



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, August 14, 2024 – 6:00 P.M.

Board Room of Washington Hospital, 2000 Mowry Avenue, Fremont and via Zoom
<https://zoom.us/j/98945345933?pwd=Q66aTlkPAu0ta4fCpLXoajmqOevP1.1>

Passcode: 529472

Board Agenda and Packet can be found at:
[August 2024 | Washington Hospital Healthcare System \(whhs.com\)](https://www.wahhs.com)

AGENDA

PRESENTED BY:

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

Jacob Eapen, MD
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.

Jacob Eapen, MD
Board President

A. Consideration of Minutes of the Regular Meetings
of the District Board: July 10, 15, 22 & 24, 2024

Motion Required

B. Consideration of Medical Staff: Special Privilege:
Orthopedic Surgery, Spine Procedures

C. Consideration of Medical Staff: Change in Assist at
Surgery Privileges

V. **PRESENTATION**

- A. American Heart Association Awards: 2024 Get With The Guidelines Stroke Award & Get With The Guidelines – Coronary Artery Disease Award

PRESENTED BY:

JoAnne Pineda, Representative
American Heart Association

VI. **REPORTS**

- A. Medical Staff Report

Mark Saleh, MD
Chief of Medical Staff

- B. Service League Report

Sheela Vijay
Service League President

- C. Lean Report: Strategic Philanthropy at Washington Hospital Healthcare Foundation

Sarah Gemski
Executive Director, Foundation

- D. Quality Report: Quality Dashboard Q/E June 2024

Mary Bowron
Chief Quality Officer

- E. Finance Report

Thomas McDonagh
Vice President & Chief Financial Officer

- F. Hospital Operations Report

Kimberly Hartz
Chief Executive Officer

- G. Healthcare System Calendar Report

Kimberly Hartz
Chief Executive Officer

VII. **ACTION**

- A. Consideration of Commendation for Dr. Benn Sah, President, Board of Directors of Washington Township Hospital Development Corporation (DEVCO)

Motion Required

- B. Resolution No. 1266: Approving Best Value Contractor Selection for the Morris Hyman Critical Care Pavilion Infill Project

Motion Required

VIII. **ANNOUNCEMENTS**

IX. ADJOURN TO CLOSED SESSION

A. Conference with Legal Counsel – Anticipated
Litigation pursuant to Government Code Section
54956.9(d)(2)

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

Jacob Eapen, MD
Board President

XI. ADJOURNMENT

Jacob Eapen, MD
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, July 10, 2024 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Eapen 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: Jacob Eapen, MD; Michael Wallace; William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS

ROLL CALL

Also present: Kimberly Hartz; Larry LaBossiere; Terri Hunter; Tina Nunez; Thomas McDonagh; Angus Cochran; Betty Goodwin; Paul Kozachenko; Kel Kanady; Laura Anning; Donald Pipkin; Jeff Van Dorn; Sheela Vijay; Dr. Brian Smith; John Zubiena; Melissa Carvalho; Michelle Hudson; Dr. Aaron Barry; Jerri Randrup; Gisela Hernandez; Melissa Garcia; Marcus Watkins; Dr. Harsh Agrawal; Kristin Ferguson; Lynda Antes; Dr. Ramin E. Beygui; Sri Boddu; Shirley Ehrlich

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

OPENING REMARKS

Director Eapen 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.

There were no Oral Communications.

*COMMUNICATIONS:
ORAL*

There were no Written Communications.

*COMMUNICATIONS:
WRITTEN*

Director Eapen presented the Consent Calendar for consideration:

CONSENT CALENDAR

A. Consideration of Minutes of the Regular Meetings of the District Board:
June 12, 17, 24 & 26, 2024

B. Consideration of Purchase of Cortrak EAS Devices

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

Roll call was taken:

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

Motion Approved.

Kimberly Hartz, Chief Executive Officer, introduced Angus Cochran, Chief of Community Support Services and Betty Goodwin, Clinical Nurse Specialist, who presented the Choking First Aid Community Campaign. The goal is to educate the community on the importance of choking first aid by offering training and hands-on demonstration in a public awareness campaign. The objectives are to create a compelling call to action for training and to provide training for food service industry workers in restaurants, schools, and senior living facilities. The campaign aims to provide a minimum of 16 trainings on-site throughout the District in Fiscal Year 2025.

*PRESENTATION:
CHOKING FIRST AID
COMMUNITY
CAMPAIGN*

Choking is the 4th leading cause of unintentional injury death in the United States. 3,000 people die from choking on food each year. In 2021, the choking death rate in the U.S. was 1.6 per 100,000 people.

To commemorate one of the owners who passed away from a choking incident, the campaign began at Federico's Grill in Niles and 40 attendees were trained at this kickoff event. There have been several educational sessions held since the kickoff. Thus far, 887 people have been trained in-person and the impact has proven positive as a restaurant manager saved a life, just two weeks after such training.

Dr. Aaron Barry, Chief of Staff Elect, reported that there are 635 Medical Staff members, including 342 active members. Dr. Barry mentioned that there is an increase in Orthopedic Surgeons from UCSF, who have joined the medical staff to cover Trauma services at Washington Hospital.

*MEDICAL STAFF
REPORT*

Sheela Vijay, Service League President, reported that for the month of June, 211 volunteers contributed a total of 2,132 hours. On June 9, 2024, a New Volunteer Orientation was held with 27 individuals including 9 high school students, 13 college students and 5 adults in attendance.

*SERVICE LEAGUE
REPORT*

Sheela mentioned that the Masquerade Sale will be held on July 29, 30 and 31st.

Sheela shared her experience while serving as a No One Dies Alone (NODA) volunteer. During her shift as a volunteer, she witnessed the passing of a comfort care patient. She was working with a charge nurse who possessed a calm and professional demeanor while being compassionate and vulnerable. Sheela had a glimpse into the complexity of the nurse's role, balancing clinical expertise with empathy, striving to provide comfort even in the face of loss. She was left with a profound appreciation for the dedication and emotional resilience required in the nursing profession.

Kimberly Hartz, Chief Executive Officer, introduced Jeff Van Dorn, Director of Marketing and Patient Experience, Washington Township Medical Foundation. The Washington Township Medical Foundation holds a large presence in the community by providing over 180,000 patient visits each year throughout 20 clinic sites with over 100 medical providers. There are 198 employees that are responsible for supporting the providers and providing high quality services to the community. The Key Lean Principles are to align the organizational priorities among the different clinics with transparency and accountability with data driven improvements and standardization.

*LEAN REPORT:
IMPROVING STAFF
ENGAGEMENT AT
WASHINGTON
TOWNSHIP MEDICAL
FOUNDATION*

Mr. Van Dorn presented the performance outcomes for Employee Turnover from Fiscal Year 2022 through Fiscal Year 2024. The data showed an improvement from 41.62% to 17.91%. The performance outcome for How Well Staff Worked Together also showed improvement from 79.97% to 83.22% from February 2023 to June 2024.

Kimberly Hartz, Chief Executive Officer, introduced Dr. Ramin Beygui, Medical Director of the UCSF-WHHS Cardiac Surgery Program. Washington Hospital's affiliation with UCSF Health allows us to provide the latest in state-of-the-art technology and advanced cardiac care. Our comprehensive cardiac program includes specialties such as Cardiac Electrophysiology; Advanced Heart Failure, and Pre-Heart Transplant services. These combined services ensure that we provide a full spectrum of cardiac care.

*QUALITY REPORT:
WHHS
CARDIOTHORACIC
SURGERY PROGRAM*

Our Cardiac Surgery program data is measured by the Society of Thoracic Surgeons (STS), ensuring high standards of quality and safety. The STS Data is significant as it provides benchmarking and comparison against national standards, guiding continuous improvement in patient outcomes and care. The STS Quality Metric Improvement Goals for this next year are to decrease total operating room time, decrease total ICU hours and to decrease total length of stay.

Dr. Beygui also spoke about the Transcatheter Aortic-Valve Replacement (TAVR) program and stated that Washington Hospital is recognized as a local TAVR Center by Edwards Lifesciences. There have been 96 TAVRS performed to date, with 40 performed in 2024 thus far.

Tom McDonagh, Vice President & Chief Financial Officer, presented the Finance Report for May 2024. The average daily inpatient census was 152.1 with discharges of 923 resulting in 4,716 patient days. Outpatient observation equivalent days were 291. The average length of stay was 5.16 days. The case mix index was 1.658. Deliveries were 117. Surgical cases were 526. The Outpatient visits were 8,950. Emergency visits were 5,404. Cath Lab cases were 195. Joint Replacement cases were 195. Neurosurgical cases were 33. Cardiac Surgical cases were 16. Total

FINANCE REPORT

FTEs were 1,614.8. FTEs per adjusted occupied bed was 5.93. Overall, the net income for May was \$1,634,000.

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for June 2024. Patient gross revenue of 190.5 million for June was unfavorable to budget by \$5.7 million (2.9%), and it was higher than June 2023 by \$15.9 million (9.1%).

*HOSPITAL
OPERATIONS REPORT*

The Average Length of Stay was 5.11. The Average Daily Inpatient Census was 147.6. There were 820 Discharges that was unfavorable to budget of 956 (14.2%).

There were 4,427 patient days. There were 446 Surgical Cases and 194 Cath Lab cases at the Hospital.

Deliveries were 95. Non-Emergency Outpatient visits were 8,139. Emergency Room visits were 4,995. Total Government Sponsored Preliminary Payor Mix was 72.2%, against the budget of 72.0%. Total FTEs per Adjusted Occupied Bed were 6.27.

There were \$216K in charity care adjustments in June 2024.

July Employee of the Month is Suzanne Van De Groenekan, Coder III in Health Information Management.

*EMPLOYEE OF THE
MONTH*

Past Health Promotions & Community Outreach Events:

HOSPITAL CALENDAR

- June 15: Fremont Pride Fair – Fremont Main Public Library
- June 18: Choking First Aid – Birdhaus Beer Garden, Union City
- June 18: MyPlate Nutrition Education, Acacia Creek
- June 19: Mental Health in the LGBTQIA+ Community – Facebook Live & YouTube
- June 24: Trauma Center Ribbon Cutting Ceremony – Morris Hyman Critical Care Pavilion
- June 27: Fremont Summer Concert Series – Central Park Performance Pavilion
- July 4: City of Fremont Fourth of July Parade – Kimberly Hartz recognized as Grand Marshal of Parade
- July 7: Alameda County Fair Junior Livestock Auction

Upcoming Health Promotions & Community Outreach Events:

- July 11: Fremont Summer Concert Series – Central Park Performance Pavilion
- July 17: Stroke Education and Blood Pressure Checks – Western Allied Mechanical
- July 21: Mariachi in the Park – Shirley Sisk Grove, Newark

- July 24: Heart Valve Disorders in Adults: Types and Treatments – Facebook Live & YouTube
- July 26: Save a Life from Opioid Overdose – Acacia Creek
- August 10: BACH Ohana Health Fair – Newark Library
- August 13: Active Living: Daily Practices to Stay Healthy and Prevent Cancer – Masonic Home
- August 14: Sleep Apnea – Facebook Live & YouTube

June 24-28, 2024, Joint Commission Re-Accreditation Survey in the Laboratory.

The Foundation has raised over \$10.2 million for the UCSF-Washington Cancer Center Campaign, towards a goal of \$12 million. The campaign will help expand the UCSF-Washington Cancer Center to provide world-class cancer care for patients, under one roof and close to home. The new cancer center is set to open by early 2026.

The Foundation is accepting applications for the Dr. Albert V. Assali Scholarship, which is awarded annually to a high school senior or college student pursuing higher education in the field of medicine. Applications, which are due by July 29, can be found at whhs.com/scholarships.

The 38th Annual Top Hat Gala is set for Saturday, October 12, 2024.

There were no Announcements.

ANNOUNCEMENTS

There being no further business, Director Eapen adjourned the meeting at 8:05 p.m.

ADJOURNMENT

Jacob Eapen, MD
President

Bernard Stewart, DDS
Secretary

Board of Directors' Meeting

July 15, 2024

Page 1

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, July 15, 2024 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Eapen 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: Jacob Eapen, MD; Michael Wallace; William Nicholson, MD; Bernard Stewart, DDS;

ROLL CALL

Absent: Jeannie Yee

Also present: Kimberly Hartz; Tina Nunez; Tom McDonagh; Paul Kozachenko; Larry LaBossiere; Terri Hunter; Shirley Ehrlich

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

OPENING REMARKS

Director Eapen 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

There were no Action Items.

ACTION ITEMS

There were no Announcements.

ANNOUNCEMENTS

Director Eapen adjourned the meeting to closed session at 6:03 p.m., as the discussion pertained to Conference involving Trade Secrets pursuant to Health & Safety Code Section 32106 (Strategic Planning) and Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2). Director Eapen 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 July 16, 2024. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED
SESSION*

Director Eapen reconvened the meeting to open session at 8:57 p.m. The District Clerk reported that during closed session, the Board rejected the claim filed by Teresa G. Arellano, Elizabeth Arellano, Orlando Arellano and Omero Arellano and authorized the Chief Executive Officer to provide the claimants with the notice of rejection of claim.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Eapen adjourned the meeting at 8:57 p.m.

ADJOURNMENT

Jacob Eapen, MD
President

Bernard Stewart, DDS
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, July 22, 2024 in the Board Room at 2000 Mowry Avenue, Fremont and by Teleconference. Director Eapen called the meeting to order at 7:30 a.m.

CALL TO ORDER

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

ROLL CALL

Absent: Michael Wallace

Also present: Kimberly Hartz; Shakir Hyder, MD; Mark Saleh, MD; Ranjana Sharma, MD; Aaron Barry, MD; John Romano, MD; Brian Smith, MD; Larry LaBossiere; Jaspreet Kaur

There were no Oral communications.

*COMMUNICATIONS:
ORAL*

There were no Written communications.

*COMMUNICATIONS
WRITTEN*

Director Eapen adjourned the meeting to closed session at 7:31 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 Eapen reconvened the meeting to open session at 8:02 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 8:02 a.m.

ADJOURNMENT

Jacob Eapen, MD
President

Bernard Stewart, DDS
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, July 24, 2024 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Eapen 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: Jacob Eapen, MD; Michael Wallace; William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS

ROLL CALL

Also present: Tina Nunez; Thomas McDonagh; Larry LaBossiere; Paul Kozachenko; Kimberly Hartz; Ed Fayen; Shirley Ehrlich

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

OPENING REMARKS

Director Eapen noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website.

There were no Oral Communications.

*COMMUNICATIONS:
ORAL*

There were no Written Communications.

*COMMUNICATIONS:
WRITTEN*

Director Eapen presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Consideration of Medical Staff: Elimination of Cardiac Perfusionist Credentialing
- B. Consideration of Operating Room Trauma Capital Equipment

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

Roll call was taken:

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

Motion Approved.

There were no Action Items.

ACTION ITEMS

There were no Announcements.

ANNOUNCEMENTS

Director Eapen adjourned the meeting to closed session at 6:05 p.m., as the discussion pertained to reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Section 32155, Conference Involving Trade Secrets pursuant to Health & Safety Code Section 32106 (Strategic Planning), Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2) and Conference with Labor Negotiators pursuant to Government Code Section 54957.6. Director Eapen 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 July 25, 2024. The minutes of this meeting will reflect any reportable actions.

ADJOURN TO CLOSED SESSION

Director Eapen reconvened the meeting to open session at 8:44 p.m. The District Clerk reported that during closed session, the Board approved the closed session minutes of June 12, 17 & 26, 2024 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 Eapen adjourned the meeting at 8:44 p.m.

ADJOURNMENT

Jacob Eapen, MD
President

Bernard Stewart, DDS
Secretary



Memorandum

DATE: July 15, 2024
TO: Kimberly Hartz, Chief Executive Officer
FROM: Mark Saleh, MD, Chief of Staff
SUBJECT: MEC for Board Approval:

The Medical Executive Committee, at its meeting on July 15, 2024, approved the below-listed privileges and documents:

1. Orthopedics Surgery – Added Special Privileges: Spine Procedures

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached above-listed privileges.

Special Privilege: Orthopaedic Surgery of the spine Privileges

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with spinal column diseases, disorders, and injuries.

Qualifications

- Education/Training Completion of an ACGME or AOA accredited fellowship training program in orthopaedic surgery of the spine.
- Clinical Experience (Initial) Applicant must be able to provide documentation of the provision of service(10 cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed fellowship training during the previous year).
- Clinical Experience (Reappointment) Applicant must have provided (10 cases) representative of the scope of the privileges requested during the past 24 months.

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

Request

W/H

- Currently Granted privileges

Core

- Admit to inpatient or appropriate level of care
 - Development of plans for short-term and long-term medical and/or surgical management of patients with traumatic musculoskeletal injuries, including timing and sequencing of multiple injury management
 - Development of plans for short-term and long-term medical and/or surgical management of patients with traumatic musculoskeletal injuries, including timing and sequencing of multiple injury management
 - Management of patient throughout hospitalization
 - Order diagnostic studies and tests and interpretation of the radiographic and various imaging modality examination of the musculoskeletal system
 - Perform history and physical examination
- Procedures
- Laminectomies, laminectomies, fixation and reconstructive procedures of the spine and its contents, including instrumentation
 - Lumbar puncture
 - Scoliosis and kyphosis instrumentation
 - Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies

FPPE

W/H

- Concurrent observation of one major surgical procedure
- Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries.
- Evaluation of OPPE data collected for review of competency/performance.



Memorandum

DATE: July 15, 2024
TO: Kimberly Hartz, Chief Executive Officer
FROM: Mark Saleh, MD, Chief of Staff
SUBJECT: MEC for Board Approval:

The Medical Executive Committee, at its meeting on July 15, 2024, approved the Bylaws change regarding the Assist at Surgery privilege to make it an automatic privilege for Active and Courtesy Medical Staff members. The general Medical Staff then approved the change with 123 affirmative votes and one no vote.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the above-listed privilege.



WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
June 2024

<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: July 31, 2024

TO: Board of Directors

FROM: Kimberly Hartz, Chief Executive Officer

SUBJECT: Washington Hospital – June 2024
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

	June <u>Actual</u>	June <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
IP Average Daily Census	147.6	166.2	156.1
Combined Average Daily Census	159.1	175.7	166.9
No. of Discharges	820	956	881
Patient Days	4,427	4,986	4,761
Discharge ALOS	5.11	5.22	5.38
<u>OUTPATIENT:</u>			
OP Visits	8,139	8,479	8,589
ER Visits	5,006	5,154	5,060
Observation Equivalent Days – OP	346	284	330

Comparison of June's Actual acute inpatient statistics versus the Budget showed a lower level of Average Daily Census which translates into reduced Discharges, and lower total Patient Days. The average length of stay (ALOS), based on discharged days was better than Budget. Outpatient visits were also lower than Budget. Emergency Room visits were below Budget for the month. Outpatient observation equivalent days were higher than Budget.

2. Staffing – Schedule Board 3

Total paid FTEs were below budget. Total productive FTEs for June were 1,386.2, below the budgeted level of 1,499.0. Non-Productive FTEs were higher than budget by 57.6 FTEs. Productive FTEs per Adjusted Occupied Bed were 5.47, or 0.02 better than budget. Total FTEs per Adjusted Occupied Bed were 6.40, or 0.26 higher than budget.

3. Income - Schedule Board 1

For the month of June, the Hospital realized a Net Operating Income of \$707,000 from Operations, a 1.6% Margin.

Total Gross Patient Revenue of \$190,542,000 for June was (\$5,677,000) below Budget, (2.9%).

Deductions from Revenue totaled \$146,422,000 which equates to 76.9% blended contractual rate which was above the budgeted rate of 76.0%.

Total Operating Revenue of \$45,233,000 was (\$3,275,000) or (6.8%) below the Budget.

Total Operating Expense of \$44,526,000 was lower than the Budget by \$3,310,000, 6.9%.

The Total Non-Operating Gain of \$2,671,000 for the month includes an unrealized gain on investments of \$635,000.

The Net Income for June was \$3,378,000, a 7.5% Margin, and was \$2,615,000 above the Budgeted Net Income of \$763,000.

The Total Net Gain for June 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 \$2,491,000 (a 5.51% Margin) compared to Budgeted Income of \$549,000 for a favorable variance of \$1,942,000.

4. Balance Sheet – Schedule Board 2

There were no noteworthy changes in assets and liabilities when compared to May 2024.

KIMBERLY HARTZ
Chief Executive Officer

KH/TM



WASHINGTON HOSPITAL
BALANCE SHEET
 June 2024
(In thousands)

ASSETS AND DEFERRED OUTFLOWS			June 2024	Unaudited June 2023	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			June 2024	Unaudited June 2023
CURRENT ASSETS					CURRENT LIABILITIES				
1	CASH & CASH EQUIVALENTS	\$ 23,537	\$ 13,792	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,425	\$ 10,460		
2	ACCOUNTS REC NET OF ALLOWANCES	73,771	66,153	2	ACCOUNTS PAYABLE	41,190	28,901		
3	OTHER CURRENT ASSETS	<u>25,555</u>	<u>21,749</u>	3	OTHER ACCRUED LIABILITIES	58,956	57,874		
4	TOTAL CURRENT ASSETS	<u>122,863</u>	<u>101,694</u>	4	INTEREST	13,961	10,476		
				5	TOTAL CURRENT LIABILITIES	<u>123,532</u>	<u>107,711</u>		
ASSETS LIMITED AS TO USE					LONG-TERM DEBT OBLIGATIONS				
5	BOARD DESIGNATED FOR CAPITAL AND OTHER	180,885	178,095	6	REVENUE BONDS AND OTHER	224,753	193,400		
6	BOARD DESIGNATED FOR PENSION	0	0	7	GENERAL OBLIGATION BONDS	468,300	342,150		
7	GENERAL OBLIGATION BOND FUNDS	131,846	19,399						
8	REVENUE BOND FUNDS	48,613	6,726						
9	BOND DEBT SERVICE FUNDS	35,694	34,708						
10	OTHER ASSETS LIMITED AS TO USE	<u>10,342</u>	<u>9,792</u>						
11	TOTAL ASSETS LIMITED AS TO USE	<u>407,380</u>	<u>248,720</u>	OTHER LIABILITIES					
12	OTHER ASSETS	354,796	319,097	8	SUPPLEMENTAL MEDICAL RETIREMENT	41,143	42,548		
13	PREPAID PENSION	0	0	9	WORKERS' COMP AND OTHER	10,389	9,732		
14	OTHER INVESTMENTS	23,784	20,166	10	NET PENSION	52,379	69,065		
15	NET PROPERTY, PLANT & EQUIPMENT	567,806	576,944	11	ROU ASSET LONG-TERM	8,124	1,903		
16	TOTAL ASSETS	<u>\$ 1,476,629</u>	<u>\$ 1,266,621</u>	12	NET POSITION	552,986	536,790		
17	DEFERRED OUTFLOWS	37,668	70,928	13	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,481,606</u>	<u>\$ 1,303,299</u>		
18	TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 1,514,297</u>	<u>\$ 1,337,549</u>	14	DEFERRED INFLOWS	32,691	34,250		
				15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,514,297</u>	<u>\$ 1,337,549</u>		



WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
June 2024
GASB FORMAT
(In thousands)

June					FISCAL YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
\$ 111,023	\$ 119,433	\$ (8,410)	-7.0%	1	\$ 1,384,272	\$ 1,497,063	\$ (112,791)	-7.5%	
79,519	76,786	2,733	3.6%	2	1,028,837	923,118	105,719	11.5%	
190,542	196,219	(5,677)	-2.9%	3	2,413,109	2,420,181	(7,072)	-0.3%	
(143,862)	(145,574)	1,712	1.2%	4	(1,813,732)	(1,803,599)	(10,133)	-0.6%	
(2,560)	(3,573)	1,013	28.4%	5	(43,017)	(43,884)	867	2.0%	
(146,422)	(149,147)	2,725	1.8%	6	(1,856,749)	(1,847,483)	(9,266)	-0.5%	
76.85%	76.01%			7	76.94%	76.34%			
44,120	47,072	(2,952)	-6.3%	8	556,360	572,698	(16,338)	-2.9%	
1,113	1,436	(323)	-22.5%	9	11,645	17,285	(5,640)	-32.6%	
45,233	48,508	(3,275)	-6.8%	10	568,005	589,983	(21,978)	-3.7%	
21,604	22,893	1,289	5.6%	11	271,292	274,765	3,473	1.3%	
5,594	7,436	1,842	24.8%	12	89,124	90,668	1,544	1.7%	
5,846	5,973	127	2.1%	13	75,214	75,546	332	0.4%	
6,814	6,451	(363)	-5.6%	14	75,563	76,364	801	1.0%	
925	2,080	1,155	55.5%	15	20,430	24,141	3,711	15.4%	
3,743	3,003	(740)	-24.6%	16	39,638	36,847	(2,791)	-7.6%	
44,526	47,836	3,310	6.9%	17	571,261	578,331	7,070	1.2%	
707	672	35	5.2%	18	(3,256)	11,652	(14,908)	-127.9%	
1.56%	1.39%			19	-0.57%	1.97%			
(584)	282	(866)	-307.1%	20	6,742	3,387	3,355	99.1%	
(91)	-	(91)	0.0%	21	(1,741)	-	(1,741)	0.0%	
(336)	(1,701)	1,365	80.2%	22	(19,973)	(20,344)	371	1.8%	
299	137	162	118.2%	23	1,529	634	895	141.2%	
-	-	-	0.0%	24	6,786	-	6,786	0.0%	
-	-	-	0.0%	25	(2,091)	(600)	(1,491)	-248.5%	
1,043	-	1,043	0.0%	26	4,291	4,535	(244)	-5.4%	
1,373	1,373	-	0.0%	27	16,626	16,626	-	0.0%	
332	-	332		28	3,488	-	3,488	0.0%	
-	-	-		29	204	-	204	0.0%	
635	-	635	0.0%	30	3,588	-	3,588	0.0%	
2,671	91	2,580	2835.2%	31	19,449	4,238	15,211	358.9%	
\$ 3,378	\$ 763	\$ 2,615	342.7%	32	\$ 16,193	\$ 15,890	\$ 303	1.9%	
7.47%	1.57%			33	2.85%	2.69%			
\$ 2,491	\$ 549	\$ 1,942	353.7%	34	\$ 9,357	\$ 13,190	\$ (3,833)	-29.1%	
5.51%	1.13%				1.65%	2.24%			

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



**WASHINGTON HOSPITAL
OPERATING INDICATORS**

June 2024

12 MONTH AVERAGE	June						FISCAL YEAR TO DATE				
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
	<u>PATIENTS IN HOSPITAL</u>										
156.1	147.6	166.2	(18.6)	-11%	1	ADULT & PEDS AVERAGE DAILY CENSUS	156.1	163.9	(7.8)	-5%	
10.8	11.5	9.5	2.0	21%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	10.8	9.0	1.8	20%	
166.9	159.1	175.7	(16.6)	-9%	3	COMBINED AVERAGE DAILY CENSUS	166.9	172.9	(6.0)	-3%	
7.9	6.4	8.2	(1.8)	-22%	4	NURSERY AVERAGE DAILY CENSUS	7.9	8.7	(0.8)	-9%	
174.8	165.5	183.9	(18.4)	-10%	5	TOTAL	174.8	181.6	(6.8)	-4%	
3.5	1.7	5.9	(4.2)	-71%	6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.5	3.6	(0.1)	-3%	
4,761	4,427	4,986	(559)	-11%	7	ADULT & PEDS PATIENT DAYS	57,134	59,991	(2,857)	-5%	
330	346	284	62	22%	8	OBSERVATION EQUIVALENT DAYS - OP	3,965	3,307	658	20%	
881	820	956	(136)	-14%	9	DISCHARGES-ADULTS & PEDS	10,566	11,479	(913)	-8%	
5.38	5.11	5.22	(0.11)	-2%	10	AVERAGE LENGTH OF STAY-ADULTS & PEDS	5.38	5.23	0.15	3%	
	<u>OTHER KEY UTILIZATION STATISTICS</u>										
1.593	1.630	1.488	0.142	10%	11	OVERALL CASE MIX INDEX (CMI)	1.593	1.542	0.051	3%	
	<u>SURGICAL CASES</u>										
188	153	187	(34)	-18%	12	ORTHOPEDIC CASES	2,257	2,326	(69)	-3%	
27	30	24	6	25%	13	NEUROSURGICAL CASES	321	342	(21)	-6%	
12	18	8	10	125%	14	CARDIAC SURGICAL CASES	148	147	1	1%	
33	30	39	(9)	-23%	15	VASCULAR CASES	395	460	(65)	-14%	
115	119	106	13	12%	16	ENDOSCOPY CASES	1,381	1,254	127	10%	
97	96	103	(7)	-7%	17	OTHER SURGICAL CASES	1,163	1,110	53	5%	
472	446	467	(21)	-4%	18	TOTAL CASES	5,665	5,639	26	0%	
178	194	201	(7)	-3%	19	TOTAL CATH LAB CASES	2,128	2,404	(276)	-11%	
122	95	123	(28)	-23%	20	DELIVERIES	1,464	1,536	(72)	-5%	
8,589	8,139	8,479	(340)	-4%	21	OUTPATIENT VISITS	103,069	100,995	2,074	2%	
5,060	5,006	5,154	(148)	-3%	22	EMERGENCY VISITS	60,723	60,792	(69)	0%	
	<u>LABOR INDICATORS</u>										
1,428.5	1,386.2	1,499.0	112.8	8%	23	PRODUCTIVE FTE'S	1,428.5	1,469.2	40.7	3%	
211.8	234.4	176.8	(57.6)	-33%	24	NON PRODUCTIVE FTE'S	211.8	186.9	(24.9)	-13%	
1,640.3	1,620.6	1,675.8	55.2	3%	25	TOTAL FTE'S	1,640.3	1,656.1	15.8	1%	
5.25	5.47	5.49	0.02	0%	26	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.25	5.54	0.29	5%	
6.03	6.40	6.14	(0.26)	-4%	27	TOTAL FTE/ADJ. OCCUPIED BED	6.03	6.25	0.22	4%	

**BOARD OF DIRECTORS
WASHINGTON TOWNSHIP HEALTH CARE DISTRICT**

RESOLUTION NO. 1266

**APPROVING BEST VALUE CONTRACTOR SELECTION FOR THE MORRIS
HYMAN CRITICAL CARE PAVILION INFILL PROJECT**

RECITALS

Section 1. WHEREAS:

1. The Washington Township Health Care District (the “District”) has been duly and regularly established and exists pursuant to the provisions of the Local Health Care District Law, California Health and Safety Code §§ 32000 *et seq.*; and
2. In 2000, the Washington Township Health Care District Board of Directors developed a long-range master plan to guide the development of our main medical campus to the year 2030 to ensure safe, reliable, quality hospital facilities that will meet the health care needs of our community for the future; and
3. Phase 1 of the Facilities Master Plan was completed with the construction of the Consolidated Central Plant Project in December 2011 and the opening of the Center for Joint Replacement building in May 2012; and
4. Phase 2 of the Facilities Master Plan was completed with the opening in November 2018 of the Morris Hyman Critical Care Pavilion (the “Pavilion”), which is a 224,800 square-foot medical facility that is home to Washington Hospital’s Emergency Department, Critical Care, Telemetry, Intermediate Care and Oncology/Medical-Surgical units; the state-of-the-art, three-story facility is built on the most sophisticated base isolation system, making it one of the most seismically safe structures in the southeast Bay Area; and
5. Phase 3 of the Facilities Master Plan is currently being developed, is to be completed in time for a state seismic deadline of 2030, and includes (1) construction of a new seismically safe building adjacent to the Pavilion and (2) infill of the empty shell space on the first and ground floors of the Pavilion (the “Project”), which would house the Hospital’s operating room suites including hybrid ORs, recovery room, pharmacy, and radiology (including CT, MRI and ultrasound); and
6. Phase 3 is funded by Measure XX, approved by voters on November 3, 2020, which permitted Washington Township Health Care District to authorize \$425,000,000 in bonds; and
7. The Project is subject to the jurisdiction of the California Department of Health Care Access and Information (“HCAI”), formerly known as the Office of Statewide Health

Planning and Development (“OSHPD”), which is widely regarded as a strict state supervisory agency with high standards for enforcing seismic safety, plans and specifications, and having the mandate that hospital construction meet seismic standards to withstand earthquake forces and maintain operations following earthquake events; and

8. Hospital construction is unique, not only in the degree of oversight and supervision by HCAI, but also in the nature of the design and construction required to meet seismic safety standards and the intent and goals of the seismic safety laws, including the structural and non-structural elements within hospitals, which places a premium on coordination of the design and construction of interior mechanical, electrical and plumbing systems, using techniques such as Building Information Modeling; and
9. The Project comprises renovation to the Pavilion, which:
 - a. is an occupied, OSHPD 1, acute care building;
 - b. is a base isolated building, which affects how all utilities, structural changes, elevators and travel pathways for the Project can be built, including how to upgrade the basement structure to accommodate the 7.3 ton magnet of the MRI;
 - c. was built according to a since-revised version of the California Building Standards Code (Title 24 of the California Code of Regulations); and
10. The Project is subject to the requirements of the California Code of Regulations, Title 22, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies; and
11. Accommodations for the Project have been previously made, such as prior installation of structures and systems as part of the Patient Bridge project, prior installation of firewalls and fire suppression systems, and prior modification of the outside wall to bring an MRI magnet into the Pavilion; and
12. The Project includes building state-of-the-art acute care facilities that provide highly technical, advanced-technology services for university physicians; and
13. The Project includes building state-of-the-art Operating Rooms, including (1) hybrid operating rooms that utilize fixed, advanced imaging/catheterization laboratory equipment within the operating rooms themselves, (2) operating rooms with booms and advanced endoscopic equipment, (3) operating rooms that utilize computer-assisted navigation systems, and (4) operating rooms that utilize advanced robotic operating systems, all of which requires working with and coordinating work in conjunction with multiple advanced technology vendors; and
14. The Project includes building state-of-the-art Imaging Departments, including MRI, CT, nuclear medicine, ultrasound and fluoroscopy/radiology, all of which requires working with and coordinating work in conjunction with multiple advanced imaging vendors; and

15. The Project includes building a state-of-the-art Pharmacy Department that utilizes sterile hood systems used for the admixing of chemotherapy and other advanced therapeutic formulations; and
16. The Project includes building state-of-the-art Central Sterile Processing Departments, including the installation of advanced sterilization processing equipment of various agents and capabilities, which requires use of techniques and processes to maintain sterility; and
17. The Project includes provision of sterile environments for patients, staff, and doctors, which requires use and understanding of sterile technique and its components, processes, and concepts; and
18. Construction of the Project will involve working above, below, and adjacent to patients, staff, and doctors, which requires cognizance of noise levels, implementation and maintenance of Infection Control measures, and Interim Fire Life Safety measures; and
19. The Project includes utility tie-ins of electrical switchgear with back-up generator power source and chilled water loops with remote HVAC systems located in affiliated Central Plant and tunnels; and
20. The Project includes tie-ins with medical gasses, nurse call, security, electrical, and relocation of multiple Uninterruptable Power Supplies (UPS) serving existing building operations, which require completion without interruption to ongoing acute care operations; and
21. The Project includes handling infection control related issues with acute care facility mechanical systems (specifically, Legionella testing and remediation); and
22. The Project includes procurement and installation of High-Density storage equipment, taking into account site conditions such as slab levelness and structural requirements; and
23. The Project requires advanced scheduling and planning techniques to provide the most efficient implementation of activities and minimization of disruption to operational areas; and,
24. California statutes governing the University of California, community colleges, counties, and certain school districts, provide for a “best value” public works construction contractor selection method that weighs bidders’ qualifications and proposed price; this method is fair and competitive where the qualifications criteria are objective and apply equally to each bidder’s experience, competency, capability, and capacity to complete projects of similar size, scope, or complexity; and
25. The District is undertaking a statutorily-authorized prequalification process wherein, based on a standardized questionnaire, the District will evaluate potential bidders’ qualifications including their financial condition, relevant experience to complete projects

of similar size, scope, and complexity, demonstrated management competency, labor and other regulatory compliance, safety record, and capacity to obtain all required payment and performance bonds, as well as meet insurance requirements. Applicants must attain a score that exceeds a minimum threshold.

26. The District may, in the judgment of staff, continue the prequalification process to result in creating a short list of firms eligible to submit price proposals in a subsequent competitive process; and
27. Best value procurement, which involves the owner considering price proposals and contractor qualifications, has been successfully implemented by many California public entities on construction projects of varying size, cost, and difficulty; and
28. There are sufficient facts for the Board of Directors of the Washington Township Health Care District to find that traditional “low bid” procurement is incongruous with the public interest and by implementing a best value procurement method that takes into account the relative qualifications of the bidders to perform the complex work of the Project in its unique conditions is in the best interest of the public;
29. There are sufficient facts for the Board of Directors of the Washington Township Health Care District to find that using the best value procurement method authorized by this Resolution is warranted and justified for selecting the construction contractor to build the Project.

Section 2. NOW, THEREFORE, IT IS RESOLVED as follows:

1. The above-recited facts are true and correct.
2. The complexity of the Project, including the specialized knowledge, experience, and capabilities required of a public works construction contractor to complete the Project timely, effectively, and with due consideration to the acute care services that will be provided concurrently with and adjacent to construction of the Project, justifies adopting a selection process to choose the construction contractor that values contractors’ experience, expertise, and proven track record.
3. The complexity of the Project increases risks of all types, including the risk of delays, which a highly qualified contractor is more likely to effectively resolve in the public’s best interest, thereby reducing project costs and expediting the completion of the project.
4. The time-sensitive nature of the Project, including state seismic deadline of 2030, justifies a selection process that values contractors’ experience, expertise, and proven track-record for timely project completion.
5. Building the Project entails the oversight and jurisdiction of the HCAI, which justifies using a selection process that considers contractor experience with similar circumstances, various permitting requirements, and highly-regulated construction projects.

6. The complexity of the Project, the time-sensitive nature of the Project, and the oversight and jurisdiction of the HCAI, justify a construction contractor selection procedure that scores quality, qualifications, precision, and timeliness.
7. The District's use of the best value procurement process to select the construction contractor for the Project, as authorized by this Resolution, will be fair and competitive; guard against favoritism, improvidence, extravagance, fraud, and corruption; prevent the waste of public funds; and obtain the best economic result for the public.
8. Based upon the foregoing facts, this Board finds that use of the best value procurement process to select the construction contractor for the Project is in the best interest of the District and the public and the most prudent method of expenditure of bond funds towards completion of the Project.
9. Based upon the foregoing facts, this Board finds that awarding the Project contract to the responsible bidder submitting the lowest responsive bid, in strict compliance with competitive bidding requirements, would be an incongruity and run contrary to the public interests usually protected by the competitive bidding requirements and would not produce any advantage over the best value procurement method authorized by this Resolution, and that strict compliance with competitive bidding requirements therefore is undesirable and impractical and that it is in the public interest for the District to move forward with use of the best value procurement process to select the construction contractor for the Project.

Section 3. NOW, THEREFORE, based on the findings stated above, this Board authorizes the following actions:

1. The District will implement a best value process whereby the selected bidder may be chosen on the basis of objective criteria for evaluating the qualifications of bidders, with the resulting selection representing the best combination of price and qualifications.
2. The initial prequalification process will result in creating a short list of firms eligible to submit qualifications and price proposals in a subsequent competitive process. If time and circumstances permit, staff may conduct a further prequalification process to narrow the short list to three proposers.
3. Bidders will submit two sealed envelopes, the first containing their qualifications, the second containing their price proposal for the Project.
4. The District will appoint an objective panel to score qualifications using a formula to calculate a qualification score based on published objective criteria. The cost or price information submitted by the bidders shall not be revealed to the committee evaluating the qualifications.

5. To determine the best value bid, the District shall divide each bidder's price by its qualifications score. The lowest resulting cost will represent the best value bid.
6. The District may implement a best value procurement process to award a contract for construction of the Project to the contractor submitting the lowest, best value bid.

PASSED AND ADOPTED by the Board of Directors of WASHINGTON TOWNSHIP HEALTH CARE DISTRICT this ___ day of ____, 2024, by the following votes:

AYES:

NOES:

ABSENT:

JACOB EAPEN, MD
President of the Washington Township
Health Care District Board of Directors

BERNARD STEWART, DDS
Secretary of the Washington Township
Health Care District Board of Directors