



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 13, 2024 – 6:00 P.M.

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

<https://zoom.us/j/95157123321?pwd=7LgqMVoGmGDDeNDZdr9ITzcM22gNVj.1>

Password: 145502

Board Agenda and Packet can be found at:

[November 2024 | Washington Hospital Healthcare System](#)

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
<i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i> | |
| | B. Written | |
| IV. | CONSENT CALENDAR
<i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | Jacob Eapen, MD
Board President |
| | A. Consideration of Minutes of the Regular Meetings of the District Board: October 9, 21, 23 & 28, 2024 | <i>Motion Required</i> |

V. **PRESENTATIONS**

A. Veteran's Day Recognition

PRESENTED BY:

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: Annual Special Care Nursery Program Update

James McGuire, MD
Medical Director, Special Care Nursery

D. Finance Report

Thomas McDonagh
Vice President & Chief Financial Officer

E. Hospital Operations Report

Kimberly Hartz
Chief Executive Officer

VII. **ACTION**

A. Consideration of Potential Parcel Tax

Motion Required

VIII. **ANNOUNCEMENTS**

IX. **ADJOURN TO CLOSED SESSION**

A. Conference Involving Trade Secrets pursuant to Health & Safety Section Code 32106

- Strategic Planning

B. Conference Involving Personnel Matters: Chief Executive Officer

Board of Director's Meeting

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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, October 9, 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; Thomas McDonagh; Larry LaBossiere; Terri Hunter; Tina Nunez; Paul Kozachenko; Angus Cochran; Jerri Randrup; Tammi Tyson; Addie Hofmann; Dianne Martin, MD; Harsh Agrawal, MD; Brian Smith, MD; Mary Bowron; Maxime Rooney; Lynda Antes; Mark Saleh, MD; Lilly Stern; Jason Krupp, MD; Brandon Scholl; Sheela Vijay; Cassidy Agustin; Felipe Villanueva; Roan Bachelder; Walter Choto; Melissa Garcia; John Zubiena; Donald Pipkin; John Lee; Fred Pottschmidt; Marcus Watkins; Dan Nardoni; Semone Clark; Laura Anning; Kel Kanady; Sri Boddu; Cheryl Renaud; 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: September 11, 16, 23 & 25, 2024
- B. Consideration of Purchase of Belmont Rapid Infuser
- C. Consideration of Enterprise Storage Upgrade

Director Wallace moved that the Board of Directors approve the Consent Calendar, Items A-C. Director Nicholson 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.

Kimberly Hartz, Chief Executive Officer, introduced Dr. Harsh Agrawal, Medical Director of the Structural Heart Program who provided a presentation regarding the Watchman Device with Lynda Antes, Director, Cardiac and Vascular Surgery Program.

*PRESENTATION:
STRUCTURAL HEART
PROGRAM:
WATCHMAN DEVICE*

Dr. Agrawal began his presentation by explaining the Watchman Device and how it can reduce the risk of stroke in patients. The Watchman Device is a small implant that prevents blood clots forming in the left atrial appendage of the heart.

Atrial Fibrillation (AFib) is an irregular heartbeat that affects the heart's ability to pump regularly which can increase the risk of stroke. The Watchman Device is indicated for patients for non-valvular atrial fibrillation who are at increased risk of stroke and recommended for anticoagulation therapy. Patients are to be deemed suitable for Coumadin and have an appropriate rationale to seek a non-pharmacologic alternative to oral anti-coagulants, such as falls, bleeding, non-compliance and playing risky sports. The insertion of this device is performed in the Cath Lab utilizing Xray and Ultrasound.

The benefits of the Watchman Device include life long stroke reduction, reduction in long term pharmaceutical costs and improved quality of life without requiring blood thinning medication or frequent blood tests. There are about 10 Watchman Programs in the Bay Area and surrounding communities. Washington Hospital has the only program in Southern Alameda County.

Kimberly Hartz, Chief Executive Officer, introduced Angus Cochran, Chief Community Support Services. Angus reported on Washington Hospital's participation in the 2024 Junior Livestock Auction held at the Alameda County Fairgrounds each year. Washington Hospital began this project with Alameda County Supervisor Scott Haggerty and carries on the tradition with Alameda County Supervisor David Haubert. Washington Hospital is the number one bidder at the auction each year. This year 15 hogs, 4 lambs, and portions of 2 steers were purchased. Angus introduced local exhibitors: Lily Stern, Roan Bachelder and Adalyn Hofmann. Lily, Roan and Adalyn each shared their experiences in caring for these animals, along with improving their life skills, including time management, budgeting and setting goals and sportsmanship.

*PRESENTATION:
ALAMEDA COUNTY
JUNIOR LIVESTOCK
PROGRAM*

The meat from the purchase feeds the physicians, staff, visitors and volunteers in the café and patients on the inpatient units.

Dr. Mark Saleh, Chief of Medical Staff, reported that there are 658 Medical Staff members, including 347 active members. The Quarterly Medical Staff Luncheon took place on September 27 and was well attended. Dr. Saleh stated that the Medical Staff is looking forward to raising funds at the Top Hat event on Saturday, October 12, 2024.

*MEDICAL STAFF
REPORT*

Sheela Vijay, Service League President, stated that for the month of September, 226 Service League volunteers contributed a total of 1,943 hours.

*SERVICE LEAGUE
REPORT*

Sheela and Evangeline Imana-Iyemura, Director of Volunteer Services, attended the California Association of Hospitals and Health Systems (CAHHS) meeting on September 14 and 15 in San Diego. Sheela reported that it was an informative experience that provided a wealth of ideas to improve services. Evangeline and Sheela participated in a panel discussion focused on the reopening and success of the Gift Shop post Covid-19 Pandemic, where they discussed strategies and challenges.

Washington Hospital was a supporter of New Haven Schools Foundation's annual fundraiser "Mutt Strut" on Saturday, September 28, 2024. The Service League participated to help promote the WOOF Dog Therapy Volunteer Program. Ember, one of Washington Hospital's Woof Therapy Dogs, along with her handler, Theresa Peters, participated in this event. Ember won the Hot Dog Eating Contest and Best Dressed Competition.

The Service League is still exploring ways to better engage with high school volunteers, including the possibility of opening the Gift Shop in the evenings starting in November, from 4:30pm to 7:30pm, 7 days a week, to increase overall volunteer opportunities.

Kimberly Hartz, Chief Executive Officer, introduced Dr. Dianne Martin, Infection Prevention Consultant, who presented a Respiratory Season Update for 2024-2025. Dr. Martin discussed the anticipated co-circulation of influenza, Covid-19, and respiratory syncytial virus (RSV) and the importance of vaccination as the primary strategy to reduce severity. The updated influenza vaccine will protect against three viruses: Influenza A (H1N1, H3N2) and Influenza B (Victoria lineage) virus. The updated Covid-19 vaccine covers the most prevalent variants circulating this season, primarily variants of Omicron, which have undergone changes since last year. The RSV vaccine composition has not changed. It is never too late to get the vaccines.

*QUALITY REPORT:
2024-2024
RESPIRATORY
SEASON UPDATE*

Washington Hospital has implemented measures to minimize transmission of respiratory illness. As of November 1, 2024, mandated universal masking applies to all inpatient care areas within the main hospital building, including the Morris

Hyman Pavilion, which encompasses the Emergency Department, Perioperative Services, and high-risk outpatient areas such as the Infusion Center, UCSF-Washington Cancer Center, Radiation Oncology Clinic (ROC) and Washington Township Medical Foundation Pediatrics, as per Alameda County Public Health Department.

Tom McDonagh, Vice President & Chief Financial Officer, presented the Finance Report for August 2024. The average daily inpatient census was 146.6 with discharges of 968 resulting in 4,545 patient days. Outpatient observation equivalent days were 370. The average length of stay was 4.93 days. The case mix index was 1.684. Deliveries were 149. Surgical cases were 544. The Outpatient visits were 9,031. Emergency visits were 5,095. Cath Lab cases were 199. Joint Replacement cases were 207. Neurosurgical cases were 22. Cardiac Surgical cases were 18. Total FTEs were 1,640.2. FTEs per adjusted occupied bed was 6.34. Overall, the net income for August was \$3,351,000.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for September 2024. Patient gross revenue of 198.9 million for September was unfavorable to budget of \$216.1 million (7.9%), and it was higher than September 2023 by \$8.2 million (4.3%).

*HOSPITAL
OPERATIONS REPORT*

Trauma Cases of 147 for September was favorable to the budget of 105 by 42 (40.0%). Trauma gross revenue of \$12.8 million for September was unfavorable to the budget of \$13.3 million by \$485K (3.6%).

The Average Length of Stay was 4.99. The Average Daily Inpatient Census was 150.4 and was unfavorable to budget of 173.4 by 23.0 (13.3%). There were 886 Discharges that was unfavorable to budget of 994 (10.9%).

There were 4,581 patient days and was unfavorable to budget of 5,023 by 622 days (12.0%). There were 479 Surgical Cases and 183 Cath Lab cases at the Hospital.

Deliveries were 141. Non-Emergency Outpatient visits were 8,377. Emergency Room visits were 4,872. Total Government Sponsored Preliminary Payor Mix was 73.1%, against the budget of 74.5%. Total FTEs per Adjusted Occupied Bed were 6.08.

There were \$261K in charity care adjustments in September 2024.

October Employee of the Month is Roy Coloma, Staff Nurse III, PICC.

*EMPLOYEE OF THE
MONTH*

Past Health Promotions & Community Outreach Events:

HOSPITAL CALENDAR

- September 12: Polly's Heart Health Fair – Ruggieri Senior Center, Union City

Board of Directors' Meeting

October 9, 2024

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- September 13: Senator Aisha Wahab's Emergency Preparedness Fair – Newark Police Department
- September 16: American Association of University Women's (AAUW) One Book, One Community Opioid Discussion – Anderson Auditorium
- September 17: Stop the Bleed Training – Washington West
- September 18: Falls Prevention – Acacia Creek
- September 20: WHHS Update Presentation – Mission San Jose Rotary Club
- September 20: Union City Family Center Toddler to Career Fair – Barnard White Middle School, Union City
- September 21-22: Newark Days Parade and Community Resource Faire – Newark Community Center
- September 22: Fremont Disability Fair – Fremont Downtown Event Center
- September 25: Sepsis: What Is It and How Can We Increase Awareness – Facebook Live & YouTube
- September 26: East Bay Trauma Symposium – Cal State East Bay, Hayward
- September 28: New Haven Schools Foundation Mutt Strutt – Masonic Home, Union City
- September 28: HERS Run/Walk/Yoga - Quarry Lakes, Fremont
- October 1: On-site Flu Shots – Fremont Bank
- October 3: Economic Development Roundtable with County Supervisor David Haubert
- October 5: Fremont Police Department Safety Fair – Fremont Police Department
- October 5: Science in the Park – Cal State East Bay – Hayward
- October 5: WTMF Annual Family Picnic – Quarry Lakes Regional Park
- October 5: NAMI Walks – Fremont Central Park
- October 7: Newark Unified School District Child Nutrition In-service Day – Newark Unified School District Office
- October 8: Mindfulness Meditation – Carlton Senior Living Community
- October 9: Breast Cancer Surgery: What Are the Options? – Facebook Live & YouTube

Upcoming Health Promotions & Community Outreach Events:

- October 12: 38th Annual Top Hat Gala: An Evening in Italia – Washington West Tent
- October 16: City of Fremont Wellness Expo – Age Well Center, Lake Elizabeth
- October 17: 16th Annual Think Pink! Breast Cancer Awareness Event – Washington West Tent
- October 18-19: Civil Air Patrol California State Wing Conference – DoubleTree Hotel by Hilton, San Jose
- October 21-22: 35th Annual Totally Trauma Conference – Hyatt Regency, Monterey

- October 23: Breast Cancer Prevention, Early Detection, and Treatment – ThermoFisher, Fremont
- October 23: Treating Carotid and Aortic Disease Through Endovascular Innovation – Facebook Live & YouTube
- October 26: Filipino Heritage Event – Eastern San Jose
- October 26: Newark Dia de Los Muertos – Magnolia Plaza, Newark
- October 27: Arunay Foundation Walkathon – Quarry Lakes Regional Park
- October 29: Low Back Pain for Seniors: What Should I Know and When Should I See a Surgeon? – Acacia Creek
- November 6: Falls: Prevention and Recovery – Facebook Live & YouTube

The Foundation hosts the 38th Annual Top Hat Gala on Saturday, October 12, 2024. 650 guests are expected at this elegant Evening in Italia. Funds raised through the event will support the purchase of a wide-bore MRI for the Hospital.

The next quarterly meeting of the Foundation Board will take place on Tuesday, October 29, 2024.

The Foundation will hold its annual Holiday Tree Lighting at Washington West on December 5, 2024 at 5 pm, in the Anderson Auditoriums.

Director Wallace moved that the Board of the Directors authorize the Chief Executive Officer to proceed with awarding the contract to James R. Griffin and amend the budget for the MRI Mobile Trailer Construction Project by \$101,645.00, for a revised budget amount of \$601,645.00. Director Nicholson seconded the motion.

*ACTION ITEMS:
CONSIDERATION OF
CONSTRUCTION FOR
THE MOBILE MRI
PROJECT*

Roll call was taken:

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

Motion approved.

Director Wallace moved that the Board of the Directors approve the appointment of Carol Dutra-Vernaci to fill the vacant position on the Washington Township Hospital Development Corporation Board of Directors for the remainder of the 2024 calendar year. Director Yee seconded the motion.

*CONSIDERATION OF
APPOINTMENT TO
DEVCO BOARD:
CAROL DUTRA-
VERNACI*

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 Announcements.

ANNOUNCEMENTS

There being no further business, Director Eapen adjourned the meeting at 7:52 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, October 21, 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; William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS

ROLL CALL

Absent: Michael Wallace

Also present: Kimberly Hartz; Larry LaBossiere; Terri Hunter; Tina Nunez; Tom McDonagh; Paul Kozachenko; Cheryl Renaud; 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*

Director Eapen presented the Consent Calendar for consideration:

CONSENT CALENDAR

A. Additional Construction Funds for the Washington West X-Ray Machine Installation

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

Roll call was taken:

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

Motion Approved.

Director Yee moved that the Board of Directors authorize the Chief Executive Officer to proceed with entering into a Contract with the Engineers and Scientists of California IFPTE Local 20. Director Nicholson seconded the motion.

ACTION ITEMS

Roll call was taken:

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

Motion Approved.

There were no Announcements.

ANNOUNCEMENTS

Director Eapen adjourned the meeting to closed session at 6:07 p.m., as the discussion pertained to Conference involving Trade Secrets pursuant to Health & Safety Code Section 32106 (Strategic Planning). 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 October 22, 2024. The minutes of this meeting will reflect any reportable actions.

ADJOURN TO CLOSED SESSION

Director Eapen reconvened the meeting to open session at 7:54 p.m. The District Clerk reported that there were no reportable actions taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, Director Eapen adjourned the meeting at 7:54 p.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, October 23, 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; Jeannie Yee; Bernard Stewart, DDS

ROLL CALL

Absent: Michael Wallace

Arrived after roll call was taken: William Nicholson, MD

Also present: Kimberly Hartz; Larry LaBossiere; Thomas McDonagh; Terri Hunter; Paul Kozachenko; Cheryl Renaud; 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*

There were no items on the Consent Calendar for consideration.

CONSENT ITEMS

There were no Action items for consideration.

ACTION ITEMS

There were no Announcements.

ANNOUNCEMENTS

Director Eapen adjourned the meeting to closed session at 6:04 p.m., as the discussion pertained to reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Section 32155 and Conference Involving Trade Secrets pursuant to Health & Safety Code Section 32106 (Strategic Planning). 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 October 24, 2024. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED
SESSION*

Director Eapen reconvened the meeting to open session at 7:45 p.m. The District Clerk reported that during closed session, the Board approved the closed session minutes of September 16 & 25, 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 7:45 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, October 28, 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; 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 7:30 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 8:20 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 8:20 a.m.

ADJOURNMENT

Jacob Eapen, MD
President

Bernard Stewart, DDS
Secretary



WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
September 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: October 31, 2024
TO: Board of Directors
FROM: Kimberly Hartz, Chief Executive Officer
SUBJECT: Washington Hospital – September 2024
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board

	September <u>Actual</u>	September <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
IP Average Daily Census	152.7	173.4	157.5
Combined Average Daily Census	165.5	187.1	168.3
No. of Discharges	886	994	903
Patient Days	4,581	5,203	4,805
Discharge ALOS	4.99	5.23	5.35
<u>OUTPATIENT:</u>			
OP Visits	8,377	8,934	8,702
ER Visits	4,867	5,456	5,098
Observation Equivalent Days – OP	383	410	329

Comparison of September's actual Acute Inpatient statistics versus the budget showed a lower level of Average Daily Census which also translates into lower Patient Days. Discharges were lower than budget, and the Average Length of Stay (ALOS), based on discharged days, out-performed the budget. Outpatient and Emergency Room visits were both unfavorable to budget for the month. Outpatients Observation Equivalent days were favorable to budget.

2. Staffing – Schedule Board 3

Total paid FTEs were below budget. Total productive FTEs for September came in at 1,435.4, below the budgeted level of 1,554.9. Non-Productive FTEs were above budget by 0.1. Total FTEs per Adjusted Occupied Bed were 6.04, or 0.14 worse than the budgeted level of 5.90.

3. Income - Schedule Board 1

For the month of September, the Hospital realized a Net Operating Gain of \$14,000 from Operations, a 0.03% Margin.

Total Gross Patient Revenue of \$204,272,000 for September was (\$11,838,000) below the budget, or 5.5%.

Deductions from Revenue totaled \$155,978,000 which equates to a 76.4% blended contractual rate, was slightly favorable to the budgeted rate of 77.0%.

Total Net Operating Revenue of \$49,386,000 was \$1,647,000, or (3.2%) below the Budget.

Total Operating Expenses for the month were \$49,372,000, which was lower than the budget by \$1,657,000, 3.2%.

The Total Non-Operating Gain of \$2,110,000 for the month includes an unrealized gain on operating reserve investments of \$664,000, and was favorable to the budget of \$643,000.

The Net Income for September was \$2,124,000, which equates a 4.3% margin, and was \$1,477,000 above Budgeted Net Income of \$647,000.

The Total Net Gain 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 \$347,000 (a 0.70% Margin) compared to Budgeted Income of \$296,000, for a favorable variance of \$51,000.

4. Balance Sheet – Schedule Board 2

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

KIMBERLY HARTZ
Chief Executive Officer

KH/TM



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

September					FISCAL YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
\$ 114,938	\$ 125,700	\$ (10,762)	-8.6%	1	\$ 368,922	\$ 372,655	\$ (3,733)	-1.0%	
89,334	90,410	(1,076)	-1.2%	2	276,487	264,532	11,955	4.5%	
204,272	216,110	(11,838)	-5.5%	3	645,409	637,187	8,222	1.3%	
(152,341)	(162,503)	10,162	6.3%	4	(485,206)	(479,218)	(5,988)	-1.2%	
(3,637)	(3,965)	328	8.3%	5	(10,539)	(11,691)	1,152	9.9%	
(155,978)	(166,468)	10,490	6.3%	6	(495,745)	(490,909)	(4,836)	-1.0%	
76.36%	77.03%			7	76.81%	77.04%			
48,294	49,642	(1,348)	-2.7%	8	149,664	146,278	3,386	2.3%	
1,092	1,391	(299)	-21.5%	9	3,303	4,187	(884)	-21.1%	
49,386	51,033	(1,647)	-3.2%	10	152,967	150,465	2,502	1.7%	
23,305	24,206	901	3.7%	11	72,091	70,381	(1,710)	-2.4%	
7,224	7,469	245	3.3%	12	23,306	22,705	(601)	-2.6%	
6,010	7,033	1,023	14.5%	13	20,464	20,988	524	2.5%	
7,504	7,024	(480)	-6.8%	14	21,382	20,901	(481)	-2.3%	
1,921	1,828	(93)	-5.1%	15	5,396	5,525	129	2.3%	
3,408	3,469	61	1.8%	16	10,241	10,407	166	1.6%	
49,372	51,029	1,657	3.2%	17	152,880	150,907	(1,973)	-1.3%	
14	4	10	250.0%	18	87	(442)	529	119.7%	
0.03%	0.01%			19	0.06%	-0.29%			
703	576	127	22.0%	20	1,872	1,729	143	8.3%	
9	(155)	164	105.8%	21	68	(464)	532	114.7%	
(1,641)	(1,650)	9	0.5%	22	(4,760)	(4,949)	189	3.8%	
84	324	(240)	-74.1%	23	298	731	(433)	-59.2%	
-	-	-	0.0%	25	(1)	-	(1)	0.0%	
-	175	(175)	-100.0%	24	(2)	527	(529)	-100.4%	
2,194	1,373	821	59.8%	25	5,761	4,119	1,642	39.9%	
97	-	97		26	380	(64)	444	693.8%	
664		664	0.0%	27	3,478		3,478	0.0%	
2,110	643	1,467	228.1%	28	7,094	1,629	5,465	335.5%	
\$ 2,124	\$ 647	\$ 1,477	228.3%	29	\$ 7,181	\$ 1,187	\$ 5,994	505.0%	
4.30%	1.27%			30	4.69%	0.79%			
\$ 347	\$ 296	\$ 51	17.2%	31	\$ 1,129	\$ 132	\$ 997	755.3%	
0.70%	0.58%				0.74%	0.09%			

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



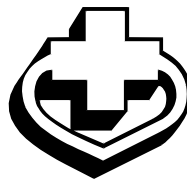
WASHINGTON HOSPITAL
BALANCE SHEET
 September 2024
(In thousands)

ASSETS AND DEFERRED OUTFLOWS			September 2024	Unaudited June 2024	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			September 2024	Unaudited June 2024
CURRENT ASSETS					CURRENT LIABILITIES				
1	CASH & CASH EQUIVALENTS	\$ 27,902	\$ 23,537	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,880	\$ 9,425		
2	ACCOUNTS REC NET OF ALLOWANCES	79,116	73,908	2	ACCOUNTS PAYABLE	45,207	41,162		
3	OTHER CURRENT ASSETS	31,595	25,556	3	OTHER ACCRUED LIABILITIES	58,745	58,960		
4	TOTAL CURRENT ASSETS	138,613	123,001	4	INTEREST	6,091	13,961		
				5	TOTAL CURRENT LIABILITIES	119,923	123,508		
ASSETS LIMITED AS TO USE					LONG-TERM DEBT OBLIGATIONS				
5	BOARD DESIGNATED FOR CAPITAL AND OTHER	185,983	180,885	6	REVENUE BONDS AND OTHER	216,098	224,753		
6	GENERAL OBLIGATION BOND FUNDS	133,578	131,846	7	GENERAL OBLIGATION BONDS	466,619	468,300		
7	REVENUE BOND FUNDS	48,192	48,613						
8	BOND DEBT SERVICE FUNDS	13,158	35,694						
9	OTHER ASSETS LIMITED AS TO USE	10,585	10,342						
10	TOTAL ASSETS LIMITED AS TO USE	391,496	407,380	OTHER LIABILITIES					
11	OTHER ASSETS	359,715	354,795	8	SUPPLEMENTAL MEDICAL RETIREMENT	41,794	41,143		
				9	WORKERS' COMP AND OTHER	10,599	10,389		
				10	NET PENSION	54,684	52,379		
				11	ROU ASSET LONG-TERM	8,582	8,124		
12	OTHER INVESTMENTS	24,196	23,784						
13	NET PROPERTY, PLANT & EQUIPMENT	560,023	567,806	12	NET POSITION	559,488	553,147		
14	TOTAL ASSETS	\$ 1,474,043	\$ 1,476,766	13	TOTAL LIABILITIES AND NET POSITION	\$ 1,477,787	\$ 1,481,743		
15	DEFERRED OUTFLOWS	31,235	37,668	14	DEFERRED INFLOWS	27,491	32,691		
16	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,505,278	\$ 1,514,434	15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 1,505,278	\$ 1,514,434		



**WASHINGTON HOSPITAL
OPERATING INDICATORS
September 2024**

12 MONTH AVERAGE	September						FISCAL YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
157.5	152.7	173.4	(20.7)	-12%	1	PATIENTS IN HOSPITAL				
10.8	12.8	13.7	(0.9)	-7%	2	ADULT & PEDS AVERAGE DAILY CENSUS	153.6	167.7	(14.1)	-8%
168.3	165.5	187.1	(21.6)	-12%	3	OUTPT OBSERVATION AVERAGE DAILY CENSUS	12.3	13.1	(0.8)	-6%
7.9	8.7	8.0	0.7	9%	4	COMBINED AVERAGE DAILY CENSUS	165.9	180.8	(14.9)	-8%
176.2	174.2	195.1	(20.9)	-11%	5	NURSERY AVERAGE DAILY CENSUS	8.4	7.8	0.6	8%
						TOTAL	174.3	188.6	(14.3)	-8%
3.6	3.3	4.3	(1.0)	-23%	6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.5	4.1	(0.6)	-15%
4,805	4,581	5,203	(622)	-12%	7	ADULT & PEDS PATIENT DAYS	14,135	15,426	(1,291)	-8%
329	383	410	27	7%	8	OBSERVATION EQUIVALENT DAYS - OP	1,133	1,201	68	6%
903	886	994	(108)	-11%	9	DISCHARGES-ADULTS & PEDS	2,813	2,836	(23)	-1%
5.35	4.99	5.23	0.2	5%	10	AVERAGE LENGTH OF STAY-ADULTS & PEDS	5.22	5.44	0.2	4%
						OTHER KEY UTILIZATION STATISTICS				
1,611	1,684	1,590	0.094	6%	11	OVERALL CASE MIX INDEX (CMI)	1.642	1.584	0.058	4%
						SURGICAL CASES				
189	183	188	(5)	-3%	12	ORTHOPEDIC CASES	586	504	82	16%
27	25	34	(9)	-26%	13	NEUROSURGICAL CASES	79	110	(31)	-28%
13	8	10	(2)	-20%	14	CARDIAC SURGICAL CASES	39	32	7	22%
34	27	42	(15)	-36%	15	VASCULAR CASES	110	120	(10)	-8%
121	127	109	18	17%	16	ENDOSCOPY CASES	392	324	68	21%
101	109	154	(45)	-29%	17	OTHER SURGICAL CASES	325	420	(95)	-23%
485	479	537	(58)	-11%	18	TOTAL CASES	1,531	1,510	21	1%
182	183	199	(16)	-8%	19	TOTAL CATH LAB CASES	555	571	(16)	-3%
125	141	136	5	4%	20	DELIVERIES	415	381	34	9%
8,702	8,377	8,934	(557)	-6%	21	OUTPATIENT VISITS	26,340	25,883	457	2%
5,098	4,867	5,456	(589)	-11%	22	EMERGENCY VISITS	15,179	15,986	(807)	-5%
						LABOR INDICATORS				
1,431.1	1,435.4	1,554.9	119.5	8%	23	PRODUCTIVE FTE'S	1,429.7	1,518.9	89.2	6%
209.5	202.7	202.6	(0.1)	0%	24	NON PRODUCTIVE FTE'S	206.0	212.2	6.2	3%
1,640.6	1,638.1	1,757.5	119.4	7%	25	TOTAL FTE'S	1,635.7	1,731.1	95.4	6%
5.25	5.29	5.22	(0.07)	-1%	26	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.32	5.30	(0.02)	0%
6.01	6.04	5.90	(0.14)	-2%	27	TOTAL FTE/ADJ. OCCUPIED BED	6.09	6.04	(0.05)	-1%



Memorandum

DATE: November 8, 2024

TO: Board of Directors, Washington Township Health Care District

FROM: Kimberly Hartz, Chief Executive Officer

SUBJECT: **Parcel Tax**

As you are aware from my previous reports, the District's finances continue to face significant challenges. While we have made good progress, I believe it is important for the District Board to consider all possible revenue sources to help safeguard the long-term stability and future of the District. This is especially critical as we embark on our new initiatives and projects that will not only provide essential care but also elevate the level of care we provide to our community. Some of these projects include the Washington-UCSF Cancer Center, the new Level 2 Trauma Center, and the new patient tower. At the Board meeting on November 13, 2024, I will present a slide deck with further insights into our financial trajectory and the steps we need to take to secure our vision for the District. One such revenue source I strongly recommend be considered is a Parcel Tax.

To assist with the consideration of a Parcel Tax Measure, I have engaged the law firm of Olson Remcho, the leading political and government law firm in California. Attached to this memo is a memorandum from Olson Remcho detailing the requirements and procedures for placing a District Parcel Tax on the ballot. Additionally, I have included the proposed text for the Parcel Tax Measure. As currently drafted, the measure, if approved by the voters, would establish a parcel tax of \$0.05 per square foot on each parcel within the District. The proceeds from this Parcel Tax would directly support the ongoing operations of our District, including the purchase and maintenance of trauma equipment, disaster preparedness and public health emergency readiness, the operation of the emergency department, advanced operating rooms, acquiring and sustaining medical and laboratory technology, healthcare provider costs and supporting ambulatory services, urgent care clinics and outpatient health centers.

I recommend a per-square-foot parcel tax structure rather than a flat fee per parcel to ensure an equitable distribution. This model is designed to be fairer: smaller parcels would bear a smaller tax burden, while larger ones would contribute proportionally more. To ensure fairness to larger parcels, I propose for large properties over 150,000 square feet, a cap of \$7,500 per parcel. A sunset clause of twelve years is also recommended, allowing voters to reassess and renew the tax as needed.

Your leadership has been the backbone of our unwavering commitment to the community. We have made tremendous strides in enhancing our healthcare infrastructure and services. From ensuring our campus meets rigorous seismic standards to opening a Level 2 Trauma Center that provides critical, life-saving care locally, to soon unveiling the Washington-UCSF Cancer Center for local, world-class

cancer treatment—we are transforming healthcare for our community, regardless of individuals' insurance coverage.

Sustaining this level of comprehensive care is, however, a costly endeavor. A Parcel Tax would be instrumental in meeting our District's immediate and future needs. Notably, research indicates that we are among the few District hospitals without this essential source of funding.

As outlined in Olson Remcho's memorandum, the Board has several options. You may choose to place the Parcel Tax on the November 2025 ballot anytime from now up until 88 days before the November 4, 2025 election. Alternatively, the Board may opt to table the Parcel Tax for now and wait to see if a committee of citizens (citizens' committee) would be willing to qualify the parcel tax by initiative. If a citizens' committee collects enough signatures from registered voters, the Parcel Tax may be adopted by a majority vote of the electorate. I am pleased to report that there is community interest in championing this cause. Therefore, I recommend that the Board consider holding off taking action at this time, in the hope that a citizens' committee will qualify the parcel tax by initiative. I believe that there is a citizens' committee that is ready to assist in securing the resources we need to continue delivering exceptional care to every resident who comes through our doors now and into the future.

MEMORANDUM

TO: Kimberly Hartz, Chief Executive Officer
Washington Hospital Healthcare System

FROM: James C. Harrison & Ben Gevercer

DATE: November 13, 2024

RE: Washington Township Health Care District Parcel Tax

INTRODUCTION

District staff has researched and prepared a potential parcel tax for the Washington Township Health Care District (“District”) Board of Directors’ consideration. We have been asked to draft a parcel tax measure and describe the process for the Board of Directors to place the measure on the ballot for the voters’ consideration.

ANALYSIS

A. Requirements for a District Parcel Tax

Section 53730.01 of the Government Code authorizes the District to impose a special parcel tax on all real property within its boundaries under Article XIII A of the state Constitution and Article 3.5 of Chapter 1 of Part 1 of Division 1 of the Government Code.

A hospital district parcel tax measure must apply uniformly to all taxpayers or all real property within the hospital district. Gov’t Code § 53730.01. A uniform parcel tax requires the tax to be imposed on all parcels but it does not require all parcels to pay the same tax rate. *Traiman v. Alameda Unified Sch. Dist.*, 94 Cal. App. 5th 89 (2023).

For this reason, the courts have ruled that uniform parcel taxes may be imposed on a square foot basis and include a cap. For instance, the First District Court of Appeal recently upheld a school district parcel tax that imposed a parcel tax at the rate of \$0.265 per building square foot not to exceed \$7,999 per parcel. *Traiman*, 94 Cal. App. 5th 89. Like hospital districts, school district parcel taxes must apply uniformly to all taxpayers or all real property within the school district. Gov’t Code § 50079(b)(1) (school district parcel tax); *id.* § 53730.01 (hospital district parcel tax). In addition, the *Traiman* court held that a \$7,999 cap on the parcel tax was permissible because the uniformity requirements did not mandate that all taxpayers

must pay the same effective tax rate per square foot. *Traiman*, 94 Cal. App. 5th at 102; *see also Dondlinger v. L.A. Cty. Reg'l Park & Open Space Dist.*, 31 Cal. App. 5th 994, 1000 (2019).

In addition, a District parcel tax measure must specify the tax rate, the method of collection, and the election date. Gov't Code §§ 50077(a), 53724(a). The parcel tax measure must also be consistent with Proposition 62 (codified in Gov't Code § 53720 et seq.) and include the following:

1. A statement indicating the specific purposes of the special tax;
2. A requirement that the proceeds be applied only to the specific purposes identified in the measure;
3. The creation of an account into which the proceeds are deposited; and
4. An annual report by the district's chief fiscal officer regarding the amount of funds collected and expended and the status of any project required or authorized to be funded by the measure.

Id. §§ 50075.1, 50075.3.

A draft parcel tax measure for the Board of Directors' consideration is attached to this memorandum as **Attachment 1**. The measure would impose an annual special parcel tax of 5 cent per square foot of structural improvements, on each taxable parcel located within the District, with a cap of \$7,500.

The measure would require that revenues from the parcel tax be expended only for the continued operation of Washington Hospital and other health care facilities of the District, including the purchase and maintenance of trauma equipment, disaster preparedness and public health emergency readiness, the operation of the emergency department and advanced operating rooms, acquiring and sustaining medical and laboratory technology, healthcare provider costs and supporting ambulatory services, urgent care clinics and outpatient health centers.

The Board of Directors could take any of the following actions:

1. Direct staff to return with a resolution to place a parcel tax measure on the ballot. The Board could call a special election for the special parcel tax at a specified election date in 2025 or consolidate that election with a statewide election in 2026. Gov't Code § 53724.
2. Table a vote on a proposed parcel tax to allow for further study.
3. Decline to move forward with a parcel tax measure at this time.

B. Placing a District Parcel Tax on the Ballot

If the Board of Directors decides to move forward with a parcel tax measure, the Board must approve the parcel tax with a two-thirds vote and then call an election to place the measure before District voters. Gov't Code § 53724(b). District voters must then approve the measure with a two-thirds vote. Cal. Const. art. XIII A, § 4; art. XIII C, §2(d); Gov't Code § 53722.

The Board of Directors may call a parcel tax election on an established election date or consolidate the election with a statewide primary election, a statewide general election, a regularly scheduled local election at which all of the electors of District are entitled to vote, or any other date provided by law. Gov't Code § 53724(c).

The Elections Code establishes two election days in 2025: March 4, 2025 and November 4, 2025. Elec. Code §1000. The deadline to place a measure on the ballot is 88 days before the election.

Finally, there is also an alternate path under the California Uniform District Election Law, which allows District voters to propose a special parcel tax measure by petition. Chapter 4 of Division 9 of the California Elections Code authorizes voters in certain special districts to enact ordinances by initiative. Elec. Code § 9300. The California Uniform District Election Law sets forth the process for voters to propose a district initiative by presenting a petition signed by the requisite number of qualified voters to the district board, which must either adopt the measure or place it on the ballot. *Id.* § 9310. If the petition imposes a tax, the district board is required to place the measure on the ballot.

In a string of recent cases, the California courts have made clear that local special tax measures proposed by initiative may be adopted by a majority vote of the electorate, rather than the two-thirds vote that would be required if the local government body placed the measure on the ballot. *Cty. of Alameda v. Alameda Cty. Taxpayers' Ass'n, Inc.*, 99 Cal. App. 5th 226, 234 (2024); *Jobs & Hous. Coal. v. City of Oakland*, 73 Cal. App. 5th 505, 515 (2021); *S.F. v. All Persons Interested in the Matter of Proposition G*, 66 Cal. App. 5th 1058 (2021); *Howard Jarvis Taxpayers Association v. S.F.*, 60 Cal. App. 5th 227 (2021); *City of Fresno v. Fresno Building Healthy Communities*, 59 Cal. App. 5th 220 (2020); *S.F. v. All Persons Interested in Matter of Proposition C*, 51 Cal. App. 5th 703 (2020).

The proponents of a district initiative have 180 days to collect enough signatures to qualify a district initiative. Elec. Code §§ 9306, 9304. If a sufficient number of valid signatures are collected in that timeframe, the district board must submit the ordinance to the voters. *Id.* § 9310(a).

After the Board places a parcel tax measure on the ballot, either through its own action or by petition under the California Uniform District Election Law, the District then must compile

information on the measure for ballot pamphlet. The District first must transmit a copy of the measure to county counsel to prepare an impartial analysis of the measure. Elec. Code § 9313. In addition, the District must accept arguments in support of or in opposition to measure and rebuttal arguments. *Id.* §§ 9315, 9317.

The District then must make copies of the ballot pamphlet materials available for public examination for 10 calendar days immediately following the filing deadline for submission of those documents. *Id.* § 9380. During that time, any voter of the jurisdiction, or the elections official, may seek a writ of mandate or an injunction requiring any material to be amended or deleted. A court may change the ballot materials upon clear and convincing proof that the materials in question are false, misleading, or inconsistent with the Elections Code, and that court action will not substantially interfere with the printing or distribution of the official election materials. *Id.* §§ 9380(b)(2), 13313(b)(2).

WASHINGTON TOWNSHIP HEALTH CARE DISTRICT PARCEL TAX MEASURE

Section 1. Title.

This Ordinance shall be known and may be cited as the “Medical Emergency and Life Saving Care Funding Act.”

Section 2. Findings and Declarations.

The Board of Directors of the Washington Township Health Care District finds and declares all of the following:

(a) For 67 years, the Washington Township Health Care District has been a vital lifeline for residents of southern Alameda County, delivering essential emergency and critical care to victims of heart attacks, strokes, accidents, cancer, and trauma.

(b) The District’s ability to continue providing the level of care that patients deserve is being threatened by rising costs, limited state and federal funding and other economic challenges.

(c) For the last several years, healthcare costs have been rising faster than health insurance reimbursement rates as inflationary factors continue to push labor, supply, and service costs ever higher. For example, labor costs, which account for 60% of the District’s total operating expenses, have increased 33% since 2015 and are expected to continue rising at an accelerated rate due to inflation, labor shortages and the high cost of living in the Bay Area.

(d) In addition, the District has been faced with the challenge of scaling up its operations to keep pace with natural population growth. Washington Hospital opened 67 years ago to serve a community of eighteen thousand people. Today, there are over three hundred and fifty thousand residents in the District and the population continues to grow. We need more doctors, nurses, and specialists to meet the healthcare needs of our community.

(e) To meet the needs of its growing population, the District has expanded facilities and programs that enable it to provide life-saving services. In 2018, the District opened the Morris Hyman Critical Care Pavilion to house a new emergency department, a critical care department, and a 68-bed medical-surgical unit. In addition, the District is building an earthquake-safe patient facility.

(f) Washington Hospital has been designated as southern Alameda County’s only primary stroke center, cardiac arrest receiving center and trauma center. These expanded facilities and programs allow the hospital to treat patients needing acute care on-site instead of transporting them to distant facilities, resulting in higher survival rates and more positive outcomes for local residents.

(g) In order to meet the challenges of rising costs and the need for expanded services, the District is in dire need of an additional source of revenue. Many health care districts have come to rely on locally controlled funding like parcel taxes to help fund rising operating costs and sustain important services. A parcel tax is an effective way for a service provider such as a health care district to create a steady source of funding that is not subject to variable economic conditions or the shifting priorities of government officials, allowing for predictability in budgeting, long-range planning, and reliability of services from year to year.

Section 3. Statement of Purpose.

It is the purpose and intent of this Ordinance to enact a special parcel tax on the parcels of real property located in the Washington Township Health Care District in order to create additional funding to support the operations of the District and enable Washington Hospital and the other related facilities of the District to continue to be highly-valued community assets by maintaining access to life-saving care, furnishing emergency response and disaster preparedness, acquiring cutting-edge medical technology, confronting the challenges of rising costs and an expanding population, and otherwise meeting the various health care needs of the communities the District serves.

Section 4. Definitions.

For purposes of this Ordinance, the following terms have the following meanings:

(a) “Board of Directors” means the Board of Directors of the Washington Township Health Care District.

(b) “District” means the Washington Township Health Care District.

(c) “Parcel” means a lot, unit, or plot of real property having identified boundaries and an identified owner that is within the boundaries of the District and is documented for property tax purposes and given an assessor’s parcel number by the Alameda County Assessor.

(d) “Special parcel tax” means the tax imposed by Section 5.

(e) “Structural improvements” means the square footage of building floor area on a parcel.

Section 5. Imposition of Special Parcel Tax.

(a) Commencing with the first full fiscal year after the enactment of this Ordinance, there shall be imposed on each parcel of taxable real property, a special parcel tax at the uniform rate of five cents (\$0.05) per square foot of structural improvements not to exceed \$7,500 per parcel.

(b) The special parcel tax is imposed as of July 1 of each year and shall be assessed on the person who owned the parcel on that date unless the owner is by law exempt from taxation,

in which case the special parcel tax shall be assessed on the holder of the possessory interest in the parcel unless such holder is also by law exempt from taxation.

(c) The special parcel tax shall be collected at the same time and in the same manner in which the County of Alameda collects secured roll ad valorem property taxes, pursuant to an agreement entered into between the District and the County of Alameda pursuant to Section 50077(b) of the California Government Code. All laws, regulations, and procedures regarding due dates, installment payments, corrections, appeals, cancellations, refunds, late payments, penalties, liens, and collections for secured roll ad valorem property taxes in the County of Alameda shall be applicable to the collection of the special parcel tax. The secured roll tax bill shall be the only notice required for collection of the special parcel tax.

(d) The amount of the special parcel tax for each parcel each fiscal year shall constitute a lien on such property in accordance with Section 2187 of the California Revenue and Taxation Code and shall have the same effect as an ad valorem real property tax lien until fully paid. The special parcel tax, together with all penalties and interest thereon, shall constitute, until paid, to the extent authorized by law, a personal obligation to the District by the person or persons who own the parcel on the date the tax is imposed.

(e) Beginning with the second fiscal year during which the special parcel tax is in effect, the Board of Directors may annually adjust the amount of the special parcel tax in accordance with the Consumer Price Index for All Urban Consumers (CPI-U) for the San Francisco–Oakland–Hayward statistical area, as reported by the United States Bureau of Labor Statistics.

(f) The special parcel tax shall not be imposed upon any parcel that is exempt from ad valorem property taxes pursuant to any provision of state or federal law.

Section 6. Creation of Special Fund.

Pursuant to Section 50075.1(c) of the California Government Code, the proceeds of the special parcel tax shall be deposited into a designated account, specially created for this purpose, to be used solely for the purposes of this Ordinance.

Section 7. Authorized Expenditures.

The proceeds of the special parcel tax shall be expended only for purposes of funding the continued operation of Washington Hospital and other health care facilities of the District, including the purchase and maintenance of trauma equipment, disaster preparedness and public health emergency readiness, the operation of the emergency department and advanced operating rooms, acquiring and sustaining medical and laboratory technology, healthcare provider costs and supporting ambulatory services, urgent care clinics and outpatient health centers.

Section 8. No Reduction of Other Revenue.

The special parcel tax is not intended to decrease or offset any federal, state, or local revenue, or any revenue from a private funding source, that is available to the District or becomes available in the future.

Section 9. Audits.

(a) The expenditure of the proceeds of the special parcel tax shall be subject to an annual independent audit pursuant to Section 26909 of the California Government Code or any other independent audit of the accounts and records of the District.

(b) Pursuant to Section 50075.3 of the California Government Code, the chief fiscal officer of the District shall file an annual report with the Board of Directors, based on the annual independent audit, describing both of the following:

(1) The amount of funds collected and expended pursuant to this Ordinance.

(2) The status of any project required or authorized to be funded by this Ordinance.

(c) The findings of an audit described in subdivision (a) with respect to the expenditure of the proceeds of the special parcel tax, and the findings of the report described in subdivision (b) with respect to the expenditure of the proceeds of the special parcel tax, shall be presented to the Board of Directors at a public meeting.

Section 10. Term.

This measure shall remain in place for 12 years from the effective date.

Section 11. Severability.

If any provision of this Ordinance or the application thereof to any person or circumstance is held invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality shall not affect any other provisions or applications. To that end, the provisions of this Ordinance are declared to be severable. It is the intent of the voters that this Ordinance would have been enacted regardless of whether any invalid provision had been included or any invalid application had been made.