



Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 | 510.797.1111

Kimberly Hartz, Chief Executive Officer

Board of Directors

Jacob Eapen, MD
William F. Nicholson, MD
Bernard Stewart, DDS
Michael J. Wallace
Jeannie Yee

BOARD OF DIRECTORS MEETING Wednesday, September 14, 2022 – 6:00 P.M. Meeting Conducted by Zoom

<https://us06web.zoom.us/j/87030920874?pwd=VWJlQmRlSU1iQkFLc0FHhWszdEhKUT09>

Password: 083625

AGENDA

PRESENTED BY:

- | | |
|--|--------------------------------|
| I. CALL TO ORDER & PLEDGE OF ALLEGIANCE | Jeannie Yee Board President |
| II. ROLL CALL | Dee Antonio District Clerk |
| III. BROWN ACT FINDING GOVERNMENT Code § 54953(e)(3)(B)(ii) | <i>Motion Required</i> |
| IV. COMMUNICATIONS | |
| A. Oral <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board.. “Request to Speak” cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i> | |
| B. Written | |
| V. CONSENT CALENDAR <i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | Jeannie Yee Board President |
| A. Consideration of Minutes of the Regular Meetings of the District Board: August 10, 22, and 24, 2022 | <i>Motion Required</i> |

VI. PRESENTATION

A. Magnet Recognition Program

PRESENTED BY:

Adelita Tinoco, PhD, RN, AGCNS-BC, NEA-BC
Magnet Project Manager

Brenda Brennan, MS, RN, CNS, CEN
Assistant Chief Nursing Officer

VII. REPORTS

A. Medical Staff Report

Shakir Hyder, M.D.
Chief of Medical Staff

B. Service League Report

Debbie Feary
Service League President

C. Quality Report:
2022-2023 Influenza Season, COVID, MPX Update

Dianne Martin, M.D.
Infectious Disease Specialist

D. Finance Report

Chris Henry
Vice President & Chief Financial Officer

E. Hospital Operations Report

Kimberly Hartz
Chief Executive Officer

VIII. ACTION ITEM

A. Consideration of Resolution No. 1244 Local 20
Memorandum of Understanding

Motion Required

B. Consideration of Resolution No. 1245 to Approve
and Authorize an Increase to the Washington
Hospital Bridge Project Budget Amount in
Connection with the Previously Approved
Resolution No. 1232

Motion Required

IX. ANNOUNCEMENTS

X. ADJOURN TO CLOSED SESSION

A. Conference involving Trade Secrets pursuant to
Health & Safety Code section 32106

**XI. RECONVENE TO OPEN SESSION &
REPORT ON PERMISSIBLE ACTIONS TAKEN
DURING CLOSED SESSION**

Jeannie Yee
Board President

XII. ADJOURNMENT

Jeannie Yee
Board President

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the District Clerk at (510) 818-6500. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, August 10, 2022 via Zoom. Director Yee called the meeting to order at 6:00 pm and led those in attendance of the meeting in the Pledge of Allegiance.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

Roll call was taken: Directors present: Jeannie Yee; Bernard Stewart, DDS; Michael Wallace; Jacob Eapen, MD; William Nicholson, MD

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Dee Antonio, District Clerk

Guests: Chris Henry, Tina Nunez, Larry LaBossiere, Paul Kozachenko, Dr. Carmen Agcaoili, Mary Bowron, Brenda Brennan, Christy Casey, Walter Choto, Angus Cochran, Debbie Feary, Kristin Ferguson, Gulnaaz Hanif, Dr. Shakir Hyder, Kel Kanady, Nick Legge, Lauren Lucas, Maria Nunes, Joanne Pineda, Donald Pipkin, Dr. John Romano, Dr. Jack Rose, John Zubiena, and Sri Boddu.

Director Yee welcomed any members of the general public to the meeting. She noted that in order to continue to protect the health and safety of the members of the Board, District staff, and members of the public from the dangers posed by the SARS-CoV-2 virus, the Brown Act allows a local agency to continue to hold its meetings remotely as opposed to being required to meet in-person. Section 54953(e)(3) of the Government Code requires that the Board make certain findings every 30 days to continue meeting remotely. One such finding is that “state or local officials continue to impose or recommend measures to promote social distancing.” The Alameda County Health Officer continues to recommend social distancing and the wearing of masks indoors, as referenced by the Alameda County Health Care Services Public Health Department COVID-19 website at www.covid-19.acgov.org.

OPENING REMARKS

In accordance with District law, policies, and procedures, Director Stewart moved that the Board of Directors make the finding required by Section 54953(e)(3)(B)(ii) of the Government Code that “state or local officials continue to impose or recommend measures to promote social distancing.” Director Nicholson seconded the motion.

Roll call was taken:

Jeannie Yee – aye
Bernard Stewart, DDS – aye
Michael Wallace – aye
Jacob Eapen, MD – aye
William Nicholson, MD – aye

The motion unanimously carried and the finding is affirmed.

Director Yee noted that Public Notice for this meeting, including connection information, was posted appropriately on our website. This meeting, conducted via Zoom, is being recorded for broadcast at a later date.

There were no Oral communications.

*COMMUNICATIONS:
ORAL*

There were no Written communications.

*COMMUNICATIONS:
WRITTEN*

Director Yee presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Minutes of the Regular Meetings of the District Board: July 13, July 18, July 25, and July 27, 2022
- B. TIMS 2000 SP Mobile Cart Package for Speech Pathology Department

Director Stewart moved that the Board of Directors approve the Consent Calendar, items A and B. Director Nicholson seconded the motion.

Roll call was taken:

Jeannie Yee – aye
Bernard Stewart, DDS – aye
Michael Wallace – aye
Jacob Eapen, MD – aye
William Nicholson, MD – aye

The motion unanimously carried.

Kimberly Hartz, Chief Executive Officer, introduced Joanne Pineda, Quality Improvement Manager with the American Heart Association. Ms. Pineda presented Washington Hospital with two awards: the Get With The Guidelines Stroke GOLD PLUS with Target: Stroke Honor Roll Elite and Target: Type 2 Diabetes honor Roll; and the Mission Lifeline – STEMI Receiving Center SILVER Quality Achievement Award. She noted that Washington Hospital's achievement would be included in the US News & World Report Best Hospitals, Get With The Guideline Achievement Awards Digital Ad. Congratulation, Washington Hospital.

*PRESENTATION:
AMERICAN HEART
ASSOCIATION STROKE
and STEMI AWARDS –
GET WITH THE
GUIDELINES*

Dr. Shakir Hyder, Chief of Staff, reported there are 579 Medical Staff members including 339 active members. He talked about the declining COVID census and noted that the current COVID policies would be modified in the future. He spoke on the formation of the new Medical Staff Committee: Leadership Development Committee. He spoke briefly on Monkeypox testing.

*MEDICAL STAFF
REPORT*

Debbie Feary, Service League President, reported that the Service League volunteers contributed 1,765 hours to the hospital in month of July and 16,219 hours for the fiscal year ending June 30th.

*SERVICE LEAGUE
REPORT*

Kimberly Hartz introduced Gulnaaz Hanif, Infection Prevention Program Manager who presented the Lean initiative for Infection Prevention and its impact on healthcare associated infections. This initiative is centered on reducing urinary tract infections associated with indwelling urinary catheters, otherwise known as Catheter-Associated Urinary Tract Infections (CAUTI).

*LEAN REPORT:
WHHS INFECTION
PREVENTION*

Ms. Hanif reviewed Division Goals and Key Drivers, the Plan and Obstacles, and the current projects that are in place to implement improvements. The Aim is Zero Harm. She reviewed the Trends and Intervention Timeline which showed

improvement from FY 2021 through FY 2022 including a decrease in baseline CAUTI infection ratio from 22 to 7.

Mary Bowron, Chief of Quality and Resource Management presented the Quality Dashboard for the quarter ending June 30, 2022 comparing WHHS statistics to State and National benchmarks. We had zero MRSA Bloodstream Infections this past quarter. We had one Catheter Associated Urinary Tract Infection, which was below the predicted number of infections (1.082). We had one Central Line Associated Bloodstream Infection (CLABSI), which was lower than predicted. We had zero infections following colon surgery and zero infections following abdominal hysterectomy. C-Difficile: We had two hospital-wide C. diff infections. Hand Hygiene was at 88%. On analysis, we met four out of the seven Hospital Acquired Infection goals for FY 2022.

*QUALITY REPORT:
QUARTERLY
DASHBOARD QUARTER
ENDING JUNE 2022*

Our moderate fall with injury rate of 0.39 was lower than the national rate for the quarter at 0.62. Hospital Acquired Pressure Ulcer rate of 1.15% was lower than the national rate this past quarter. For FY 2022 we met two out of the two Nurse Sensitive goals that we had.

Our 30-day readmission rate for AMI discharges was higher than the CMS benchmark (20% versus 15.8%). We had a lower percent of 30-day Medicare pneumonia readmissions compared to the CMS national benchmark (14.1% versus 16.7%). 30-day Medicare Heart Failure readmissions were higher 24.7% versus 21.9% than the CMS benchmark. Our 30-day Medicare Chronic Obstructive Pulmonary Disease (COPD) readmission rate was higher than the CMS benchmark (27.8% versus 19.7%). Our 30-day Medicare CABG readmission rate was lower (10.5% versus 12.6%) than the CMS benchmark. Our 30-day Medicare Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) was lower than the CMS benchmark (0% versus 4.0%). For FY 2022, we met two out of the six Readmission goals.

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for June 2022. The average daily inpatient census was 154.4 with admissions of 809 resulting in 4,633 patient days. Outpatient observation equivalent days were 291. The average length of stay was 6.00 days. The case mix index was 1.598. Deliveries were 119. Surgical cases were 361. The Outpatient visits were 7,556. Emergency visits were 4,735. Cath Lab cases were 188. Joint Replacement cases were 161. Neurosurgical cases were 26. Cardiac Surgical cases were 4. Total FTEs were 1,592.1. FTEs per adjusted occupied bed were 5.88.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for July 2022. Preliminary information for the month indicated total gross revenue at approximately \$189,786,000 against a budget of \$186,978,000. We had 116 COVID-19 discharges which represented 14% of total discharges.

*HOSPITAL
OPERATIONS REPORT*

The Average Length of Stay was 5.49. The Average Daily Inpatient Census was 160.1. There were 10 discharges with lengths of stay greater than 30 days, ranging from 34 to 64. Still in house at the end of July were ten patients with length of stays of over 30 days and counting (highest at 299).

There were 4,963 patient days. There were 341 Surgical Cases and 180 Cath Lab cases at the Hospital. The Medicare accreditation survey for Peninsula Surgery Center was completed on April 28, 2022. However, we are still waiting for our Medicare certification number which is required to bill Medicare, contract with commercial insurance companies, and credential medical staff with insurance companies.

Deliveries were 138. Non-Emergency Outpatient visits were 7,299. Emergency Room visits were 4,799. Total Government Sponsored Preliminary Payor Mix was 74.1%, against the budget of 71.4%. Total FTEs per Adjusted Occupied Bed were 6.18. The Washington Outpatient Surgery Center had 441 cases and the clinics had approximately 17,017 visits.

Kimberly Hartz made the following announcements:

ANNOUNCEMENTS

- As of Monday, August 8th, a total of 91,516 COVID vaccine doses have been administered to community members at our vaccination clinic. Total number of people who have received a COVID vaccine is 43,150.
- As of Monday, August 8th, a total of 3,766 vaccinations have been administered to the 5-11 year old age group and 208 vaccinations have been administered to the 6-month to 4 year old age group.
- Thursday, July 14th: Bone and Joint Health
- Thursday, July 14th: Concussion Safety
- Friday, July 15th: Beach and Water Safety
- Tuesday, July 26th: Breast Cancer Screenings – When and Why
- Tuesday, July 26th: Community Forum on Anti-Asian Hate.
- Saturday, July 30th: Tattoo Removal Clinic
- Wednesday, August 3rd: Open House and Ribbon Cutting at Peninsula Surgery Center
- August 3rd and August 4th: Sports Physicals at Irvington High School and Newark Memorial High School
- Scheduled for Wednesday, August 10th: Ohana Health Fair sponsored by Bay Area Community Health at Newark Community Center
- Scheduled for Tuesday, August 16th: Sun – Beauty or Beast?
- Scheduled for Saturday, August 20th: Wellness and Health Fair hosted by Annual Festival of India celebration in Fremont
- Scheduled for Monday, August 22nd: Veggies on the Grill – Make Room for Summer Produce
- Scheduled for Tuesday, August 23rd: Fall Prevention and Recovery
- Scheduled for Saturday, August 27th: Free Skin Cancer Screening Program at Nakamura Clinic in Union City

Board of Directors' Meeting

August 10, 2022

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- Scheduled for Tuesday, August 30th: Rotator Cuff Repair – Advances in Treatment Options
- Scheduled for Wednesday, August 31st: Stroke Awareness program
- Scheduled for Tuesday, September 6th: Don't Let Hip Pain Win – Updates in Hip Replacements
- The Foundation will host the 36th Annual Top Hat Gala – Saturday, October 8th
- August Employee of the Month: Raymond Tam, Physical Therapy Aide

There being no further business, Director Yee adjourned the meeting at 7:25 p.m.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, August 22, 2022 via Zoom. Director Yee called the meeting to order at 7:30 a.m.

CALL TO ORDER

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

ROLL CALL

Excused: Jacob Eapen MD; Michael Wallace

Also present: Shakir Hyder, MD; Prasad Kilaru, MD; Mark Saleh, MD; Tim Tsoi, MD; Jan Henstorf, MD; Kimberly Hartz, CEO; Brian Smith, MD; John Romano, MD; Larry LaBossiere, CNO; Mary Bowron, RN MSN; Dee Antonio, District Clerk

There were no oral or written communications.

COMMUNICATIONS

Director Yee 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 Yee reconvened the meeting to open session at 8:19 a.m. and reported no reportable action taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, the meeting adjourned at 8:19 a.m.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, August 24, 2022 via Zoom. Director Yee 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: Jeannie Yee; Bernard Stewart, DDS; MD; Michael Wallace; William Nicholson, MD

ROLL CALL

Absent: Jacob Eapen

Also present: Kimberly Hartz, Chief Executive Officer; Ed Fayen, Chief Operating Officer; Chris Henry, Chief Financial Officer; Tina Nunez, Vice President; Paul Kozachenko, Legal Counsel; Nicholas Kozachenko, Legal Counsel; Dee Antonio, District Clerk

Director Yee welcomed any members of the general public to the meeting. She noted that in order to continue to protect the health and safety of the members of the Board, District staff, and members of the public from the dangers posed by the SARS-CoV-2 virus, the Brown Act allows a local agency to continue to hold its meetings remotely as opposed to being required to meet in-person. Section 54953(e)(3) of the Government Code requires that the Board make certain findings every 30 days to continue meeting remotely. One such finding is that “state or local officials continue to impose or recommend measures to promote social distancing.” The Alameda County Health Officer continues to recommend social distancing and the wearing of masks indoors, as referenced by the Alameda County Health Care Services Public Health Department COVID-19 website at www.covid-19.acgov.org. The Board made such a finding at its meeting earlier in the month.

OPENING REMARKS

Director Yee noted that Public Notice for this meeting, including connection information, was posted appropriately on our website. This meeting is being conducted by teleconference.

There were no oral or written communications.

COMMUNICATIONS

Director Yee presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Medical Staff: Revised Nurse Practitioner Medicine Privileges and Revised Nurse Practitioner Surgery Privileges

Director Stewart moved that the Board of Directors approve the Consent Calendar, item A. Director Nicholson seconded the motion.

Roll call was taken:

Jeannie Yee – aye
Bernard Stewart, DDS – aye
Michael Wallace – aye
Jacob Eapen, MD – absent
William Nicholson, MD – aye

The motion carried.

None

ANNOUNCEMENTS

In accordance with Health & Safety Code Sections 32106, 32155 and California Government Code 54956.9(d)(2), Director Yee adjourned the meeting to closed session at 6:05 p.m., as the discussion pertained to a Report of Medical Staff and Quality Assurance Committee, Health & Safety Code section 32155 (Medical Staff Credentials Committee Report), Conference involving Trade Secrets pursuant to Health & Safety Code section 32106, Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code section 54956,9(d)(2), and consideration of closed session Minutes: July 18, and 27, 2022. Director Yee stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting is being conducted via Zoom and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning August 25, 2022. She indicated that the minutes of this meeting will reflect any reportable actions.

ADJOURN TO CLOSED SESSION

Director Yee reconvened the meeting to open session at 9:03 pm. The District Clerk reported that during the closed session, the Board approved the closed session meeting minutes for July 18 and 27, 2022 and the Medical Staff Credentials Committee Report by vote of all Directors present:

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

Jeannie Yee
Bernard Stewart, DDS
Michael Wallace
William Nicholson, MD

There being no further business, Director Yee adjourned the meeting at 9:03 pm.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary



Washington Hospital
Healthcare System

WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT

July 2022



**WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
July 2022**

| <u>Schedule Reference</u> | <u>Schedule Name</u> |
|----------------------------------|------------------------------------|
| Board - 1 | Statement of Revenues and Expenses |
| Board - 2 | Balance Sheet |
| Board - 3 | Operating Indicators |



Memorandum

DATE: September 1, 2022
TO: Board of Directors
FROM: Kimberly Hartz, Chief Executive Officer
SUBJECT: Washington Hospital – July 2022
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

| | July <u>Actual</u> | July <u>Budget</u> | Current 12 <u>Month Avg.</u> |
|----------------------------------|-----------------------|-----------------------|---------------------------------|
| <u>ACUTE INPATIENT:</u> | | | |
| IP Average Daily Census | 160.1 | 140.6 | 156.3 |
| Combined Average Daily Census | 169.4 | 150.0 | 166.4 |
| # of Admissions | 853 | 791 | 815 |
| Patient Days | 4,963 | 4,358 | 4,752 |
| Discharge ALOS | 5.49 | 5.51 | 5.71 |
| <u>OUTPATIENT:</u> | | | |
| OP Visits | 7,299 | 7,813 | 7,630 |
| ER Visits | 4,799 | 4,531 | 4,498 |
| Observation Equivalent Days – OP | 287 | 192 | 308 |

Comparison of July acute inpatient statistics versus the Budget showed a higher level of admissions and a higher level of patient days. The average length of stay (ALOS) based on discharged days was slightly below Budget. Outpatient visits were lower than Budget. Emergency Room visits were above Budget for the month. Observation equivalent days were higher than Budget.

2. Staffing – Schedule Board 3

Total paid FTEs were 46.1 above Budget. Total productive FTEs for July were 1,350.4, 26.6 above the budgeted level of 1,323.8. Nonproductive FTEs were 19.5 above Budget. Productive FTEs per adjusted occupied bed were 5.22, 0.33 below the budgeted level of 5.55. Total FTEs per adjusted occupied bed were 6.18, 0.34 below the budgeted level of 6.52.

3. **Income - Schedule Board 1**

For the month of July the Hospital realized Operating Income of \$640,000 from Operations.

Total Gross Patient Revenue of \$189,786,000 for July was 1.5% above Budget.

Deductions from Revenue of \$146,539,000 were 77.21% of Total Gross Patient Revenue, which is above the budgeted amount of 76.93%.

Total Operating Revenue of \$43,753,000 was \$124,000 above the Budget, or 0.3%.

Total Operating Expense of \$43,113,000 exceeded the Budget by \$459,000, or 1.1%.

The Total Non-Operating Income of \$1,261,000 for the month includes an unrealized gain on investments of \$1,035,000.

The Net Income for July was \$1,901,000, which was \$1,020,000 above the budgeted income of \$881,000.

The Total Net Income for July using FASB accounting principles, in which the unrealized gain on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$534,000 compared to budgeted income of \$589,000 or unfavorable variance of \$55,000.

4. **Balance Sheet – Schedule Board 2**

There were no noteworthy changes in assets and liabilities when compared to June 2022.

KIMBERLY HARTZ
Chief Executive Officer

KH/CH



**WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
July 2022
GASB FORMAT
(In thousands)**

| July | | | | YEAR TO DATE | | | | |
|------------------|------------------|-----------------------|---------|--------------|------------------|------------------|-----------------------|---------|
| ACTUAL | BUDGET | FAV (UNFAV) VAR | % VAR. | | ACTUAL | BUDGET | FAV (UNFAV) VAR | % VAR. |
| \$ 117,344 | \$ 110,266 | \$ 7,078 | 6.4% | 1 | \$ 117,344 | \$ 110,266 | \$ 7,078 | 6.4% |
| 72,442 | 76,712 | (4,270) | -5.6% | 2 | 72,442 | 76,712 | (4,270) | -5.6% |
| 189,786 | 186,978 | 2,808 | 1.5% | 3 | 189,786 | 186,978 | 2,808 | 1.5% |
| (143,962) | (140,277) | (3,685) | -2.6% | 4 | (143,962) | (140,277) | (3,685) | -2.6% |
| (2,577) | (3,560) | 983 | 27.6% | 5 | (2,577) | (3,560) | 983 | 27.6% |
| (146,539) | (143,837) | (2,702) | -1.9% | 6 | (146,539) | (143,837) | (2,702) | -1.9% |
| 77.21% | 76.93% | | | 7 | 77.21% | 76.93% | | |
| 43,247 | 43,141 | 106 | 0.2% | 8 | 43,247 | 43,141 | 106 | 0.2% |
| 506 | 488 | 18 | 3.7% | 9 | 506 | 488 | 18 | 3.7% |
| 43,753 | 43,629 | 124 | 0.3% | 10 | 43,753 | 43,629 | 124 | 0.3% |
| | | | | | | | | |
| 21,858 | 20,488 | (1,370) | -6.7% | 11 | 21,858 | 20,488 | (1,370) | -6.7% |
| 4,632 | 5,141 | 509 | 9.9% | 12 | 4,632 | 5,141 | 509 | 9.9% |
| 5,646 | 5,598 | (48) | -0.9% | 13 | 5,646 | 5,598 | (48) | -0.9% |
| 5,430 | 5,732 | 302 | 5.3% | 14 | 5,430 | 5,732 | 302 | 5.3% |
| 1,932 | 2,080 | 148 | 7.1% | 15 | 1,932 | 2,080 | 148 | 7.1% |
| 3,615 | 3,615 | - | 0.0% | 16 | 3,615 | 3,615 | - | 0.0% |
| 43,113 | 42,654 | (459) | -1.1% | 17 | 43,113 | 42,654 | (459) | -1.1% |
| 640 | 975 | (335) | -34.4% | 18 | 640 | 975 | (335) | -34.4% |
| 1.46% | 2.23% | | | 19 | 1.46% | 2.23% | | |
| | | | | | | | | |
| 355 | 240 | 115 | 47.9% | 20 | 355 | 240 | 115 | 47.9% |
| (57) | - | (57) | 0.0% | 21 | (57) | - | (57) | 0.0% |
| (1,626) | (1,773) | 147 | 8.3% | 22 | (1,626) | (1,773) | 147 | 8.3% |
| 113 | (2) | 115 | 5750.0% | 23 | 113 | (2) | 115 | 5750.0% |
| 1,441 | 1,441 | - | 0.0% | 26 | 1,441 | 1,441 | - | 0.0% |
| 1,035 | - | 1,035 | 0.0% | 27 | 1,035 | - | 1,035 | 0.0% |
| 1,261 | (94) | 1,355 | 1441.5% | 28 | 1,261 | (94) | 1,355 | 1441.5% |
| \$ 1,901 | \$ 881 | \$ 1,020 | 115.8% | 29 | \$ 1,901 | \$ 881 | \$ 1,020 | 115.8% |
| 4.34% | 2.02% | | | 30 | 4.34% | 2.02% | | |
| \$ 534 | \$ 589 | \$ (55) | -9.3% | 31 | \$ 534 | \$ 589 | \$ (55) | -9.3% |
| 1.22% | 1.35% | | | | 1.22% | 1.35% | | |

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



**WASHINGTON HOSPITAL
BALANCE SHEET**
July 2022
(In thousands)

SCHEDULE BOARD 2

| ASSETS AND DEFERRED OUTFLOWS | | | July 2022 | Unaudited June 2022 | LIABILITIES, NET POSITION AND DEFERRED INFLOWS | | | July 2022 | Unaudited June 2022 |
|---------------------------------|--|--|---------------------|------------------------|--|--|---------------------|---------------------|------------------------|
| CURRENT ASSETS | | | | | CURRENT LIABILITIES | | | | |
| 1 | CASH & CASH EQUIVALENTS | | \$ 4,361 | \$ 5,439 | 1 | CURRENT MATURITIES OF L/T OBLIG | \$ 10,310 | \$ 10,065 | |
| 2 | ACCOUNTS REC NET OF ALLOWANCES | | 78,941 | 76,757 | 2 | ACCOUNTS PAYABLE | 18,549 | 17,948 | |
| 3 | OTHER CURRENT ASSETS | | 13,595 | 13,050 | 3 | OTHER ACCRUED LIABILITIES | 65,302 | 70,463 | |
| 4 | TOTAL CURRENT ASSETS | | <u>96,897</u> | <u>95,246</u> | 4 | INTEREST | 8,154 | 10,516 | |
| | | | | | 5 | TOTAL CURRENT LIABILITIES | <u>102,315</u> | <u>108,992</u> | |
| ASSETS LIMITED AS TO USE | | | | | LONG-TERM DEBT OBLIGATIONS | | | | |
| 6 | BOARD DESIGNATED FOR CAPITAL AND OTHER | | 201,079 | 199,979 | 6 | REVENUE BONDS AND OTHER | 194,939 | 202,530 | |
| 6 | GENERAL OBLIGATION BOND FUNDS | | 18,795 | 18,778 | 6 | | | | |
| 7 | REVENUE BOND FUNDS | | 6,610 | 6,610 | 7 | GENERAL OBLIGATION BONDS | 345,546 | 345,595 | |
| 8 | BOND DEBT SERVICE FUNDS | | 20,980 | 32,494 | | | | | |
| 9 | OTHER ASSETS LIMITED AS TO USE | | 9,761 | 9,543 | OTHER LIABILITIES | | | | |
| 10 | TOTAL ASSETS LIMITED AS TO USE | | <u>257,225</u> | <u>267,404</u> | 11 | SUPPLEMENTAL MEDICAL RETIREMENT | 37,791 | 37,676 | |
| 12 | OTHER ASSETS | | 272,716 | 272,341 | 12 | WORKERS' COMP AND OTHER | 9,385 | 9,353 | |
| 13 | PREPAID PENSION | | 36,970 | 36,970 | | | | | |
| 14 | OTHER INVESTMENTS | | 15,404 | 15,386 | 15 | NET POSITION | 545,872 | 543,971 | |
| 15 | NET PROPERTY, PLANT & EQUIPMENT | | 596,105 | 600,578 | 16 | TOTAL LIABILITIES AND NET POSITION | <u>\$ 1,235,848</u> | <u>\$ 1,248,117</u> | |
| 16 | TOTAL ASSETS | | <u>\$ 1,275,317</u> | <u>\$ 1,287,925</u> | 17 | DEFERRED INFLOWS | 68,537 | 69,016 | |
| 17 | DEFERRED OUTFLOWS | | 29,068 | 29,208 | 18 | TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS | <u>\$ 1,304,385</u> | <u>\$ 1,317,133</u> | |
| 18 | TOTAL ASSETS AND DEFERRED OUTFLOWS | | <u>\$ 1,304,385</u> | <u>\$ 1,317,133</u> | | | | | |



**WASHINGTON HOSPITAL
OPERATING INDICATORS
July 2022**

| 12 MONTH AVERAGE | July | | | | | YEAR TO DATE | | | |
|------------------|---------|---------|-----------------|--------|-----------|--------------|--------|-----------------|--------|
| | ACTUAL | BUDGET | FAV (UNFAV) VAR | % VAR. | | ACTUAL | BUDGET | FAV (UNFAV) VAR | % VAR. |
| 156.3 | 160.1 | 140.6 | 19.5 | 14% | 1 | | | | |
| 10.1 | 9.3 | 9.4 | (0.1) | -1% | 2 | | | | |
| 166.4 | 169.4 | 150.0 | 19.4 | 13% | 3 | | | | |
| 7.9 | 8.9 | 7.9 | 1.0 | 13% | 4 | | | | |
| 174.3 | 178.3 | 157.9 | 20.4 | 13% | 5 | | | | |
| 2.9 | 2.8 | 2.6 | 0.2 | 8% | 6 | | | | |
| 4,752 | 4,963 | 4,358 | 605 | 14% | 7 | | | | |
| 308 | 287 | 290 | (3) | -1% | 8 | | | | |
| 815 | 853 | 791 | 62 | 8% | 9 | | | | |
| 5.71 | 5.49 | 5.51 | (0.02) | 0% | 10 | | | | |
| 1.596 | 1.599 | 1.582 | 0.017 | 1% | 11 | | | | |
| 173 | 139 | 151 | (12) | -8% | 12 | | | | |
| 25 | 26 | 28 | (2) | -7% | 13 | | | | |
| 11 | 8 | 13 | (5) | -38% | 14 | | | | |
| 178 | 168 | 173 | (5) | -3% | 15 | | | | |
| 387 | 341 | 365 | (24) | -7% | 16 | | | | |
| 202 | 180 | 220 | (40) | -18% | 17 | | | | |
| 121 | 138 | 124 | 14 | 11% | 18 | | | | |
| 7,630 | 7,299 | 7,813 | (514) | -7% | 19 | | | | |
| 4,498 | 4,799 | 4,531 | 268 | 6% | 20 | | | | |
| 1,362.0 | 1,350.4 | 1,323.8 | (26.6) | -2% | 21 | | | | |
| 198.5 | 249.9 | 230.4 | (19.5) | -8% | 22 | | | | |
| 1,560.5 | 1,600.3 | 1,554.2 | (46.1) | -3% | 23 | | | | |
| 5.19 | 5.22 | 5.55 | 0.33 | 6% | 24 | | | | |
| 5.94 | 6.18 | 6.52 | 0.34 | 5% | 25 | | | | |

PATIENTS IN HOSPITAL

OTHER KEY UTILIZATION STATISTICS

SURGICAL CASES

LABOR INDICATORS

* included in Adult and Peds Average Daily Census



Memorandum

DATE: September 7, 2022

TO: Board of Directors, Washington Township Health Care District

FROM: Kimberly Hartz
Chief Executive Officer

SUBJECT: Approval of Tentative Agreement between Washington Hospital and ESC/IFPTE Local 20 on behalf of the Clinical Dietitians

The Board of Directors at its June 21, 2021 meeting authorized the Chief Executive Officer to recognize ESC/IFPTE Local 20 as the representative for the Clinical Dietitians and to negotiate a contract with Local 20 on behalf of the Clinical Dietitians.

That process has been completed, and we are now requesting the approval and ratification of the Tentative Agreement between Washington Hospital and ESC/IFPTE Local 20. We were notified that the Clinical Dietitians voted to approve the tentative agreement based on a 6 to 2 vote in favor of approving the contract.

In accordance with District law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with signing the Tentative Agreement that was reached between Washington Hospital and ESC/IFPTE Local 20 on behalf of the Clinical Dietitians.

RESOLUTION 1244

Washington Township Health Care District, a local health care district, does hereby resolve as follows:

Attached hereto is a List of Tentative Agreements that will be incorporated into the Memorandum of Understanding by and between the designated representative of Washington Hospital, that being the Chief Executive Officer, and the **Engineers and Scientists of California, Local 20, FPTE, AFL/CIO and CLC**, hereinafter called Local 20, a recognized majority representative under the terms of Board Resolution 331A and incorporating the Clinical Dietitians who petitioned to unionize. This petition was approved by the Board of Directors at the June 21, 2021 meeting.

The terms and conditions of the attached List of Tentative Agreements will be implemented in their entirety effective upon passing of this resolution.

Passed and adopted by the Board of Directors of Washington Township Health Care District this 14th day of September, 2022:

AYES:

NOES:

ABSENT:

Jeannie Yee
President of the Washington Township
Health Care District Board of Directors

William Nicholson, M.D.
Secretary of the Washington Township
Health Care District Board of Directors

MEMORANDUM OF TENTATIVE AGREEMENT BETWEEN WASHINGTON HOSPITAL
AND IFPTE LOCAL 20 FOR CLINICAL DIETITIANS

The Parties have reached a tentative agreement, subject to ratification by the membership and ratification by the Board of Directors of Washington Hospital, on the following terms for a new Memorandum of Understanding between the Washington Hospital and ESC/IFPTE Local 20 on behalf of the Clinical Dietitians (collectively, "Parties"):

1. The Parties tentatively agree to the addition of Clinical Dietitians to the existing Memorandum of Understanding between Washington Hospital and ESC/IFPTE Local 20 effective for the period of February 1, 2021 through January 31, 2024 ("MOU").
2. Appendix D – The Parties tentatively agree to the addition of an Appendix D to the MOU consistent with the Appendix D attached hereto.
3. Section 23. Employee Representatives – The Parties tentatively agree that Article 23 is to be amended as follows:
 - A. The Union may appoint two (2) unit member representatives and two (2) alternates for each department, who will act only in the absence of the named representatives. The appointments shall be made in such manner as the Union determines, at least one of the unit member representatives in the Pharmacy and one in the Lab shall be full-time members, and the Hospital will be notified in writing of such appointments. For Therapists and Clinical Dietitians, the Union may appoint one union representative and one alternate from each department and the Hospital shall be notified in writing of such appointment.
4. Section 24. Professional Practices Committee – For staffing and scheduling of Clinical Dietitians, the Parties tentatively agree that a Professional Practice Committee will be established and function in accordance with Section 24 of the MOU.

APPENDIX D
CLINICAL DIETITIANS

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APPENDIX D – CLINICAL DIETITIANS

SECTION D7: JOB CLASSIFICATIONS

A. Minimum Qualification for a Clinical Dietitian

1. Holds Bachelor's Degree in dietetics, food and nutrition, or related area by an accredited college or university.
2. Active status as Registered Dietitian with the Commission on Dietetic Registration with the Academy of Nutrition and Dietetics.
3. Comprehensive knowledge and application of nutrition services and medical nutrition therapy.
4. Ability to communicate effectively in both written and verbal form to patients, public, and the health care team.
5. Ability to function independently on assigned patient care units.
6. Ability to counsel and educate others.
7. General knowledge of nutrient analysis, word processing, and spreadsheet software.

SECTION D8: COMPENSATION – CLINICAL DIETITIANS

Effective the first full pay period beginning after the date of ratification by the Washington Board of Directors of this Appendix D, all Clinical Dietitians shall move to an hourly pay scale based on their years of service as follows:

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Clinical Dietitian | 37.15 | 37.84 | 38.53 | 39.24 | 39.92 | 43.37 | 46.84 | 50.16 |

Effective the first full pay period beginning after the date of ratification by the Washington Board of Directors of this Appendix D, all Clinical Dietitians shall receive a 1.25% across the board increase to their applicable straight time base rate of pay from the above pay scale, retroactive to February 1, 2022 through July 31, 2022, as follows:

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Clinical Dietitian | 37.61 | 38.31 | 39.01 | 39.73 | 40.42 | 43.91 | 47.43 | 50.79 |

To be eligible for payment, the employee must be employed on the date payment is made.

Effective the first full pay period beginning after the date of ratification by the Washington Board of Directors of this Appendix D, all Clinical Dietitians shall receive another 1.25% across the board increase to the resulting straight time base rate of pay from the February 1, 2022 pay increase, with such resulting rates retroactive to August 1, 2022 through the last day of the pay period in which this Appendix D is ratified, as follows:

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Clinical Dietitian | 38.08 | 38.79 | 39.50 | 40.23 | 40.92 | 44.46 | 48.02 | 51.42 |

To be eligible for payment, the employee must be employed on the date payment is made.

Finally, effective the first full pay period beginning after the date of ratification by the Washington Board of Directors of this Appendix D, all Clinical Dietitians shall receive a 6.0% across the board increase to the resulting straight time base rate from the August 1, 2022 pay increase, as follows:

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Clinical Dietitian | 40.37 | 41.12 | 41.87 | 42.64 | 43.38 | 47.13 | 50.90 | 54.51 |

To be eligible for payment, the employee must be employed on the date payment is made.

Last Year of MOU:

Effective the first pay period beginning on or after February 1, 2023, all Clinical Dietitians shall receive a 1.25% across the board increase to the straight time base rate of pay as follows:

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Clinical Dietitian | 40.87 | 41.63 | 42.39 | 43.17 | 43.92 | 47.72 | 51.54 | 55.19 |

To be eligible for payment, the employee must be employed on the date payment is made.

Effective the first pay period beginning on or after August 1, 2023, all Clinical Dietitians shall receive a 1.50% across the board increase to the straight time base rate of pay as follows:

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Clinical Dietitian | 41.49 | 42.26 | 43.03 | 43.82 | 44.58 | 48.43 | 52.31 | 56.02 |

To be eligible for payment, the employee must be employed on the date payment is made.

Advancement to the 2nd year rate (Step 2) shall occur only if the employee has completed 1 year of eligible service in the 1st Year (Step 1) and at least 1,000 hours.

Advancement to the 3rd year rate (Step 3) shall occur only if the employee has completed 1 year of eligible service in the 2nd Year (Step 2) and at least 1,000 hours.

Advancement to the 4th year rate (Step 4) shall occur only if the employee has completed 1 year of eligible service in the 3rd Year (Step 3) and at least 1,000 hours.

Advancement to the 5th year rate (Step 5) shall occur only if the employee has completed 1 year of eligible service in the 4th Year (Step 4) and at least 1,000 hours.

Advancement to the 10th year rate (Step 6) shall occur only if the employee has completed 5 years of eligible service in the 5th Year (Step 5) and at least 5,000 hours.

Advancement to the 15th year rate (Step 7) shall occur only if the employee has completed 5 years of eligible service in the 10th Year (Step 6) and at least 5,000 hours

Advancement to the 20th year rate (Step 8) shall occur only if the employee has completed 5 years of eligible service in the 15th Year (Step 7) and at least 5,000 hours.

"Eligible Service" means years of service in the bargaining unit at Washington Hospital.

If hired at a step other than Step 1, future step progression would be as if the employee had reached that higher step through tenure.

A. Scheduling and Compensation

1. Clinical Dietitians shall be non-exempt employees.
2. Per Diem Clinical Dietitians receive no benefits, including paid sick leave. A wage differential of \$3.00 per hour will be paid in lieu thereof.
3. Called-Back Compensation

Regular full-time, regular part-time and per diem unit Clinical Dietitians shall have an unbroken rest period of twelve (12) hours between any eight (8) hour shift. All hours worked within the twelve (12) hour rest period shall be paid at the rate of time and one-half (1-1/2). This provision may be waived upon the written request of the employee and with the agreement of the Supervisor.
4. Regularly scheduled Clinical Dietitians who are asked by the Hospital to change their schedule either by coming in earlier than scheduled or later than scheduled with fewer than twenty four (24) hours' notice and who agree to do so will receive a premium of one (1) hours pay at regular straight time rates of pay.
5. Special Duty Differential

When a Clinical Dietitian is assigned to perform special duties in the absence of the Clinical Nutrition Manager, such as scheduling clinical nutrition staff, the Clinical Dietitian will be paid a special duty differential of \$2.00 per hour on top of the employee's straight time hourly rate for each hour spent performing those assigned managerial duties. Assignments to perform special duties under this section shall not be considered bargaining unit work.
6. Weekend Work

For all hours worked on a Saturday or Sunday, a weekend differential of 5% of the Employee's current base hourly rate will be paid. This weekend differential shall apply to Per Diem Clinical Dietitians.
7. Experience Credit

Initial placement for the purposes of tenure credit for all Clinical Dietitians will be established by the Hospital and implemented by the appropriate Director and Human Resources. Any employees at a lower or same step at the time of a hiring change will be appropriately adjusted.

Experience credit will be based on experience gained at a hospital accredited by the Joint Commission or Medicare accreditation.

Credit for previous experience may also include military or civilian hospitals operated by the Federal government.

8. Clinical Dietitians shall be provided access to meals in accordance with past practice.

APPENDIX D10: WORK SCHEDULES AND HOURS OF WORK

- A. The Clinical Dietitian's work week shall be designated by the Hospital and shall be a consecutive period of seven (7) days. Straight time hourly rates shall apply up to a maximum of forty (40) hours per week, eight (8) hours per day, five (5) days per week.

All work in excess of eight (8) hours per day or five (5) days per week shall be paid for at the rate of one and one-half (1-1/2) times the basic straight time hourly rate including applicable differentials.

All work in excess of twelve (12) hours in one day shall be paid for at the rate of two (2) times the basic straight time hourly rate including applicable differentials. All work on the Clinical Dietitian's seventh (7th) consecutive day of the week shall be paid for at the rate of two (2) times the basic straight time hourly rate including applicable differentials.

- B. The Hospital shall attempt to schedule two (2) consecutive days off each week but in the event it is unable to do so, no penalty pay shall be due. No Clinical Dietitian shall be required to work on the Clinical Dietitian's day off except in case of emergency. Notwithstanding the foregoing, a group of Clinical Dietitians may, by mutual agreement, institute for rotation purposes, a schedule of work not to exceed eighty (80) straight time hours over a two-week period.

- C. A schedule shall be posted on the bulletin board available to all Clinical Dietitians listing starting and quitting times and days off four (4) weeks in advance. After the schedule is posted, an employee who, for his or her own benefit, wishes to initiate a schedule change on any shift or for any pay period must find a qualified replacement. The replacement must not cause any additional overtime to the Hospital, and the proposed replacement must be pre-approved by the Hospital. When a schedule change is required because of illness, bona fide emergency or other circumstance beyond the control of the employee, management will be responsible for obtaining a replacement and communicating with all affected employees. If this schedule is changed without mutual consent within two (2) weeks of the date to be worked, the unit member will have immediate access to Step 2 of the Grievance Procedure.

- D. The Hospital will make its best efforts to provide adequate relief staffing so that the scheduling of vacation, holiday and educational leave will not be unreasonably denied.

- E. Definition of Shifts

1. A Day shift is any shift in which the majority of the regularly assigned hours are worked between 7:00 a.m. and 3:00 p.m.

A P.M. shift is any shift in which the majority of the regularly assigned hours are worked between 3:00 p.m. and 11:00 p.m.

F. Per Diem Availability: The following language is intended to govern in place of Section 9.B.3.g of the MOU for Per Diem Clinical Dietitians:

1. **Shift Availability:** Per Diem Clinical Dietitians must be available for eight (8) shifts of at least eight (8) hours for each four (4) week schedule, of which at least two (2) are weekend shifts. The Hospital may, in its sole discretion, reduce this required shift availability.
2. **Holiday Availability:** All Per Diem Clinical Dietitians are required to work at least four (4) of the seven (7) fixed holidays (Section 11.F) per calendar year, one of which must be Thanksgiving, Christmas Day, New Year's Eve or New Year's Day. All Per Diem Clinical Dietitians must be available to work one (1) shift on December 25th (Christmas Day) or January 1st (New Year's Day). Per Diem Clinical Dietitians will be required to rotate days worked each year, whereby if the employee works New Year's Day/Eve one year, the employee will work Christmas Day/Eve the next year.