

Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 • (510) 797-1111 Nancy Farber, Chief Executive Officer

Board of Directors Patricia Danielson, RHIT Jacob Eapen, M.D. William F. Nicholson, M.D. Bernard Stewart, D.D.S. Michael J. Wallace

BOARD OF DIRECTORS' MEETING

Wednesday, February 13, 2019 – 6:00 P.M. Conrad E. Anderson, MD Auditorium

AGENDA

PRESENTED BY: **Bernard Stewart** I. CALL TO ORDER & **Board Member** PLEDGE OF ALLEGIANCE Dee Antonio II. **ROLL CALL** District Clerk III. **EDUCATION SESSION:** Sabrina Valarde PRIME: Quest for Zero Senior Project Analyst, PRIME Carmen Williams, MSN, RNC-OB Senior Nurse Director IV. **CONSIDERATION OF MINUTES** January 9, 21, and 28, 2019 Motion Required **COMMUNICATIONS** V. A. Oral B. Written From Timothy Tsoi, MD Chief of Staff, Motion Required dated January 28, 2019 requesting approval of Medical Staff Credentialing Action Items.

VI. **INFORMATION**

PRESENTED BY:

Jeannie Yee A. Service League Report Service League

Timothy Tsoi, MD B. Medical Staff Report Chief of Staff

Nancy Farber C. Hospital Calendar Chief Executive Officer Board Meeting Agenda February 13, 2019 Page 2

D. Quality Report:

Quality Dashboard Quarter Ending December 31, 2018

Mary Bowron, DNP, RN, CIC, CNL, CPHQ
Chief of Quality & Resource

Management

E. Finance Report

Chris Henry Associate Administrator and Chief Financial Officer

F. Hospital Operations Report

Nancy Farber Chief Executive Officer

VII. ACTION

- A. Consideration of Two Special Care Nursery Ventilators
- B. Consideration of Two STAGO Compact Coagulation Analyzers
- C. Consideration of GE-ASIR (Radiation Reduction to Patient)
- D. Consideration of GE-AW Server for Stroke Analysis and 3D
- E. Consideration of Voluson Ultrasound for OB
- F. Consideration of Installation of Perimeter Fence
- G. Consideration of Brainlab Navigation and Ziehm C-Arm
- H. Consideration of Upgrade to the Facilities and Biomedical Computerized Work Order System (Phoenix Data System)
- I. Consideration of Line Leak Detection for Diesel Oil
- J. Consideration of Electrosurgery Unit for Endoscopy
- K. Consideration of Replacement of Lighting in WHHS Signs
- L. Consideration of Tenant Improvements at Fremont Office Center

VIII. ADJOURN TO CLOSED SESSION

In accordance with Section 1461, 1462, 32106 and 32155 of the California health & Safety Code and Sections 54962 and 54954.5 of the California

Motions Required

Board Meeting Agenda February 13, 2019 Page 3

Government Code, portions of this meeting may be held in closed session.

- A. Report and discussion regarding California Government Code section 54957: Personnel matters
- B. Conference regarding medical audit reports, quality assurance reports and privileging pursuant to Health & Safety Code Section 32155.
- C. Report involving a trade secret pursuant to Health & Safety Code section 32106

New Program

Estimated date of public disclosure: December 2019

IX. RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

Bernard Stewart Board Member

X. ADJOURNMENT

Bernard Stewart Board Member A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, January 9, 2019 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:00 pm and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken: Directors present: Bernard Stewart, DDS; William Nicholson, MD, Michael Wallace; Directors absent: Jacob Eapen, MD; Patricia Danielson, RHIT

ROLL CALL

Also present: Nancy Farber, Chief Executive Officer; Timothy Tsoi MD, Chief of Staff; Jeannie Yee, Service League President; Dee Antonio, District Clerk

Guests: Ed Fayen, Kimberly Hartz, Chris Henry, Tina Nunez, Stephanie Williams, Robert Alfieri, Albert Brooks MD, John Lee, Kristin Ferguson, Mary Bowron, John Zubiena, David Hayne, Rob Lanci, Nick Legge, Paul Kozachenko

Items requiring action were taken out of order to accommodate Director Wallace who, due to a family emergency, could not stay for the entire meeting.

Director Nicholson moved for approval of the minutes of December 12, 17, and 20, 2018.

APPROVAL OF
MINUTES OF December
12, 17, and 20, 2018

Director Wallace seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye William Nicholson, MD – aye Jacob Eapen, MD - absent Michael Wallace – aye Patricia Danielson, RHIT – absent

The motion carried.

There were no oral communications.

COMMUNICATIONS:

The following written communication received from Timothy Tsoi, MD, Chief of Staff, dated December 20, 2018 requesting approval of Medical Staff Credentialing Action Items as follows:

COMMUNICATIONS: WRITTEN

ORAL

Appointments

Hiraoka, Toshi MD; Ortlip, Timothy MD; Pfaff, Nora MD

Temporary Privileges

Pfaff, Nora MD

Reappointments - Two Year

Ahmed, Sumera MD; Chiang, Stephanie MD; Cho, Joyce MD; Dao, Catherine MD; Eftimie, Bogdan MD; Folan, Luis MD; Gadea, William PA-C; Goldberg, Andrew MD; Guo, Lei MD; Kudaravalli, Padmavathi MD; Thomas, Jeffrey; Umapathy, Krishnamurthy MD

Reappointments – One Year

Ali, Zulfiqar MD; Beygui, Ramin MD

Transfer in Staff Category

Chahal, Gurpreet MD; Krisnamurthy, Pramod MD; Matmari, Paresh MD

Completion of Proctoring & Advancement in Staff Category

Matmari, Paresh MD

New Privilege Requests

Goldberg, Andrew MD; Gadea, William PA-C

Resignations

Alvarez, Marcos MD; Paek, Sung MD; Ravid, Noga MD

Director Nicholson moved for approval of the credentialing action items presented by Dr. Tsoi.

Director Wallace seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye
William Nicholson, MD – aye
Jacob Eapen, MD - absent
Michael Wallace – aye
Patricia Danielson, RHIT – absent

The motion carried.

In accordance with District Law, Policies and Procedures, Director Wallace moved that the Board reappoint Benn Sah MD, Russ Blowers, Mira Garcia, Gloria Villasana Fuerniss, and Jeannie Yee to the Washington Township Hospital Development Corporation for the 2019 calendar year.

CONSIDERATION OF REAPPOINTMENT TO THE WASHINGTON TOWNSHIP HOSPITAL DEVELOPMENT CORPORATION

Director Wallace seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye
William Nicholson, MD – aye
Jacob Eapen, MD - absent
Michael Wallace – aye
Patricia Danielson, RHIT – absent

The motion carried.

Under the Brown Act, the Board is prohibited from taking action on an item that is not posted on the agenda for at least 72 hours. However, there is an exception under Government Code § 54954.2(b)(2) that permits the Board to take action on an item that was not on the agenda where Board determines, by a two-thirds vote of the Directors at the meeting, that there is a need to take immediate action and the need for the action came to the District's attention after the agenda was posted. Administration learned about the need for this equipment on the morning of January 7th, after the 72-hour cutoff.

CONSIDERATION OF MINI-TELEMETRY SYSTEM FOR BIRTHING CENTER

In accordance with District Law, Policies and Procedures, Director Wallace moved that the Board adopt the finding in the Government Code § 54954.2(b)(2) and that the Board authorize the Chief Executive Officer to enter into the necessary contracts to proceed with the purchase of the Mini-Telemetry System for the Birthing Center for a total amount not to exceed \$67,914.96.

Director Wallace seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye William Nicholson, MD – aye Jacob Eapen, MD - absent Michael Wallace – aye Patricia Danielson, RHIT – absent

The motion carried.

Director Nicholson left the meeting at 6:09 pm.

Nancy Farber, Chief Executive Officer, introduced Mary Bowron and Brenda Brennan who presented an education session on the new legislation for discharge planning for the homeless. SB 1152 modifies Section 1262.5 of the Health & Safety Code which currently requires hospitals to have a written discharge planning policy. This legislation was introduced in response to media stories about alleged homeless patient "dumping" and implements a set of requirements regarding discharge planning for homeless patients. The law states that the purpose of the homeless patient discharge policy is to help prepare the homeless patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services. The law does not require hospitals to find or create services that do not exist in the community. The law takes effect January 1, 2019.

Ms. Bowron reviewed the specific requirements that hospitals must meet when developing a discharge plan for the homeless patient. Hospitals must provide the homeless patient with a physician examination and determination of stability for discharge, referral for follow-up care, food, clothing, discharge medications, infectious disease screening, vaccinations, transportation, and assisting the patient to enroll in affordable health care. Further requirements go into effect July 1, 2019 including having a written plan to coordinate with community partners and maintaining a homeless patient log.

Ms. Bowron reviewed the limited resources available in Southern Alameda County and then addressed how Washington Hospital is currently complying with this law. Ms. Brennan gave examples of the kinds of homeless patients that have come through the emergency department during the first week of legislation which included a 49-year-old woman who waited in the ED for 15 hours for a shelter to be identified, a 27-year-old man who arrived by ambulance to get closer to BART, and a 35-year-old man who presented to the ED saying he was here for food and clothing.

EDUCATION SESSION: SB 1152: Discharge Planning for the Homeless

Jeannie Yee, Service League, reported on the Service League activities, including a Toy Drive that benefitted the children associated with SAVE, and a Christmas cookie decorating event which featured photos with Santa and Mrs. Claus.

SERVICE LEAGUE REPORT

Dr. Timothy Tsoi reported there are 592 Medical Staff members which includes 356 active members.

MEDICAL STAFF REPORT

The Hospital Calendar video highlighted the following events:

HOSPITAL CALENDAR: Community Outreach

Past Health Promotions & Outreach Events

Outreach Events included:

• Four hand hygiene presentations for students at Maloney and Mission San Jose Elementary Schools in Fremont

Upcoming Health Promotions & Community Outreach Events

Health Promotions and Outreach Events will include:

- January 12th Health and Wellness Fair blood pressure screenings
- January 17th Fit is the New Skinny
- January 22nd and January 24th Sports Physical Clinics at Newark Memorial High School and Irvington High School

Bay Area Healthier Together

In the month of December, Bay Area Healthier Together's topic was Mental Health featuring Dr. Seema Sehgal.

HOSPITAL CALENDAR: Bay Area Healthier Together

Washington Hospital Healthcare Foundation

• The Washington Hospital Healthcare Foundation received a donation for patients spending the holidays in the hospital from students in the Leos Club at James Logan High School.

HOSPITAL CALENDAR: Washington Hospital Foundation Report

 The Foundation will host the 34th Annual Golf Tournament at Castlewood Country Club on Thursday, May 2, 2019.

W.H.E.A

WHEA delivered their donated funds and goods to Butte County Sheriff's office and the Paradise High School.

WASHINGTON HOSPITAL EMPLOYEES ASSOCIATION (WHEA)

Washington on Wheels

The WOW Mobile Clinic provided quality health care services at the TCV Food Bank and Thrift Store in Fremont, Ruggieri Senior Center in Union City, and the Salvation Army in Newark. WOW also provided occupational health services at Materion in Fremont. The total number of community members receiving health care from the WOW van during the month of December was 35.

WASHINGTON ON WHEELS (W.O.W.) MOBILE HEALTH CLINIC

Internet and Social Media Marketing

Washington Hospital's website serves as a central source of information for the communities the District serves and beyond. The most viewed page was Employment with 31,024 views.

HOSPITAL CALENDAR: Internet and Social Media Marketing

InHealth - Channel 78

During the month of December, Washington Hospital's cable channel 78, InHealth, aired these programs:

- Latino Food Made Healthy
- Keeping Your Brain Healthy
- Taking Charge of Your Health
- How to Sleep Your Way to Better Health
- Healthy Happy Holiday Eating
- Caring for Someone with Dementia
- December District Board of Directors Meeting

Awards and Recognitions

- Marlene McGee received the DAISY Award for extraordinary nurses
- Commission on Cancer awarded WHHS with Three-Year Commendation
- American College of Surgeons National Accreditation Program for Breast Centers awarded WHHS Three-Year Accreditation
- American Association of Cardiovascular and Pulmonary Rehabilitation awarded Certification to WHHS Pulmonary Rehabilitation Program

Employee of the Month

Josh Blair, Surgical Technologist II worked seven years as an EMT before beginning a program at Skyline College to become a surgical technologist. His first rotation was at WHHS, and during his second rotation (at Stanford) he was invited to take a position in the WHHS perioperative services. He quickly became part of the orthopedic surgery team.

Kimberly Hartz, Senior Associate Administrator, reported on the intense focus of the Lean office in assisting the teams who were transitioning to the Morris Hyman Critical Care Pavilion. For 2019, the Lean/Kaizen promotion office will be starting three new value streams and the associated Kaizen workshops, and will begin the value stream mapping process for each in March, April, and May. These will include the Cath Lab, the Lab, the Patient Experience, and Revenue Cycle.

Dr. Dianne Martin presented an update of the Antimicrobial Stewardship program at Washington Hospital. She began by reviewing the 2018 data for Inpatient Antibiotic days of therapy and reviewing the various multidisciplinary protocols. She noted that hand hygiene has improved slightly. She reviewed the C. Difficile treatment algorithm and the education methods used with staff and physicians. The C. Difficile Infection rate continues to drop (0.551)

Chris Henry, Chief Financial Officer, presented the Finance Report for November 2018. The average daily census was 151.4 with admissions of 990 resulting in 4,542 patient days. Outpatient observation equivalent days were 147. The average length of stay was 4.48 days. The case mix index was 1.519. Deliveries were 120. Surgical cases were 402. Joint Replacement cases were 153. Neurosurgical cases were 24. Cardiac Surgical cases were 8. The Outpatient visits were 7,123 and Emergency visits were 4,050. Total productive FTEs were 1,444.3. FTEs per

HOSPITAL CALENDAR: InHealth

HOSPITAL CALENDAR: Awards & Recognitions

HOSPITAL CALENDAR: Employee of the Month – Josh Blair

LEAN UPDATE

QUALITY REPORT: Antimicrobial Stewardship Update

FINANCE REPORT

adjusted occupied bed were 6.68.

Nancy Farber presented the Hospital Operations Report for December 2018. Preliminary information indicated gross revenue for the month at approximately \$170,882,000. The Average Length of Stay of 4.93 and there were 4,917 patient days. There were 331 Surgical Cases and 308 Cath Lab procedures at the Hospital. Deliveries were 143. Non-Emergency Outpatient visits were 6,561. Total FTEs per Adjusted Occupied Bed were 6.64. The Washington Outpatient Surgery Center had 501 cases and the clinics saw approximately 3,199 patients. Total Government Sponsored Preliminary Payor Mix was 68.1%, below the budget of 71.9%.

HOSPITAL OPERATIONS REPORT

In accordance with Health & Safety Code Sections 1461, 1462 and 32106 and Government Section 54954.5(h) Director Stewart adjourned the meeting to closed session at 7:46 pm, as the discussion pertained to Hospital trade secrets, Human Resources matters, and Risk Management.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 8:08 pm and reported no action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, Director Stewart adjourned the meeting at 9:45 pm.

ADJOURNMENT

Bernard Stewart
President

Michael J. Wallace Secretary A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, January 21, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken. Directors present: Bernard Stewart, DDS; William Nicholson, MD; Michael Wallace

ROLL CALL

Excused: Patricia Danielson, RHIT; Jacob Eapen, MD

Also present: Nancy Farber, Chief Executive Officer; Ed Fayen, Senior Associate Administrator; Kimberly Hartz, Senior Associate Administrator; Chris Henry, Senior Associate Administrator & CFO; Stephanie William, Associate Administrator; Paul Kozachenko, Attorney; Dee Antonio, District Clerk

There were no oral communications.

COMMUNICATIONS

There were no written communications.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 6:00 p.m., as the discussion pertained to personnel matters, trade secrets, and Conference with Legal Counsel regarding existing litigation pursuant to California Government Code Section 54956.9.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 8:47 p.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

In accordance with District Law, Policies and Procedures, Director Wallace moved that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of thirty-two Sofa Beds for 4-West and 5-West for a total amount not to exceed \$110,800.

CONSIDERATION OF SOFA BEDS FOR 4-WEST and 5-WEST

Director Nicholson seconded the motion.
Roll call was taken:

Bernard Stewart, DDS – aye William Nicholson, MD – aye Jacob Eapen, MD – absent Michael Wallace – aye Patricia Danielson, RHIT – absent

The motion carried.

In accordance with District Law, Policies and Procedures, Director Wallace moved for the denial of a claim presented on December 1, 2018 on behalf of Qian Yang and that the Chief Executive Officer be directed to provide notice in accordance with government code section 94956.

CONSIDERATION OF CLAIM – QIAN YANG

Director Nicholson seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye William Nicholson, MD – aye Jacob Eapen, MD – absent

> Michael Wallace – aye Patricia Danielson, RHIT – absent

The motion carried.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 8:49 p.m., as the discussion pertained to Conference with Legal Counsel regarding personnel matters pursuant to California Government Code Section 54957.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 9:20 p.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION ADJOURNMENT

There being no further business, Director Stewart adjourned the meeting at 9:20 p.m.

Bernard Stewart
President

Michael J. Wallace
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, January 28, 2019 in the Board Room, Washington Hospital, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 7:30 a.m.

CALL TO ORDER

Roll call was taken. Directors present: William Nicholson, MD; Bernard Stewart DDS

ROLL CALL

Excused: Patricia Danielson, RHIT; Michael Wallace; Jacob Eapen

Also present: Timothy Tsoi, MD; Kranthi Achanta, MD; Peter Lunny, MD; Jan Henstorf, MD; Albert Brooks, MD; John Romano, MD; Nancy Farber, CEO

There were no oral or written communications.

COMMUNICATIONS

Director Stewart adjourned the meeting to closed session at 7:30 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Sections 1461 and 32155.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 8:30 a.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, the meeting was adjourned at 8:30 a.m.

ADJOURNMENT

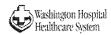
Bernard Stewart
President

Michael Wallace Secretary



WASHINGTON HOSPITAL MONTHLY OPERATING REPORT

December 2018



WASHINGTON HOSPITAL INDEX TO BOARD FINANCIAL STATEMENTS December 2018

Schedule

Reference Schedule Name

Board - 1 Statement of Revenues and Expenses

Board - 2 Balance Sheet

Board - 3 Operating Indicators

DATE:

February 8, 2019

TO:

Board of Directors

FROM:

Nancy Farber

SUBJECT:

Washington Hospital – December 2018

Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

	December	December	Current 12
	<u>Actual</u>	Budget	Month Avg.
ACUTE INPATIENT:			
Average Daily Census	158.6	179.1	156.0
# of Admissions	963	1,130	1,001
Patient Days	4,917	5,552	4,741
Discharge ALOS	4.93	4.91	4.70
<u>OUTPATIENT</u> :			
OP Visits	6,562	6,952	7,260
ER Visits	4,350	4,792	4,224
Observation Equivalent Days – OP	174	130	153

Comparison of December acute inpatient statistics to those of the budget showed a lower level of admissions and a lower level of patient days. The average length of stay (ALOS) based on discharged days was above budget. Outpatient visits were lower than budget. Emergency Room visits were below budget for the month.

2. Staffing – Schedule Board 3

Total paid FTEs were 104.7 below budget. Total productive FTEs for December were 1,229.9, 100.6 below the budgeted level of 1,330.5. Nonproductive FTEs were 4.1 below budget. Productive FTEs per adjusted occupied bed were 5.48, 0.2 below the budgeted level of 5.68. Total FTEs per adjusted occupied bed were 6.64, 0.17 below the budgeted level of 6.81.

3. Income - Schedule Board 1

For the month of December the Hospital realized income of \$434,000 from operations.

Total Gross Patient Service Revenue of \$170,882,000 for December was 5.1% below budget.

Deductions from Revenue of \$131,564,000 represented 76.99% of Total Gross Patient Service Revenue. This percentage is below the budgeted amount of 77.86%, primarily due to payor mix.

Total Operating Revenue of \$39,777,000 was \$625,000 (1.5%) below the budget.

Total Operating Expense of \$39,343,000 was \$886,000 (2.2%) below the budgeted amount.

The Total Non-Operating Income of \$928,000 for the month includes an unrealized gain on investments of \$1,115,000 and property tax revenue of \$1,439,000.

The Total Net Income for December was \$1,362,000, which was \$1,326,000 more than the budgeted income of \$36,000.

The Total Net Income for December using FASB accounting principles, in which the unrealized loss or income on investments and property tax revenues are removed from the non-operating income and expense, was \$2,000 compared to a budgeted loss of \$214,000.

4. Balance Sheet – Schedule Board 2

During the month of December, the Hospital contributed \$23.1 million to the pension plan and \$3.9 million to the OPEB plan. These contributions reduced the related balance sheet liabilities and Board-Designated Investments.

There were no other noteworthy changes in assets and liabilities when compared to November 2018.

NANCY FARBER Chief Executive Officer

NF/CH



WASHINGTON HOSPITAL STATEMENT OF REVENUES AND EXPENSES December 2018 GASB FORMAT (In thousands)

					(iii tiiousalius)						
	Decemi	ber						YEAR TO	DATE		
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			AC	TUAL	BUDGET	FA\ (UNF/ VAF	AV)	% VAR.
\$ 120,760 50,122	\$ 137,714 42,397	\$ (16,954) 7,725	-12.3% 18.2%	1 2	OPERATING REVENUE INPATIENT REVENUE OUTPATIENT REVENUE		690,019 297,231_	\$ 752,088 250,035	\$ (62, 47,	069) 196	-8.3% 18.9%
170,882	180,111	(9,229)	-5.1%	3	TOTAL PATIENT REVENUE	!	987,250	1,002,123	(14,	,873)	-1.5%
(126,942) (4,622) (131,564)	(136,463) (3,767) (140,230)	9,521 (855) 8,666	7.0% -22.7% 6.2%	4 5 6	CONTRACTUAL ALLOWANCES PROVISION FOR DOUBTFUL ACCOUNTS DEDUCTIONS FROM REVENUE		742,885) (26,417) 769,302)	(758,875) (20,961) (779,836)	(5,	990 ,456) , 534	2.1% -26.0% 1.4%
76.99%	77.86%			7	DEDUCTIONS AS % OF REVENUE		77.92%	77.82%			
39,318	39,881	(563)	-1.4%	8	NET PATIENT REVENUE		217,948	222,287	(4	,339)	-2.0%
459	521	(62)	-11.9%	9	OTHER OPERATING INCOME		4,604	3,129	1,	,475	47.1%
39,777	40,402	(625)	-1.5%	10	TOTAL OPERATING REVENUE	-	222,552	225,416	(2	,864)	-1.3%
00,177	,	(023)	,		OPERATING EXPENSES						
18,636	18,906	270	1.4%	11	SALARIES & WAGES		100,246	100,464		218	0.2%
6,417	6,615	198	3.0%	12	EMPLOYEE BENEFITS		37,090	39,625	2	,535	6.4%
4,589	4,904	315	6.4%	13	SUPPLIES		28,132	27,754		(378)	-1.4%
4,456	4,547	91	2.0%	14	PURCHASED SERVICES & PROF FEES		27,964	28,238		274	1.0%
•	,	12	0.8%	15	INSURANCE, UTILITIES & OTHER		10,007	10,347		340	3.3%
1,563	1,575 3,682	-	0.0%	16	DEPRECIATION		17,621	18,605		984	5.3%
3,682	40,229	886	2.2%	17	TOTAL OPERATING EXPENSE		221,060	225,033	3	,973	1.8%
39,343	40,229		. 2.270	17	TOTAL OF ENATING EXICENSE						
434	173	261	150.9%	18	OPERATING INCOME (LOSS)		1,492	383	1	,109	289.6%
1.09%	0.43%			19	OPERATING INCOME MARGIN %		0.67%	0.17%			
					NON-OPERATING INCOME & (EXPENSE)						
372	373	(1)	-0.3%	20	INVESTMENT INCOME		2,205	2,134		71	3.3%
(88)	_	(88)	0.0%	21	REALIZED GAIN/(LOSS) ON INVESTMENTS		(378)	-		(378)	0.0%
(2,035)	(2,062)	27	1.3%	22	INTEREST EXPENSE		(5,926)	(6,114)		188	3.1%
309	297	12	4.0%	23	RENTAL INCOME, NET		1,589	1,598		(9)	-0.6%
(184)	(184)	_	0.0%	24	AMORTIZATION OF INTANGIBLE ASSETS		(1,106)	(1,106)		-	0.0%
(101)	-	_	0.0%	25	MHCCP TRANSITION		(2,359)	(2,379)		20	0.8%
1,439	1,439	_	0.0%	26	PROPERTY TAX REVENUE		8,551	8,551		-	0.0%
1,115	-	1,115	0.0%	27	UNREALIZED GAIN/(LOSS) ON INVESTMENTS		1,119		1	,119	0.0%
928	(137)	1,065	- 777.4%	28	TOTAL NON-OPERATING INCOME & EXPENSE		3,695	2,684	1	,011	37.7%
\$ 1,362	\$ 36	\$ 1,326	3683.3%	29	NET INCOME (LOSS)	\$	5,187	\$ 3,067	\$ 2	2,120	69.1%
3.42%	= 		=	30	NET INCOME MARGIN %		2.33%	1.36%			
\$ 2	\$ (214)	\$ 216	100.9%	31	NET INCOME (LOSS) USING FASB PRINCIPLES**	\$	(973)	\$ (1,963)	\$	990	50.4%
0.01%			=		NET INCOME MARGIN %		-0.44%	-0.87%			
0.01%	-0.53%				HET HOOME MANON //						

^{**}NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME, NET INTEREST EXPENSE ON GO BONDS AND UNREALIZED GAIN(LOSS) ON INVESTMENTS



WASHINGTON HOSPITAL BALANCE SHEET

December 2018 (In thousands)

	ASSETS AND DEFERRED OUTFLOWS	December 2018		udited ne 2018		LIABILITIES, NET POSITION AND DEFERRED INFLOWS	 December 2018	Audited une 2018
	CURRENT ASSETS					CURRENT LIABILITIES		
1	CASH & CASH EQUIVALENTS	\$ 33,504	\$	31,346	1	CURRENT MATURITIES OF L/T OBLIG	\$ 8,550	\$ 7,200
2	ACCOUNTS REC NET OF ALLOWANCES	64,465		58,517	2	ACCOUNTS PAYABLE	26,617	43,344
3	OTHER CURRENT ASSETS	11,008		11,100_	3	OTHER ACCRUED LIABILITIES	56,872	53,279
4	TOTAL CURRENT ASSETS	108,977		100,963	4	INTEREST	 11,933	 12,090
					5	TOTAL CURRENT LIABILITIES	103,972	115,913
	ASSETS LIMITED AS TO USE					LONG-TERM DEBT OBLIGATIONS		
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	148,624		172,782	6	REVENUE BONDS AND OTHER	224,704	231,469
7	GENERAL OBLIGATION BOND FUNDS	42		15,355	7	GENERAL OBLIGATION BONDS	336,190	338,739
8	REVENUE BOND FUNDS	36,544		47,409				
9	BOND DEBT SERVICE FUNDS	23,940		29,413		OTHER LIABILITIES		
10	OTHER ASSETS LIMITED AS TO USE	12,181		12,161	10	NET PENSION LIABILITY	23,833	42,389
11	TOTAL ASSETS LIMITED AS TO USE	221,331	*	277,120	11	WORKERS' COMP	8,472	8,118
• • •	101/12/100210 2				12	SUPPLEMENTAL MEDICAL RETIREMENT	33,169	70,252
13	OTHER ASSETS	186,724		175,600				
14	NET PROPERTY, PLANT & EQUIPMENT	727,622		725,883	14	NET POSITION	495,715	490,528
15	TOTAL ASSETS	\$ 1,244,654	\$	1,279,566	15	TOTAL LIABILITIES AND NET POSITION	\$ 1,226,055	\$ 1,297,408
16	DEFERRED OUTFLOWS	27,252		39,445	16	DEFERRED INFLOWS	45,851	21,603
17	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,271,906	\$	1,319,011	17	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 1,271,906	\$ 1,319,011



WASHINGTON HOSPITAL OPERATING INDICATORS December 2018

	December							O DATE	DATE	
12 MONTH AVERAGE	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
						PATIENTS IN HOSPITAL				
156.0 5.0 9.0	158.6 5.6 9.7	179.1 4.2 10.3	(20.5) 1.4 (0.6)	-11% 33% -6%	1 2 3	ADULT & PEDS AVERAGE DAILY CENSUS OUTPT OBSERVATION AVERAGE DAILY CENSUS NEWBORN NURSERY AVERAGE DAILY CENSUS	148.2 5.5 9.2	158.0 4.2 9.7	(9.8) 1.3 (0.5)	-6% 31% -5%
170.0	173.9	193.6	(19.7)	-10%	4	TOTAL	162.9	171.9	(9.0)	-5%
3.5	4.1	3.9	0.2	5%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	2.8	4.3	(1.5)	-35%
4,741	4,917	5,552	(635)	-11%	6	ADULT & PEDS PATIENT DAYS	27,276	29,064	(1,788)	-6%
1,001	963	1,130	(167)	-15%	7	ADMISSIONS-ADULTS & PEDS	5,735	6,201	(466)	-8%
4.70	4.93	4.91	0.02	0%	8	AVERAGE LENGTH OF STAY-ADULTS & PEDS	4.70	4.69	0.01	0%
						OTHER KEY UTILIZATION STATISTICS				
1.470	1.398	1.476	(0.078)	-5%	9	OVERALL CASE MIX INDEX (CMI)	1.468	1.486	(0.018)	-1%
144 22 8 196	120 23 11 177	129 35 8 198	(9) (12) 3 (21)	-7% -34% 38% -11%	10 11 12 13	SURGICAL CASES JOINT REPLACEMENT CASES NEUROSURGICAL CASES CARDIAC SURGICAL CASES GENERAL SURGICAL CASES	823 140 44 1,186	833 164 65 1,071	(10) (24) (21) 115	-1% -15% -32% 11%
370	331	370	(39)	-11%	14	TOTAL SURGICAL CASES	2,193	2,133	60	3%
330	308	324	(16)	-5%	15	TOTAL CATH LAB PROCEDURES	2,052	1,963	89	5%
133	144	153	(9)	-6%	16	DELIVERIES	806	857	(51)	-6%
7,260 4,224	6,562 4,350	6,952 4,792	(390) (442)		17 18	OUTPATIENT VISITS EMERGENCY VISITS	43,564 24,643	44,129 26,230	(565) (1,587)	-1% -6%
						LABOR INDICATORS				
1,242.3 182.2	1,229.9 260.7	1,330.5 264.8	100.6 4.1	8% 2%	19 20	PRODUCTIVE FTE'S NON PRODUCTIVE FTE'S	1,227.4 191.1	1,252.4 200.3	25.0 9.2	2% 5%
1,424.5	1,490.6	1,595.3	104.7	7%	21	TOTAL FTE'S	1,418.5	1,452.7	34.2	2%
5.76 6.60	5.48 6.64	5.68 6.81	0.20 0.17	4% 2%	22 23	PRODUCTIVE FTE/ADJ. OCCUPIED BED TOTAL FTE/ADJ. OCCUPIED BED	5.79 6.69	5.95 6.90	0.16 0.21	3% 3%

^{*} included in Adult and Peds Average Daily Census



2000 Mowry Avenue Fremont California 94538-1716 • (510) 797-1111 www.whhs.com

DEVCO FINANCIAL STATEMENTS

Reporting Period 6

Month of December 2018



Washington Township Hospital **Development Corporation Summary Income Statement** December 2018

Current Mo	วท	τn
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	Current	Month		_	Year - To - Date					
		Favorable/(U					Favorable/(Unt			
			%					%		
Actual	Budget	Variance	Variance	_	Actual	Budget	Variance	Variance		
3,354	3,673	(319)	(8.7%)	(1) Visits	19,637	20,413	(776)	(3.8%)		
244	234	10	4.3%	(2) Treatments & Procedures	1,835	1,757	78	4.4%		
3,598	3,907	(309)	(7.9%)	(3) Total	21,472	22,170	(698)	(3.1%)		
				Gross Revenue						
3,927,884	4,926,091	(998,207)	(20.3%)	(4) Patient Revenue	23,125,787	26,601,705	(3,475,918)	(13.1%)		
824,522	874,654	(50,132)	(5.7%)	(5) Other Revenue	5,028,557	5,087,117	(58,560)	(1.2%)		
4,752,406	5,800,745	(1,048,339)	(18.1%)	(6) Total Gross Revenue	28,154,344	31,688,822	(3,534,478)	(11.2%)		
				Deductions						
2,013,816	2,391,676	377,860	15.8%	(7) Total Deductions	12,107,282	12,964,261	856,979	6.6%		
51.3%	48.6%	(2.7%)		Contractual Percentage	52.4%	48.7%	(3.7%)			
2,738,590	3,409,069	(670,479)	(19.7%)	(8) Net Revenue	16,047,062	18,724,561	(2,677,499)	(14.3%)		
				Expenses						
804,133	869,901	65,768	7.6%	(9) Purchased Labor	5,055,610	5,139,455	83,845	1.6%		
305,959	325,236	19,277	5.9%	(10) Purchased Benefits	1,634,781	1,825,088	190,307	10.4%		
326,859	374,682	47,823	12.8%	(11) Supplies	1,923,943	2,176,490	252,547	11.6%		
288,836	284,070	(4,766)	(1.7%)	(12) Professional Fees	1,591,257	1,652,692	61,435	3.7%		
190,352	237,653	47,301	19.9%	(13) Purchased Services	1,189,380	1,288,714	99,334	7.7%		
90,091	99,752	9,661	9.7%	(14) Depreciation and Amort	540,393	586,950	46,557	7.9%		
19,626	22,760	3,134	13.8%	(15) Utilities	141,798	144,277	2,479	1.7%		
445,495	439,204	(6,291)	(1.4%)	(16) Building Lease	2,648,116	2,635,215	(12,901)	(0.5%)		
116,531	125,577	9,046	7.2%	(17) Other Expenses	774,094	767,972	(6,122)	(0.8%)		
2,587,882	2,778,835	190,953	6.9%	(18) Total Expenses	15,499,372	16,216,853	717,481	4.4%		
150,708	630,234	(479,526)	(76.1%)	(19) Net Operating Income/Loss	547,690	2,507,708	(1,960,018)	(78.2%)		
98,697	329,986	231,289	70.1%	(20) Minority Interest	425,127	1,455,531	1,030,404	70.8%		
52,011	300,248	(248,237)	(82.7%)	(21) Net Income/Loss	122,563	1,052,177	(929,614)	(88.4%)		

DATE:

January 4, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Rebecca Mikolai, Director of Respiratory Therapy

Kimberly Hartz, Senior Associate Administrator, Ambulatory

Tina Nunez, Associate Administrator, Ambulatory

SUBJECT:

Request for approval of two Special Care Nursery Ventilators

The two ventilators in the Special Care Nursery (SCN), Puritan Bennett 840, are currently at end of life and the vendor is no longer able to provide parts and service on these ventilators. The ventilators are 17 years old. We are recommending trading in these ventilators as part of a better purchase price with the new recommended ventilators.

In collaboration with the SCN neonatologists including the medical director James Maguire, MD and respiratory staff, several NICU ventilator models were trialed over a period of time and the recommendation is to move forward with two of the Hamilton G5 with NEO mode ventilators. These ventilators are the same as the ventilators that we recently purchased this last year for the adult population but would come specifically with a neonatal mode. These ventilators have many advantages including such features as enhanced graphics to better monitor what is happening with the patient (compliance, dynamics and flow), has auto PEEP compensation (positive end expiratory pressure which is an event with mechanically vented patients in which there is incomplete expiration of air prior to the initiation of the next breath) which other vendors do not have this feature, ASV mode (adaptive support ventilation which uses lung protective strategies to minimize complications from Auto-PEEP) which is unique to Hamilton and finally staff familiarity and competency with this equipment given that is the same type of ventilator used with the adult population.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of two SCN Hamilton G5 with NEO Mode ventilators for an amount not to exceed \$68,676. The Washington Hospital Healthcare Foundation is covering the expense of this equipment.

DATE:

January 4, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Garth Huberty, Director of the Laboratory

Kimberly Hartz, Senior Associate Administrator, Ambulatory

Tina Nunez, Associate Administrator, Ambulatory

SUBJECT:

Request for approval of two STAGO Compact Coagulation Analyzers

Our current STAGO analyzers used in coagulation services in the laboratory are 6 years old and reaching the end of life. They are on a lease which ends March 2019. As a stroke center, it is imperative that we keep up with modern equipment in coagulation services to provide timely and accurate results to patients in our emergency room and other critical care units. The current analyzers have had increasing service calls in the past year and suggest that the instruments are starting to show their age. In addition, the vendor is no longer selling the instrument and is expecting to sunset it in the very near future.

The requested STAGO Compact Coagulation Analyzer provides for better throughput of the samples and rapid processing of STAT samples. The current STAGO equipment runs on a DOS-based applications which is not user friendly and has limitations in terms of data analysis and interfacing capability. As we rely more heavily on data analysis every year, this requested purchase will help us utilize the informatics component of modern day lab analyzers. Lastly, STAGO has agreed to help us validate a new test, anti-Xa, with this purchase. Anti-Xa is widely known to be more precise than partial thromboplastin time (PTT) and is becoming the industry standard for monitoring patients on heparin.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of two STAGO Compact Coagulation Analyzers for an amount not to exceed \$82,376. This equipment was included in the Fiscal Year 2018/19 Fixed Asset Capital Budget.

DATE:

January 16, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Kimberly Hartz, Senior Associate Administrator, Ambulatory

Tina Nunez, Associate Administrator, Ambulatory

SUBJECT:

Request for approval of GE-ASIR (Radiation Reduction to Patient)

We are recommending moving forward with the purchase of radiation reducing software called "ASIR" (adaptive statistical iterative reconstruction). We currently have two newer CT scanners, one at the hospital and one at the MHCCP that already have ASIR installed on them. The CT scanner at the outpatient imaging center does not have ASIR on it. Dr. Mimi Lin, radiologist and Catrina Montano, CT lead technologist have been working on reducing the radiation dose to the patients on the CT scanners for the past 6 months and have been able to reduce the dose by 40%. If approved, we will be installing ASIR on the outpatient CT scanner and then will be applying the new protocols to this scanner so that we can achieve the same results for our outpatients.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the GE-ASIR for an amount not to exceed of \$ 92,863. This item was included in the Fiscal Year 2018/19 Fixed Asset Capital Budget.

DATE:

January 4, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Kimberly Hartz, Senior Associate Administrator, Ambulatory

Tina Nunez, Associate Administrator, Ambulatory

SUBJECT:

Request for approval of GE-AW server for Stroke analysis and 3D

We are recommending moving forward with the purchase of a GE-AW server upgrade to our existing CT scanners. This server will distribute 3D visualization capabilities to all reading locations associated with the CT scanners at Washington Hospital. This enables a faster and more precise evaluation of the CT scan for stroke. This will allow the neurologists to make decisions on treating the patient either with medication called tissue plasminogen activator also known as tPA which can dissolve the clot and restore blood flow or to send the patient to the catheterization lab for intervention. Time is critical in this decision making process and this will provide more precise information for a faster turnaround time on the decision. This was requested by Stroke Committee and the product was evaluated and recommended by Jack Rose M.D. (Neurology) and Jacob Wouden M.D (Radiology).

In addition to the Stroke 3D, we will also be able to perform 3D on all CT angiograms ordered by the vascular surgeons and the cardiologists. This server comes with a license for three healthcare providers to log in from their workstations and perform advanced 3D applications. This could be a CT technologist, Radiologist or any physician.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the GE-AW server for the amount of \$ 163,821. This item was included in the Fiscal Year 2018/19 Fixed Asset Capital Budget.

DATE:

January 07, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Stephanie Williams, Associate Administrator and Chief Nursing Officer

SUBJECT:

CAPITAL EQUIPMENT - VOLUSON ULTRASOUND

Currently in the Birthing Center we have a Sonosite Portable Ultrasound that was purchased in 2010. The ultrasound is what our physicians use for quick visualization of the fetus. This ultrasound has served its purpose for what the need of our physicians has been for the past nine years.

Our current journey of caring for higher acuity pre-term patients has presented us with the need of an ultrasound machine that will render better visibility of the fetal organs; the Voluson P8 Ultrasound delivers this. This 2D image, high performance ultrasound allows our Obstetric and the Maternal Fetal Medicine Physicians to have access to a portable ultrasound that will allow them to make appropriate diagnosis needed at the bedside.

Total cost for all components of the Sonosite Portable Ultrasound is \$34,369.00.

In accordance with District Law, Policies, and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the Sonosite Portable Ultrasound with all its components for a total cost not to exceed \$34,369.00.

DATE:

January 21, 2018

TO:

Nancy Farber, Chief Executive Officer

FROM:

Edward Fayen, Senior Associate Administrator

SUBJECT:

RE: Installation of Perimeter Fence

As we were completing the Morris Hyman Critical Care Pavilion Project, the issue of securing the perimeter of the campus in order to safeguard the properties became a priority.

We have solicited pricing to install a six foot fence around the perimeter of the 2000 Mowry Campus that will aesthetically match the fence that is surrounding the Washington West property. There will not be any gates at the driveways, but there will be gates at pedestrian entries into the property. Driveways will be made secure by the placement of bollards.

Bailey Fence Company was selected to be the vendor to install the perimeter security fence. Their price came in at \$119,315.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the installation of the Perimeter Fence for the 2000 Mowry Campus for a total amount not to exceed \$119,315.

DATE:

February 13, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Edward Fayen, Senior Associate Administrator

SUBJECT:

RE: Purchase of New Neurosurgery Navigation System.

On February 9, 2011 the Board of Directors of Washington Hospital Healthcare District purchased a Brainlab BrainSuite for the Neurosurgery Operating Room. This navigation equipment is utilized with advanced imaging for the placement of screws and rods in spinal surgery patients. This equipment is now at the end of its useful life.

We are requesting board approval of a new fixed Brainlab navigation system for OR #1, a mobile navigation system to be used in other operating rooms, and an advanced Ziehm C-arm imaging system to be utilized with both navigation systems for the placement of hardware in any part of the spine. Brainlab continues to be a leader in spine navigation equipment. It has been successfully used on the vast majority of spine cases done at the hospital for the last seven and half years. The advanced navigation equipment integrates with current microscopes, and can also be used for cranial work.

The mobile curve navigation unit will allow spine procedure to be done in other rooms (most often in OR #4). The Ziehm C-arm can be moved back and forth between the operating rooms during cases done simultaneously.

The total cost for the fixed navigation system, mobile navigation system and Ziehm C-arm is \$710,960. The annual subscription fee for the software for both navigation systems is \$131,195 annually (for five years).

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to execute the appropriate documents to complete the purchase of the Navigation and Imaging Hardware and the five year Software Subscription from Brainlab for a total amount not to exceed \$1,488,125.

DATE:

January 21, 2018

TO:

Nancy Farber, Chief Executive Officer

FROM:

Edward Fayen, Senior Associate Administrator

SUBJECT:

RE: Upgrade to the Facilities and Biomedical Computerized Work Order System

We currently use the CMMS System by Phoenix Data System for the work order and reporting system for Facilities and Biomedical Departments. This upgrade will allow the system to be used in a decentralized fashion, so that techs can utilize it on the floor, access equipment history, and new work orders while working on equipment. In addition, there is a digital dashboard and dispatch center that will allow for better reporting and management of personnel who been assigned to work on biomedical or engineering work orders. Finally, there are improvements in the system that will make it easier and more intuitive for nurses and hospital personnel to put work order requests into the system.

The cost of system is \$31,187.96. It was included in the FY2019 Capital Asset Budget.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the Upgrade to the Facilities and Biomedical Computerized Work Order System for a total amount not to exceed \$31,187.96.

DATE:

January 21, 2018

TO:

Nancy Farber, Chief Executive Officer

FROM:

Edward Fayen, Senior Associate Administrator

SUBJECT:

Line Leak Detection for Diesel Oil

We recently become aware of a new California regulation requiring leak detection/surveillance equipment be placed around all lines carrying diesel oil from our diesel storage tank to our emergency generators and boilers.

We have been working with the company that provides ongoing maintenance of our diesel tanks, Balch Petroleum, on developing a plan for this leak detection system. We recently received a bid for \$29,780 to put a leak detection system that is consistence and compatible with the systems that we have in place in our two large diesel storage tanks in the yard around the Central Utility Plant. This system is an electronic system that monitors the generator day tanks, the boiler feeds, and the diesel tanks. Any indication of a leak would alarm in the Control Room of the Central Utility Plant.

We did not anticipate this new legislation and so have not budgeted for this capital expense in the FY2019 Capital Budget.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the installation of the line leak detection System for diesel oil for a total amount not to exceed \$29,780.

DATE:

January 21, 2018

TO:

Nancy Farber, Chief Executive Officer

FROM:

Edward Fayen, Senior Associate Administrator

SUBJECT:

RE: Purchase of Electrosurgery Unit for Endoscopy

Currently, the Endoscopy Department uses an ERBE unit as their cautery instrument for endoscopic procedures. The unit is fourteen years old and in poor condition.

The department has trialed electrosurgery units and has decided that the US Endoscopy GI 4,000 unit is the best unit to meet their needs. The GI 4,000 Unit is built specifically for endoscopy procedures and supports lavage washing, polypectomy, bipolar hemostasis, sphincterotomy, and endomucosal resection and dissection. It is only designed for the flexible endoscopes. This unit has multiple functions all built-into-one, easy-to-use, compact unit.

The cost of system is \$32,750. It was included in the FY2019 Capital Asset Budget.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the Electrosurgery Unit for Endoscopy for a total amount not to exceed \$32,750.

DATE:

February 13, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Edward Fayen, Senior Associate Administrator

SUBJECT: Replacement of Lighted Sign

Some of the lighted letters spelling "Washington Hospital" on top of the six story building have burned out.

The lighting fixtures were neon. We want to replace all of the lighting behind the letters on the building with LED lights. These will be a more reliable, long term light source that will reduce the maintenance on the sign.

This was unanticipated expense, and was not budgeted for FY19 Capital Budget. The cost for replacing the neon lights with white LED lighting is \$36,175.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to execute the appropriate documents to complete the replacement of the neon lights with white LED lights for a total amount not to exceed \$36,175.

DATE:

February 7, 2019

TO:

Nancy Farber, Chief Executive Officer

FROM:

Chris Henry, Senior Associate Administrator

Chief Financial Officer

SUBJECT:

FOC TI Budget Request

It has been two years since we have purchased the Fremont Office Center, and some of the larger leases are beginning expire. To date leases have been renegotiated with little to no tenant improvement expenses.

However, between now the end of the fiscal year there are ten leases covering a total 42,500 square feet that will come to term, some of which are currently under negotiation. We expect that more significant work will be needed on these spaces in order to secure favorable leases.

We anticipate the new terms on the leases to be between 36 and 60 months. We have estimated the cost of expected tenant improvements on these spaces to total \$668,600. We expect the net income from these leases to be about \$3.0 million over the 60 months. We are requesting Board approval of this amount to carry us through the end of the fiscal year. This amount was not included in the fiscal year 2019 capital budget.