



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, November 8, 2023 – 6:00 P.M.

Board Room of Washington Hospital, 2000 Mowry Avenue, Fremont and via Zoom

<https://zoom.us/j/97153057273?pwd=R2lSR0Zkc2Y5bVhBbFN0Uk5pRjUwQT09>

Passcode: 123614

Board Agenda and Packet can be found at:

[November 2023 | Washington Hospital Healthcare System \(whhs.com\)](https://www.whhs.com)

AGENDA

PRESENTED BY:

I. **CALL TO ORDER &
PLEDGE OF ALLEGIANCE**

Bernard Stewart, DDS
Board President

II. **ROLL CALL**

Cheryl Renaud
District Clerk

III. **COMMUNICATIONS**

A. Oral

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.

B. Written

IV. **CONSENT CALENDAR**

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.

Bernard Stewart, DDS
Board President

A. Consideration of Minutes of the Regular Meetings
of the District Board: October 11, 16, 23 & 25, 2023

Motions Required

V. PRESENTATIONS

A. 2024-2026 Community Health Improvement Plan

PRESENTED BY:

Angus Cochran
Chief Community Support Services

Kayla Gupta
Community Outreach Manager

B. Construction Update

Ed Fayen
Executive Vice President

C. Veterans Day Recognition

Kimberly Hartz
Chief Executive Officer

VI. REPORTS

A. Medical Staff Report

Mark Saleh, MD
Chief of Medical Staff

B. Service League Report

Sheela Vijay
Service League President

C. Quality Report: Q/E September 2023 Quality Dashboard

Mary Bowron

D. Finance Report

Thomas McDonagh
Vice President & Chief Financial Officer

E. Hospital Operations Report

Kimberly Hartz
Chief Executive Officer

F. Healthcare System Calendar Report

Kimberly Hartz
Chief Executive Officer

VII. ACTION

Motions Required

A. Consideration of 2024-2026 Health Improvement Plan

B. Consideration of Budget Amendment

C. Consideration of Resolution No. 1258 – Memorandum of Understanding between Washington Hospital and SEIU

VIII. ANNOUNCEMENTS

IX. ADJOURNMENT

Bernard Stewart, DDS
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.

Board of Directors' Meeting

October 11, 2023

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A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, October 11, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart called the meeting to order at 6:00 p.m. 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: Bernard Stewart, DDS; Michael Wallace; William Nicholson, MD; Jacob Eapen, MD; Jeannie Yee

ROLL CALL

Also present: Kimberly Hartz; Tina Nunez; Thomas McDonagh; Larry LaBossiere; Ed Fayen; Paul Kozachenko; Sri Boddu; Angus Cochran; Phoebe Chiu; Julie Ferraro; Roan Bachelder; Christine Mikkelsen, James Farr, James McGuire, MD; Mark Saleh, MD; Erica Luna; Michelle Hudson; Walter Choto; Brian Smith, MD; Dan Nardoni; Donald Pipkin; Gisela Hernandez; Kel Kanady; Kristin Ferguson; Marcus Watkins; Mary Bowron; Jason Krupp, MD; Donna Mapp; Emmanuel Rivera; Regina Sico; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting was recorded for broadcast at a later date.

The following individuals commented: Donna Mapp; Emmanuel Rivera; Regina Sico

COMMUNICATIONS: ORAL

There were no Written Communications.

COMMUNICATIONS: WRITTEN

Director Stewart presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Consideration of Minutes of the Regular Meetings of the District Board: September 13, 18, 25 & 27, 2023
- B. Consideration of Blood Bank Upgrade and Epic Build including Reporting, ED Narrator, Order Sets, Registry, and Billing for Trauma
- C. Consideration of Two Cepheid GeneXpert GXVIR2 16 Analyzers
- D. Consideration of Medical Staff: Anesthesiology Privileges
- E. Consideration of Medical Staff: Cardiology Privileges
- F. Consideration of Medical Staff: Endovascular Procedures Privileges
- G. Consideration of Medical Staff: Otolaryngology Privileges

- H. Consideration of Medical Staff: Gynecology Oncology Privileges
- I. Consideration of Medical Staff: Interventional Radiology (Non-Neuro) Privileges
- J. Consideration of Medical Staff: Obstetrical Neonatal Circumcision Privileges
- K. Consideration of Medical Staff: Ophthalmology Privileges
- L. Consideration of Medical Staff: Perfusionist Privileges
- M. Consideration of Medical Staff: Pulmonary Privileges
- N. Consideration of Medical Staff: Radiation Oncology Privileges
- O. Consideration of Medical Staff: Special Endoscopic Procedures Privileges
- P. Consideration of Medical Staff: Vertebroplasty and Kyphoplasty Privileges

Director Wallace moved that the Board of Directors approve the Consent Calendar, Items A through P. Director Yee seconded the motion.

Roll call was taken:

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

Motion Approved.

Kimberly Hartz, Chief Executive Officer, introduced Angus Cochran, Chief Community Support Services. Angus reported on Washington Hospital's participation in the 2023 Junior Livestock Auction held at the Alameda County Fairgrounds each year. Angus introduced local exhibitors: Roan Bachelder and Phoebe Chiu from Redwood 4-H who received winning bids on a 141 lb. market lamb and an 138 lb. market lamb, respectively. The Ferrario Family consisting of Amelia Ferrario, from Bayside 4H received a winning bid on a 154 lb. market lamb. Amelia's siblings Domenico and Teresa also shared their experiences in caring for these animals, along with improving their life skills, including time management, budgeting, setting goals and sportsmanship. Their mother, Ms. Julie Ferrario thanked Washington Hospital for our support in the endeavors at the Alameda County Fair. This year, Washington Hospital purchased 9 hogs, 5 lambs, 3 goats and one half steer. Meat from the purchases feeds the physicians, staff, visitors and volunteers in our café and patients on the inpatient units.

*PRESENTATION:
ALAMEDA COUNTY
JUNIOR LIVESTOCK*

Kimberly Hartz, Chief Executive Officer, introduced Ed Fayen, Executive Vice President, who presented the Construction Update on the Patient Bridge. Photographs include the positioning of the bridge connecting the Institute of Joint Restoration & Research (IJRR) building to the Morris Hyman Critical Care Pavilion. Steel braces which support the bridge were painted with a rust inhibitor. Rebar was placed and concrete was poured to complete the flooring. A sprinkler system was also installed for protection against fire. Clip fixtures are currently being fitted to form the metal framing in which the drywall will be installed. Ed Fayen also presented the expansion of the IJRR Clinic at the Garden Level. Framing for offices are being built which will create additional clinic space and new workspaces for physicians and staff.

*PRESENTATION:
CONSTRUCTION
UPDATE*

Dr. Mark Saleh, Chief of Staff, reported that there are now 608 Medical Staff members, including 340 active members. Dr. Saleh also reported that he has been successfully performing Aquablation procedures.

*MEDICAL STAFF
REPORT*

Kimberly Hartz introduced James Farr, Director of Medical Imaging Services and Christine Mikkelsen, Women's Center Coordinator, who reported on the Improvement Initiatives and Community Outreach for the Women's Center at Washington Hospital. Through regular daily and weekly discussion with the entire team, changes were made to better serve our community. By adding a second 3D tomography machine to the department in May of 2023, the amount of mammogram appointment slots nearly doubled. The addition of the second Hologic mammography machine has increased the capacity to provide screening and diagnostic mammograms as well as biopsies. The Turnaround Times from Initial Screening to Diagnostic Mammograms is now at 7.6 days, whereas the National Average is 12 days. The Turnaround Time from Diagnostic Imaging to Biopsy is now at 9.6 days, marking a 36.7% improvement.

*LEAN REPORT:
WOMEN'S CENTER*

Involvement in Community Outreach includes the 14th Annual Celebration of Life, a Family Health Fair, the 15th Annual Think Pink event, a monthly Breast Cancer Support Group and dissemination of flyers about the breast cancer program and services available at the Women's Center. October is Breast Cancer Awareness Month and pink flowers will be given to all screening mammogram patients.

Sheela Vijay, the Service League President, reported for September that there were 193 members of the Service League who contributed 1,805 hours to the Hospital. A Volunteer Orientation took place on Saturday, September 30 where 15 high school students, 15 college students and 12 adults attended.

*SERVICE LEAGUE
REPORT*

This month, Sheela worked with the ground-breaking "Nurse Unit Assist (NUA) Volunteer Program". This program is specifically crafted to help the nurses during busy times of the day by providing support and companionship to the patients, answering call lights and restocking supplies, and acting as a liaison between the clinical staff and patients.

The volunteers must complete at least four, 3-hour rigorous training sessions, which includes operating a Staxi wheelchair, confidentiality policies and interpersonal skills while maintaining a sincere and caring demeanor at all times. The NUA Program currently has 133 active volunteers, serving the Morris Hyman Critical Care Pavilion and the Emergency Department and the main hospital. The NUA Program is unique as it also prepares the next generation of young medical professionals to contribute in a health care environment.

Kimberly Hartz introduced Dr. James McGuire, Medical Director of Special care Nursery and Clinical Professor of Pediatrics at UCSF Benioff Children's Hospital Mission Bay, who presented the Annual Special Care Nursery Program Update for 2023. Dr. McGuire began with the background of the Special Care Nursery (SCN) as it was established in partnership with UCSF in March of 2014. The services include stabilization of the newborn, respiratory support, including ventilator support (until transfer), initiation of therapeutic hypothermia, IV fluids and medications, nasogastric feedings, incubators/warmers and cardiorespiratory monitoring. Dr. McGuire introduced a new staff member, Shannon Tebaldi, Special Care Nursery Nurse Educator. He reviewed the census information for 2023 and reviewed the Quality Metrics, which include Antibiotic Usage, Central Line Associated Blood Stream Infection (CLABSI) and Skin-to-Skin in SCN.

*QUALITY REPORT:
ANNUAL SPECIAL
CARE NURSERY
PROGRAM UPDATE*

Tom McDonagh, Vice President & Chief Financial Officer, presented the Finance Report for August 2023. The average daily inpatient census was 146.0 with discharges of 877 resulting in 4,526 patient days. Outpatient observation equivalent days were 382. The average length of stay was 5.47 days. The case mix index was 1.547. Deliveries were 134. Surgical cases were 475. The Outpatient visits were 8,959. Emergency visits were 4,997. Cath Lab cases were 193. Joint Replacement cases were 146. Neurosurgical cases were 28. Cardiac Surgical cases were 8. Total FTEs were 1,436.7. FTEs per adjusted occupied bed were 6.32.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for September 2023. Patient gross revenue of 189.5 million for September was unfavorable to budget by \$1 million (0.5%), and it was higher than September 2022 by \$421k (0.2%).

*HOSPITAL
OPERATIONS REPORT*

The Average Length of Stay was 5.09. The Average Daily Inpatient Census was 145.5. There were 6 discharges with lengths of stay greater than 30 days, ranging from 32-56. Still in house at the end of the month, there were 3 patients with length of stays of over 30 days and counting.

There were 4,364 patient days. There were 438 Surgical Cases and 165 Cath Lab cases at the Hospital. It was noted that there were 66 cases at the Peninsula Surgery Center in September.

Deliveries were 142. Non-Emergency Outpatient visits were 8,173. Emergency Room visits were 4,842. Total Government Sponsored Preliminary Payor Mix was

71.9%, against the budget of 71.9%. Total FTEs per Adjusted Occupied Bed were 6.14. The Washington Outpatient Surgery Center had 481 cases and the clinics had approximately 15,068 visits.

There were \$219K in charity care adjustments in September.

October Employee of the Month: Corrina Flores, Certified Nurse Assistant in Medical Imaging.

EMPLOYEE OF THE MONTH

Past Health Promotions & Community Outreach Events:

HOSPITAL CALENDAR

- September 12: When Heartburn is Acid Reflux
- September 14: City of Newark Benefits Fair
- September 16: Newark Days Parade
- September 17: Newark Days Community Info Faire
- September 19: Current Concepts in the Management of Shoulder Arthritis
- September 20: Dysphasia and Reflux Disease
- September 24: City of Fremont Disability Resource Festival
- September 26: Staying Healthy to Retirement and Beyond
- September 30: HERS Walk/Run/Yoga
- October 3: Genetic Testing for Breast Cancer Risk
- October 7: United Breast Cancer Foundation
- October 7: New Haven Schools Foundation Mutt Strut
- October 7: Acacia Creek Resident Council Street Fair
- October 7-8: Our Lady of the Rosary Parish Festival
- October 10: Optoma Technology Wellness Fair
- October 10: City of Fremont Employee Health Fair

Upcoming Health Promotions & Community Outreach Events:

- October 14: City of Newark Dia De Los Muertos
 - October 19: Anatomy-preserving Spine Surgery on Facebook Live & YouTube
 - October 21: Tattoo Removal Clinic at Washington West
 - October 24: Opening Doors to Empower Victims of Interpersonal Violence
 - October 25: WHHS Staff providing health education at Fremont Age Well Center Wellness Fair
 - October 25: Dysphasia and Reflux Disease at Acacia Creek Senior Living
 - October 26: Breast Cancer Prevention, Early Detection, and Treatment at ThermoFisher in Fremont
 - October 26: James Logan Job Expo at James Logan High School
 - November 1: Safe Same-Day Discharge after Total Hip Replacement: Straight from the Experts at Anderson Auditorium and on Facebook Live & YouTube
 - November 5: Arunay Foundation Walkathon at Quarry Lakes Regional Park
- The Washington Hospital Healthcare Foundation is excited to host 37th Annual Top Hat Gala, scheduled for Saturday, October 14, 2023. This year's Top Hat will be a

return to traditions of year's past with a lively garden cocktail reception, an elegant seated 3-course meal, a live dinner show... and more! Proceeds from this year's gala will support the expansion of the UCSF-Washington Cancer Center. More than 600 tickets have been sold to date.

The Foundation will hold its next free charitable-giving and estate-planning seminar on November 9 at 5pm in the Anderson Auditorium at Washington West. It will be held in partnership with estate planner Richard Schachtli at Hopkins Carley. This complimentary one-hour seminar is open to the public.

There were no action items.

ACTION ITEMS

There were no announcements.

ANNOUNCEMENTS

There being no further business, Director Stewart adjourned the meeting at 8:19 p.m. *ADJOURNMENT*

Bernard Stewart, DDS
President

Jeannie Yee
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, October 16, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. 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; Jacob Eapen, MD; Michael Wallace; Jeannie Yee

ROLL CALL

Also present: Kimberly Hartz; Tina Nunez; Tom McDonagh; Ed Fayen; Larry LaBossiere; Nicholas Kozachenko; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

There were no Oral Communications.

*COMMUNICATIONS
ORAL*

There were no Written Communications.

*COMMUNICATIONS
WRITTEN*

There were no Consent Calendar items for consideration.

CONSENT CALENDAR

Director Wallace moved for the adoption of Resolution No. 1257: International Union of Operating Engineers, Stationary Engineers, Local 39 Memorandum of Understanding. Director Eapen seconded the motion.

*ACTION ITEM:
CONSIDERATION OF
RESOLUTION No. 1257:
INTERNATIONAL
UNION OF OPERATING
ENGINEERS,
STATIONARY
ENGINEERS, LOCAL 39
MEMORANDUM OF
UNDERSTANDING*

Roll call was taken:

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

Motion approved.

There were no Announcements.

ANNOUNCEMENTS

Director Stewart adjourned the meeting to closed session at 6:04 p.m., as the discussion pertained to a Conference involving Trade Secrets pursuant to Health & Safety Code section 32106 (Strategic Planning Discussion). Director Stewart stated

*ADJOURN TO CLOSED
SESSION*

that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is 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 October 17, 2023. The minutes of this meeting will reflect any reportable actions.

Director Stewart reconvened the meeting to open session at 8:55 p.m. The District Clerk reported that there was no reportable action taken during closed session.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 8:56 p.m. *ADJOURNMENT*

Bernard Stewart, DDS
President

Jeannie Yee
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, October 23, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and by Teleconference. Director Stewart called the meeting to order at 7:30 a.m.

CALL TO ORDER

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

ROLL CALL

Absent: Michael Wallace

Also present: Kimberly Hartz; Shakir Hyder, MD; Mark Saleh, MD; Ranjana Sharma, MD; Aaron Barry, MD; John Romano, MD; Kranthi Achanta MD; Larry LaBossiere; Terri Hunter; Jaspreet Kaur

There were no Oral communications.

*COMMUNICATIONS:
ORAL*

There were no Written communications.

*COMMUNICATIONS
WRITTEN*

Director Stewart adjourned the meeting to closed session at 7:35 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Section 32155.

*ADJOURN TO CLOSED
SESSION*

Director Stewart reconvened the meeting to open session at 8:35 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 adjourned at 8:35 a.m.

ADJOURNMENT

Bernard Stewart, DDS
President

Jeannie Yee
Secretary

Board of Directors' Meeting

October 25, 2023

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A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, October 25, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. 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; Jacob Eapen, MD; William Nicholson, MD; Jeannie Yee

ROLL CALL

Absent: Michael Wallace

Also present: Kimberly Hartz; Larry LaBossiere; Terri Hunter; Thomas McDonagh Nicholas Kozachenko; Ed Fayen; Kim Lake, Letty Giacomazzi, Grant Hill and Valerie Davidson; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

The following persons commented: Kim Lake, Letty Giacomazzi, Grant Hill and Valerie Davidson

*COMMUNICATIONS
ORAL*

There were no Written Communications.

*COMMUNICATIONS
WRITTEN*

Director Stewart presented the Consent Calendar for consideration:

CONSENT CALENDAR

A. Consideration of Medical Staff: TransCarotid Artery Revascularization (TCAR) Privileges

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

Roll call was taken:

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

Motion Approved.

There were no action items.

ACTION ITEMS

There were no announcements.

ANNOUNCEMENTS

Director Stewart adjourned the meeting to closed session at 6:15 p.m., as the discussion pertained to reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Sections 32155, Conference with Labor Negotiators pursuant to Government Code Section 54957.6 and Conference involving Trade Secrets pursuant to Health & Safety Code section 32106. Director Stewart stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is 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 October 26, 2023. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED
SESSION*

Director Stewart reconvened the meeting to open session at 8:25 pm. The District Clerk reported that during the closed session, the Board approved the closed session meeting minutes of September 18 & 27, 2023 and the Medical Staff Credentials Committee Report by unanimous vote of all Directors present.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 8:25 pm.

ADJOURNMENT

Bernard Stewart, DDS
President

Jeannie Yee
Secretary



Memorandum

DATE: November 8, 2023

TO: Washington Township Health Care District Board of Directors

CC: Kimberly Hartz, Chief Executive Officer
Tina Nunez, VP, Ambulatory and Administrative Services

FROM: Angus Cochran, Chief, Community Support Services

SUBJECT: 2024-2026 Community Health Improvement Plan

As required by federal regulations, the Board of Directors of Washington Township Health Care District voted to accept the findings of the 2023 Community Health Needs Assessment (CHNA) on May 10, 2023. This comprehensive analysis of the health status of District residents is conducted every three years in order to determine the greatest health needs in the Tri-Cities area. The 2023 CHNA is available for download on the WHHS website at <https://www.whhs.com/about-us/community-connection/community-health-needs-assessment/>.

Based on the findings detailed in the CHNA and with input from community groups, Washington Hospital has developed a three-year Community Health Improvement Plan (CHIP). This blueprint lays out a plan of work with concrete steps to positively impact the health of residents throughout the District. The CHIP contains strategies for addressing specific health conditions and for reducing health disparities experienced by the most vulnerable populations. The CHIP has a particular focus on improving the health of the residents of Union City.

In accordance with District law, policies, and procedures, I request that the Board of Directors vote to adopt the 2024-2026 Community Health Improvement Plan.



2024 - 2026 Community Health Improvement Plan

Responding to the 2023 Community Health Needs Assessment



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DRAFT

Introduction

The Community Health Improvement Plan (CHIP) describes how Washington Hospital Healthcare System (WHHS) plans to address health needs identified in the 2023 Community Health Needs Assessment (CHNA). This implementation plan lays out a plan of work to implement strategies that will improve the health of District residents in fiscal years 2024 through 2026.

The 2023 CHNA and the 2024 – 2026 Community Health Improvement Plan were undertaken by the hospital to understand and address community health needs, and in accordance with California state law and Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. WHHS reserves the right to amend this plan as circumstances warrant. Beyond the initiatives and programs described, the hospital also addresses community health needs by providing health care to the community, regardless of patients' ability to pay.

WHHS welcomes comments from the public on the 2023 Community Health Needs Assessment and 2024 – 2026 Health Improvement Plan. Feedback may be submitted through the online Contact form (www.whhs.com/contact-us/) or emailed directly to communityoutreach@whhs.com.

Executive Summary

Washington Hospital Healthcare System is a District hospital, opened in 1958. The District encompasses 124 square miles of Southern Alameda County and is governed by an elected Board of Directors consisting of five members. WHHS serves the residents of Fremont, Newark, Union City, part of southern Hayward and unincorporated Sunol. The District's population is approximately 350,145.

Each year, WHHS provides a host of innovative and impactful community benefit programs and services for underserved and underinsured residents. The hospital's community benefit programs and activities are designed to:

- Meet the specific healthcare needs of targeted populations
- Expand availability of healthcare to those most in need
- Provide health information and education resources
- Teach participants about healthier lifestyles and the importance of staying healthy.

Washington Hospital Healthcare System conducted research for the 2023 Community Health Needs Assessment in 2022. The health system's goal was to gather community feedback, understand existing data about health status, and prioritize local health needs. Community input was obtained during the summer and fall of 2022 through key informant interviews with local health and community experts, focus groups with community leaders and representatives, and focus groups with community residents. Secondary data were obtained from a variety of sources and were gathered in fall and winter of 2022–2023.

Eight health needs were identified in the 2023 CHNA. The full 2023 Community Health Needs Assessment conducted by WHHS is available at: <https://www.whhs.com/about-us/community-connection/community-health-needs-assessment/>

Significant Health Needs Identified in the 2023 CHNA

The following significant health needs were identified in the 2023 CHNA (listed in priority order):

- **Behavioral Health:** Community members considered behavioral health an important priority, as evidenced by the fact that it was discussed at length in almost all key informant interviews and focus groups. The community noted the lack of access to behavioral health services and facilities, including information about how to access existing resources. Not surprisingly, pandemic isolation was a big concern, especially for older adults, those with medical vulnerabilities, and LGBTQIA+ residents who may already have felt disconnected from their families and are seeking connection at community centers. Parents expressed concern about alcohol and drug use by their children. In addition, adult binge drinking and 7th grade binge drinking were both found to be higher in Newark than in the county as a whole.
- **Housing & Homelessness:** With the cost of housing so expensive in the Bay Area, the community identified lack of adequate housing as a pressing health need. Community members described seeing more people struggling with their living expenses, as a direct result of housing consuming so much of a household's budget. The number of homeless people in Alameda County has increased in the last two years by 22 percent. This trend was also evident in Fremont and Union City, where the increase in people who are unsheltered was greater than in the county. Community members also noted a sizable increase in people living in cars and encampments. Compounding the problem, emergency shelter space was limited by COVID restrictions and the need for social distancing. This reduction in the number of beds has disproportionately impacted those who are escaping domestic abuse. We also know that some populations, especially Black residents, are overrepresented in the homeless population.
- **Economic Security:** The community described the high cost of living as a barrier to healthy living, and particularly highlighted the difficulty individuals with health issues, disabilities, or those experiencing homelessness have in securing employment. Focus group members also reported a sharp rise in food insecurity in summer 2022, due to inflation and the cost of living. Overall, study participants expressed concern about an increase of residents losing their housing due to economic difficulties. While most data indicators, including measures of poverty, are favorable for cities in WHHS's service area, per capita income in Newark and Union City is lower (by 6 percent and 13 percent, respectively) than the average for Alameda County. Data also show inequities by race. Overall, black, indigenous, and people of color (BIPOC) District residents have lower incomes than other racial and ethnic groups and have a higher proportion of their population living in poverty. Finally, the proportion of youth neither in school nor working is higher in Newark and Union City than in the county overall.
- **Diabetes & Obesity:** The community expressed the need not only for access to healthy food in grocery stores, but also for nutrition education in schools and communities. Additionally, participants called out the need for recreation programs to prevent diabetes and for safe spaces to recreate and walk in their neighborhoods. Diabetes and obesity met the threshold for a health need because the statistical data showed that the proportion of children who are overweight in Newark and Union City is higher than in the county and state overall. Notably, the incidence of adults with diabetes is worse in all three cities in the District, and rates of diabetes ED visits and hospitalization are issues in Union City and Newark. Also, there are inequities by race for adult obesity and diabetes.

- **Heart/Stroke:** Cerebrovascular conditions such as stroke, heart disease, and heart attack are among the top causes of death in the county. The community did not discuss heart and stroke issues specifically, but they did call out the need for recreation programs to prevent heart problems and for nutritional education for older adults. However, the quantitative data analyzed in the CHNA revealed significant disparities in the incidence of cardiac related conditions in the District. Most notably, compared to other cities in the District and the county, Union City residents have dramatically worse rates of cardiac-related emergency department visits (stroke, hypertension, and heart failure), hospitalizations (heart disease, hypertension), and mortality (acute myocardial infarction, heart disease, and ischemic heart diseases). While stroke mortality has been decreasing in Fremont and Newark, it continues to increase in Union City, where it is higher than the Healthy People 2030 benchmark.
- **Healthcare Access & Delivery:** Access to healthcare and difficulty receiving care were prominent areas of focus in the community input we received. The high cost of insurance and healthcare services was reported as being unaffordable, even for those who have coverage. Also, some community members who are employed, but have trouble making ends meet, find it difficult to qualify for Medi-Cal. Residents perceive that overall there is a relative lack of health-care facilities in southern Alameda County compared to other areas of the county. Monolingual Spanish-speaking residents described problems communicating with doctors and being unable to participate in some community health programs. Communication is also difficult for non-verbal residents, including those who are deaf/hard of hearing. LGBTQIA+ community members described recent improvements in health care delivery, but also stressed that more health professionals need to become culturally competent to serve this population. Cultural competency in healthcare is also important for those in the service area from non-Western cultures. In some cultures, for example, families make health decisions together, but clinicians often do not include family members in discussions.
- **Respiratory Health:** Statistical analysis of quantitative health data qualified respiratory health as a need in Union City. Rates of visits to the emergency department for chronic obstructive pulmonary disease (COPD) and asthma hospitalizations among adults were both higher in Union City than in Alameda County.
- **Cancer:** Cancer qualifies as a health need because of the racial/ethnic disparities that are evident in the data. The overall cancer incidence rate in the service area is worse than the Alameda County average. Data also show that the overall incidence rate for certain types of cancer is higher for White, Black, and Latinx residents than for residents of the county as a whole.

2024 – 2026 Community Health Improvement Plan

The Community Health Improvement Plan describes how WHHS plans to address the health needs identified in the 2023 CHNA and reduce health disparities that the data reveal. The CHIP describes actions WHHS intends to take, including:

- Programs and resources it will commit to improve the health of District residents
- Collaborations it will pursue with other organizations in the community to improve health outcomes

WHHS leadership and Community Outreach staff reviewed the 2023 CHNA report and based upon the data and findings selected five community health needs that the hospital can most effectively address. The following health needs will be the primary area of focus for health improvement for 2024-2026:

- Behavioral Health
- Diabetes & Obesity
- Heart/Stroke
- Healthcare Access & Delivery
- Cancer

Please note that the Ongoing Initiatives listed in the following section is not an exhaustive inventory of all the health-education outreach activities that WHHS is engaged in. The list is intended to highlight initiatives that are current priority areas. Likewise, WHHS may begin additional education and prevention programs in the next three years, as health needs evolve in the District.

Plan for Addressing Selected Health Needs

Behavioral Health Initiatives

Ongoing Initiatives

- Staff City of Fremont Mobile Evaluation Team with a WHHS social worker
- Convene South County Partnership
- Provide community health education presentations at health fairs, senior centers, schools, faith communities, and in Health & Wellness programming
- Host external advocacy groups at WHHS facilities (Narika, SAVE, Codependents Anonymous)
- Host WHHS support group for bereaved community members
- Partner with BAWAR and SAVE on patient advocacy for intimate partner violence cases that present in the ED

New Initiatives

- Conduct targeted outreach and education in Newark USD and New Haven USD on fentanyl use and Naloxone reversal agent for opioid overdose with Haller's Pharmacy
 - Provide targeted education on Mental Health and Wellbeing in schools across the District
 - Collaborate with Alameda County Behavioral Health Service Agency on opening an Outpatient Behavioral Health Clinic
 - Launch a pilot program with a Substance Use Navigator in the Emergency Department
-

Diabetes and Obesity Initiatives

Ongoing Initiatives

- Provide community health education presentations at health fairs, senior centers, schools, faith communities, and in Health & Wellness programming
- Offer affordable wellness and exercise classes for community members
- Host Diabetes Matters and diabetes support group

New Initiatives

- Implement an on-site farmer's market
 - Develop "Farmacy" partnership with TCV Food Bank and Mobile Pantry
 - Update diabetes website and online toolbox to include more healthy eating videos, translated materials, and culturally relevant nutrition education
-

-
- Conduct targeted outreach and education in Newark USD and New Haven USD on Nutrition and Healthy Eating
 - Host Diabetes Health Fairs in Danielson and Nakamura Clinics
 - Provide focused diabetes education with partners that serve the Black and Asian communities, especially faith communities
-

Heart/Stroke Initiatives

Ongoing Initiatives

- Provide community health education presentations at health fairs, senior centers, schools, faith communities, and in Health & Wellness programming on the following topics: Hypertension, Stroke, Vascular Conditions, Heart Disease and Heart Attack, Cholesterol
- Host Mended Hearts support group and stroke support group

New Initiatives

- Convene Union City Heart Health Summit, which will include education on prevention and treatment of heart conditions and clinical screenings for cholesterol, blood pressure, and aneurysm
 - Offer Stroke and Heart Disease Education for families in New Haven USD Schools
-

Healthcare Access & Delivery Initiatives

Ongoing Initiatives

- Pursue Trauma Service Designation, with trauma patients expected in 2024
- Promote Health Insurance Information Service, including services to find a doctor and navigate the healthcare system
- Continue the free Community Lymphedema Garment Program for underserved patients
- Partner with ReCARES on community DME program for patients without means

New Initiatives

- Establish a Patient Family Advisory Council comprised of former patients and family members to drive positive changes in patient experience
 - Increase culturally competent delivery of care for all populations (disability community, non-English-speaking, and non-verbal communities)
 - Educate WHHS staff across the health system on diversity, equity and inclusion best practices
 - Increase appropriate use of translation technologies
 - Broaden Health & Wellness seminar offerings and in-person speaking events to include topics in different languages
-

Cancer Initiatives

Ongoing Initiatives

- Provide community health education presentations at health fairs, senior centers, schools, faith communities, and Health & Wellness programming
- Host Cancer Support Group and Breast Cancer Support Group
- Promote free mammogram partnership with Tiburcio Vasquez Health Center
- Increase use of lung cancer screening tool for Low Dose CT through PCPs and pulmonologists
- Continue annual free skin cancer screening events

New Initiatives

-
- Complete expansion of the UCSF-Washington Cancer Center by early 2025
 - Work with UCSF to increase access to more cancer trials
 - Expand clinic partnerships for free mammogram program
 - Offer smoking and vaping health education in schools across the District
 - Create local partnerships with advocacy groups and faith organizations to reach underserved racial and ethnic groups (Tiger Lily Foundation, Afghan Coalition, Promotoras)
 - Host Men’s Health Summit in partnership with non-profits and faith organizations, with a particular emphasis on promoting preventative screenings for prostate cancer for the Black community.
-

Increased Focus on Union City for 2024-2026 Outreach Work

When looking at key statistics, it is clear that the health of District residents in Union City has failed to keep pace with Fremont and Newark. The CHNA compared each city’s statistics to Alameda County averages for 25 indicators related to four major health needs: Behavioral Health, Diabetes & Obesity, Heart/Stroke, and Respiratory Health. Fremont did better than the county on all 25 indicators. Newark did better than the county on all but six of the 25 statistics. Union City only did better than the county on about half (12) of the 25 statistics.

Community outreach work over the next three years will include additional efforts in Union City to address disparities on the following health conditions: stroke, hypertension, heart disease, acute myocardial infarction, diabetes, asthma/COPD, childhood obesity, school-age depression and alcohol/drug use. This work will be implemented in collaboration with key community partners and stakeholders throughout Union City. Some partners we plan to engage with specifically for outreach in Union City are:

- Union City Department of Human Services
- Union City Family Center
- New Haven Unified School District
- East Bay Agency for Children
- Filipino Advocates for Justice
- Centro de Servicios
- East Bay Regional Park District
- Our Lady of the Rosary Church
- St. Anne’s Catholic Church
- Southern Alameda Co. Buddhist Church

Community Needs that WHHS Plans to Address through Partnership

No health system by itself can directly address all of the health needs present in its community. Many of the social determinants of health that affect residents’ wellbeing are beyond the scope of WHHS’s activities. For three of the eight community health needs identified in the 2023 CHNA, WHHS will support residents’ health by collaborating with community-based organizations that more directly address these social issues.

- **Housing & Homelessness:** While WHHS plans to address this need through Healthcare Access & Delivery and Behavioral Health strategies, staff will also work with other community organizations in the housing and homelessness space. Below are some examples of partner organizations that WHHS collaborates with:
 - Abode Services
 - Alameda County Social Services Agency

- Bay Area Community Services (BACS)
 - Fremont Family Resource Center
 - Union City Family Center
- **Economic Security:** WHHS plans to address this need through Healthcare Access & Delivery strategies and through work with other community organizations. Below are some examples of partner organizations that WHHS will work with on Economic Security:
 - Avanzando
 - Bay Area Community Services (BACS)
 - Centro de Servicios
 - Citizens for Better Community
 - CURA
 - Daily Bowl
 - Fremont Education Foundation
 - Fremont Family Resource Center
 - Fremont Unified School District
 - Mission Valley ROP
 - New Haven Schools Foundation
 - New Haven Unified School District
 - Newark Education Foundation
 - Ohlone College
 - Second Chance
 - Tri-City Volunteers
 - Union City Family Center
 - **Respiratory Health:** The quantitative data included in the 2023 CHNA showed very few disparities in the incidence of respiratory related health conditions. For most conditions such as asthma, the incidence in the District was very similar to the county average. However, we recognize that the community continues to have concerns about respiratory health following the COVID-19 pandemic, and we intend to continue working on this issue with partner organizations within the District and countywide. Partners will include:
 - Alameda County Asthma Coalition
 - Alameda County Healthy Homes Alliance
 - American Lung Association
 - Breathe California
 - Tobacco Control Coalition of Alameda County

Approval Requested by the Board of Directors

A motion to adopt the 2024-2026 Health Improvement Plan has been placed on the agenda for the November 8, 2023 meeting of the Washington Township Health Care District Board of Directors.



WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT

September 2023



**WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
September 2023**

<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: October 31, 2023
TO: Board of Directors
FROM: Kimberly Hartz, Chief Executive Officer
SUBJECT: Washington Hospital – September 2023
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

	September <u>Actual</u>	September <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
IP Average Daily Census	145.5	152.9	156.4
Combined Average Daily Census	159.4	161.8	166.2
No. of Discharges	817	880	889
Patient Days	4,364	4,588	4,755
Discharge ALOS	5.09	5.21	5.36
<u>OUTPATIENT:</u>			
OP Visits	8,173	8,377	8,560
ER Visits	4,842	4,945	4,927
Observation Equivalent Days – OP	417	267	298

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

2. Staffing – Schedule Board 3

Total paid FTEs were above Budget. Total productive FTEs for September were 1,438.3, 11.6 (50 Fav & 62 Unfav) above the budgeted level of 1,426.7. Nonproductive FTEs were 11.8 above Budget. Productive FTEs per adjusted occupied bed were 5.46, 0.13 below the budgeted level of 5.59. Total FTEs per adjusted occupied bed were 6.24, 0.11 below the budgeted level of 6.35.

3. Income - Schedule Board 1

For the month of September, the Hospital realized Net Operating Income Gain (Loss) of (\$826,000) from Operations, a (1.77%) Margin.

Total Gross Patient Revenue of \$190,726,000 for September was \$243,000 below Budget, 0.1%.

Deductions from Revenue of \$144,846,000 were 75.94% of Total Gross Patient Revenue, below the budgeted amount of 76.94%.

Total Operating Revenue of \$46,698,000 was \$1,341,000 above the Budget by 3%.

Total Operating Expense of \$47,524,000 was higher than the Budget by \$1,118,000, (2.4%).

The Total Non-Operating Loss of \$1,311,000 for the month includes an unrealized loss on investments of \$201,000.

The Net Income Gain (Loss) for September was (\$2,137,000), which was \$478,000 above the budgeted loss of \$1,659,000, a (4.58%) Margin.

The Total Net Loss for September 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 \$1,825,000 a (3.91% Negative Margin) compared to budgeted loss of \$1,866,000 for an unfavorable variance of \$41,000.

4. Balance Sheet – Schedule Board 2

There were no noteworthy changes in assets and liabilities when compared to August 2023.

KIMBERLY HARTZ
Chief Executive Officer

KH/TM



**WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
September 2023
GASB FORMAT
(In thousands)**

September					FISCAL YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
\$ 105,321	\$ 114,027	\$ (8,706)	-7.6%	1	\$ 323,469	\$ 356,883	\$ (33,414)	-9.4%	
85,405	76,456	8,949	11.7%	2	255,513	233,904	21,609	9.2%	
190,726	190,483	243	0.1%	3	578,982	590,787	(11,805)	-2.0%	
(141,030)	(143,153)	2,123	1.5%	4	(432,805)	(443,911)	11,106	2.5%	
(3,816)	(3,410)	(406)	-11.9%	5	(12,382)	(10,575)	(1,807)	-17.1%	
(144,846)	(146,563)	1,717	1.2%	6	(445,187)	(454,486)	9,299	2.0%	
75.94%	76.94%			7	76.89%	76.93%			
45,880	43,920	1,960	4.5%	8	133,795	136,301	(2,506)	-1.8%	
818	1,437	(619)	-43.1%	9	2,799	4,310	(1,511)	-35.1%	
46,698	45,357	1,341	3.0%	10	136,594	140,611	(4,017)	-2.9%	
23,239	21,715	(1,524)	-7.0%	11	66,681	66,465	(216)	-0.3%	
7,873	7,746	(127)	-1.6%	12	24,039	23,605	(434)	-1.8%	
5,622	5,906	284	4.8%	13	17,838	18,482	644	3.5%	
5,696	5,882	186	3.2%	14	18,257	18,257	-	0.0%	
2,101	2,004	(97)	-4.8%	15	5,874	6,136	262	4.3%	
2,993	3,153	160	5.1%	16	9,333	9,505	172	1.8%	
47,524	46,406	(1,118)	-2.4%	17	142,022	142,450	428	0.3%	
(826)	(1,049)	223	21.3%	18	(5,428)	(1,839)	(3,589)	-195.2%	
-1.77%	-2.31%			19	-3.97%	-1.31%			
466	274	192	70.1%	20	1,491	850	641	75.4%	
(657)	-	(657)	0.0%	21	(1,048)	-	(1,048)	0.0%	
(2,150)	(1,710)	(440)	-25.7%	22	(5,177)	(5,074)	(103)	-2.0%	
(52)	53	(105)	-198.1%	23	54	8	46	575.0%	
-	-	-	0.0%	24	-	-	-	0.0%	
(2,047)	(600)	(1,447)	-241.2%	25	(2,047)	(600)	(1,447)	-241.2%	
1,000	-	1,000	0.0%	26	1,000	-	1,000	0.0%	
1,373	1,373	-	0.0%	27	4,269	4,269	-	0.0%	
957	-	957		28	957	-	957	0.0%	
-	-	-		29	204	-	204	0.0%	
(201)	-	(201)	0.0%	30	370	-	370	0.0%	
(1,311)	(610)	(701)	-114.9%	31	73	(547)	620	113.3%	
\$ (2,137)	\$ (1,659)	\$ (478)	-28.8%	32	\$ (5,355)	\$ (2,386)	\$ (2,969)	-124.4%	
-4.58%	-3.66%			33	-3.92%	-1.70%			
\$ (1,825)	\$ (1,866)	\$ 41	2.2%	34	\$ (6,498)	\$ (3,178)	\$ (3,320)	-104.5%	
-3.91%	-4.11%				-4.76%	-2.26%			

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



**WASHINGTON HOSPITAL
BALANCE SHEET**
September 2023
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS		September 2023	Unaudited June 2023	LIABILITIES, NET POSITION AND DEFERRED INFLOWS		September 2023	Unaudited June 2023
CURRENT ASSETS				CURRENT LIABILITIES			
1	CASH & CASH EQUIVALENTS	\$ 21,951	\$ 13,792	1	CURRENT MATURITIES OF L/T OBLIG	\$ 10,299	\$ 10,460
2	ACCOUNTS REC NET OF ALLOWANCES	67,824	66,610	2	ACCOUNTS PAYABLE	30,188	29,359
3	OTHER CURRENT ASSETS	25,782	22,509	3	OTHER ACCRUED LIABILITIES	56,642	57,874
4	TOTAL CURRENT ASSETS	<u>115,557</u>	<u>102,911</u>	4	INTEREST	4,066	10,476
				5	TOTAL CURRENT LIABILITIES	<u>101,195</u>	<u>108,169</u>
ASSETS LIMITED AS TO USE				LONG-TERM DEBT OBLIGATIONS			
5	BOARD DESIGNATED FOR CAPITAL AND OTHER	173,834	178,095	6	REVENUE BONDS AND OTHER	225,814	193,400
6	BOARD DESIGNATED FOR PENSION	0	0	7	GENERAL OBLIGATION BONDS	468,770	342,150
7	GENERAL OBLIGATION BOND FUNDS	135,010	19,399				
8	REVENUE BOND FUNDS	46,885	6,726				
9	BOND DEBT SERVICE FUNDS	16,081	34,708				
10	OTHER ASSETS LIMITED AS TO USE	9,850	9,792				
11	TOTAL ASSETS LIMITED AS TO USE	<u>381,660</u>	<u>248,720</u>	OTHER LIABILITIES			
12	OTHER ASSETS	327,399	319,098	8	SUPPLEMENTAL MEDICAL RETIREMENT	43,262	42,548
13	PREPAID PENSION	0	0	9	WORKERS' COMP AND OTHER	9,854	9,732
14	OTHER INVESTMENTS	19,924	18,952	10	NET PENSION	72,375	69,065
15	NET PROPERTY, PLANT & EQUIPMENT	573,519	576,944	11	ROU ASSET LONG-TERM	1,684	1,903
16	TOTAL ASSETS	<u>\$ 1,418,059</u>	<u>\$ 1,266,625</u>	12	NET POSITION	530,982	536,336
17	DEFERRED OUTFLOWS	64,006	70,928	13	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,453,936</u>	<u>\$ 1,303,303</u>
18	TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 1,482,065</u>	<u>\$ 1,337,553</u>	14	DEFERRED INFLOWS	28,129	34,250
				15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,482,065</u>	<u>\$ 1,337,553</u>



**WASHINGTON HOSPITAL
OPERATING INDICATORS
September 2023**

12 MONTH AVERAGE	September						FISCAL YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
156.4	145.5	152.9	(7.4)	-5%	1	ADULT & PEDIATRIC AVERAGE DAILY CENSUS	147.9	153.2	(5.3)	-3%
9.8	13.9	8.9	5.0	56%	2	OUTPATIENT OBSERVATION AVERAGE DAILY CENSUS	12.5	8.7	3.8	44%
166.2	159.4	161.8	(2.4)	-1%	3	COMBINED AVERAGE DAILY CENSUS	160.4	161.9	(1.5)	-1%
8.3	9.3	8.4	0.9	11%	4	NURSERY AVERAGE DAILY CENSUS	8.4	8.7	(0.3)	-3%
174.5	168.7	170.2	(1.5)	-1%	5	TOTAL	168.8	170.6	(1.8)	-1%
3.6	3.2	2.8	0.4	14%	6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	2.9	3.0	(0.1)	-3%
4,755	4,364	4,588	(224)	-5%	7	ADULT & PEDIATRIC PATIENT DAYS	13,611	14,092	(481)	-3%
298	417	267	150	56%	8	OBSERVATION EQUIVALENT DAYS - OP	1,151	796	355	45%
889	817	880	(63)	-7%	9	DISCHARGES-ADULTS & PEDIATRIC	2,542	2,693	(151)	-6%
5.36	5.09	5.21	(0.12)	-2%	10	AVERAGE LENGTH OF STAY-ADULTS & PEDIATRIC	5.35	5.23	0.12	2%
1.539	1.590	1.594	(0.004)	0%	11	OVERALL CASE MIX INDEX (CMI)	1.584	1.569	0.015	1%
166	164	149	15	10%	12	SURGICAL CASES	471	463	8	2%
24	19	25	(6)	-24%	13	JOINT REPLACEMENT CASES	66	83	(17)	-20%
10	8	13	(5)	-38%	14	NEUROSURGICAL CASES	28	39	(11)	-28%
101	90	95	(5)	-5%	15	CARDIAC SURGICAL CASES	323	282	41	15%
161	157	156	1	1%	16	ENDOSCOPY	485	485	-	0%
462	438	438	-	0%	16	OTHER SURGICAL CASES	1,373	1,352	21	2%
165	165	180	(15)	-8%	17	TOTAL CASES	507	548	(41)	-7%
126	142	121	21	17%	18	TOTAL CATH LAB CASES	384	388	(4)	-1%
8,560	8,173	8,377	(204)	-2%	19	DELIVERIES	24,991	25,365	(374)	-1%
4,927	4,842	4,945	(103)	-2%	20	OUTPATIENT VISITS	14,722	15,322	(600)	-4%
1,432.6	1,438.3	1,426.7	(11.6)	-1%	21	EMERGENCY VISITS	1,425.2	1,428.7	3.5	0%
202.1	206.3	194.5	(11.8)	-6%	22	PRODUCTIVE FTE'S	216.0	197.2	(18.8)	-10%
1,634.7	1,644.6	1,621.2	(23.4)	-1%	23	NON PRODUCTIVE FTE'S	1,641.2	1,625.9	(15.3)	-1%
5.32	5.46	5.59	0.13	2%	24	TOTAL FTE'S	5.38	5.63	0.25	4%
6.08	6.24	6.35	0.11	2%	25	PRODUCTIVE FTE/ADJ. OCCUPIED BED	6.20	6.41	0.21	3%
						TOTAL FTE/ADJ. OCCUPIED BED				

* included in Adult and Peds Average Daily Census



Memorandum

DATE: November 8, 2023

TO: Washington Township Health Care District Board of Directors

CC: Kimberly Hartz, Chief Executive Officer
Tina Nunez, VP, Ambulatory and Administrative Services

FROM: Angus Cochran, Chief, Community Support Services

SUBJECT: 2024-2026 Community Health Improvement Plan

As required by federal regulations, the Board of Directors of Washington Township Health Care District voted to accept the findings of the 2023 Community Health Needs Assessment (CHNA) on May 10, 2023. This comprehensive analysis of the health status of District residents is conducted every three years in order to determine the greatest health needs in the Tri-Cities area. The 2023 CHNA is available for download on the WHHS website at <https://www.whhs.com/about-us/community-connection/community-health-needs-assessment/>.

Based on the findings detailed in the CHNA and with input from community groups, Washington Hospital has developed a three-year Community Health Improvement Plan (CHIP). This blueprint lays out a plan of work with concrete steps to positively impact the health of residents throughout the District. The CHIP contains strategies for addressing specific health conditions and for reducing health disparities experienced by the most vulnerable populations. The CHIP has a particular focus on improving the health of the residents of Union City.

In accordance with District law, policies, and procedures, I request that the Board of Directors vote to adopt the 2024-2026 Community Health Improvement Plan.



Memorandum

VII., Item B.

DATE: October 24, 2023

TO: Washington Township Health Care District Board of Directors

From: Thomas McDonagh, Vice President and Chief Financial Officer

RE: Budget Amendment

The Washington Township Health Care District (“District”) has an exclusive agreement with CEP America – Anesthesia, PC d/b/a Vituity to provide anesthesia services at Washington Hospital Healthcare System under an agreement (the “PSA”). The District has a longstanding relationship with Vituity for such services. The anesthesia service is a vital and necessary component of many of the medical services Washington Hospital offers its patients.

In a hospital setting, the anesthesia service, standing alone, is not a profitable enterprise. While anesthesiologists can (and do) bill separately for their professional fees, the total amount of the professional fees anesthesiologists can collect in the hospital setting will not be enough to pay the anesthesiologists to provide the services. A hospital must ensure that the anesthesia service is available for any procedure that requires anesthesia on a 24/7 basis, regardless of whether the patient has insurance or can pay. Therefore, a hospital is required to pay a stipend to ensure the availability of anesthesiologists.

Vituity has experienced a dramatic increase in the cost of securing and retaining anesthesiologists. This reflects broader trends in the Bay Area concerning physician compensation and retention. The District has seen a high degree of turnover in its anesthesiologists over the past several years. This is not ideal for Washington Hospital’s patients and staff since this requires Vituity to shift to expensive locums tenens coverage and incur significant additional recruitment costs to find permanent replacements.

To address this situation, the District and Vituity have negotiated to increase the stipend that the District pays to Vituity by \$3.4 million for the remainder of FY 2023-2024.

District staff have thoroughly investigated the need for this additional stipend. This includes consulting with other hospitals and health systems in the Bay Area concerning the cost of their anesthesia services. District staff have determined that the amount of the stipend is consistent with the market and is what is required to recruit and retain anesthesiologists to work at Washington Hospital.

The Chief Executive Officer requests that the Board approve a budget amendment to increase the amount of the stipend the District pays to Vituity under the PSA in the amount described above.

FY24 Budget Estimate – Hospital with Amendment



WASHINGTON TOWNSHIP HEALTHCARE DISTRICT FY 2024 Budget Analysis

Including Pension Expense

(In Thousands)

	Ammended Budget FY 2024	Original Budget FY 2024	Ammendment	Actual FY 2023	Change	% Change	Actual FY 2022	Change	% Change
Total Patient Revenue	\$ 2,451,624	\$ 2,499,637	\$ (48,012)	\$ 2,337,156	\$ 114,468	4.9%	\$ 2,324,226	\$ 175,411	7.5%
Deductions from Revenue	(1,878,926)	(1,922,010)	43,084	(1,804,107)	(74,819)	-4.1%	(1,808,106)	(113,904)	-6.3%
Deductions as % of Revenue	76.64%	76.89%		77.19%		0.00%	77.79%		0.0%
Net Patient Revenue	572,698	577,627	(4,929)	533,049	39,649	7.4%	516,120	61,507	11.9%
Other Operating Income	17,259	15,401	1,858	19,018	(1,759)	-9.2%	6,572	8,829	134.3%
Total Operating Revenue	589,956	593,027	(3,071)	552,067	37,890	6.9%	522,692	70,335	13.5%
Operating Expenses									
Salaries & Wages	274,765	275,966	1,201	262,082	(12,683)	-4.8%	242,584	(33,382)	-13.8%
Employee Benefits	90,668	91,065	396	94,508	3,840	4.1%	54,720	(36,345)	-66.4%
Supplies	75,546	75,583	37	70,494	(5,052)	-7.2%	69,933	(5,650)	-8.1%
Purchased Services & Prof Fees	76,363	73,822	(2,541)	70,169	(6,194)	-8.8%	60,368	(13,454)	-22.3%
Insurance, Utilities & Other	24,142	24,693	552	19,134	(5,008)	-26.2%	20,846	(3,847)	-18.5%
Operating Expense (Excluding Depreciation)	541,485	541,129	(356)	516,387	(25,098)	-4.9%	448,451	(92,678)	-20.7%
EBITDA	48,471	51,898	(3,427)	35,680	12,792	35.9%	74,241	(22,343)	-30.1%
Depreciation	36,847	36,847	0	46,074	9,227	20.0%	46,291	9,444	20.4%
Operating Income (Loss)	11,625	15,052	(3,427)	(10,394)	22,019	211.8%	27,950	(12,898)	-46.1%
Operating Income Margin %	1.97%	2.54%		-1.88%		4.42%	5.35%		-2.8%
Total Non-Operating Inc & Exp	4,238	4,238	-	1,277	2,961	232.0%	(8,153)	12,391	152.0%
Net Income (Loss) Hospital	\$ 15,863	\$ 19,290	\$ (3,427)	\$ (9,117)	\$ 24,980	274.0%	\$ 19,797	\$ (507)	-2.6%
Devco Net Income (Loss)	790	790	-	(1,445)	2,235	154.7%	(1,433)	2,224	155.1%
WTMF Net Income (Loss)	(29,887)	(29,887)	-	(28,277)	(1,610)	-5.7%	(22,430)	(7,458)	-33.2%
Total Net Income (Loss)	\$ (13,235)	\$ (9,808)	\$ 3,427	\$ (38,839)	\$ 25,605	65.9%	\$ (4,693)	\$ (5,115)	-109.0%

RESOLUTION NO. 1258
UNITED HEALTHCARE WORKERS – WEST, SERVICE EMPLOYEES
INTERNATIONAL UNION, CTW, CLC

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

Attached hereto is a List of Amendments to the current Agreement that will be incorporated into a new Memorandum of Understanding by and between the designated representative of Washington Hospital, that being the Chief Executive Officer, and the United Healthcare Workers – West, Service Employees International Union, CTW, CLC, a recognized majority representative under the terms of Board Resolution 331A.

The terms and conditions of the attached List of Amendments will be implemented in their entirety, effective on the various dates specified within the Memorandum.

Passed and adopted by the Board of Directors of Washington Township Health Care District this 8th day of November, 2023, by the following vote:

AYES:

NOES:

ABSENT:

Bernard Stewart, DDS
President of the Washington Township
Health Care District Board of Directors

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



Memorandum

DATE: October 30, 2023

TO: Kimberly Hartz
Chief Executive Officer

FROM: John Zubiena
Chief Human Resources Officer

CC: Tina Nunez
Vice President of Ambulatory and Administrative Services

SUBJECT: UNITED HEALTHCARE WORKERS – WEST, SERVICE EMPLOYEES INTERNATIONAL UNION, CTW, CLC

Washington Hospital and the United Healthcare Workers – West, Service Employees International Union, CTW, CLC have reached an Agreement on a 3-year contract, following negotiations on a new labor contract. The union ratified the contract on Wednesday, October 25, 2023. The union consists of over 50 support positions, including EVS Workers, Dietary Workers, Central Supply Techs, Respiratory Therapists, Surgical Technicians, Unit Clerks, and Certified Nursing Assistants.

A summary of the key terms of the Agreement are as follows:

- Term – 3 years, from July 1, 2023 through June 30, 2026
- Wage Increases
 - **Year 1**
 - 6% across the board increase to base rate of pay for all positions, except Rehab Aides, retroactive to the first pay period beginning on or after July 1, 2023
 - Add Rehabilitation Aide as a classification in Appendix A of the MOU with the following wage scale for Year 1:

Classification	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
Rehabilitation Aide	\$29.17	\$30.34	\$31.55	\$32.81	\$34.12	\$35.48	\$36.90	\$38.37

For placement of incumbents, a 13% wage increase will be added to the current wage rate of each incumbent. The incumbent will then be placed on the above wage scale in the Step that is closest to that increased rate or that is commensurate with their years of experience, whichever is greater.

- **Year 2**
 - 3.35% across the board increase for all positions effective the first full pay period beginning on or after July 1, 2024
 - 3.35% across the board increase for all positions effective the first full pay period beginning on or after January 1, 2025
- **Year 3**
 - 3.35% across the board increase for all positions effective the first full pay period beginning on or after July 1, 2025
 - 3.35% across the board increase for all positions effective the first full pay period beginning on or after January 1, 2026
- Differentials
 - Evening – Increase from \$1.95 to \$2.10
 - Night – Increase from \$2.45 to \$2.75
 - Telemetry Pay – Delete the \$0.50 Telemetry Pay for shifts of less than 8 hours, and instead pay all unit members assigned to perform telemetry tech duties at the Telemetry Tech rate for “all hours worked in the performance and/or monitoring of telemetry tech duties,” regardless of shift length.
 - Preceptor Pay – Maintain preceptor premium at \$2.50, but add that it will be paid in the following circumstances:
 - For time spent by Respiratory Care Practitioners and Surgical Techs as assigned to train new hires or provide cross-training;
 - For time spent in the training and oversight of students who are pre-approved for a one-on-one preceptorship with a Respiratory Care Practitioner; and
 - For time spent in the training and oversight of students who are in a pre-approved clinical internship with Surgical Techs or Central Supply Techs.

- Floating – Add Surgical Techs as a classification eligible to float. Modify and update the related Appendix C setting forth the Like Areas for Orientation and Appendix D setting forth the Units for Float Credit.
- Lift Team and Transporters – Increase the differential from \$1.00 to \$1.50 per hour and add that the differential shall be paid to Certified Nursing Assistants in the ICU who perform lifting as their primary duty (i.e., more than 50% of their shift).
- Special Duty Differential – Increase from \$0.75 to \$0.90 per hour for Laundry Leader, Housekeeping Leader, and Transport Lead.
- Heavy Duty Differential – Consolidate the Special Care Duty with the Heavy Duty Differential such that the \$1.25 per hour. Heavy Duty differential shall be paid for all hours performing Special Care Duty assignments instead of \$1.00 per hour. (This change is made to reflect current practice.) Also, add to the definition of EVS Heavy Duty task to include “transporting trash carts to the compactor and unloading them”.
- Hours of Work
 - Weekend Off Provision – Add that the Hospital will grant benefitted employees with 25 years of service every weekend off if requested by the employee and if feasible based on patient care needs, with the exception of the Respiratory Care Department, Phlebotomists, and Telemetry Techs. The Hospital will only grant benefitted Phlebotomists and Telemetry Techs with 30 years of service every weekend off.
 - Four Day and Three Day Option – Increase the years of service requirements for regular full-time workers to be eligible to elect a regularly scheduled four shift week from 1 to 3 or more years of continuous service for night shift workers and from 3 to 5 or more years of continuous service for day and PM shift workers. Add that an employee who bids on and is accepted into a posted regular full-time position, the employee shall remain in that regular full-time position for a period of no less than one year.
 - Delete language regarding the dietary department employees who work an 8 in 8 schedule.
- Meal and Rest Breaks – Add language to Hours of Work section to provide for meal and rest breaks and to add penalty pay in accordance with California Senate Bill 1334. Update language involving the carrying of communication devices consistent with same.

- Earned Time Off
 - Revise accrual rates for ETO and ESL with per hour accrual rates instead of biweekly accrual rates to be consistent with current practice.
 - Add language to allow ESL benefits to be used “in situations when the State of California or the Hospital mandates that an employee remain out of work beyond five (5) days due to an infection or communicable disease, including COVID-19.”
 - Eliminate language that requires employees to use a minimum amount of ETO days per year.
- Leave of Absence
 - Add language providing for Kin Care Leave.
 - Add language to clarify that leave for purposes of working with SEIU may vary in length from 1 day to 6 months, and that such leave requests must be in writing.
- Educational Leave – Revise the number of regular employees who may voluntarily reduce their hours to a 4/5 or 3/5 status to attend an education program from the current 5 employees down to 2 regular employees per 20 in a department.
- Bereavement Leave –
 - Update to bring into compliance with new California law by eliminating the restriction on the two additional unpaid days of Bereavement Leave being only for employees who need to attend a funeral outside of CA or outside of 400 miles radius of hospital, and adding that such unpaid days must be taken within three (3) months of the date of the death.
 - Revise the list of individuals who qualify as “immediate family” for the purpose of taking bereavement leave to add “domestic partner” and to add “stepfather or stepmother” in place of “persons who prior to the employee’s having attained legal majority, officially stood in the place of mother or father.”
- Employee Complaints and Grievances – Delete paragraph A, Step 5, which previously provided: “No later than thirty-two (32) days after the final decision of the arbitrator, the Board of Directors of the District may, of its own motion, review the final decision of the arbitrator at Step 4, together with the entire record of the proceedings, and the Board of Directors may affirm, modify or reverse the decision of the arbitrator. Should the Board of Directors determine to reverse the decision they shall reduce to writing their reasons for so doing, and in this case, the Hospital shall bear all costs of Step 4, if any.”

- Seniority – Revise the seniority order for filling vacant positions to apply as follows:
 - Full-time, part-time, and per diem employees by job classification;
 - Full-time, part-time, and per diem employees from the department; and then
 - Full-time, part-time and per diem employees from the bargaining unit.
- Shop Stewards – Revise language to give a combined total of 8 hours of paid time per month to attend steward meetings and Labor Management meetings to up to 4 shop stewards.
- Education and Tuition Fund – Parties agree to implement designated enhancements to the jointly managed fund. They further agree that total expenditures under the fund shall not exceed the amount of available fund dollars.
- Respiratory Care Professional Development Career Ladder – Parties agree to implement a clinical ladder for Respiratory Care Practitioners, which provides for four new RCP classifications – RCP I, RCP II, RCP III, and RCP IV. The clinical ladder is to be implemented effective the first full pay period following ratification of the MOU by the Board of Directors. The new classifications are to be added to Appendix A with the following corresponding wage scales:

Classification	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
Respiratory Care Practitioner I	\$48.52	\$49.86	\$51.20	\$52.54	\$57.02	\$59.28	\$60.45	\$61.67
Respiratory Care Practitioner II	\$51.59	\$53.16	\$54.73	\$56.31	\$60.89	\$63.27	\$64.54	\$65.83
Respiratory Care Practitioner III	\$54.18	\$55.82	\$57.46	\$59.12	\$63.93	\$66.44	\$67.77	\$69.12
Respiratory Care Practitioner IV	\$56.89	\$58.61	\$60.33	\$62.08	\$67.13	\$69.76	\$71.16	\$72.58

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 - Full-time, part-time, and per diem employees from the department; and then
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Respiratory Care Practitioner III	\$54.18	\$55.82	\$57.46	\$59.12	\$63.93	\$66.44	\$67.77	\$69.12
Respiratory Care Practitioner IV	\$56.89	\$58.61	\$60.33	\$62.08	\$67.13	\$69.76	\$71.16	\$72.58

- Benefits
 - Health – Parties agree to implement the Washington Hospital Core Choice PPO Plan effective March 1, 2024 with per pay period employee contributions to be as follows:
 - Regular Full-time Employees
 - \$0 Employee only
 - \$15.00 Employee + Spouse
 - \$13.00 Employee + Child
 - \$29.00 Employee + Family
 - Regular Part-Time Employees
 - \$0 Employee only
 - \$18.00 Employee + Spouse
 - \$16.00 Employee + Child
 - \$35.00 Employee + Family
 - Full-time employees making \$75,000 or less of base annual compensation will pay no contributions.
 - Alternatively, regular employees may elect to enroll in a buy-up health plan – the Washington Hospital Choice Plus PPO Plan.
 - Dental and Vision – Maintain existing coverage, but offer regular employees the opportunity to elect to enroll in a buy-up plan.
 - For purposes of benefits only, define “regular full-time employee” as an employee who regularly works an average of 30 hours or more per week – i.e., 0.75 FTE status, and define “regular part-time employee” as an employee who regularly works 20 - 29 hours per week – i.e., 0.5 FTE status to .74 status.
 - Spousal Waiver Credit – Increase from \$70.00 to \$75.00