by 22%, and the Case Mix Index (CMI) has also risen, indicating that the patient population is more clinically complex than previously reported.



The average length of stay is slightly over budget by 0.2 days, currently at 4.6 patient days compared to a budget of 4.4 days. Compared to last year's 4.7 patient days, this represents a slight decrease.

The SNF and Acute units are 1.5% below budget. Patient days are below budget by 12 days. Paid FTEs are also below budget, indicating that staff are adjusting in response to patient volume. Mr. Espinoza noted that AHS is also paid for bed holds, currently at 280. Subtracting that from the 459 total results in about 179 days to make up. Teams are actively monitoring staffing levels daily to ensure alignment with the required PPD (patients per day) and budget targets.

Net patient revenue is driven by both volume and improved reimbursement rates for SNF services under Medi-Cal and Medi-Cal managed care. Revenue is currently \$15 million over budget, including \$9.9 million from other government programs. The \$9.9 million relates to the DP-NIF pass-through, which is valid for three fiscal years: 2023, 2024, and 2025. The total payment across the system is approximately \$84 million, with 56% allocated to Alameda and the remainder to Fairmont, where the other SNF is located. The DP-NIF is a program designed to supplement SNF funding as facilities transition from fee-for-service to managed care. It is uncertain what will happen once the three-year period ends. Of the \$19 million received in December, \$10.6 million was allocated to Alameda.

Salaries remain over budget by \$2.1 million. The total contribution margin is \$727,000, with a \$13 million positive variance—\$10 million of which is due to the DP-NIF pass-through. It is still unclear whether these funds will continue beyond 2025.

Mr. Espinoza acknowledged Dr. Deutsch and Dr. Lowery, following the **DHCS** annual subacute survey. The only notable discrepancy was that a CNA who split shifts between the second and third floors failed to sign in and out on the timesheets. There were no clinical or policy violations. Dr. Deutsch also commended the staff for the high quality of care provided to patients.

MEDICAL STAFF REPORT:

Dr. Pyun provided the group with an update following the recent Medical Staff Committee meetings. The primary concern among physicians is related to throughput issues, which continue to impact patient flow. Staff are actively working to streamline processes and address these challenges more effectively. Additionally, Alameda Hospital received a Leapfrog "A" rating, a positive recognition of the hospital's quality and safety performance.

DISTRICT AND OPERATIONAL UPDATES



PRESIDENTS REPORT/ ALAMEDA HOSPITAL LIAISON REPORT:

Dr. Deutsch restated the need for mammography services at Alameda Hospital.

AHS LIAISON REPORT:

Mr. Sayen informed the group that tomorrow, March 11, 2025, the Board of Trustees will appoint Dr. Nickolas Moss, the Alameda County Health Officer, to the Board.

Additionally, Dr. Taft Bhuket is relocating, and Dr. Lily Indulkar will serve as the new medical staff representative.

St. Rose is not performing as well financially as anticipated. In response, AHS is implementing a “freeze, implement, and grow” strategy, which aims to increase patient volume, delay certain investments, and move forward with the implementation of EPIC. This electronic health record system is expected to improve efficiency and ease of care for physicians. Currently, AHS is providing financial support to St. Rose to help them draw down the federal share of Medicaid. However, this support does count against AHS’s \$100 million line of credit.

EXECUTIVE DIRECTOR REPORT:

Ms. Stebbins informed the group that the State of the City Address is scheduled for March 20th. The District will also participate in the Fourth of July Parade, and the District will cover the cost of the trolley. More details will be shared as the event approaches.

Ms. Stebbins also informed the Directors about the opportunity to serve on the Board of ACHD, which was previously unavailable due to certification requirements. However, since the District is now actively working toward certification, this opportunity is now open.

There have been productive discussions with HCAI, and it appears they are gaining a better understanding of the project. There is a potential opportunity to extend the seismic compliance deadline beyond 2030 by an additional 2–3 years. While the District currently meets the requirements, the application for the extension must be submitted by January 1, 2026. Additionally, there is flexibility to extend the second tranche of the COP (Certificates of Participation) if necessary.

SEISMIC AND OPERATIONAL UPGRADE STATUS REPORT:



Ms. Thorson informed the group that all components of the project—including NPC 4 and 5, SPC 4D, Materials Testing, SNF, and Make Ready—are currently in the Construction Document (CD) phase. This is the stage where all detailed instructions for how contractors will build the project are developed. A key upcoming milestone, the 50% CD document set, is nearly complete and approaching 100%. This ensures all project elements are captured, and any necessary revisions can be made early in the process.

There continues to be active coordination and planning with AHS to ensure the project aligns with hospital operations and functionality.

The Moment Frame project, an unanticipated addition necessary to maintain building safety and integrity, can be broken into two phases. The South Building program was submitted last week, and the ED addition program is expected to be submitted this week. HCAI will review and, ideally, approve these submissions. Meanwhile, construction documents are being prepared to support work that involves opening the ceiling, removing fireproofing, and inspecting various joints in the South Building.

The public bidding process is currently underway. The goal is to secure bids for multiple projects and determine which can be grouped together for efficiency. There are no changes to the overall schedule at this time.

Financially, the project remains stable. There has been an increase in commitments from January through March, primarily due to the Ratcliff agreement for construction documents and the Architect 19-6 contract. Invoices submitted to date total approximately \$2.2 million, with \$2.1 million paid. The variance is due to a recent requisition submitted to U.S. Bank for pending invoice payments.

PROPERTY OVERSIGHT COMMITTEE:

Mr. Cambra informed the group that an updated RFP will be issued for the shingle replacement project at the Pearl Street apartments. This updated RFP will allow contractors not only to submit bids based on the specified scope but also to offer suggestions for more efficient methods to complete the project and recommend alternative materials based on their expertise.

JABER FUNDS:

There is approximately \$250,000 in the Jaber funds. After a discussion regarding new mammography equipment, Ms. Stebbins will collaborate with Mr. Shaw to explore how these funds can be utilized for the purchase of the new equipment.



CONSENT AGENDA:

A motion to accept the January 13, 2025 meeting minutes made by Dr. Chen and seconded by Mr. Cambra. The motion was unanimously approved.

ACTION ITEMS:

1. Ms. Codiga requested to move the discussion on policies and procedures to the next meeting. It was suggested that a committee be formed to handle the Board officer positions and the Executive Director evaluation.
2. A motion to change the November Board Meeting to November 17, 2025 was made by Mr. Cambra and seconded by Ms. Codiga. The motion was unanimously approved.

The meeting was adjourned at 7:00 p.m.